



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

**AGENDA**

|                        |                                       |
|------------------------|---------------------------------------|
| <b>Meeting</b>         | <b>Board of Directors</b>             |
| <b>Time of meeting</b> | <b>3.30pm-5.30pm</b>                  |
| <b>Date of meeting</b> | <b>10<sup>th</sup> September 2020</b> |
| <b>Meeting Room</b>    | <b>By Video Conference</b>            |
| <b>Site</b>            | <b>N/A</b>                            |

|  |           |             | <b>Encl.</b> | <b>Lead</b>               | <b>Time</b>   |
|--|-----------|-------------|--------------|---------------------------|---------------|
| <b>1. STANDING ITEMS</b>   |           |             |              | <b>Sir H Taylor</b>       | <b>3.30pm</b> |
| 1.1. Apologies   |           |             |              |                           |               |
| 1.2. Declarations of Interest                                      |           |             |              |                           |               |
| 1.3. Chair's Action  |           |             |              |                           |               |
| 1.4. Minutes of Previous Meeting – 18/06/2020                      | <b>FA</b> | <b>Enc</b>  |              |                           |               |
| <b>2. QUALITY, PEOPLE FINANCE AND PERFORMANCE</b>                  |           |             | <b>Enc</b>   | <b>Prof C Kay</b>         | <b>3.40</b>   |
| <b>Quality, People and Performance</b>                             |           |             | <b>Enc</b>   | <b>Prof C Kay</b>         |               |
| 2.1 Report from the Chief Executive                                |           |             |              | <b>Prof J Cohen</b>       |               |
| 2.2 Report from the Quality, People and Performance Committee      |           |             |              | <b>J Lowe/J Lofthouse</b> |               |
| 2.3 Operational Performance M4                                     |           |             |              | <b>Prof N Ranger</b>      |               |
| 2.5 Safer Staffing   |           |             |              |                           |               |
| <b>Finance</b>   |           |             |              | <b>S Slipman</b>          |               |
| 2.8 Report from the Finance and Commercial Committee               |           |             |              | <b>L Woods</b>            |               |
| 2.9 Finance Report M4  |           |             |              |                           |               |
| <b>3. EQUALITY, DIVERSITY AND INCLUSION</b>                        |           |             |              |                           | <b>4.50pm</b> |
| Presentation from the Director of Equality Diversity and Inclusion | <b>FD</b> |             |              | <b>C Elliott</b>          |               |
| <b>4. REPORT FROM THE GOVERNORS</b>                                | <b>FR</b> | <b>Oral</b> |              | <b>J Allberry</b>         | <b>5.20</b>   |
| <b>5. FOR INFORMATION</b>  |           |             |              |                           |               |
| QPCC Minutes 4 <sup>th</sup> June 2020                             | <b>FI</b> | <b>Enc</b>  |              |                           |               |
| FCC Minutes 21 <sup>st</sup> May 2020                              |           |             |              |                           |               |
| <b>6. ANY OTHER BUSINESS</b>                                       |           |             |              | <b>Sir H Taylor</b>       | <b>5.25</b>   |
| <b>7. DATE OF NEXT MEETING</b>                                     |           |             |              |                           |               |
| 10 <sup>th</sup> December 2020 at 3.30pm                           |           |             |              |                           |               |

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

|   |   |
|---|---|
| <b>Members:</b>                           |   |
| Sir Hugh Taylor                           | Interim Trust Chair ( <i>Chair</i> )                        |
| Sue Slipman                               | Non-Executive Director ( <i>Vice Chair</i> )                |
| Prof Ghulam Mufti                         | Non-Executive Director                                      |
| Prof Jonathan Cohen                       | Non-Executive Director                                      |
| Prof Richard Trembath                     | Non-Executive Director                                      |
| Nicholas Campbell-Watts                   | Non-Executive Director                                      |
| Steve Weiner                              | Non-Executive Director                                      |
| Akther Mateen                             | Non-Executive Director                                      |
| Prof Clive Kay                            | Chief Executive   |
| Lorcan Woods                              | Chief Finance Officer                                       |
| Prof Nicola Ranger                        | Chief Nurse and Executive Director of Midwifery             |
| Prof Julia Wendon                         | Executive Medical Director – Clinical Strategy and Research |
| Dr Leonie Penna                           | Interim Chief Medical Officer                               |
| Louise Clark                              | Acting Chief People Officer                                 |
| Julie Lowe                                | Interim 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                 |
| Jackie Parrott                            | Chief Strategy Officer                                      |
| <b>Attendees:</b>                         |   |
| Claudette Elliott                         | Acting Director of Equality, Diversity and Inclusion        |
| Siobhan Coldwell                          | Trust Secretary (Minutes)                                   |
| <b>Circulation List:</b>                  |   |
| Board of Directors & Attendees            |   |



### King's College Hospital NHS Foundation Trust Board of Directors

Minutes of the Meeting of the Board of Directors held at 3.30pm on 12<sup>th</sup> March 2020, in the Boardroom at King's College Hospital, Denmark Hill.

#### Members:

|                         |   |
|-------------------------|---|
| Sir Hugh Taylor         | Trust Chair, Meeting Chair                                  |
| 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               |
| John Palmer             | Deputy Chief Executive and Site CEO – Denmark Hill          |
| 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) |
| Louise Clark                        | Director of Workforce (deputising for Dawn Brodrick)       |
| Members of the Council of Governors |  |
| Members of the Public               |  |

#### Apologies:

|               |                      |
|---------------|----------------------|
| Dawn Brodrick | Chief People Officer |
|---------------|----------------------|

| <b>Subject</b>  | <b>Action</b> |
|---|---------------|
| <p><b>020/22 <u>Apologies</u></b></p> <p>There were apologies for absence from Dawn Brodrick.</p>   |               |
| <p><b>020/23 <u>Declarations of Interest</u></b></p> <p>None.</p>   |               |
| <p><b>020/24 <u>Chair's Actions</u></b></p> <p>There were no Chair's Actions to report.</p>   |               |
| <p><b>020/25 <u>Minutes of the last meeting</u></b></p> <p>The minutes of the meeting held on 12<sup>th</sup> March 2020 were agreed.</p> <p>The Board discussed the progress being made to deliver the action plans that were agreed following the CQC inspections to both Emergency Departments, particularly the PRUH. The Board noted that progress is being made and there is ongoing communication with the CQC.</p>  |               |
| <p><b>020/26 <u>COVID-19</u></b></p> <p>The Board received a report from the Chief Executive that provided a detailed overview of the Trust response to the COVID-19 pandemic. The report outlined the initial response at both sites and the impact on elective activity. The pandemic had significant implications for workforce and support was put in place to promote their well-being. This included a strengthened internal communication function. There was considerable collaboration with partners across South East London and the Trust received excellent support from its volunteers and the King's College Hospital Charity. The report detailed how the Trust responded to specific issues of concern including personal protective equipment (PPE), testing, support for vulnerable staff and social distancing. COVID-19 presented significant operational, clinical and workforce challenges and staff showed resilience and determination to deliver exceptional care in very difficult circumstances. The pace at which the Trust responded to COVID-19 meant that some mistakes were made and plans are in place to ensure that lessons are learnt for the future.</p> <p>The Board welcomed the report and thanked staff for their commitment during a difficult time. The Board noted the work being done to ensure that ongoing support is in place, following the success of the well-being hubs. As the number of patients being treated for COVID-19 declines, the Trust is working towards restoring elective activity.</p> |               |
| <p><b>020/27 <u>Report from the Chief Executive</u></b></p> <p>The Board received a report from the Chief Executive Officer (CEO) which summarised the key non-COVID-19 operational issues in the Trust since the Board last met. The Trust delivered its financial targets for the first time in several years. Operational performance has been very mixed, particularly as no routine elective activity has been undertaken since March 2020. There have been a number of changes to the Executive team.</p>   |               |

| Subject  | Action |
|--|--------|
| <p><b>020/27 cont</b> The Board noted that during the COVID-19 period incident reporting processes were simplified. Ensuring good patient experience remained a priority. Mortality rates have been much higher than normal and the Trust has made every effort to be sensitive to the needs of patients and their families.</p> <p>The CEO continued his report by expressing the Trust's genuine commitment to action in relation to ensuring the workplace is inclusive and representative of the patient population it serves.</p> <p>There have been many good news stories including the staff response to the pandemic. Plans are in place to sustain the improved internal communications and engagement. The Trust has worked well with partners in terms of day to day activity as well as research.</p>   |        |
| <p><b>020/28</b> <u><b>Report from the Chair of the Quality, People and Performance Committee (QPPC)</b></u></p> <p>The Chair of the Quality, People and Performance Committee (QPPC) gave a summary to the Board of its recent meetings. Due to the response to the COVID-19 pandemic, the structure and agenda for the QPPC meetings have been modified to accommodate urgent items. As a formal process of governance, the COVID-19 Sub-Committee reports through the QPPC. At its most recent meeting the committee's discussions included the impact of the COVID-19 outbreak on BAME communities. There was also substantive discussion about staff morale and the plans in place to help to ensure good health and wellbeing.</p> <p>The Committee has been concerned about the backlog of Serious Incident investigations and was reassured that action is being taken to address the issue. Patient Outcomes data for the Trust is encouraging and mortality outcomes continue to be better than expected against key indicators. The Friends &amp; Family Test data showed good improvement with Denmark Hill no longer being the poorest performing Trust in the country. There were concerns about patient property, which the Chief Nurse will take forward. He concluded by noting that the Committee also took the opportunity to discuss areas that have been of concern for some months, particularly Endoscopy, Dermatology and Ophthalmology. The Committee pointed out that other diagnostic modalities have the potential to cause significant bottlenecks to the recovery programme. A solution is being discussed actively at regional level.</p> |        |
| <p><b>020/29</b> <u><b>Operational Performance Month 1</b></u></p> <p>The Site Chief Executives for Denmark Hill and the PRUH and South Sites presented the Operational Performance Report to the Board.</p> <p>The overall position on performance has been impacted by the extraordinary circumstances of the past few months. Demand for services has been much lower since the Board last met but has increased in recent weeks.</p> <p>The Trust delivered 90% compliance against the Emergency Care Standard in April, although there were differences between the two sites (Denmark Hill is at 85% compliance and the PRUH at 96%).</p>  |        |

| Subject   | Action |
|---|--------|
| <p><b>020/29 cont</b> Emergency care performance at the PRUH has been a challenge for some time. Over the last four months there has been a significant improvement as a result of changes made to the Emergency Department processes and the Specialties supporting the emergency flow. The support from Partners within Bromley to formalise the Single Point of Access has greatly aided discharge processes. This has relieved longstanding congestion within the site and in so doing, has improved the quality of service.</p> <p>The Trust has carried out very little elective activity during the COVID-19 period, and as a result there are major challenges for compliance with the 52 week and 18 week waiting targets. A 100-day recovery plan has been put in place to ensure the Trust gets back to 100% capacity by September 2020.</p> <p>Similarly, diagnostics performance has been impacted by COVID-19. A business case has been drafted to increase Endoscopy capacity at the PRUH and this will be submitted for discussion at the Investment Board in the coming weeks. The Endoscopy Service is heavily reliant on using capacity within the independent sector. Endoscopy has been put forward for accelerated additional support at a regional level.</p> <p>There has been significant variability in performance against the 2-week and 62-day cancer targets. Endoscopy plays a substantial part in that variability. The business case will have a positive impact on this performance. The Cancer Board is being re-established which will strengthen oversight.</p> <p>The Recovery and Reset Programme is focused on a number of areas that will drive improvements in performance including Patient Flow, Theatre Productivity, Critical Care and Outpatients.</p> |        |
| <p><b>020/30 <u>Safer staffing</u></b></p> <p>The Chief Nurse presented the Safer Staffing report to the Board.</p> <p>The Trust is making progress with recruitment following agreement to increase the establishment within Nursing and Midwifery. 338 nurses have been recruited from abroad, and the Trust awaits the lifting of restrictions in order for them to travel to the UK. There are also 96 Healthcare Assistants waiting to start.</p> <p>Work is ongoing to improve the retention of nursing staff. The Board were concerned that COVID-19 may have an impact on student nurse training.</p>   | NR     |
| <p><b>020/31 <u>Safeguarding Children Annual Report 2019/20</u></b></p> <p>The Chief Nurse presented the Safeguarding Children Annual Report to the Board. It was recognised that there has been increased vulnerability during the pandemic period as children have not been in school and could potentially be facing quite difficult circumstances in their home lives.</p>  |        |

| Subject  | Action |
|--|--------|
| <p><b>020/31 cont</b> Compliance with mandatory training requires improvement. There has been a reduction in the number of referrals to the Service, which is partly due to reduced levels of patient activity during the pandemic. The Board discussed the increase in the number of adolescents presenting at the PRUH with self-harm and overdoses and, at Denmark Hill, the number of adolescents presenting with mental health concerns and serious physical assault.</p>   |        |
| <p><b>020/32</b> <u><b>Safeguarding Adults Annual Report 2019/20</b></u></p> <p>The Chief Nurse presented the Safeguarding Adults Report to the Board. The Trust established good support processes for both patients and staff in response to the increased vulnerability to domestic abuse during the lockdown. As with the children safeguarding service, there has also been a reduction in the number of referrals. The development of a Learning Disability Strategy is a priority and work is taking place with input from Non-Executive Director, Nicholas Campbell-Watts. The number of DoLS applications has increased quite significantly. More work is needed to understand the reason for the increase as well as a review of the quality of applications. The Board discussed the implications of moving to virtual consultations and asked an impact assessment to be undertaken. It was agreed this should be considered by the Quality, People and Performance Committee.</p> | NR     |
| <p><b>020/33</b> <u><b>Report of the Chair of the Finance and Commercial Committee (FCC)</b></u></p> <p>The Chair of the FCC provide a summary of the issues arising out of the meetings of the FCC. Achieving the 2019/20 financial targets was positive and the committee is confident that the Trust has a solid and capable finance team in place. The Committee is also increasingly assured that KFM is operating effectively.</p>   |        |
| <p><b>020/34</b> <u><b>Finance M2 Report</b></u></p> <p>The Board received a report outlining the Trust's M2 financial position. The Board noted that an emergency funding regime is in place as a result of COVID-19, and it is not clear as yet when this will end. As a result, there remains uncertainty over the 2020/21 budget. The Board noted that pay-related expenditure is on budget, but is higher than the previous year. The Trust has received a capital allocation of £50m, which favourable when compared to recent years. The Board discussed the arrangements in place for any COVID-19 related costs. The Trust has incurred c£12m and these costs are being submitted to the centre.</p>  |        |
| <p><b>020/35</b> <u><b>Board Assurance Framework (BAF)</b></u></p> <p>The Board reviewed the BAF, noting the need to strengthen assurance.</p>   |        |
| <p><b>020/36</b> <u><b>Report from the Audit Committee</b></u></p> <p>The Chair of the Audit Committee noted that the Trust had received a number of positive internal audit reviews relating to the governance of KFM and improved financial control. The Head of Internal Audit's Opinion noted improvements have been achieved over the past 12 months.</p>   |        |

| Subject   | Action |
|---|--------|
| <b>020/37</b> <u>Report from the Governors</u>  |        |
| On behalf of the Governors and the community, Lead Governor Jane Allberry thanked all the staff at King's for everything they have done in recent weeks. The Governors are now interesting in hearing the detail of the Reset and Recovery Programme. |        |
| <b>020/38</b> <u>For Information</u>  |        |
| The minutes of the following meetings were received for information:  |        |
| <ul style="list-style-type: none"><li>• FCC Minutes 23<sup>rd</sup> March 2020.</li><li>• QPCC Minutes – 4<sup>th</sup> April 2020.</li></ul>   |        |
| <b>020/39</b> <u>Any Other Business</u>   |        |
| The Chair noted that in current circumstances it is not clear that the Trust will be in a position to hold the Annual Members Meeting (AMM). The next public board meeting may need to be extended to cover the AMM agenda.                           |        |
| <b>020/40</b> <u>Date of the Next Meeting</u>   |        |
| 3.30pm 10 <sup>th</sup> September 2020  |        |



10/09/2020

Enc.

## BOARD OF DIRECTORS (PUBLIC) ACTION TRACKER

| Date           | Item   | Action   | Who      | Due           | Update   |
|----------------|--------|--|----------|---------------|--|
| <b>NOT DUE</b> |        |  |          |               |  |
| 18062020       | 020/30 | <p><b><u>Safer Staffing</u></b><br/>                     The Board sought to understand the impact of the COVID-19 pandemic on nursing education and the availability of student nurses.</p>                               | N Ranger | November 2020 | An update on Nursing Education is due at the Strategy, Research and Partnership Committee in November. |
| 18062020       | 020/32 | <p><b><u>Safeguarding Adults</u></b><br/>                     The Board asked that an impact assessment be carried out to understand the implications for safeguarding from moving to virtual outpatient appointments.</p> | N Ranger | October 2020  | This will be taken to the Quality, People and Performance Committee.                                   |

|                         |  |
|-------------------------|--|
| <b>Report to:</b>       | The Board of Directors                 |
| <b>Date of meeting:</b> | 10 <sup>th</sup> September 2020        |
| <b>Subject:</b>         | Report from the Chief Executive        |
| <b>Author(s):</b>       | Rachel Rutt, Chief of Staff to the CEO |
| <b>Presented by:</b>    | Professor Clive Kay                    |
| <b>Sponsor:</b>         | Chief Executive                        |
| <b>History:</b>         | N/A                                    |
| <b>Status:</b>          | Discussion                             |

### 1. Background/Purpose

This paper outlines the key developments and occurrences from July to September 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.  |

### 4. Appendix

New consultant appointments

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

**CONTENTS PAGE**

1. Introduction by the Chief Executive
2. Quality, Patient Safety and Quality Report
3. COVID-19: Stabilisation and Recovery
4. Operational Performance
5. Financial Performance
6. Workforce update
7. Equality, Diversity and Inclusion
8. Freedom to Speak Up
9. Strategic Objectives
10. Critical Care Unit 2
11. Exiting the EU
12. Lessons Learnt from Wave 1, preparation for wave 2 of COVID-19
13. Risk Assessments
14. Board Committee Meetings
15. Professor Roger Williams
16. Appendix 1

## 1.0 Introduction

- 1.1. This paper outlines the key developments and occurrences from April to July 2020 that the Chief Executive wishes to discuss with the Board of Directors.
- 1.2. The COVID-19 pandemic has been incredibly challenging for the Trust and whilst the numbers of COVID-19 patients has significantly reduced, we have major challenges in relation to ensuring we put in place robust and safe clinical pathways to treat our existing patients, who have previously had their treatment delayed through the pandemic, as well as dealing with new patient referrals. We are seeing the numbers of patients coming into the Emergency Departments slowly rising, and all of our clinical teams are now working through their Elective waiting lists.
- 1.3. I would like to commend all of our teams on their incredible hard work and dedication. COVID-19 was a tremendous challenge for this Trust, but as we work through ensuring our patients are now seen as quickly as possible, individuals and teams continue to work tirelessly, in the best interests of our patients.

## 2.0 Quality, Patient Experience and Safety

- 2.1 Patient Outcomes are defined as 'the results people care about most when seeking treatment, including longer life, symptom relief, quicker recovery and the ability to live normal, productive lives.' Delivering outcomes that matter to our patients is a priority for the Trust and is a key measure of Trust performance.
- 2.2 In the most recent review of patient outcomes:
  - 96% (47/49) of indicators against which we report have been rated green, indicating outcomes better than expected, better than peer and/or within expected range.
  - Mortality continues to be better than expected against key indicators. The Foundation Trust is in the top quartile for Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR)
  - Mortality (risk-adjusted) is better than expected, or within the expected range, for stroke, heart attack, pneumonia, sepsis and hip fracture.
  - The Foundation Trust performs significantly better than expected, and is the second best performing Trust nationally, for risk-adjusted readmissions.
- 2.3 Improving Patient Experience is a core element of our reset and recovery plan. The Chief Nurse has led the development of an improvement plan which focuses on ensuring the Trust responds to feedback from patients about what would make them feel safe to attend hospital treatment.
- 2.4 The Friends and Family Test (FFT) survey restarted in August 2020 following a national hiatus as a result of COVID-19. The survey has been simplified to produce a rating of experience for our services, and then permit free text on what we could do better.

- 2.5 To ensure we deliver on improvements to patient experience we are focussing on ten improvement areas detailed in the improvement plan that will address the following areas:
- National Inpatient Survey – the plan should improve the rating on 12 of the survey questions.
  - Outpatients – the reset and recovery workstream should radically improve the outpatient process in terms of letters, booking, patient communication and information sharing – all of which have been longstanding issues and areas of poor patient feedback.
  - Emergency Department (ED) Experience – the improvement work underway within both EDs, designed to improve safety and wellbeing checks, should have a positive impact on experience.
- 2.6 At King's, we endeavour to provide excellent clinical care and patient experience, but on occasions we fail to meet those high standards. Work is underway to ensure there is a robust process in place for reporting and investigating incidents in line with the NHS Patient Safety Incident Response Framework and the Trust is complying with the requirements of the NHS Patient Safety Strategy 2019. This includes ensuring that all relevant staff have had training in conducting investigations, that investigations are carried out in a timely manner and that learning from incidents is maximised.
- 2.7 Data for the first quarter of 2020/21 (April – June) shows there has been a year on year reduction in serious incidents. However it is likely this is in part a reflection of the impact of COVID-19 and reduced activity levels. Key themes are 'management operations and treatment' and 'assessment and diagnosis'. During this period, there were 5,494 adverse incidents, nearly a quarter of which related to violence, aggression and security issues. Ensuring staff and patients remain safe is crucial, and a violence and aggression reduction programme is being implemented following extensive engagement with staff.
- 3.0 COVID-19: Stabilisation and Recovery**
- 3.1 The Foundation Trust continues to treat a very small number of COVID-19 positive patients at both its Denmark Hill and Princess Royal sites.
- 3.2 The segregation and swabbing processes instigated earlier this year continue to be utilised as a means of maintaining safe and coordinated clinical care to COVID-19 positive patients, whilst providing enhanced protection to others (patients and staff).
- 3.3 Whilst we continue to have patients with suspected COVID-19 presenting daily to our Emergency Departments, these are now infrequently positive and the Trust continues to move forward with its recovery and reset activities.
- 3.4 The Trust's recovery and reset activities are influenced by national policy in relation to infection prevention and control processes and additional in-year capital allocation, as well as the Phase 3 operating requirements that were issued in late August 2020.

- 3.5 Nationally, there is strong focus on the opportunities Trusts have to begin to recover their lost Elective and Outpatient activity positions as we move towards autumn and ahead of any potential second surge. In order to exploit this opportunity, King's has been working at pace to rapidly reintroduce elective operating capacity, both inpatient and day case, whilst simultaneously increasing patient volumes through Outpatients, Diagnostics; specifically Endoscopy, MRI and CT, and Preoperative Assessment.
- 3.6 The performance up to the second week of August (week 34) reflects a 6.65% underperformance against the national elective recovery ask. The Trust delivered 63.35% inpatient elective activity against a 70% reference target for August (the reference target being taken from 2019/20). The Trust delivered a 70.89% Outpatient activity delivery against a reference target of 90%; and a diagnostic delivery of 77.98% against a target of 80% for the month of August.
- 3.7 It is critical to recognise that performance against the national recovery standards will be measured at a combined Integrated Care System (ICS) level rather than individual Trust level, with clarity still emerging at the time of writing around incentive and penalty payment regimes.
- 3.8 Operational teams across the Foundation Trust continue to make progress in returning the organisation to a higher state of activity performance whilst recognising a number of key challenges within some of our more challenged service areas. The table below reflects our timeline analysis as to when we believe the Foundation Trust will return to normalised (pre-COVID-19) levels of performance and activity.

| Activity area / performance metric           | Forecasted to reach pre-COVID-19 levels |
|--|---|
| >52 week Referral to Treatment (RTT) waiters | After March 2021                        |
| Total Patient Tracking List (PTL) size       | Already below pre-COVID-19 levels       |
| Referrals received                           | January 2021                            |
| Outpatient Activity                          | September 2020                          |
| Elective Activity                            | October 2020                            |
| Non-elective activity                        | September 2020                          |
| ED Attendances                               | October 2020                            |
| Diagnostic activity                          | October 2020                            |
| 2WW attendances                              | September 2020                          |
| 31 day cancer treatments                     | October 2020                            |
| >62 day GP cancer waiters                    | October 2020                            |

Further details supporting the Foundation Trust's recovery and reset programme will be presented to Board members later in today's agenda.

#### **4.0 Operational Performance**

- 4.1 The Foundation Trust's recovery and reset management in response to addressing performance and backlogs, created during the peak of the COVID-19 pandemic, has begun to improve delivery of most key patient access and waiting time targets. The number of patients waiting more than 18 weeks following referral has increased and is a significant proportion of the overall PTL. Attendances to the Emergency Departments (EDs) are normalising since wave 1, and whilst putting pressure on our performance against the 4-hour emergency care standard, performance at both sites remained above 90% for July.

#### **4.2 Referral to Treatment (RTT)**

- 4.2.1 RTT performance has reduced further from 68.50% for April; to 58.70% for May; 46.66% for June; 39.28% in July.
- 4.2.2 The total number of patients waiting on our RTT waiting lists has reduced to 61,230 at the end of July from 68,489 at the end of April.
- 4.2.3 Despite a reduction in overall PTL size, the overall 18+ week backlog was 37,181 at the end of July, 60.72% of the total.
- 4.2.4 The overall number of patients waiting over 52 weeks has increased from 483 in April to 2,495 in July since the elective restrictions that were put into place from the middle of March.

#### **4.3 Emergency Care Standard**

- 4.3.1 Compared to pre-COVID-19 activity levels, fewer patients have attended both the Emergency Departments at Denmark Hill and the PRUH, and the PRUH's Urgent Care Centre (UCC).
- 4.3.2 Trust performance has reached a 12-month high at 93.63% achieved for July. Performance by site has:
- Improved from 85.99% in June to 91.78% in July at Denmark Hill.
  - Remained stable at 95.83% in June and 95.75% in July at the PRUH (95% target).

#### **4.4 Diagnostic waiting times**

- 4.4.1 41.59% of patients waited longer than 6 weeks for diagnostic tests in July 2020 due to the limited number of diagnostic tests available. Whilst higher than 'business as usual' levels, it is a significant improvement from the peak of 60.25% reported in May 2020.
- 4.4.2 The additional capacity secured outside the Trust, and a relaxation in guidance for aerosol-generating procedures should further improve this performance.

#### 4.5 Cancer

- 2 Week Wait standard: 85.99% (93% target)
- 62 day GP referred First treatments: 60.00% (85% target)

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

#### 5.0 Financial Performance - Summary of Year to Date Financial Position – M04

5.1 As at month 4, the Trust has recorded an operating deficit of £5.7m in-month and £17.6m YTD, before additional top-up income. The in-month position has deteriorated by c£3.0m due to increase in drug costs as activity ramps back up. The main area of concern continues to be the Foundation Trust's increased pay run rate in months 1-4 which is an outlier both in London and nationally.

| Trust Summary M04<br>Category          | Outturn        |                |              | Current Month |               |              |             | Year to Date  |               |               |             | LY v CY YTD |  |
|--|----------------|----------------|--------------|---------------|---------------|--------------|-------------|---------------|---------------|---------------|-------------|-------------|--|
|  | Last Year      | Budget         | Last month   | Last Year     | Budget        | Actual       | Variance    | Last Year     | Budget        | Actual        | Variance    | Change      |  |
|  | £ M            | £ M            | £ M          | £ M           | £ M           | £ M          | £ M         | £ M           | £ M           | £ M           | £ M         | %           |  |
| Income                                 | 1,236.1        | 1,214.1        | 117.9        | 100.1         | 101.5         | 118.6        | 17.1        | 394.1         | 403.0         | 471.9         | 68.9        | 20%         |  |
| Pay                                    | (726.5)        | (755.0)        | (65.0)       | (58.8)        | (62.7)        | (64.4)       | (1.7)       | (235.3)       | (255.7)       | (258.8)       | (3.1)       | -10%        |  |
| Nonpay                                 | (580.8)        | (604.0)        | (51.0)       | (52.5)        | (50.6)        | (52.0)       | (1.4)       | (201.1)       | (207.8)       | (205.2)       | 2.7         | -2%         |  |
| Financing                              | (47.5)         | (33.0)         | (4.1)        | (3.8)         | (2.8)         | (4.4)        | (1.6)       | (15.6)        | (11.0)        | (16.2)        | (5.2)       | -4%         |  |
| <b>Trust Total</b>                     | <b>(118.7)</b> | <b>(178.0)</b> | <b>(2.1)</b> | <b>(15.0)</b> | <b>(14.5)</b> | <b>(2.1)</b> | <b>12.4</b> | <b>(58.0)</b> | <b>(71.6)</b> | <b>(8.3)</b>  | <b>63.3</b> |             |  |
| Less: Donated Income, Depr, Impairment | (34.3)         | 22.9           | 2.1          | (0.6)         | 1.9           | 2.1          | (0.2)       | (0.2)         | 7.6           | 8.3           | (0.7)       |             |  |
| <b>Trust Operating Total</b>           | <b>(153.0)</b> | <b>(155.1)</b> | <b>(0.0)</b> | <b>(15.6)</b> | <b>(12.6)</b> | <b>0.0</b>   | <b>12.2</b> | <b>(58.1)</b> | <b>(64.0)</b> | <b>(0.0)</b>  | <b>62.6</b> |             |  |
| NHSE Retrospective Top Up              |                |                | (2.9)        |               |               | (5.7)        | (5.7)       |               |               | (17.6)        | (17.6)      |             |  |
| <b>Adjusted Trust Operating Total</b>  | <b>(153.0)</b> | <b>(155.1)</b> | <b>(2.9)</b> | <b>(15.6)</b> | <b>(12.6)</b> | <b>(5.7)</b> | <b>6.5</b>  | <b>(58.1)</b> | <b>(64.0)</b> | <b>(17.6)</b> | <b>45.0</b> |             |  |

\*Clinical income for 2020-21 is now on a block contract due to COVID-19.

\*\* Last year's outturn excludes consolidation of King's Facilities Management (KFM), King's Commercial Services (KCS) and Viapath. This is included in YTD figure.

5.2 For the first 6 months of 2020/21, the Trust will be provided block contract income of £103.6m with the anticipation that this will allow the Trust to break even. The current arrangements comprise nationally-set block contracts between NHS providers and commissioners, and prospective and retrospective top-up funding issued by NHSE/I to organisations to support delivery of breakeven positions against reasonable expenditure. The M5 and M6 block contract and prospective top-up payments will be the same as M4.

5.3 For the first 4 months of the year, the Foundation Trust has recorded a £17.6m retrospective top-up income to achieve breakeven in line with the Financial Guidance. Adjusting for the retrospective top up income expected of £5.7m for M4, the Trust will be reporting a breakeven position.

5.4 The £17.6m YTD deficit (pre-top-up) is predominantly driven by:

- An income gap\* (c.£9.5m YTD) largely attributed to reductions in Private Patient & Overseas (£4.5m) and out of area commissioners and NCA activity (£4.0m), as a result of a difference between income levels received last year and the month 1-4 block contract income calculation.



- COVID-19 related costs c£22.0m have been recorded YTD (to be confirmed), c£4.0m attributed to M04. This is a reduction of £3.6m compared to M03 (£7.7m). This is only partially offset by benefits from reduced outsourcing expenditure (c£1.2m) and an increased KFM surplus (£10.8m) as a result of reduced clinical supplies costs relating to reduced elective activity.
- Drugs run rate is £1.6m above M1-10 2019/20 average.

\* In addition the Foundation Trust's NHSE specialised commissioning block is c£20-25m (FYE) lower than expected contract value which is not impacting year to date but will as activity ramps up. This has been raised with NHS London and the South East London Commissioners.

- 5.5 It is worth noting that whilst pay is showing a decrease on prior months it is £23.5m more than the 19/20 YTD figure (only c£7m relates to inflation and £4.5m relates to COVID-19). This is an area the Foundation Trust will need to address over the next few months as COVID-19 pressures ease and The Trust looks to bring spend back in line with planned establishment and deliver the unallocated CIP to offset 19/20 investment.
- 5.6 With income under block arrangements for the foreseeable future and non-pay broadly under control, pay is the area which the Foundation Trust can control and where it needs to focus its energy throughout the year.

## **6.0 Workforce update**

- 6.1 New Consultant appointments – see Appendix 1
- 6.2 Executive Team Recruitment - Since the last Board meeting, John Palmer has left his post as Site Chief Executive Officer, Denmark Hill. We wish John all the best with his future endeavours.
- 6.3 Julie Lowe will be the Interim Denmark Hill Site Chief Executive from Monday 7<sup>th</sup> September, while substantive plans are put in place.

## **7.0 Equality, Diversity and Inclusion**

- 7.1 Following on from the last Board Report it continues to be important to stress our commitment to providing all of our staff with a diverse and inclusive workplace.
- 7.2 To show our commitment to this agenda, Claudette Elliott joined us on Monday 10<sup>th</sup> August as our Interim Director of Equality, Diversity and Inclusion (EDI), reporting directly into me. Claudette has spent her entire career in public health, most recently as Strategic Director of Integrated Commissioning for Manchester Health and Care Commissioning. Claudette is an active EDI practitioner, and throughout her career has championed the EDI agenda and delivered successful initiatives. This included

responsibility for race equality in service development, commissioning and provision as well as implementing EDI-related training programmes.

- 7.3 In an interim position, Claudette will engage the senior leadership of the Trust, staff, our staff networks and our system partners as part of a review of our current EDI activity. As well as making immediate recommendations, Claudette will develop the profile and structure for any future EDI roles to support this agenda across the Trust.

## **8.0 Freedom to Speak Up (FtSU)**

- 8.1 Nicholas Campbell-Watts has kindly agreed to succeed Sue Slipman as NED champion on FtSU issues. Nicholas will also chair the FtSU Committee.
- 8.2 Jen Watson, who has been the Foundation Trust's FtSU Guardian for a number of years, has taken a new role as Director of Nursing at Denmark Hill, so will be stepping back from the FtSU Guardian role. Jen has been an excellent Guardian. She was appointed as the Trust's first Guardian in 2016/7 and has worked tirelessly to build up a network of ambassadors.
- 8.3 I would like to take this opportunity to thank both Jen and Sue for all the tremendous work they have done in this important area.
- 8.4 Given the size of the Foundation Trust, we have agreed to appoint a full time Guardian, with the appointment's process taking place during September. It is national Freedom to Speak Up month in October and we will be using this as an opportunity to increase awareness of the Guardian and to increase the number of advocates across the Foundation Trust.

## **9.0 Strategic Objectives**

- 9.1 The Foundation Trust's annual objectives for the remaining seven and a half months of this financial year have now been agreed. In March 2020 the Foundation Trust had drafted annual objectives which were aligned with the Trust's Recovery and Sustainable Improvement Plan. However, there has been a shift in priorities as the Foundation Trust emerges from the first phase of the COVID-19 pandemic.
- 9.2 The Foundation Trust is operating in an extremely challenging, uncertain and rapidly changing environment and whilst we remain ambitious we also need to be realistic and credible about what can be achieved in the next seven and a half months. A process will be underway shortly to ensure the objectives are cascaded through the Trust and key tools, such as the Board Assurance Framework, are being updated to ensure that any risks associated with delivering these objectives are effectively managed.

## 10.0 CCU2

- 10.1 In April this year, the Foundation Trust opened the second floor of the new Critical Care Centre as part of our response to the COVID-19 pandemic. The speed with which we were able to operationalise the unit to deliver outstanding and compassionate care to patients with COVID-19 is due to the dedication and commitment of our staff in these challenging times.
- 10.2 Whilst we put in place a number of mitigations to ensure the unit was safe for both our staff and our patients, we made the decision on the 20th July to close the unit. This was not only to complete the remaining remedial work inside the unit itself but also to rectify new issues that had come to light.
- 10.3 The decision to do this was not taken lightly or without careful thought. The safety of our staff and patients will always be our ultimate priority.
- 10.4 We will continue to work closely with our partners in this project, however at this time, we cannot confirm a date when the unit will reopen. Now the focus must be on completing the work required as quickly as possible so that the unit can be operational at some point in the future.

## 11.0 Exiting the EU

- 11.1 On the 31st of December 2020 the United Kingdom will end the European Union Exit transition period. To date, trade talks which were suspended for six weeks during the start of the pandemic have not negotiated a new trade deal, and therefore the risks previously outlined to the Foundation Trust regarding exit from transition without a deal remain unchanged, and the risk around supply chain is arguably increased due to the increased need for Personal Protective Equipment (PPE).
- 11.2 The Trust has a well-tested EU Exit plan and command structure which has been activated on two previous occasions.
- 11.3 The current times for the end of transition could prove extremely challenging for the NHS as the key risks to the Trust have been identified as:
- Procurement
  - Pharmacy
  - Staffing
- 11.4 It is clear that there is a significant risk that the EU transition period and exit could occur during winter pressures, along with a potential COVID-19 surge, in addition to seasonal influenza.
- 11.5 In preparation, the Trust has re-established its EU Exit Steering Group and revisited the terms of reference. Plans are being developed and managed alongside the Trust's Winter Plan.

## 12.0 Lessons learnt from Wave 1, and preparation for Wave 2 of COVID-19

- 12.1 There is an ongoing review of lessons learnt from Wave 1 of the COVID-19 pandemic. It is anticipated that the report will provide:
- The scope and scale of the pandemic across the Foundation Trust.
  - An assessment of '*What went well*', '*What could have gone better*' and '*What we need to do for future surges*'.
  - An understanding of the impact on patients, staff, the organisation and the wider health and social care system.
  - Recommendations for actions which should be undertaken in preparation for future surges/ other pandemic events.
- 12.2 The information gathered will be collated to form a Learning Library which is a central repository of all the responses, surveys, reports, templates and interview notes.
- 12.3 It is envisaged that this Learning Library will be added to over time as the pandemic situation evolves, and it will serve as a source of knowledge and learning to inform future plans.
- 12.4 Such a Review also serves to demonstrate the key traits of a learning organisation:
- To be adaptive to the external environment.
  - To continually enhance our capability to change/adapt.
  - To develop collective, as well as individual, learning.
  - To use the results of learning to achieve better results.
- 12.5 The learning from Wave 1 of COVID-19 and the information that aims to forecast future surges will be used to inform the planning for a second COVID-19 pandemic surge.
- 12.6 Preparations for a potential second surge include:
- The use of data to add COVID-19 surge patient numbers alongside winter patient activity numbers to indicate how many patients the hospitals need to accommodate
  - All Personal Protective Equipment (PPE) has been added to the critical items list for buffer stock in preparation for EU Exit to ensure we have access to enough PPE
  - Critical care surge ward areas identified and enabling works understood
  - An escalation plan for general adult beds has been identified
  - Workforce plans have been developed that identify staff for redeployment
- 12.7 As a result of the lessons learned the surge plans will be developed for King's Executive approval by the final week of September.

### 13.0 Risk Assessments

- 13.1 Our teams continue to carry our staff risk assessments, and as of 17th August, 90.64% of our staff (11,392 individuals) have had one completed, or had been offered one.
- 13.2 90.52% of our Black, Asian and Minority Ethnic (BAME) staff have had one or been offered one.

### 14.0 Board Committee Meetings

- 14.1 Since the last public board meeting we have met a number of times as a Board of Directors and the following meetings have taken place:

- Board Development Session 25th June 2020
- Acute Provider Collaboration Committee-in-Common 10th July 2020
- Strategy, Research and Partnership Committee 16th July 2020
- Finance and Commercial Committee 23rd July 2020
- Major Projects Committee 23rd July 2020
- Quality, People, and Performance Committee 30th July 2020

### 15.0 Professor Roger Williams

- 15.1 I am very sad to report that Professor Roger Williams, a doyenne in the field of Hepatology (the branch of medicine concerned primarily with the study of the liver) and Founder of The Liver Unit here at King's, has sadly died. He was 88 years old.
- 15.2 Professor Williams was educated at St Mary's College, Southampton, and The London Hospital Medical College (now Barts and Royal London Medical School), graduating in 1949. After National Service in the Royal Army Medical Corps, he worked at the Postgraduate Medical School in London. Between 1959 and 1965 he was a Lecturer in Medicine at the Royal Free Hospital and spent a year as the Rockefeller Travelling Fellow in Medicine at the Presbyterian Hospital, New York.
- 15.3 Appointed as Clinical Tutor and Consultant Physician here at King's in 1966, he founded a unit dedicated to research into liver disorders based on multidisciplinary groups of scientists, physicians and surgeons. Together with Professor Sir Roy Calne, he pioneered liver transplantation in the UK. The first liver transplant at King's was carried out on 28 September 1968. Other pioneering work in acute liver failure led to the first dedicated unit for patients with this condition. The Liver Unit was recognised in 1992 by King's College London as an Institute of Liver Studies.
- 15.4 In 1996, Roger moved to a new research Institute at University College London, funded by the charity he had helped set up in 1974, the Foundation for Liver Research. New areas of translational clinical study were initiated including Living Donor Liver Transplantation and devices for temporary liver support. In 2014, he was invited to return to King's and, supported by the Foundation, he relocated the Institute of Hepatology to a new purpose-built research centre on Coldharbour Lane.

- 15.5 Over the years, Professor Williams received numerous awards and medals, the most notable being the Distinguished Achievement Award of the American Association for the Study of Liver Disease in 2013, the first British subject to have this honour.
- 15.6 Other awards include the American Society of Transplantation Senior Achievement Award in 2004, a Hans Popper Lifetime Achievement Award in 2008, and the Distinguished Service Award of the International Liver Transplant Society in 2011.
- 15.7 He was a Fellow of the Academy of Medical Sciences, Honorary Fellow of the American College of Physicians and of the Irish College of Physicians. He was a founder member of European Association for the Study of the Liver (EASL), serving as Chairman in 1983 and as Honorary President in 2008.
- 15.8 He was appointed CBE for services to medicine in 1993. He authored approximately 3,000 papers, chapters and reviews published in learned journals and books. In 2010 he was quoted as the most cited researcher of the year in his specialty by ISI Thomson Scientific.
- 15.9 As a Gastrointestinal Radiologist myself, I have been very aware of Professor Williams' outstanding skill and reputation for many years. Latterly, it has been an absolute personal pleasure and privilege to have met Roger on several occasions since I commenced in post last year. I will remember him fondly.
- 15.10 Professor Williams practiced at King's and privately up until his death.
- 15.11 Our thoughts are with his family at this sad time. He will be very greatly missed.

## APPENDICES

## Appendix 1: List of Consultant appointments

| Name of Post   | Appointee   | Post Type<br>New /<br>Replacement | Start Date   | End Date  |
|--|---|-----------------------------------|--|-----------|
| Consultant Geriatrician  | Dr Oenone Poole-Wilson  | Replacement                       | 12/05/2020   | Permanent |
| Consultant Interventional Neuroradiologist                       | Dr Juveria Siddiqui   | New                               | 13/04/2020   | Permanent |
| Consultant in Critical Care                                      | Dr Adrian View Kim Wong   | Replacement                       | 13/04/2020   | Permanent |
| Consultant Dental and Maxillofacial Radiologist                  | Dr Lee William Feinberg   | Replacement                       | 27/04/2020   | Permanent |
| Consultant Gastroenterologist                                    | Dr Shraddha Gulati  | Replacement                       | 08/05/2020   | Permanent |
| Consultant in Restorative Dentistry                              | Mr Amre Maglad  | Replacement                       | 15/06/2020   | Permanent |
| Consultant Radiologist   | Dr Yameen Majid Wani  | New                               | 15/05/2020   | Permanent |
| Consultant Onco-Plastic Breast Surgery                           | Miss Ilaria Giono   | New                               | 01/06/2020   | Permanent |
| Consultant Histopathologist                                      | Dr Geetha Devarajan   | Replacement                       | 08/06/2020   | Permanent |
| Consultant Geriatrician  | Dr Frederick Charles Boyle  | Replacement                       | 08/04/2020   | Permanent |
| Consultant Nuclear Medicine Physician / Radionuclide Radiologist | Dr Sachin Vithal Kamat  | Replacement                       | 08/04/2020   | Permanent |
| Consultant Paediatric Respiratory Medicine                       | Dr James Cook 10 PAs (FT)<br>Dr Katherine Harmen 8PAs (PT)  | Replacement                       | 15/04/2020<br>07/09/2020                             | Permanent |
| Consultants in General Surgery/Urology and Trauma Anaesthesia    | Dr Merle Patricia Annie Cohen<br>Dr Ravi Bhatia<br>Dr Adrian Dabrowicz<br>Dr Joanna Elizabeth Roberts | New                               | 05/08/2020<br>05/08/2020<br>01/05/2020<br>16/07/2020 | Permanent |

|   |                                    |                   |            |           |
|---|------------------------------------|-------------------|------------|-----------|
| Consultant Physician in Respiratory Medicine  | Dr William Owen                    | Replacement       | 22/04/2020 | Permanent |
| 213-UPACS-4168 Consultant In Trauma and Orthopaedic Surgery With a Special Interest In Paediatric And Limb Reconstruction Surgery | Miss Sarah McMahon                 | New               | 23/07/2020 |           |
| 213-UPACS-4159 Consultant in Trauma & Orthopaedic Surgery with a Special Interest in Foot and Ankle Surgery                       | Mr Thomas Hester                   |                   | 17/08/2020 |           |
| Consultant In Trauma & Orthopaedic Surgery With a Special Interest In Paediatric And Limb Reconstruction Surgery                  | Miss Sarah McMahon                 | New               | 23/07/2020 |           |
| Consultants in Medical Microbiology and Infection (3 Posts)   | Dr Julia Marie Colston             | Replacement / New | 05/10/2020 |           |
|   | Dr Carmel Curtis                   |                   | 09/07/2020 |           |
|   | Dr Mauricio Alberto Arias          |                   | 05/08/2020 |           |
| Consultant Urologist  | Dr Nicholas Alexander Faure Walker | Replacement       | 27/04/2020 |           |
| Consultant and Co-Clinical Lead, The Havens Sexual Assault Referral Centres   | Dr Rebecca Jane Adlington          | Replacement       | 01/05/2020 |           |
| Consultant Interventional Neuroradiologist  | Dr Sara Sciacca                    | Replacement       | 01/10/2020 |           |
| Consultant Respiratory Physician with an interest in Lung Cancer  | Dr David Peter Walder              | New               | 12/10/2020 |           |
| Consultant Rheumatologist   | Dr Arti Mahto                      | Replacement       | 30/04/2020 |           |



|  |  |             |                          |
|--|--|-------------|--------------------------|
| Consultant Oral and Maxillofacial Surgeon  | Miss Francine Mariko Ryba  | Replacement | 01/06/2020               |
| Consultant Microbiologist  | Dr Martin Neville Brown  | Replacement | 01/09/2020               |
| Consultant Obstetrician with a Specialist interest in Perinatal Mental Health and Postnatal Care | Dr Kenga Sivarajah   | New         | 01/07/2020               |
| Consultant in Neuroanaesthesia   | Dr Sarah Jane Muldoon  | New         | 05/08/2020               |
| Consultants in Critical Care   | Dr Stacey Louise Calvert<br>Dr Adam Czapran<br>Dr Michael Berry<br>Dr Maria Laura Dono Anselmo | New         | TBC<br>TBC<br>TBC<br>TBC |
| Consultant Haematologist with a special interest in Haemato-Oncology Diagnostics                 | Dr Guy Christian Hannah  | New         | 09/11/2020               |
| Consultant Dermatologist   | Dr Dimalee Suranga Herath  | Replacement | TBC                      |
| Consultant Orthopaedic Surgeons (Lower Limb) x 3 posts   | Mr Dominic Davenport<br>Mr Mohit Bansell<br>Mr Krishna Boddu                                   | Replacement | TBC<br>TBC<br>17/08/2020 |
| Honorary Consultant in Cardiology  | Dr Khaled Mohamed Ali Alfakih  | Honorary    | 01/04/2020               |
| Honorary Consultant in Neurology   | Prof. Leone Lorna Ridsdale   | Honorary    | 21/04/2020               |
| Honorary Consultant GUM  | Dr Gillian Margaret Claire Holdsworth  | Honorary    | 18/05/2020               |

|   |                                     |             |            |
|---|-------------------------------------|-------------|------------|
| Honorary Consultant in Critical Care Theatre and Diagnostics          | Dr Jeremy James Wade                | Honorary    | 04/06/2020 |
| Honorary Consultant in Ambulatory Care                                | Mr Anthony Boleslaw Bendkowski      | Honorary    | 05/06/2020 |
| Consultant Haematologist  | Prof. Judith Christine Watson Marsh | Replacement | 01/06/2020 |
| Locum Consultant Obstetrician with Special Interest in Fetal Medicine | Dr Dan Andrei Dumitrascu-Biris      | Replacement | 01/04/2020 |
| Locum Consultant Cataract Theatre Back Fill and General               | Miss Marta Joanna Latasiewicz       | New         | 15/04/2020 |
| Locum Consultant Respiratory Physician                                | Dr Rajiv Madula                     | New         | 28/04/2020 |
| Locum Consultant Obstetrician and Gynaecologist                       | Dr Mohamed Maged Refat Hosni        | New         | 11/05/2020 |
| Locum Paediatric Surgical Consultant                                  | Dr Sara Gozzini                     | New         | 12/05/2020 |
| Locum Consultant Paediatric Respiratory Medicine                      | Dr Ema Kavaliunaite                 | Replacement | 26/05/2020 |
| Locum Consultant  | Dr Khalid Ballal                    | Replacement | 26/05/2020 |
| General Paediatric Consultant - Deputy Safeguarding Lead              | Dr Kafayat Temitope Busari          | Replacement | 01/06/2020 |
| Locum Consultant Histopathologist                                     | Dr Mihir Kumar Khan                 | Replacement | 08/06/2020 |
| Locum Consultant in Paediatric Emergency Medicine                     | Dr Kamjit Kaur                      | Replacement | 15/06/2020 |
| Locum Consultant Obstetrician and Gynaecologist                       | Dr Diana Marcus                     | Replacement | 15/06/2020 |

|  |                              |             |            |
|--|------------------------------|-------------|------------|
| Locum Paediatric Ambulatory Consultant                             | Dr Lucy Sarah Stokes Pickard | Replacement | 22/06/2020 |
| Locum Consultant in General Medicine with Speciality Interest      | Dr Michael Theodorakis       | Replacement | 01/07/2020 |
| Locum Consultant Obstetrician and Gynaecologist                    | Dr Amelia Schamroth          | Replacement | 01/07/2020 |
| Consultant Hepatologist with a Special Interest in Transplantation | Dr Niloufar Safinia          | New         | 06/07/2020 |

## SUMMARY OF KEY DISCUSSIONS

### QUALITY, PEOPLE AND PERFORMANCE COMMITTEE MEETING Thursday 30<sup>th</sup> July 2020

#### 1. Immediate Items for Information

- **Critical Care Unit (CCU2) update**  
The Group Chief Executive Officer updated the Committee regarding the Trust's decision to close the Critical Care Unit at Denmark Hill.
- **Externally Commissioned Reviews**  
The committee heard that following a hiatus due to COVID-19, the Trust is receiving updates from externally commissioned reviews.

#### QUALITY

#### 2. COVID-19 Briefing - Quality, Risk and Safety

The Group Chief Executive gave a verbal update on the COVID-19 Briefing to the Committee. There has been a slight increase in the number of COVID-19 cases. Robust systems are in place to monitor potential outbreaks. Changes to Government guidance on self-isolation for anyone who has COVID-19 symptoms or a positive test result are likely to impact on staffing levels as will the travel quarantine rules. NICE has published new guidance in relation to COVID-19 infection prevention control. There has been considerable relaxation in self-isolation rules for patients requiring invasive surgery and in Diagnostics and Imaging. These changes will help to increase activity and improve performance.

The Trust is completing risk assessments for all staff in relation to COVID-19. There has been much effort from the BAME Staff Network to support the process and training and support has been available to line managers.

#### 3. Neuropathology Serious Incident Updates

The Executive Director for Clinical Strategy & Research presented an update to the Committee on actions relating to previously reported Human Tissue Authority (HTA) Neuropathology breaches.

#### 4. Patient Safety Report – Quarter 1

The Committee received the Patient Safety Report for quarter 1 and noted the following:

- Two never events were reported in quarter 1.
- There currently are 98 patient related serious incidents. 74 of these investigations are overdue with 62 being overdue by more than 90 days.
- The Committee remains concerned about the significant SI investigations backlog. Trajectories for improvement need to be set.
- A support role has been recruited to in order to help clear the backlog.

- A significant part of the improvement plan is to roll out Root Cause Analysis and Systems Investigations training across the Organisation. An online training package has now been developed and a pilot took place last week.
- A clinical leadership programme is being developed. This will involve the re- establishing of an accountability framework within the Care Groups.
- The Trust will be rolling out a newer version of Datix which will make it easier for Care Groups to identify themes and share learning.

## 5. Patient Outcomes Report – Quarter 1

The Head of Patient Outcomes presented the Patient Outcomes report for quarter 1 to the Committee and the following was noted:

- The National Clinical Audits were paused during the COVID-19 crisis which has affected the level of outcomes data received.
- Mortality continues to be better than expected against key indicators. KCH is top quartile for Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR).
- KCH performed significantly better than expected, and is the 2<sup>nd</sup> best performing Trust nationally for risk-adjusted readmissions.

## 6. Patient Experience Report – Quarter 1

The Chief Nurse & Executive Director of Midwifery updated the Committee on the acquisition of wheelchairs for volunteers to use for escorting elderly and/or frail patients and visitors to the hospital.

The Patient Experience and Engagement Team conducted telephone interviews with patients discharged from hospital after testing positive for COVID-19 over an eight week period. Patients and/or family/carers were incredibly appreciative of receiving a follow up call from the hospital. Work is taking place to learn what new practices that were adopted during the COVID-19 crisis can be further developed and continued as standard practice.

## 7. Maternity Safety Briefing

The Committee received and noted the Maternity Service update. The Chief Nurse & Executive Director of Midwifery informed the Committee about an independent investigation into the maternity and neonatal services provided by East Kent University NHS Foundation Trust. An overview of findings from the inquiry will be produced and reviewed against the maternity services at KCH Trust.

In response to the COVID-19 pandemic, many appointments are now taking place virtually. Feedback is required from service users and the clinical impact of virtual appointments requires monitoring.

## 8. CQC Response & Action Plan Update

The Committee received the CQC action plan update and noted that due to restructuring to strengthen governance and COVID-19, progress against the plan has slowed. Nonetheless, measurable improvement in the ED service across both sites has been achieved and demonstrated.



Currently, the CQC are still developing plans for how they will carry out inspections in future. Inspections will be smaller and more targeted.

## 9. Duty of Candour Compliance Report

The Committee received an update on the programme of work underway to improve Duty of Candour Compliance.

## PEOPLE

### 10. Workforce Metrics

The Committee received the Workforce Report and the following was noted:

- The establishment has increased and is set to grow further. Over 60% of the growth can be attributed to the two key improvement programmes - Modernising Medicine and the Nurse Establishment Review.
- The current sickness rates are lower than the peak seen in April 2020. COVID-19 related absence is now at the lowest levels seen by the Trust since the beginning of the pandemic.
- There has been a rise in mental health and stress related sickness leave. A robust health and wellbeing programme is being developed, which seeks to support staff holistically.
- The Trust is currently below the appraisals target. The window has now been extended until October.
- Employee relations is a new data set and the Trust has invested in a new employee relations model more focused on early resolution and mediation and more line manager training.
- There is a higher rate of BAME staff entering a formal disciplinary process, particularly staff in bands 2 and 6. A number of measures have been implemented to improve this position. An investigation checklist has been created to gauge whether action is proportionate. There is also the promotion of unconscious bias in management training.
- The WRES data is due to be published at the end of August, which will include benchmarking data and will be reviewed by the Executive team and the Board.

### 11. Integrated Performance Summary Report

The Committee received the Integrated Performance report for month 3 and the following was noted:

- PRUH ED Performance continues to deliver in the mid-high 90s. The internal escalation process behind daily performance have improved in strength and rigidity.
- Denmark Hill ED Performance for month 4 is at an average of 92% on a volume of 9842 attendances. Compliance has improved by 7%.
- The ED team at the Denmark Hill site have done an excellent job in driving the process that led to an 18 day unbroken 90% performance rate.
- Mental Health presentations within the ED Service is still an area of concern at both sites. Exploratory conversations with partners are taking place to better serve a mental health unit within the campus.
- Diagnostics/Endoscopy has improved by 10% in the DMO1 target in the last five weeks. The size of outsourcing activity is significant for Endoscopy, lung function tests and CT scans.
- PRUH cancer standard is predicated on rapid diagnostics and performance is below the national standard but has still shown marked monthly improvement.
- Denmark Hill compliance with the cancer 2 week waits target has improved. The Cancer Board will be re-instated soon.
- RTT: Significant number of patients waiting over 52 weeks, which continues to worsen. The teams are working hard to achieve current mitigations in place.
- The Trust is taking every opportunity to work collaboratively with partners and has made good use of the private sector made available through the region.

- The Trust is expecting targets from the region this week to be at 70% of business as usual in August and 80% by September, which will be a challenge particularly in the current context.

## **12. London Region Recovery Plan**

The Group Chief Executive Officer updated the Committee on the Regional sponsored work streams around Critical Care, Elective Recovery, Endoscopy, and Imaging.



# Integrated Performance Report

Month 4 (July) 2020/21  
Trust Board Committee  
10 September 2020



|                  |   |
|------------------|---|
| Report to:       | <i>Trust Board Committee</i>  |
| Date of meeting: | <i>10 September 2020</i>  |
| Subject:         | <i>Integrated Performance Report 2020/21 Month 4 (July)</i>   |
| Author(s):       | <i>Adam Creegan, Director of Performance &amp; Planning;<br/>Steve Coakley, Assistant Director of Performance &amp; Planning;</i> |
| Presented by:    | <i>Jonathan Lofthouse, Site Chief Executive – PRUH &amp; South Sites</i>  |
| Sponsor:         | <i>Jonathan Lofthouse, Site Chief Executive – PRUH &amp; South Sites</i>  |
| History:         | <i>None</i>   |
| Status:          | <i>For Discussion</i>   |

### Summary of Report

- *This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets, noting that our required Trust response to COVID-19 continues to impact activity delivery and performance for July 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 Committee is asked to approve the latest available 2020/21 M4 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

### 3. Key implications

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

|                       | <u>Pages</u> |
|-----------------------|--------------|
| Executive Summary     | 5 - 10       |
| Domain 1: Quality     | 11 - 15      |
| Domain 2: Performance | 16 - 22      |
| Domain 3: Workforce   | 23 - 29      |
| Domain 4: Finance     | 30 – 32      |

# Executive Summary

## 2020/21 Month 4

### QUALITY

- Summary Hospital Mortality Index (SHMI) was 94.8 - significantly better than the expected index of score of 100.
- HCAI:
  - ❑ 1 MRSA bacteraemia case reported in July at PRUH so 3 cases reported YTD;
  - ❑ 6 new VRE bacteraemia cases reported in July, 37 cases YTD which is above the target of 24 cases;
  - ❑ E-Coli bacteraemia: 6 new cases reported in July, 21 cases YTD which is below the target of 40 cases;
  - ❑ 10 new C-difficile cases reported in July, 27 cases YTD which is below the quota of 32 cases .
- National FFT reporting for Inpatients and Maternity has been suspended from March due to COVID-19, and has resumed from 1 August. Initial results will be reported in the September IPR report.

### PERFORMANCE

- Trust A&E/ECS compliance improved to 93.63% in July compared to 90.72% in June. By Site: DH 91.78% and PRUH 95.75%
- Cancer:
  - ❑ Treatment within 62 days of post-GP referral is not compliant and was 60.00% for July 2020 (target 85%).
  - ❑ Treatment within 62 days following screening service referral was not compliant - no patients seen in 62 days (target 90%).
  - ❑ The two-week wait from GP referral standard was not compliant but improved to 85.99% (target 93%).
- Diagnostics: 10% improvement to 41.59% of patients waiting greater than 6 weeks for diagnostic test in July (National target <1%).
- RTT incomplete performance reduced further to 39.28% in July.
- RTT patients waiting >52 weeks increased by 711 cases to 2,495 cases in July, compared to 1,784 cases in June.

### WORKFORCE

- Appraisal rates data is now available from July 2020 and rates are 44.47% for all staff. The window for appraisals will remain open until October 2020.
- Sickness rates reduced to 3.66% in July compared to 3.89% in June.
- Statutory and Mandatory Training remains below the 90% target at 83.48% for Jul-20.
- Vacancy rates increased in July to 14.29%. This includes a planned increase in the nursing establishment of 165.98 FTE, with recruitment due to commence from June. The Trust's usual international recruitment activity has been temporarily suspended until restrictions have been lifted.
- There were 188 leavers in July, of which 128 left voluntarily. The top main reasons for staff leaving voluntarily are Relocation (12%), Promotion (12%) and Work Life Balance (7%).

### FINANCE

- As at month 4, the Trust has recorded an operating deficit of £5.7m in-month and £17.6m YTD, before additional top up income, and driven by
  - ❑ An income gap (c.£9.5m YTD) largely attributed to reductions in Private Patient & Overseas (£4.5m) and out of area commissioners and NCA activity (£4.0m)
  - ❑ COVID related costs c.£22.0m have been recorded YTD, £4m attributed to M04.
  - ❑ Drugs run rate is £1.6m above M1-10 2019/20 average.
- The in-month position has deteriorated by c£3.0m due to increase in drug costs as activity ramps back up.
- The main area of concern continues to be the Trust's increased pay run rate in months 1-4 which is an outlier both in London and nationally.
- Pay is showing a decrease on prior months but it is £23.5m more than the 19/20 YTD figure (only c£7m relates to inflation and £4.5m relates to COVID).

# Executive Summary

## Quality Heatmap

### Quality

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

# Executive Summary

## Performance and Workforce Heatmap

### Performance

|  | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | YTD    | Trend |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| <b>CQC level of inquiry: Responsive</b>      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
| Access Management - Emergency Flow           | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    |       |
| Access Management - RTT, CWT and Diagnostics | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    |       |
| Patient Flow                                 | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    |       |
| RTT Data Quality                             | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green  | Green  | Green  | Green  | Red    |       |
| Contract Monitoring (Operational Activity)   | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Operational Strategic                        | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green  |       |
| Demand & Capacity                            | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    |       |
| Productivity & Efficiency                    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Emergency & Acute Care                       | Green  | Yellow | Yellow | Yellow | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Kings Way for Wards                          | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green  | Yellow | Yellow | Yellow | Green  |       |
| Outpatient Productivity                      | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    |       |
| Theatre Productivity                         | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Summary                                      | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    |       |

### Workforce

|                                       | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | YTD    | Trend |
|---------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| <b>CQC level of inquiry: Well Led</b> |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
| Staff Feedback                        | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green  |       |
| Staff Training & CPD                  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    |       |
| Efficiency                            | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green  | Yellow | Yellow | Red    |       |
| Staffing Capacity                     | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Summary                               | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |

# Executive Summary

## Finance Heatmap

### Finance

|                                 | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | YTD    | Trend |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| <b>Use of Resources</b>         |        |        |        |        |        |        |        |        |        |        |        |        |        |        |       |
| Overall (000s)                  | Red    | Yellow | Green  | Yellow | Yellow | Yellow | Red    | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Green  |       |
| Income (000s)                   | Red    | Yellow | Yellow | Yellow | Yellow | Red    | Yellow | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Nonpay - Financing (000s)       | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green  |       |
| Nonpay - Unallocated CIP (000s) | Green  | Red    | Yellow | Yellow | Yellow | Yellow | Green  | Red    | Yellow | Green  | Yellow | Yellow | Yellow | Yellow |       |
| Non-Pay (000s)                  | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Pay - Admin and Clerical (000s) | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Pay - Medical Staff (000s)      | Red    | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Red    |       |
| Pay - Nursing Staff (000s)      | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Pay - Other Staff (000s)        | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Green  | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Pay - Unallocated CIP (000s)    | Yellow | Yellow | Green  | Yellow | Red    | Yellow | Yellow | Green  | Red    | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| SLR Recharges (000s)            | Green  | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |
| Summary                         | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow | Yellow |       |



# Executive Summary

## Activity Trending

### ACTIVITY TRENDS (TRUST)

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



# 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          | 24849                                | 15029                             | 8288                             | 9.6%                                      | 2.04                                  | 29.7%                              | 6532  |
| Last Month             | 29104                                | 16616                             | 6888                             | 8.1%                                      | 1.61                                  | 28.6%                              | 5212  |
| Variance               | -4255                                | -1587                             | 1400                             | 1.43%                                     | 0.43                                  | 1.1%                               | 1320  |
| 12 Month Average       | 28960                                | 17479                             | 10066                            | 10.5%                                     | 2.15                                  | 40.8%                              | 4381.33                                     |
| Variance to 12mth Avg. | -16.54%                              | -16.30%                           | -21.45%                          | -9.58%                                    | -5.39%                                | -37.59%                            | 32.93%                                      |
| 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          | 23.3%                                | 26.8%                             | 65.10                            | 19.15                                     | 70.2%                                 | 57.1%                              | 84  |
| Last Month             | 19.2%                                | 15.6%                             | 75.93                            | 37.58                                     | 73.6%                                 | 52.7%                              | 87  |
| Variance               | 4.1%                                 | 11.2%                             | -10.84                           | -18.44                                    | -3.4%                                 | 4.4%                               | -3.00                                       |
| 12 Month Average       | 0                                    | 0                                 | 67                               | 19.2                                      | 64.0%                                 | 62.3%                              | 195.3                                       |
| Variance to 12mth Avg. | 6.95%                                | 0.65%                             | -2.49%                           | -0.48%                                    | 8.78%                                 | -9.06%                             | -132.54%                                    |
| NON-ELECTIVE PATHWAY   | Inlier Bed Days                      | Emergency Admissions              | SDEC Activity                    | Discharges 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          | 488.3                                | 4382.0                            | 1070.00                          | 5.79%                                     | 5.70                                  | 1030.0                             | 2.08  |
| Last Month             | 396.5                                | 4007.0                            | 485.00                           | 7.01%                                     | 5.49                                  | 976.0                              | 1.48  |
| Variance               | 91.7                                 | 375.0                             | 585.00                           | -1.22%                                    | 0.21                                  | 54.0                               | 0.60  |
| 12 Month Average       | 551                                  | 4375                              | 963                              | 7.21%                                     | 6.34                                  | 794.9                              | 1.9   |
| Variance to 12mth Avg. | -12.84%                              | 0.16%                             | 9.98%                            | -24.44%                                   | -0.11                                 | 22.82%                             | 8.60%                                       |
| 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          | 4133.0                               | 84.0                              | 44.00                            | 77.91%                                    | 4.95                                  | 173.0                              | 0.93  |
| Last Month             | 3435.0                               | 87.0                              | 25.00                            | 76.82%                                    | 4.92                                  | 175.0                              | 1.58  |
| Variance               | 698.0                                | -3.0                              | 19.00                            | 1.09%                                     | 0.03                                  | -2.0                               | -0.65                                       |
| 12 Month Average       | 6368                                 | 195                               | 98                               | 75.92%                                    | 4.48                                  | 406.9                              | 0.8   |
| Variance to 12mth Avg. | -54.07%                              | -132.54%                          | -123.30%                         | 2.56%                                     | 9.63%                                 | -135.21%                           | 19.23%                                      |

## Domain 1: QUALITY

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

# Domain 1: Quality

## Key Metrics Scorecard

|  |  | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------------|---------------|-------|
| <b>CQC level of inquiry: Safe</b>      |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| <b>Reportable to DoH</b>               |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 2717                                   | Number of DoH Reportable Infections                            | 58     | 55     | 46     | 44     | 43     | 52     | 50     | 47     | 47     | 40     | 57     | 65     | 53     | 52           | 215          | 599           |       |
| <b>Safer Care</b>                      |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 629                                    | Falls resulting in moderate harm, major harm or death per 1000 | 0.08   | 0.17   | 0.09   | 0.10   | 0.08   | 0.18   | 0.16   | 0.21   | 0.09   | 0.14   | 0.06   | 0.05   | 0.14   | 0.19         | 0.10         | 0.13          |       |
| 1897                                   | Potentially Preventable Hospital Associated VTE                | 1      | 6      | 3      | 6      | 6      | 8      | 1      | 2      | 4      | 3      | 1      | 3      | 6      | 4            | 13           | 49            |       |
| 538                                    | Hospital Acquired Pressure Ulcers (Grade 3 or 4)               | 1      | 5      | 1      | 1      | 0      | 0      | 0      | 2      | 0      | 0      | 1      | 0      | 0      | 0            |              |               |       |
| 945                                    | Open Incidents   |        |        | 15     |        |        | 23     |        |        |        |        |        |        |        |              |              | 38            |       |
| <b>Incident Reporting</b>              |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 520                                    | Total Serious Incidents reported                               | 14     | 11     | 22     | 26     | 11     | 9      | 15     | 20     | 13     | 9      | 10     | 14     | 14     |              | 47           | 174           |       |
| 516                                    | Moderate Harm Incidents  | 38     | 26     | 32     | 31     | 38     | 23     | 43     | 34     | 16     | 17     | 21     | 37     | 42     |              | 117          | 360           |       |
| 509                                    | Never Events   | 0      | 1      | 0      | 0      | 1      | 0      | 0      | 0      | 1      | 0      | 0      | 2      | 0      | 0            | 2            | 5             |       |
| <b>CQC level of inquiry: Caring</b>    |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| <b>HRWD</b>                            |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 422                                    | Friends & Family - Inpatients                                  | 94.5%  | 95.1%  | 94.5%  | 94.6%  | 94.4%  | 95.2%  | 94.4%  | 92.4%  | 95.2%  | 95.7%  | 96.0%  | 94.6%  | 100.0% | 96.0%        | 95.4%        | 94.5%         |       |
| 423                                    | Friends & Family - ED  | 77.9%  | 76.4%  | 80.6%  | 78.8%  | 80.9%  | 78.0%  | 80.7%  | 81.5%  | 83.7%  | 89.6%  | 89.0%  | 84.6%  | 0.0%   | 86.0%        | 88.0%        | 82.3%         |       |
| 774                                    | Friends & Family - Outpatients                                 | 87.3%  | 87.6%  | 87.4%  | 85.9%  | 84.3%  | 84.2%  | 83.8%  | 85.2%  | 86.2%  | 88.5%  | 87.1%  | 85.1%  | 88.9%  | 92.0%        | 86.9%        | 86.0%         |       |
| 775                                    | Friends & Family - Maternity                                   | 91.6%  | 94.0%  | 90.1%  | 94.3%  | 93.8%  | 86.7%  | 94.2%  | 95.6%  | 89.7%  | 89.1%  | 96.0%  | 94.2%  | 0.0%   | 94.0%        | 93.4%        | 92.8%         |       |
| <b>Complaints</b>                      |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 619                                    | Number of complaints   | 77     | 77     | 56     | 78     | 79     | 49     | 45     | 44     | 44     | 21     | 42     | 71     | 85     | 61           | 219          | 691           |       |
| <b>Operational Engagement</b>          |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 620                                    | Number of complaints not responded to within 25 Days           | 24     | 41     | 55     | 53     | 48     | 49     | 32     | 18     | 25     | 39     | 16     | 41     | 59     | 39           | 155          | 476           |       |
| 3119                                   | Number of PALS enquiries – unable to contact department        | 14     | 8      | 7      | 8      | 7      | 5      | 71     | 73     | 44     | 9      | 12     | 24     | 47     | 29           | 92           | 315           |       |
| <b>Incident Management</b>             |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 660                                    | Duty of Candour - Conversations recorded in notes              | 100.0% | 100.0% | 100.0% | 95.4%  | 100.0% | 96.9%  | 96.2%  | 100.0% | 95.7%  | 95.7%  | 81.5%  | 80.0%  | 70.2%  | 98.7%        | 79.6%        | 92.5%         |       |
| 661                                    | Duty of Candour - Letters sent following DoC Incidents         | 100.0% | 100.0% | 100.0% | 95.4%  | 100.0% | 100.0% | 98.1%  | 100.0% | 95.7%  | 95.7%  | 85.2%  | 70.0%  | 53.2%  | 99.0%        | 71.5%        | 90.6%         |       |
| 1617                                   | Duty of Candour - Investigation Findings Shared                | 89.6%  | 87.2%  | 62.5%  | 46.5%  | 38.6%  | 59.4%  | 23.1%  | 19.6%  | 13.0%  | 4.4%   | 14.8%  | 7.5%   | 2.1%   | 59.0%        | 6.6%         | 32.5%         |       |
| <b>CQC level of inquiry: Effective</b> |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| <b>Improving Outcomes</b>              |  |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 831                                    | Standardised Readmission Ratio                                 | 89.8   | 89.4   | 89.2   | 88.9   | 88.9   | 88.4   | 87.9   | 86.5   |        |        |        |        |        | 105.0        |              |               |       |
| 436                                    | HSMR   | 86.4   | 88.2   | 87.5   | 87.9   | 88.5   | 88.0   | 87.6   | 87.3   | 88.7   |        |        |        |        | 100.0        |              |               |       |
| 433                                    | SHMI   | 93.6   | 94.2   | 94.1   | 94.6   | 94.5   | 94.2   | 94.5   | 94.8   |        |        |        |        |        | 105.0        |              |               |       |
| 649                                    | Patients receiving Fractured Neck of Femur surgery w/in 36hrs  | 78.8%  | 81.8%  | 76.3%  | 78.6%  | 89.5%  | 90.0%  | 88.1%  | 81.6%  | 66.7%  | 74.3%  | 88.9%  | 70.0%  | 66.7%  | 79.8%        | 74.4%        | 80.0%         |       |
| 625                                    | Diagnostic Results Acknowledgement                             | 2.7%   | 2.3%   | 2.4%   | 2.4%   | 2.5%   | 2.6%   | 2.8%   | 2.7%   | 2.6%   | 2.1%   | 2.2%   | 2.4%   | 2.2%   | 2.6%         | 2.2%         | 2.5%          |       |

# Domain 1: Quality Infection

## M4 - JULY 2020 INFECTION PREVENTION AND CONTROL

| Infection      | Current Month | Denmark Hill | PRUH | Previous Month | Variance | Target | Var. to Target |
|----------------|---------------|--------------|------|----------------|----------|--------|----------------|
| C.diff         | 10            | 7            | 3    | 6              | 4        | 8      | 2              |
| CPE/CPO        | 11            | 11           | 0    | 28             | -17      | 13     | -2             |
| E.coli         | 6             | 3            | 3    | 6              | 0        | 10     | -4             |
| Klebsiella spp | 10            | 10           | 0    | 9              | 1        | 7      | 3              |
| MRSA           | 1             | 0            | 1    | 0              | 1        | 0      | 1              |
| MSSA           | 3             | 2            | 1    | 2              | 1        | 3      | 0              |
| P.aeruginosa   | 6             | 6            | 0    | 6              | 0        | 5      | 1              |
| VRE            | 6             | 5            | 1    | 8              | -2       | 6      | 0              |

### C-DIFFICILE DELIVERY

C-difficile: Denmark Hill reported cases



C-difficile: PRUH reported cases



### HCAI DELIVERY PLAN

#### Denmark Hill

**MRSA:** There were no cases reported in July.  
**C.difficile (CDI):** There were seven cases reported - 2 cases were reviewed as part of a formal RCA process. A deep clean of a Cardiac ward was completed due to two cases with a different ribotype occurring within 28 days. A lapse in case was also declared in Surgery due to antibiotics prescribed not in line with policy.  
**E.Coli:** There were 3 cases reported in Haematology - 2 were on the same ward and the source was identified as gut translocation.  
**VRE Cases:** There were 5 cases reported - 4 occurred in Critical Care and 1 in Liver. From the 4 cases on Critical Care, 2 were from repeat samples on the same patient.

#### PRUH

**MRSA:** One MRSA Bacteraemia occurred in July, the sample was taken from a patient colonised with MRSA the RCA is planned to identify the source and learning..  
**C.difficile (CDI):** Three cases occurred in July - 1 in Post Acute Medicine and 2 in Surgery. The two cases in Surgery were on the same ward but were not linked. RCAs are in progress to identify the learning.

### C-DIFFICILE BENCHMARKING

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

|                              |    |
|------------------------------|----|
| Manchester University        | 59 |
| Nottingham Teaching Hospital | 46 |
| Barts Health                 | 21 |
| Cambridge University         | 24 |
| Kings College Hospital       | 23 |
| Newcastle Upon Tyne          | 25 |
| Imperial College             | 22 |
| Oxford University            | 31 |
| Royal Free                   | 0  |
| UCLH                         | 22 |
| St George's                  | 14 |
| Guy's & St Thomas            | 9  |

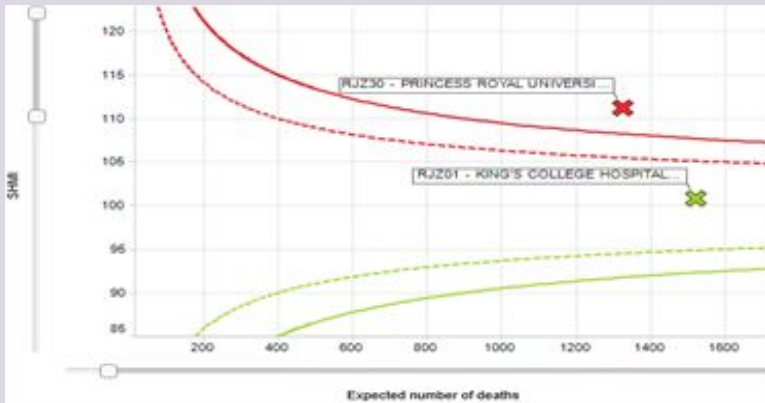
# Domain 1: Quality Mortality & Readmissions

## MORTALITY AND READMISSIONS - SHMI, HSMR and RRR

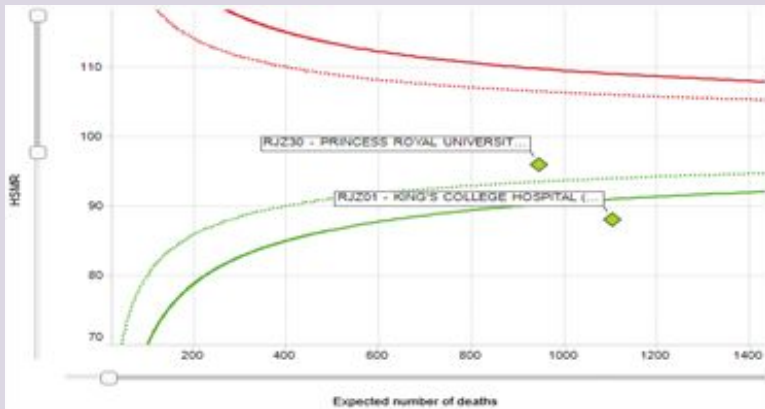
|                 | Contextual indicators (March 2019 to February 2020) |                                       |  |  |  |  |  |  |
|-----------------|---|---------------------------------------|--|--|--|--|--|--|
|                 | Deaths  |                                       |  | Admission Method   |  | 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     | 3058  | 72.4%                                 | 27.6%  | 0.56%  | 3.64%  | 53.0%  | 90.91 ( CI 87.7, 94.2)                                       | 12.2%  |
| England Average |   | 68.9%                                 | 31.1%  | 0.58%  | 3.46%  | 37.0%  | 99.87 ( CI 99.5, 100.2)                                      | 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 May 2019 to April 2020 is 103.20 (95% CI 99.60, 106.90).
- HSMR is below expected for May 2019 to April 2020 at 90.55 (95% CI 86.54, 94.70).

#### Denmark Hill:

- Risk-adjusted mortality is below expected:
- SHMI for May 2019 to April 2020 is 100.77 (95% CI 95.80, 105.90)
- HSMR is below expected for May 2019 to April 2020 at 87.91 (95% CI 82.47, 93.62).

#### PRUH:

- SHMI is within expected range for May 2019 to April 2020 at 111.21 (95% CI 105.60, 117.00)
- HSMR is below expected for May 2019 to April 2020 at 96.21 (95% CI 90.07, 102.67).

### RISK-ADJUSTED READMISSION (RRR)

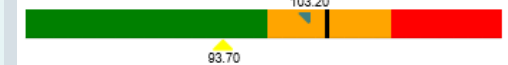
- Trust:**
- RRR is below expected (May-19 to April-20) at 86.3 (95% CI 84.60, 88.10).
- Denmark Hill:** RRR site level data unavailable for May-19 to April-20.
- PRUH:** RRR site level data unavailable for May-19 to April-20.

### RISK-ADJUSTED MORTALITY AND READMISSIONS BENCHMARKING

Peer = Shelford Group

**Mortality - SHMI**  
(May 2019 - April 2020) **103.20**

**Quartile Spinechart.**  
National: 48 out of 127 hospitals. ▼ Trust  
Peer: 7th out of 9 hospitals. ▲ Peer



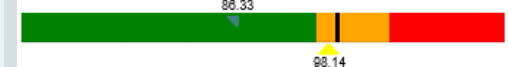
**Mortality - HSMR - (Rebasing Period YTD)**  
(June 2019 - May 2020) **90.98**

**Quartile Spinechart.**  
National: 22 out of 129 hospitals. ▼ Trust  
Peer: 6th out of 9 hospitals. ▲ Peer



**Relative Risk Readmission Ratio - HRG4**  
(May 2019 - April 2020) **86.33**

**Quartile Spinechart.**  
National: 2 out of 129 hospitals. ▼ Trust  
Peer: 2nd out of 9 hospitals. ▲ Peer



# Domain 1: Quality

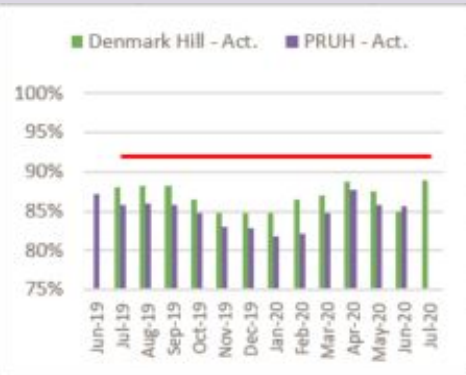
## Friends & Family Test

### M4 - JULY 2020

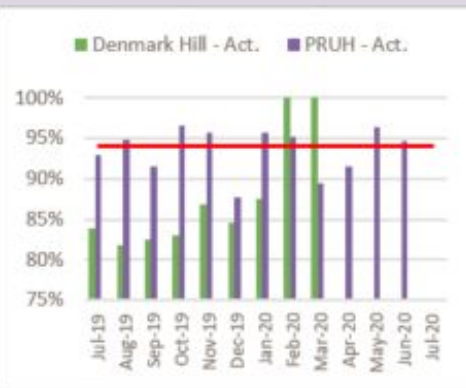
| Metric                  | Inpatients | ED      | Outpatients | Maternity |
|-------------------------|------------|---------|-------------|-----------|
| Current Month           | 100.00%    | 0.00%   | 88.89%      | 0.00%     |
| <i>Denmark Hill</i>     | 100.00%    | 0.00%   | 88.89%      | 0.00%     |
| <i>PRUH</i>             | 100.00%    | 0.00%   | 0.00%       | 0.00%     |
| Previous Month          | 94.62%     | 84.61%  | 85.14%      | 94.20%    |
| Variance                | 5.38%      | -84.61% | 3.75%       | -94.20%   |
| Target/Plan             | 96.00%     | 86.00%  | 92.00%      | 94.00%    |
| Variance to target/plan | 4.00%      | -86.00% | -3.11%      | -94.00%   |

### FRIENDS AND FAMILY TEST

#### FFT Outpatient Scores



#### FFT Maternity Scores



### PERFORMANCE DELIVERY

#### FFT - A&E

- Overall Trust score improved slightly to 89.02% of patients recommending.
- The DH score for July improved slightly to 89%, with the PRUH reducing to 88%.
- Overall the scores remain very positive.

#### FFT - Inpatient

- Due to COVID-19, surveys were suspended from March 2020.
- Regular surveying re-commenced on 1<sup>st</sup> August 2020 so first results will be reported in the September IPR report.

#### FFT - Outpatients

- The overall FFT score in July for Outpatients was 85.6% of patients recommending, improving slightly from June.
- DH score reduced one point to 85% with PRUH increasing slightly to 84%.

#### 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 (% recommending) | Score (% not recommending) |
|------------------------|------------|-------------------|------------------------|----------------------------|
| <b>Inpatients</b>      | <b>KCH</b> | <b>18.4</b>       | <b>92</b>              | <b>2</b>                   |
| Inpatients             | London     | 25.3              | 95                     | 2                          |
| Inpatients             | England    | 24.4              | 96                     | 2                          |
| <b>ED</b>              | <b>KCH</b> | <b>11.3</b>       | <b>81</b>              | <b>10</b>                  |
| ED                     | London     | 14.1              | 84                     | 10                         |
| ED                     | England    | 11.7              | 85                     | 9                          |
| <b>Outpatients</b>     | <b>KCH</b> |                   | <b>85</b>              | <b>5</b>                   |
| Outpatients            | London     |                   | 92                     | 3                          |
| Outpatients            | England    |                   | 94                     | 3                          |
| <b>Maternity (A-N)</b> | <b>KCH</b> |                   | <b>n/a</b>             | <b>n/a</b>                 |
| Maternity (A-N)        | London     |                   | 91                     | 5                          |
| Maternity (A-N)        | England    |                   | 95                     | 2                          |

## 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)



# Domain 2: Performance

## Key Metrics Scorecard

### Performance

|  | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------------|---------------|-------|
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------------|---------------|-------|

#### CQC level of inquiry: Responsive

| Access Management - RTT, CWT and Diagnostics |  |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| 364  | RTT Incomplete Performance                       | 78.37% | 78.02% | 78.74% | 78.87% | 79.49% | 78.88% | 79.51% | 80.44% | 76.79% | 68.50% | 58.70% | 46.66% | 39.28% | 92.00% | 53.71% | 71.13% |  |
| 632  | Patients waiting over 52 weeks (RTT)             | 139    | 131    | 160    | 184    | 175    | 188    | 160    | 143    | 196    | 483    | 1017   | 1784   | 2495   | 0      | 5779   | 7116   |  |
| 412  | Cancer 2 weeks wait GP referral                  | 92.37% | 92.25% | 92.54% | 94.18% | 93.74% | 90.43% | 87.42% | 92.00% | 93.05% | 87.39% | 87.77% | 83.15% | 85.99% | 93.00% | 85.72% | 90.40% |  |
| 413  | Cancer 2 weeks wait referral - Breast            | 82.61% | 98.68% | 96.10% | 96.43% | 97.22% | 97.83% | 98.86% | 95.40% | 95.70% | 95.45% | 97.50% | 96.49% | 96.39% | 93.00% | 96.53% | 96.80% |  |
| 419  | Cancer 62 day referral to treatment - GP         | 75.58% | 74.36% | 71.20% | 72.87% | 74.14% | 73.13% | 64.63% | 68.56% | 66.83% | 52.10% | 64.39% | 58.70% | 60.00% | 85.00% | 59.05% | 67.47% |  |
| 536  | Diagnostic Waiting Times Performance > 6 Wks     | 5.77%  | 7.10%  | 6.18%  | 5.89%  | 7.53%  | 9.88%  | 11.51% | 6.66%  | 19.03% | 59.35% | 60.25% | 51.56% | 41.59% | 1.00%  | 52.57% | 22.71% |  |
| Access Management - Emergency Flow           |  |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |
| 459  | A&E 4 hour performance (monthly SITREP)          | 73.58% | 73.00% | 73.20% | 72.23% | 69.30% | 67.69% | 69.02% | 71.42% | 73.99% | 82.82% | 91.11% | 90.72% | 93.63% | 95.00% | 90.27% | 76.14% |  |
| Patient Flow                                 |  |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |
| 399  | Weekend Discharges                               | 18.4%  | 22.4%  | 21.5%  | 18.2%  | 22.9%  | 21.2%  | 18.5%  | 22.6%  | 19.8%  | 19.6%  | 25.5%  | 20.1%  | 18.5%  | 20.7%  | 20.8%  | 20.9%  |  |
| 404  | Discharges before 1pm                            | 18.7%  | 18.9%  | 16.6%  | 17.9%  | 18.2%  | 18.3%  | 18.7%  | 18.9%  | 16.1%  | 18.7%  | 18.1%  | 17.9%  | 16.5%  | 18.4%  | 17.7%  | 17.9%  |  |
| 747  | Bed Occupancy                                    | 91.7%  | 90.7%  | 91.8%  | 93.1%  | 94.1%  | 92.3%  | 94.7%  | 93.9%  | 81.5%  | 62.2%  | 63.5%  | 70.6%  | 78.8%  | 91.6%  | 68.7%  | 84.0%  |  |
| 1357   | Number of Stranded Patients (LOS 7+ Days)        | 574    | 554    | 549    | 577    | 575    | 659    | 596    | 599    | 389    | 342    | 394    | 860    | 447    | 2043   | 6541   |        |  |
| 1358   | Number of Super Stranded Patients (LOS 21+ Days) | 242    | 247    | 232    | 243    | 242    | 267    | 259    | 273    | 177    | 120    | 137    | 335    | 164    | 756    | 2696   |        |  |
| 800  | Delayed Transfer of Care Days (per calendar day) | 13.8   | 15.4   | 15.0   | 15.7   | 18.3   | 18.3   | 21.3   |        |        |        |        |        | 0.0    |        | 17.4   |        |  |
| 762  | Ambulance Delays > 30 Minutes                    | 352    | 376    | 288    | 470    | 924    | 1282   | 452    | 1488   | 1248   | 822    | 516    |        | 0      | 1338   | 7866   |        |  |
| 772  | 12 Hour DTAs                                     | 44     | 32     | 24     | 42     | 28     | 65     | 166    | 76     | 43     | 13     | 12     | 28     | 37     | 90     | 534    |        |  |
| Theatre Productivity                         |  |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |  |
| 801  | Day Case Rate                                    | 75.0%  | 74.6%  | 75.0%  | 76.0%  | 75.6%  | 75.4%  | 77.3%  | 77.0%  | 76.2%  | 73.1%  | 76.0%  | 76.8%  | 77.9%  | 75.7%  | 76.5%  | 76.0%  |  |

## Domain 2: Performance A&E / Emergency Care

### M4 - JULY 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           | 88.81%          | 1                 | 13499        | 5083           | 18582             | 65.86%         | 4382           | 5.70     | 447      | 164            |
| Type 1 Only             | 82.65%          | -                 | -            | -              | 11138             | 65.86%         | -              | 0.00     | -        | -              |
| Type 3 Only             | 97.37%          | -                 | -            | -              | 7444              | 0.00%          | -              | 0.00     | -        | -              |
| Previous Month          | 90.72%          | 28                | 11867        | 4797           | 16664             | 67.10%         | 4007           | 5.49     | 860      | 335            |
| Variance                | -1.91%          | -27               | 1632         | 286            | 1918              | -1.24%         | 375            | 0.21     | -413     | -171           |
| Target/Plan             | 77.06%          | 0                 | -            | -              | -                 | -              | -              | -        | -        | -              |
| Variance to Target/Plan | 11.75%          | 1                 | -            | -              | -                 | -              | -              | -        | -        | -              |

### ACTIONS TO RECOVER

#### Denmark Hill:

- High Impact Team huddles on-going to provide senior support and oversight - huddles to continue with senior management from across the Trust supporting the rota
- Medical ACU and Surgical ACU still functioning well, pulling high numbers out of ED.
- Mental health attendances continue to be high, with high acuity of patients; some very long waits for MH beds.
  - Weekly meeting with SLaM in place.
  - Working group set up with GSTT around the future of the Crisis Assessment Unit.
- Type 3 performance remains strong with Hurley performance consistently above 95%.

#### PRUH:

- ED Zoning and enhanced Infection control: Investment proposal submitted to support rapid re-design of the department to plan for any future pandemics/epidemic including increasing footprint of isolated (side) rooms across adult and paediatric areas. Increasing access to side rooms will provide greater flexibility to safely manage ICP needs including patients on a query COVID pathway, those heralding and other underlying infections. Social distancing within waiting rooms has been supported with escalation waiting area allocated for surges in attendances.
- SDEC Pathways: Working group now established to maximise all ambulatory pathways and reduce attendances through ED. Working with NHS 111 to review opportunity to better stream potential attenders to most appropriate pathway including advice and guidance type model supported by ED consultants.
- Front end ED working: Established working group to support implementation of front door model which includes enhanced triage to ensure we prioritise our patients by process of SIFT (Senior Intervention following Triage). Investment proposal submitted to support senior nursing team at the front door.

### PERFORMANCE



### BENCHMARKING

|                                | KCH    | Highest (Eng.) | Lowest (Eng.) | Rank (Lon.) | Rank (Eng.) | Compliance by Activity Volume | No. of Trusts | Compliant | % Comp. |
|--------------------------------|--------|----------------|---------------|-------------|-------------|-------------------------------|---------------|-----------|---------|
| Attendances (All Types)        | 18,596 | 29,921         | 52            | 7 of 28     | 14 of 217   | <10,000 att.                  | 149           | 85        | 57.0%   |
| Attendances (Type 1)           | 11,151 | 27,572         | 2,612         | 5 of 21     | 29 of 217   | >10,000 to <20,000            | 59            | 12        | 20.3%   |
| Total Emergency Admissions     | 4,399  | 13,522         | 1             | 6 of 21     | 38 of 217   | >20,000 att. (inc. KCH)       | 9             | 0         | 0.0%    |
| Emergency Admissions via A&E   | 3,905  | 10,491         | 0             | 5 of 21     | 23 of 217   |                               |               |           |         |
| % Emergencies Admitted via A&E | 88.8%  | 100%           | 0.7%          | 5 of 21     | 20 of 217   |                               |               |           |         |
| 4hr performance % (All Types)  | 93.6%  | 100%           | 76.4%         | 14 of 28    | 110 of 217  |                               |               |           |         |
| 4hr performance % (Type 1)     | 90.8%  | 98.9%          | 63.3%         | 9 of 21     | 53 of 217   |                               |               |           |         |
| 12hr DTA breaches              | 37     | 58             | 0             | 27 of 28    | 215 of 217  |                               |               |           |         |

# Domain 2: Performance

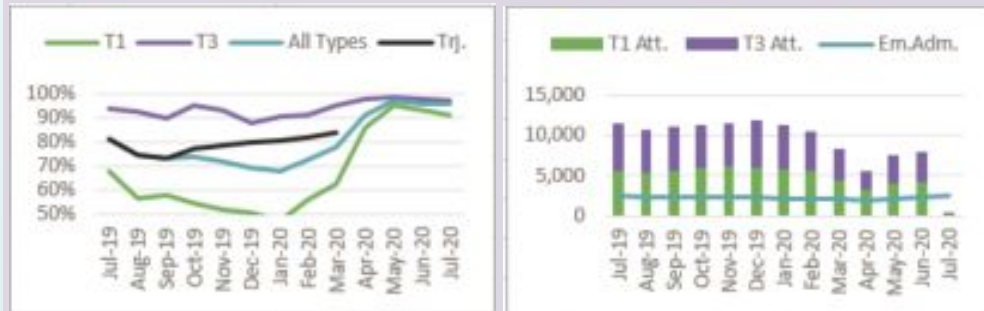
## A&E / Emergency Care (Site Based)

M4 - JULY 2020 EMERGENCY CARE DELIVERY

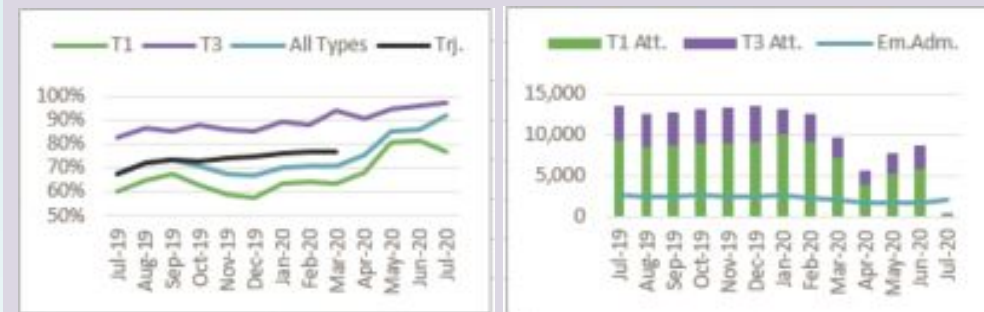
|                         | 4hr Perf.% | 12hr DTAs | Walk-In Att. | Ambul. Att. | Total Att. | %Treat<60m | Em. Adm. | NEL ALOS | Stranded | Super-S. |
|-------------------------|------------|-----------|--------------|-------------|------------|------------|----------|----------|----------|----------|
| <b>DENMARK HILL</b>     |            |           |              |             |            |            |          |          |          |          |
| Current Month           | 84.30%     | 1         | 7289         | 2630        | 9919       | 79.72%     | 1991     | 6.2769   | 308      | 124      |
| Type 1 Only             | 76.50%     | -         | -            | -           | 6686       | 79.72%     | -        | -        | -        | -        |
| Type 3 Only             | 97.27%     | -         | -            | -           | 3233       | 0.00%      | -        | -        | -        | -        |
| Previous Month          | 85.99%     | 26        | 6239         | 2422        | 8661       | 77.73%     | 1741     | 6.232    | 533      | 244      |
| Variance                | -1.69%     | -25       | 1050         | 208         | 1258       | 1.99%      | 250      | 0.0449   | -225     | -120     |
| Target/Plan             | 74.67%     | 0         | -            | -           | -          | -          | -        | -        | -        | -        |
| Variance to Target/Plan | 9.63%      | 1         | -            | -           | -          | -          | -        | -        | -        | -        |
| <b>PRUH</b>             |            |           |              |             |            |            |          |          |          |          |
| Current Month           | 94.05%     | 0         | 6210         | 2453        | 8663       | 45.06%     | 2391     | 5.0741   | 137      | 40       |
| Type 1 Only             | 91.04%     | 0         | 0            | -           | 4452       | 45.06%     | -        | -        | -        | -        |
| Type 3 Only             | 97.46%     | 0         | 0            | -           | 4211       | 0.00%      | -        | -        | -        | -        |
| Previous Month          | 95.83%     | 2         | 5628         | 2375        | 8003       | 52.42%     | 2266     | 4.7557   | 327      | 91       |
| Variance                | -1.78%     | -2        | 582          | 78          | 660        | -7.36%     | 125      | 0.3184   | -190     | -51      |
| Target/Plan             | 79.78%     | 0         | -            | -           | -          | -          | -        | -        | -        | -        |
| Variance to Target/Plan | 14.27%     | 0         | -            | -           | -          | -          | -        | -        | -        | -        |

PERFORMANCE

PRUH



DENMARK HILL



PERFORMANCE HIGHLIGHTS: PRUH

- ED type 1 performance has improved from 93.62% in June to 93.81% in July with an increased number (4,459) of patients seen.
- ED all types performance reduced from 95.83% in June to 95.75% in July – but still compliant with the national target of 95%.
- There were 8,669 attendances in July which is a 8.4% increase on the numbers of patients attending during June. This level of activity represents 75% of patients seen compared to July last year.
- The number of 12-hour DTA breaches increased from 2 in June to 6 in July, all of which due to a delay waiting for mental health beds.

PERFORMANCE HIGHLIGHTS: DENMARK HILL

- Type 1 ED performance improved from 81.16% in June to 88.84% in July, and Type 3 performance improved from 94.54% to 95.82%.
- ED all types performance improved from 85.99% in June to 91.78% in July – the highest level of performance achieved in the last 16 months.
- There were 9,927 ED attendances in July which is a 15.0% increase compared to June. This level of activity is just over 73% of patients seen compared to July last year.
- The number of 12-hour DTA breaches increased from 26 in June to 31 in July, all of which due to a delay in waiting for mental health beds.

# Domain 2: Performance Cancer

## M4 - JULY 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       | 2468                   | 1934               | 1663                        | 85.99%                | 90                      | 54                        | 60.00%                      | 74.47%                  | 73.4%                    | 3085             | 13                     | 6                       |
| Denmark Hill        | 1047                   | 890                | 801                         | 90.00%                | 37.5                    | 24.5                      | 65.33%                      | 74.47%                  | 72.7%                    | 1130             | 7                      | 3                       |
| PRUH                | 1421                   | 1044               | 862                         | 82.57%                | 52.5                    | 29.5                      | 56.19%                      | 0.00%                   | 74.1%                    | 1955             | 6                      | 3                       |
| Previous Month      | 1994                   | 1685               | 1401                        | 83.15%                | 69                      | 40.5                      | 58.70%                      | 82.50%                  | 62.4%                    | -                | -                      | -                       |
| Variance            | 474                    | 249                | 262                         | 2.84%                 | 21                      | 13.5                      | 1.30%                       | -8.03%                  | 11.0%                    | -                | -                      | -                       |
| Target/Plan         | -                      | -                  | -                           | 93.00%                | -                       | -                         | 85.85%                      | 0.00%                   | 0.0%                     | -                | -                      | -                       |
| Var. to Target/Plan | -                      | -                  | -                           | -7.01%                | -                       | -                         | -25.85%                     | 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                             | 1,663  | 3,694          | 1             | 4 of 21     | 23 of 145   |
| 2 week wait performance %                              | 83.88% | 100%           | 20.00%        | 6 of 21     | 28 of 145   |
| 2 week wait (breast) performance %                     | 79.56% | 100%           | 12.04%        | 3 of 18     | 21 of 120   |
| 62 day GP referral performance % (1st treatment)       | 72.17% | 100%           | 33.33%        | 3 of 22     | 25 of 137   |
| 62 day screening service performance % (1st treatment) | 0.00%  | 100%           | 0.00%         | 5 of 14     | 47 of 103   |

### PATHWAY REDESIGN & IMPROVEMENT

- Approximately 60 patients within the Trust remain on hold due to COVID related issues (predominantly patient choice and a small number of PRUH endoscopy patients from). Number of > 62 day patients (backlog) reducing week by week but for PRUH site, large backlog remains compared to pre-COVID times due to pathways that were previously “on hold” due to COVID.
- Key areas of pathway redesign/improvement in programme plan:
  - Enabling first CT pre-start of pathway in line with national guidance (go live planned for September on both sites).
  - Redesign of HCC (liver) pathway to reduce referrals into Trust and waiting times for MDM discussions and OPAs.
  - Increased workforce for colorectal EMR pathway (DH is a SEL hub).
  - Provision of 1-stop head & neck and skin services for PRUH patients (longer term business case required).

### IMPROVING >38 DAY TERTIARY REFERRALS

- Demand analysis reviews complete for urology prostate biopsies and gynaecology hysteroscopies. Services to consider sufficient demand.
- Implement 23 hour stay for DH interventional radiology biopsies to reduce delays due to bed capacity constraints.
- Move *breaking bad* new DH colorectal clinic to within 24 hours of MDM.
- Implement daily “cancer hour” clinical review of DH lung patients (August go live).
- Re-start colorectal telephone assessment clinics to enable 80% of patients to go straight to test (August go-live at DH, October go-live at PRUH).
- Embed PRUH radiology staging scans scheduling process to ensure staging scans are booked prior to MDM discussion.

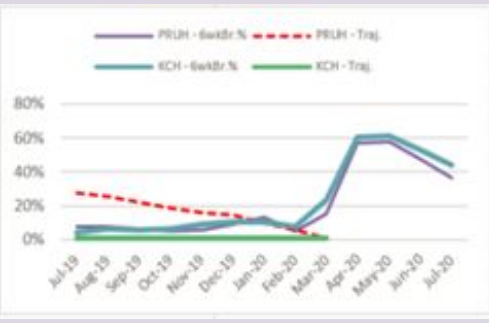
# Domain 2: Performance Diagnostics

## M4 - JULY 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  | 2376     | 6019     | 15012 | 23407 | 12913        | 5371         | 3359          | 41.59%   | 1622              | 1414      | 1093   |
| Denmark Hill   | 30       | 0        | 2001  | 2031  | 8745         | 3858         | 2404          | 44.12%   | 778               | 1296      | 716    |
| PRUH           | 3427     | 8958     | 372   | 12757 | 4168         | 1513         | 955           | 36.30%   | 844               | 118       | 377    |
| Previous Month | 1622     | 5602     | 11569 | 18793 | 13306        | 6861         | 4617          | 51.56%   | 1481              | 1178      | 1799   |
| Variance       | 754      | 417      | 3443  | 4614  | -393         | -1490        | -1258         | -9.97%   | 141               | 236       | -706   |

### ENDOSCOPY RECOVERY PROGRAMME

- DM01 backlog has increased due to COVID with 964 waiters at 23 August 2020 compared to 685 waiters at 26 May-19.
- The number of surveillance patients waiting has increased to 280 but still lower than 552 waiting last year.
- Next Steps /Risks** – IS capacity for ultrasound at BMI Chelsfield Park and for CT at BMI Blackheath underway. A further outsourcing contract CT and echoes has been signed and activity started week commencing 10th August.
- The extended Endoscopy harm review has re-commenced with a core team meeting weekly to monitor the review of the cases.



### PERFORMANCE HIGHLIGHTS

- The number of patients waiting over 6 weeks reduced from 6,861 at the end of June to 5,371 at the end of July, which meant that 41.59% of patients were waiting over 6 weeks – a 10% improvement compared to June.
- There were 23,407 DM01 diagnostic tests performed in June compared to May which represents a 51.2% increase across planned, waiting list and un-scheduled activity. 23407
- Denmark Hill:** 3,858 patients waiting over 6 weeks at the end of July on the diagnostic PTL which represents 44.12% of the PTL compared to 53.17% at the end of June.
- PRUH:** 1,513 patients waiting over 6 weeks at the end of July on the diagnostic PTL which represents 36.30% of the PTL compared to 47.77% at the end of June.

### KEY ACTIONS AND RISKS

- Endoscopy** – A detailed demand and capacity model has been developed at PRUH in support which also takes into account changes to IPC controls which are likely to improve capacity further. Capacity for DH patients is planned to increase by outsourcing to West Valley, and 18WS will provide insourcing lists in DSU.
- Radiology** –Additional capacity is planned with CT access to an Alliance scanner as well as scanner based at SLAM until the end of August. Additional general MRI capacity is planned via HCA Healthcare until the end of August. CT/MRI capital replacement programme proceeds to schedule.
- Plans have been developed for diagnostic tests with the appropriate clean pathways and social distancing. The aim is to minimise the footfall to the PRUH site, and to maximise diagnostic access at Orpington and Beckenham Beacon.

### BENCHMARKING

|                                      | KCH    | Highest (Eng.) | Lowest (Eng.) | Rank (Lon. Acute) | Rank (Eng.) |
|--------------------------------------|--------|----------------|---------------|-------------------|-------------|
| Planned tests/procedures             | 1,613  | 6,535          | 0             | 5 of 24           | 25 of 390   |
| Unscheduled tests/proc.              | 5,520  | 11,560         | 0             | 2 of 24           | 8 of 390    |
| Wait. list tests/proc. (ex. planned) | 11,476 | 19,419         | 0             | 3 of 24           | 8 of 390    |
| Total tests/procedures performed     | 18,609 | 26,142         | 0             | 1 of 24           | 5 of 390    |
| Total waiting list                   | 13,241 | 23,795         | 1             | 7 of 24           | 20 of 390   |
| Number waiting 6+ weeks              | 6,830  | 14,564         | 1             | 7 of 24           | 20 of 390   |
| % waiting 6+ weeks                   | 51.6%  | 100.0%         | 0.0%          | 12 of 24          | 265 of 390  |

| Compliance by Volume     | No. of Trusts | <1% Comp. | % Comp. |
|--------------------------|---------------|-----------|---------|
| <5,000 tests             | 293           | 132       | 45.05%  |
| >5,000 to <13,000 tests  | 75            | 0         | 0.00%   |
| >13,000 tests (inc. KCH) | 22            | 0         | 0.00%   |

# Domain 2: Performance RTT

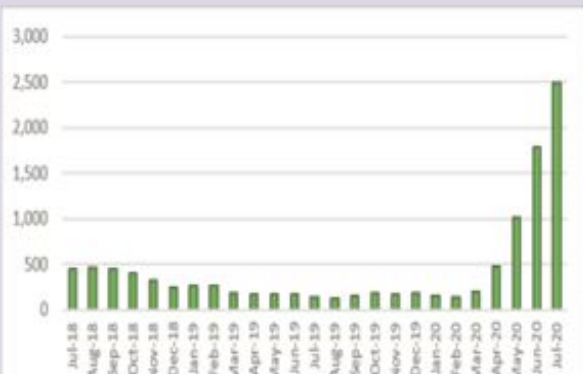
## M4 - JULY 2020 RTT DELIVERY

| Metric              | Clock Starts | Clock Stops | Total PTL | < 18 Weeks | > 18 Weeks | RTT Compliance | >30 Weeks | >40 Weeks | >52 Weeks |
|---------------------|--------------|-------------|-----------|------------|------------|----------------|-----------|-----------|-----------|
| Current Month       | 21662        | 19527       | 61230     | 24049      | 37181      | 39.28%         | 16843     | 7841      | 2495      |
| Admitted            | 0            | 1890        | 14593     | 3033       | 11560      | 20.78%         | 7710      | 4673      | 1845      |
| Non-Admitted        | 0            | 17637       | 46637     | 21016      | 25621      | 45.06%         | 9133      | 3168      | 650       |
| Previous Month      | 25203        | 21185       | 64813     | 30240      | 34573      | 46.66%         | 14649     | 6072      | 1784      |
| Variance            | -3541        | -1658       | -3583     | -6191      | 2608       | -7.38%         | 2194      | 1769      | 711       |
| Target/Plan         | 23458        | 18699       | 74026     | 57755      | 16271      | 78.02%         | -         | 1899      | 120       |
| Var. to Target/Plan | -1796        | 828         | -12796    | -33706     | 20910      | -38.74%        | -         | 5942      | 2375      |

### LONG WAITERS

- Increase of 711 breaches from 1,784 in June 2020 to 2,495 in July 2020.
- The majority of the breaches are in Ophthalmology (674 patients), T&O (498 patients), General/Bariatric Surgery (451 patients), Oral Surgery (170 patients) and ENT (126 patients).
- The number of 52 week breaches at Denmark Hill has increased by 436 cases from 1,100 in June to 1,536 in July.
- The number of 52 week breaches at PRUH/South Sites has increased by 275 cases from 684 in June to 959 in July.

52 Week Breaches



### ACTIONS TO RECOVER

- As elective activity remains below pre-COVID levels, RTT incomplete performance has reduced further from 46.66% in June to 39.28% in July.
- **Elective Waiting List Recovery** – Specialty plans being developed to reach required elective throughput targets for the remainder of this year, with initial focus on the key specialties of General Surgery, T&O, Ophthalmology, Gynaecology, ENT and Urology. Further launch of the patient swabbing SOP following the changes to the NICE guidance and Gold approval. Trust courier and drive through swabbing process launched.
- **OP Transformation** – Site surveys for Self-Check-in project commenced by InTouch in w/c 13 August. PRUH Site CEO has approved procuring of Synopsis (POA) system for PRUH and South sites initially.
- **Theatres Improvement** – DH theatre opening is at plan (93%) and due to be at 100% by the end of August. PRUH has opened up 100% theatre capacity. First PRUH site Theatre meeting went ahead in August.

### BENCHMARKING

|  | KCH    | Highest (Eng.) | Lowest (Eng.) | Rank (Lon.) | Rank (Eng.) |
|--|--------|----------------|---------------|-------------|-------------|
| GP Referrals Made (all specs)            |        |                |               |             |             |
| Elective G&A Total Admissions (FFCEs)    |        |                |               |             |             |
| PTL Size                                 | 64,692 | 101,040        | 9             | 2 of 23     | 6 of 174    |
| New Waiting List Starts                  | 25,132 | 25,132         | 4             | 1 of 23     | 1 of 174    |
| Admitted Completed Pathways              | 1,067  | 2,806          | 1             | 3 of 23     | 31 of 174   |
| Non-Admitted Completed Pathways          | 19,914 | 19,914         | 3             | 1 of 23     | 1 of 174    |
| RTT Compliance                           | 46.6%  | 100%           | 25.0%         | 7 of 23     | 39 of 174   |
| >36 Weeks                                | 8,721  | 15,630         | 1             | 22 of 23    | 170 of 174  |
| >52 Weeks                                | 1782   | 3386           | 1             | 23 of 23    | 171 of 174  |
| % of PTL >36 Weeks                       | 13.5%  | 25.3%          | 0.1%          | 21 of 23    | 154 of 174  |
| % of PTL >52 Weeks                       | 2.8%   | 5.0%           | 0.0%          | 22 of 23    | 162 of 174  |
| Average(median) Waiting Times (in weeks) | 18.975 | 24.5           | 0.00%         | 19 of 23    | 147 of 174  |
| 92nd Percentile Waiting Time (in weeks)  | 41.767 | 48.1           | 0             | 22 of 23    | 159 of 174  |

| Compliance by PTL Size | No. | >92% | % Comp |
|------------------------|-----|------|--------|
| PTL <20,000            | 91  | 10   | 11.0%  |
| PTL 20,000 - <50,000   | 71  | 0    | 0.0%   |
| PTL 50,000 - <70,000   | 8   | 0    | 0.0%   |
| PTL >70,000(inc. KCH)  | 4   | 0    | 0.0%   |

## Domain 3: WORKFORCE

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

# Domain 3: Workforce Key Metrics Scorecard

## Workforce

|                                       |                                    | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Month Target | F-YTD Actual | Rolling 12mth | Trend |  |
|---------------------------------------|------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------------|---------------|-------|--|
| <b>CQC level of inquiry: Well Led</b> |                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| <b>Staff Training &amp; CPD</b>       |                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 715                                   | % appraisals up to date - Combined | 85.30% | 88.07% | 88.18% | 89.04% | 89.61% | 89.36% | 89.47% | 86.95% |        |        |        |        | 44.47% | 90.00%       |              |               |       |  |
| 721                                   | Statutory & Mandatory Training     | 87.10% | 86.18% | 86.41% | 85.65% | 84.70% | 85.08% | 85.09% | 85.36% |        | 84.57% | 84.57% | 83.47% | 83.47% | 90.00%       |              |               |       |  |
| <b>Staffing Capacity</b>              |                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 875                                   | Voluntary Turnover %               | 13.7%  | 14.0%  | 14.0%  | 14.1%  | 13.8%  | 13.8%  | 13.7%  | 13.8%  | 13.8%  | 13.8%  | 13.5%  | 13.3%  | 13.1%  | 14.0%        |              |               |       |  |
| 732                                   | Vacancy Rate %                     | 10.79% | 11.64% | 11.06% | 11.05% | 10.84% | 11.27% | 11.38% | 11.51% | 11.01% | 12.83% | 12.87% | 13.97% | 14.29% | 10.00%       |              |               |       |  |
| <b>Efficiency</b>                     |                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 743                                   | Monthly Sickness Rate              | 3.70%  | 3.65%  | 3.70%  | 3.92%  | 3.96%  | 4.06%  | 4.05%  | 3.90%  | 6.89%  | 9.98%  | 5.40%  | 3.89%  | 3.66%  | 3.50%        |              |               |       |  |



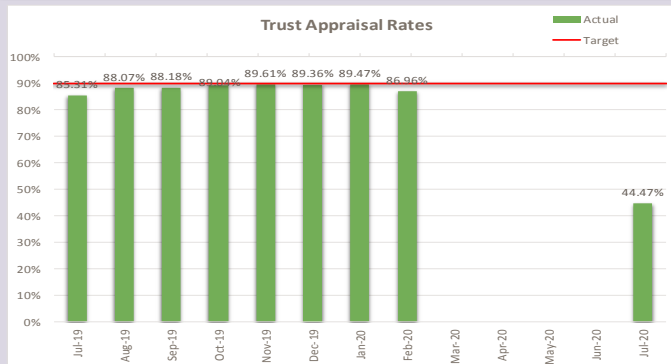
# Domain 3: Workforce Appraisals

## M4 - JULY 2020 APPRAISALS DELIVERY

|                            | All Appraisals      |                         |                         |
|----------------------------|---------------------|-------------------------|-------------------------|
|                            | Medical Appraisal % | Non-Medical Appraisal % | Appraisal % (All Staff) |
| Current Month              | 72.66%              | 39.05%                  | 44.47%                  |
| <i>Denmark Hill</i>        | 73.03%              | 36.56%                  | 42.41%                  |
| <i>PRUH</i>                | 71.43%              | 47.56%                  | 51.41%                  |
| Previous Month             |                     |                         |                         |
| Variance (from last month) | 72.66%              | 81.20%                  | 44.47%                  |
| Plan KPI                   | 90%                 | 90%                     | 90%                     |
| Variance to target/plan    | -17.34%             | -50.95%                 | -45.53%                 |

|                            | Appraisal Rate By Staff Group            |                              |                  |                             |                     |                       |                  |                               |          |
|----------------------------|--|------------------------------|------------------|-----------------------------|---------------------|-----------------------|------------------|-------------------------------|----------|
|                            | Add. Professional Scientific & Technical | Additional Clinical Services | Admin & Clerical | Allied Health Professionals | Estates & Ancillary | Healthcare Scientists | Medical & Dental | Registered Nurses & Midwifery | Students |
| Current Month              | 41.63%                                   | 45.44%                       | 23.31%           | 30.42%                      | 94.38%              | 16.67%                | 72.66%           | 45.82%                        | 0.00%    |
| Previous Month             |  |                              |                  |                             |                     |                       |                  |                               |          |
| Variance (from last month) | 41.63%                                   | 45.44%                       | 23.31%           | 30.42%                      | 94.38%              | 16.67%                | 72.66%           | 45.82%                        | 0.00%    |
| Plan KPI                   | 90%                                      | 90%                          | 90%              | 90%                         | 90%                 | 90%                   | 90%              | 90%                           | 90%      |
| Variance to target/plan    | -48.37%                                  | -44.56%                      | -66.69%          | -59.58%                     | 4.38%               | -73.33%               | -17.34%          | -44.18%                       | -90.00%  |

### JULY 2020 DELIVERY



### PERFORMANCE DELIVERY

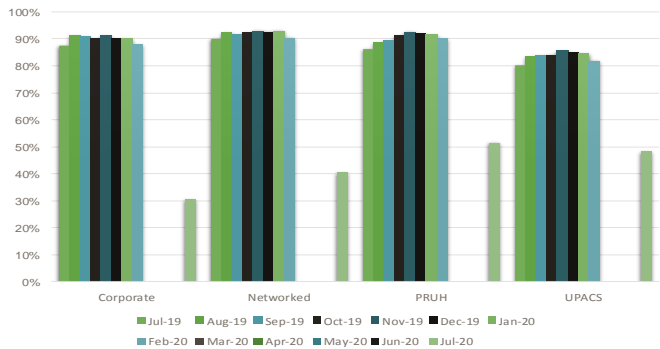
- The window for appraisals this year is open until October 2020, so rates should increase during the next few months.

### NATIONAL CONTEXT

### 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.

### Appraisal Rates by Division

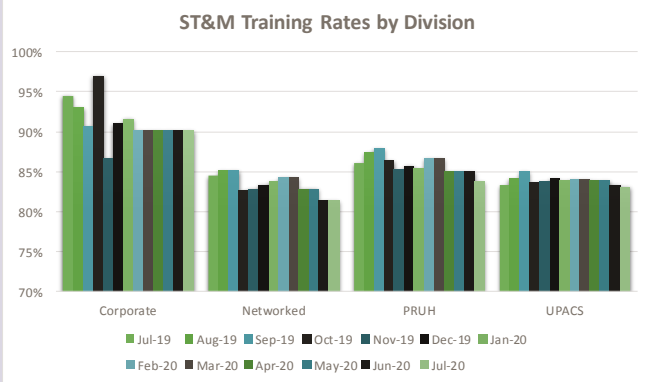
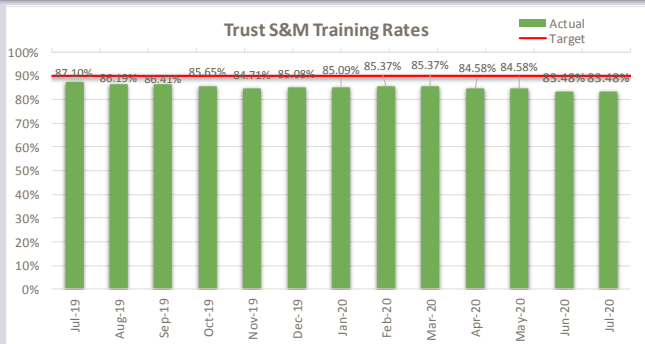


# Domain 3: Workforce Mandatory Training

## M4 - JULY 2020 TRAINING DELIVERY

|                            | All Staff Statutory & Mandatory  | 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              | 83.48%                           | 85.44%   | 78.40%                       | 91.16%           | 91.41%                      | 91.05%              | 78.94%                | 68.91%           | 86.16%                        | 0.00%    |
| <i>Denmark Hill</i>        | 83.40%                           |  |                              |                  |                             |                     |                       |                  |                               |          |
| <i>PRUH</i>                | 83.76%                           |  |                              |                  |                             |                     |                       |                  |                               |          |
| Previous Month             | 83.48%                           | 85.36%   | 77.83%                       | 91.23%           | 91.13%                      | 91.05%              | 79.00%                | 69.68%           | 86.07%                        | 0.00%    |
| Variance (from last month) | 0.00%                            | 83.29%   | 82.05%                       | 91.24%           | 90.12%                      | 92.33%              | 81.63%                | 73.67%           | 86.48%                        | 0.00%    |
| Plan KPI                   | 90%                              | 90%  | 90%                          | 90%              | 90%                         | 90%                 | 90%                   | 90%              | 90%                           | 90%      |
| Variance to target/plan    | -6.52%                           | -4.56%   | -11.60%                      | 1.16%            | 1.41%                       | 1.05%               | -11.06%               | -21.09%          | -3.84%                        | -90.00%  |

### JULY 2020 DELIVERY



### PERFORMANCE DELIVERY

- Statutory & Mandatory Training compliance has remained below the 90% target.
- In July 20 the rate for Medical & Dental staff was 68.91% compared to 86.57% for non-medical.
- When looking at the rates by site, PRUH figures show 83.76% compliance, whilst DH has a compliance rate of 83.40%.

### 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 Statutory & Mandatory compliance and frequency. Phased approach to Statutory & Mandatory training 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).

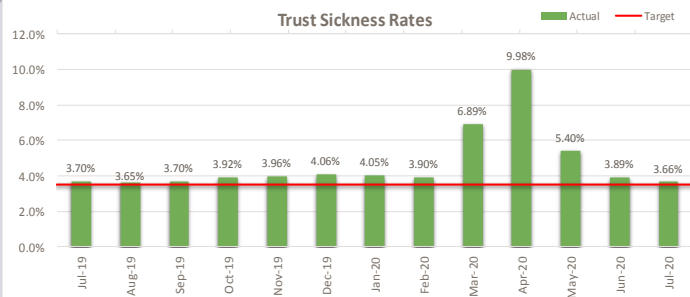
### NATIONAL CONTEXT

# Domain 3: Workforce Sickness Absence

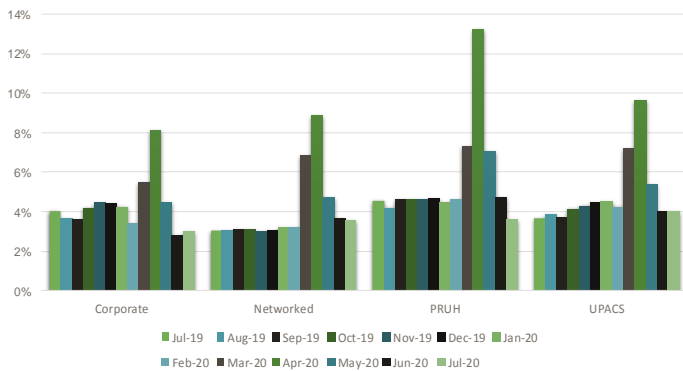
## M4 - JULY 2020 SICKNESS DELIVERY

|                            | 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              | 3.66%              | 1.60%          | 2.06%       | 1865        | 3.20%                                    | 4.94%                        | 4.90%            | 2.82%                       | 6.58%               | 3.26%                 | 1.29%            | 3.71%                         | 3.53%    |
| Denmark Hill               | 3.68%              | 1.58%          | 2.10%       | 1485        | 2.93%                                    | 5.11%                        | 4.78%            | 2.96%                       | 6.93%               | 3.28%                 | 1.29%            | 3.79%                         | 3.53%    |
| PRUH                       | 3.60%              | 1.67%          | 1.93%       | 380         | 9.13%                                    | 4.54%                        | 5.59%            | 1.25%                       | 0.00%               | 2.58%                 | 1.30%            | 3.51%                         | 0.00%    |
| Previous Month             | 3.89%              | 1.54%          | 2.35%       | 1804        | 2.38%                                    | 5.84%                        | 4.84%            | 2.02%                       | 5.80%               | 2.87%                 | 1.20%            | 4.36%                         | 1.55%    |
| Variance (from last month) | -0.23%             | 0.06%          | -0.29%      | 61          | 0.82%                                    | -0.90%                       | 0.06%            | 0.80%                       | 0.77%               | 0.39%                 | 0.09%            | -0.65%                        | 1.97%    |
| Plan KPI                   | 3.50%              |                |             |             | 3.5%                                     | 3.5%                         | 3.5%             | 3.5%                        | 3.5%                | 3.5%                  | 3.5%             | 3.5%                          | 3.5%     |
| Variance to target/plan    | -0.16%             |                |             |             | 0.30%                                    | -1.44%                       | -1.40%           | 0.68%                       | -3.08%              | 0.24%                 | 2.21%            | -0.21%                        | -0.03%   |

### JULY 2020 DELIVERY



### Sickness Rates by Division



### PERFORMANCE DELIVERY

- The rolling 12 months sickness rate for the Trust in July is 4.73%. This is just over one percentage point higher than the one reported in the same period last year (3.60%). It should be noted that figures are still inflated due to COVID-19 related episodes, although they continue to decrease. In April more than 50% of the episodes reported were related to COVID-19, but in July COVID-19 related episodes account for less than 10% of all the sickness reported.
- The main 3 sickness reasons reported in July 20, are: Gastrointestinal problems, Anxiety/stress/depression/other psychiatric illnesses, and Headache/migraine.
- PRUH's rolling sickness rate for July 20 is 5.59%, which is the highest rate of the 3 main divisions. The reasons for sickness in July are similar to the Trust ones.

### NATIONAL CONTEXT

### ACTIONS TO SUSTAIN

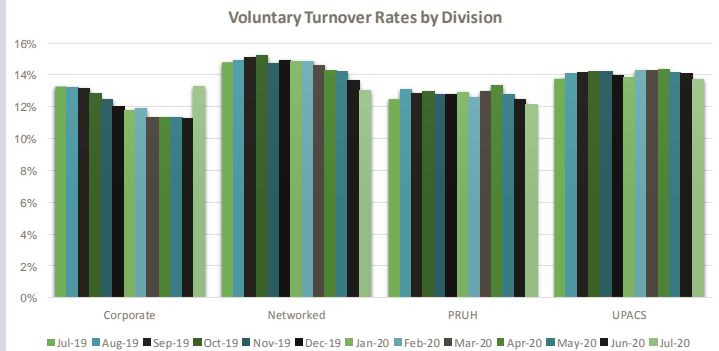
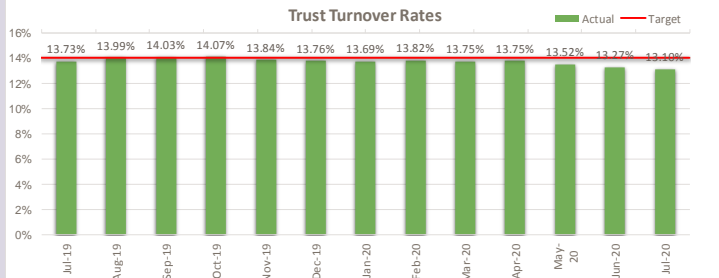
- Monthly sickness report is cascaded to all Divisions.
- Active management for both long and short term sickness cases across the Trust is happening with oversight from Directorate teams and Workforce.
- Preventative wellbeing initiatives such as Younger Lives and improved access to Occupational Health Services is occurring.

# Domain 3: Workforce Staff Turnover Rates

## M4 - JULY 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              | 19.10%             | 13.10%               | 6.00%                    | 82.64%          | 14.54%                                   | 13.14%                       | 11.92%           | 17.68%                      | 8.85%               | 12.34%                | 10.52%           | 14.20%                        | 37.29%   |
| <i>Denmark Hill</i>        | 19.76%             | 13.39%               | 6.37%                    | 82.30%          | 14.37%                                   | 13.26%                       | 12.05%           | 16.89%                      | 9.30%               | 12.38%                | 9.75%            | 15.49%                        | 38.37%   |
| <i>PRUH</i>                | 16.77%             | 12.09%               | 4.68%                    | 83.80%          | 18.11%                                   | 12.88%                       | 11.24%           | 27.59%                      |                     | 11.01%                | 13.29%           | 10.84%                        | 0.00%    |
| Previous Month             | 19.08%             | 13.27%               | 5.81%                    | 82.36%          | 16.42%                                   | 12.99%                       | 11.85%           | 18.06%                      | 7.83%               | 12.03%                | 10.44%           | 14.79%                        | 0.00%    |
| Variance (from last month) | 0.03%              | -0.17%               | 0.19%                    |                 | -1.88%                                   | 0.15%                        | 0.07%            | -0.39%                      | 1.01%               | 0.31%                 | 0.08%            | -0.59%                        | 37.29%   |
| 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    | 5.10%              | -0.90%               | -8.00%                   |                 | 0.54%                                    | -0.86%                       | -2.08%           | 3.68%                       | -5.15%              | -1.66%                | -3.48%           | 0.20%                         | 23.29%   |
| Stability Index            |                    |                      |                          |                 | 91.29%                                   | 82.33%                       | 89.00%           | 82.03%                      | 81.31%              | 87.80%                | 65.07%           | 86.64%                        | 100.00%  |

### JULY 2020 DELIVERY



### PERFORMANCE DELIVERY

- In July 20 there were 188 leavers, of which 128 left voluntarily. The top main reasons for staff leaving voluntarily, excluding those recorded as "Other/Not Known", are Relocation (12%), Promotion (12%), and Work Life Balance (7%).
- Since April 20 King's has recruited 882 external new starters and 554 staff have left the Trust, leaving a net gain of 328. Of this PRUH has recruited 130 and have lost 102 staff (28 net gain).
- At PRUH the total number of leavers in July were 22, of which 21 left voluntarily.

### 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

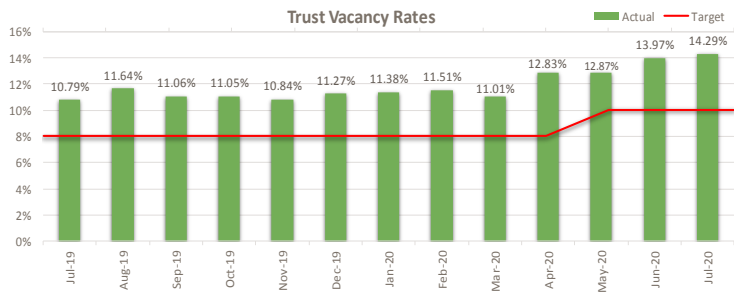
# Domain 3: Workforce Vacancies

## M4 - JULY 2020 DELIVERY

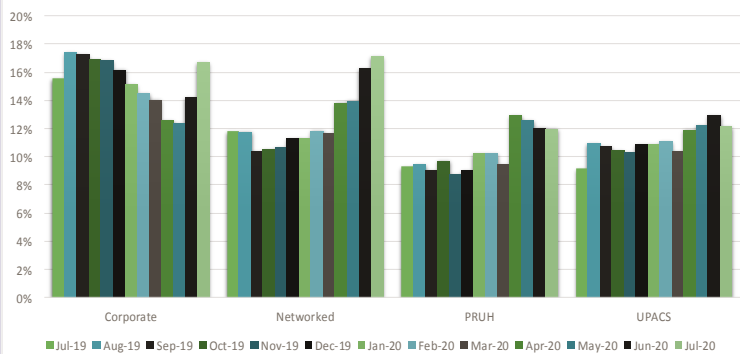
|                            | All Staff Vacancy |            |                               |                                 |
|----------------------------|-------------------|------------|-------------------------------|---------------------------------|
|                            | Establishment FTE | Vacant FTE | Vacancy % (substantive staff) | Vacancy % (substantive and B&A) |
| Current Month              | 14368.16          | 2052.59    | 14.29%                        | 5.98%                           |
| Denmark Hill               | 11331.56          | 1689.68    | 14.91%                        | 7.39%                           |
| PRUH                       | 3036.60           | 362.91     | 11.95%                        | 0.70%                           |
| Previous Month             | 14359.43          | 2005.90    | 13.97%                        | 7.33%                           |
| Variance (from last month) | 9                 | 47         | 0.32%                         | -1.35%                          |
| Plan KPI                   |                   |            | 10.00%                        |                                 |
| Variance to target/plan    |                   |            | 4.29%                         |                                 |

|                            | Vacancy Rate By Staff Group   |                              |                  |                             |                     |                       |                  |                               |          |
|----------------------------|-------------------------------|------------------------------|------------------|-----------------------------|---------------------|-----------------------|------------------|-------------------------------|----------|
|                            | Add. Professional & Technical | Additional Clinical Services | Admin & Clerical | Allied Health Professionals | Estates & Ancillary | Healthcare Scientists | Medical & Dental | Registered Nurses & Midwifery | Students |
| Current Month              | 15.74%                        | 14.63%                       | 12.43%           | 16.97%                      | 7.04%               | 12.42%                | 11.27%           | 16.09%                        | 21.08%   |
| Denmark Hill               | 14.48%                        | 15.82%                       | 12.89%           | 16.87%                      | 7.38%               | 12.79%                | 10.52%           | 17.91%                        | 18.56%   |
| PRUH                       | 37.40%                        | 11.77%                       | 9.60%            | 18.06%                      | 0.00%               | 0.00%                 | 13.78%           | 10.87%                        | 100.00%  |
| Previous Month             | 15.13%                        | 13.84%                       | 12.57%           | 16.85%                      | 6.81%               | 12.93%                | 11.82%           | 15.45%                        | 15.78%   |
| Variance (from last month) | 0.60%                         | 0.79%                        | -0.15%           | 0.12%                       | 0.23%               | -0.50%                | -0.55%           | 0.64%                         | 5.31%    |
| Plan KPI                   | 8.00%                         | 8.00%                        | 8.00%            | 8.00%                       | 8.00%               | 8.00%                 | 8.00%            | 8.00%                         | 8.00%    |
| Variance to target/plan    | 7.74%                         | 6.63%                        | 4.43%            | 8.97%                       | -0.96%              | 4.42%                 | 3.27%            | 8.09%                         | 13.08%   |

### JULY 2020 DELIVERY



### Vacancy Rates by Division



### PERFORMANCE DELIVERY

- In M1 2020, 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.
- 82.03 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 explored to ensure that they reflect true vacancies, ie R&I.

### NATIONAL CONTEXT

This section is currently blank.

## Domain 4: FINANCE

1. Key Metrics Scorecard
2. Financial Performance

# Domain 4: Finance

## Key Metrics Scorecard

### Finance

|                            |                                | Jul 19  | Aug 19  | Sep 19  | Oct 19  | Nov 19  | Dec 19  | Jan 20  | Feb 20  | Mar 20   | Apr 20  | May 20  | Jun 20  | Jul 20  | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|----------------------------|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|---------|---------|---------|---------|--------------|--------------|---------------|-------|
| <b>Overall (000s)</b>      |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |              |              |               |       |
| 895                        | Actual - Overall               | 14,957  | 17,959  | 13,970  | 4,894   | 8,339   | 14,070  | 13,010  | 6,550   | (18,066) | 4,797   | (625)   | 2,087   | 2,070   | 14,466       | 8,329        | 69,054        |       |
| 896                        | Budget - Overall               | 13,196  | 15,684  | 15,978  | 8,324   | 10,611  | 16,616  | 10,389  | 12,883  | 4,972    | 19,224  | 18,968  | 18,969  | 14,466  |              | 71,627       | 167,085       |       |
| 897                        | Variance - Overall             | (1,760) | (2,275) | 2,008   | 3,430   | 2,272   | 2,546   | (2,621) | 6,333   | 23,037   | 14,427  | 19,593  | 16,882  | 12,397  | 0            | 63,298       | 98,031        |       |
| <b>Medical - Agency</b>    |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |              |              |               |       |
| 602                        | Variance - Medical - Agency    | (311)   | (581)   | (485)   | (621)   | (430)   | (440)   | (553)   | (428)   | 562      | (364)   | (384)   | (230)   | (324)   | 0            | (1,302)      | (4,277)       |       |
| <b>Medical Bank</b>        |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |              |              |               |       |
| 1095                       | Variance - Medical Bank        | (700)   | (413)   | (891)   | (754)   | (358)   | (761)   | (949)   | (1,376) | (1,539)  | (944)   | (1,857) | (796)   | (1,548) | 0            | (5,146)      | (12,186)      |       |
| <b>Medical Substantive</b> |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |              |              |               |       |
| 599                        | Variance - Medical Substantive | 1,802   | 1,306   | 1,970   | 852     | 892     | 1,513   | 1,627   | 1,419   | 662      | 1,082   | 305     | 1,179   | 1,359   | 0            | 3,925        | 14,164        |       |
| <b>Nursing Agency</b>      |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |              |              |               |       |
| 603                        | Variance - Nursing Agency      | (444)   | (168)   | (511)   | (323)   | (312)   | (711)   | (547)   | (534)   | (848)    | (473)   | (417)   | (407)   | (666)   | 0            | (1,963)      | (5,917)       |       |
| <b>Nursing Bank</b>        |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |              |              |               |       |
| 1104                       | Variance - Nursing Bank        | (2,093) | (2,312) | (2,014) | (2,093) | (1,546) | (1,861) | (2,340) | (2,547) | (2,995)  | (2,442) | (2,116) | (2,003) | (1,645) | 0            | (8,205)      | (25,914)      |       |
| <b>Nursing Substantive</b> |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |              |              |               |       |
| 606                        | Variance - Nursing Substantive | 2,521   | 2,303   | 3,062   | 2,718   | 2,853   | 2,627   | 2,600   | 2,867   | 3,088    | 3,344   | 2,624   | 1,693   | 2,396   | 0            | 10,056       | 32,174        |       |

## Domain 4: Finance

### M4 (July) – Financial Performance



#### Surplus / (Deficit)

(£5.7m)

Actual M4

(£12.9m)

Average 19/20



#### Pay

(£64.4m)

Actual M4

(£62.6m)

Average Q4  
19/20



#### Non Pay

(£52.0m)

Actual M4

(£42.6m)

Average Q4  
19/20



#### COVID Costs

£20.6m

Actuals YTD –  
Total

£4.5m

Pay YTD

£16.1m

Non Pay YTD



#### Payment Compliance

##### Debtor Days

21.0

Actual M4

18.4

Prior Month

##### Creditor Days

107.0

Actual M4

108.7

Prior Month



#### Capital

(£62.0 m)

Annual Plan

(£7.2m)

Actual YTD





## Key Metrics - IPR Summary

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

Directorate: Trust (1000)

July 2020

### Performance

|   | Jul 19   | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Month Target | F-YTD Actual | Rolling 12mth | Trend  |  |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------------|---------------|--------|--|
| <b>CQC level of inquiry: Responsive</b>             |  |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |        |  |
| <b>Access Management - RTT, CWT and Diagnostics</b> |  |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |        |  |
| 364   | RTT Incomplete Performance                       | 78.37% | 78.02% | 78.74% | 78.87% | 79.49% | 78.88% | 79.51% | 80.44% | 76.79% | 68.50% | 58.70% | 46.66% | 39.28%       | 92.00%       | 53.71%        | 71.13% |  |
| 632   | Patients waiting over 52 weeks (RTT)             | 139    | 131    | 160    | 184    | 175    | 188    | 160    | 143    | 196    | 483    | 1017   | 1784   | 2495         | 0            | 5779          | 7116   |  |
| 412   | Cancer 2 weeks wait GP referral                  | 92.37% | 92.25% | 92.54% | 94.18% | 93.74% | 90.43% | 87.42% | 92.00% | 93.05% | 87.39% | 87.77% | 83.15% | 85.99%       | 93.00%       | 85.72%        | 90.40% |  |
| 413   | Cancer 2 weeks wait referral - Breast            | 82.61% | 98.68% | 96.10% | 96.43% | 97.22% | 97.83% | 98.86% | 95.40% | 95.70% | 95.45% | 97.50% | 96.49% | 96.39%       | 93.00%       | 96.53%        | 96.80% |  |
| 419   | Cancer 62 day referral to treatment - GP         | 75.58% | 74.36% | 71.20% | 72.87% | 74.14% | 73.13% | 64.63% | 68.56% | 66.83% | 52.10% | 64.39% | 58.70% | 60.00%       | 85.00%       | 59.05%        | 67.47% |  |
| 536   | Diagnostic Waiting Times Performance > 6 Wks     | 5.77%  | 7.10%  | 6.18%  | 5.89%  | 7.53%  | 9.88%  | 11.51% | 6.66%  | 19.03% | 59.35% | 60.25% | 51.56% | 41.59%       | 1.00%        | 52.57%        | 22.71% |  |
| <b>Access Management - Emergency Flow</b>           |  |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |        |  |
| 459   | A&E 4 hour performance (monthly SITREP)          | 73.58% | 73.00% | 73.20% | 72.23% | 69.30% | 67.69% | 69.02% | 71.42% | 73.99% | 82.82% | 91.11% | 90.72% | 93.63%       | 95.00%       | 90.27%        | 76.14% |  |
| <b>Patient Flow</b>                                 |  |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |        |  |
| 399   | Weekend Discharges                               | 18.4%  | 22.4%  | 21.5%  | 18.2%  | 22.9%  | 21.2%  | 18.5%  | 22.6%  | 19.8%  | 19.6%  | 25.5%  | 20.1%  | 18.5%        | 20.7%        | 20.8%         | 20.9%  |  |
| 404   | Discharges before 1pm                            | 18.7%  | 18.9%  | 16.6%  | 17.9%  | 18.2%  | 18.3%  | 18.7%  | 18.9%  | 16.1%  | 18.7%  | 18.1%  | 17.9%  | 16.5%        | 18.4%        | 17.7%         | 17.9%  |  |
| 747   | Bed Occupancy                                    | 91.7%  | 90.7%  | 91.8%  | 93.1%  | 94.1%  | 92.3%  | 94.7%  | 93.9%  | 81.5%  | 62.2%  | 63.5%  | 70.6%  | 78.8%        | 91.6%        | 68.7%         | 84.0%  |  |
| 1357  | Number of Stranded Patients (LOS 7+ Days)        | 574    | 554    | 549    | 577    | 575    | 659    | 596    | 599    | 389    | 342    | 394    | 860    | 447          |              | 2043          | 6541   |  |
| 1358  | Number of Super Stranded Patients (LOS 21+ Days) | 242    | 247    | 232    | 243    | 242    | 267    | 259    | 273    | 177    | 120    | 137    | 335    | 164          |              | 756           | 2696   |  |
| 800   | Delayed Transfer of Care Days (per calendar day) | 13.8   | 15.4   | 15.0   | 15.7   | 18.3   | 18.3   | 21.3   |        |        |        |        |        |              | 0.0          |               | 17.4   |  |
| 762   | Ambulance Delays > 30 Minutes                    | 352    | 376    | 288    | 470    | 924    | 1282   | 452    | 1488   | 1248   | 822    | 516    |        |              | 0            | 1338          | 7866   |  |
| 772   | 12 Hour DTAs                                     | 44     | 32     | 24     | 42     | 28     | 65     | 166    | 76     | 43     | 13     | 12     | 28     | 37           | 0            | 90            | 534    |  |
| <b>Theatre Productivity</b>                         |  |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |        |  |
| 801   | Day Case Rate                                    | 75.0%  | 74.6%  | 75.0%  | 76.0%  | 75.6%  | 75.4%  | 77.3%  | 77.0%  | 76.2%  | 73.1%  | 76.0%  | 76.8%  | 77.9%        | 75.7%        | 76.5%         | 76.0%  |  |

### Quality

|                                     | Jul 19  | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Month Target | F-YTD Actual | Rolling 12mth | Trend |  |
|-------------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------------|---------------|-------|--|
| <b>CQC level of inquiry: Safe</b>   |   |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| <b>Reportable to DoH</b>            |   |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 2717                                | Number of DoH Reportable Infections                                     | 58     | 55     | 46     | 44     | 43     | 52     | 50     | 47     | 47     | 40     | 57     | 65     | 53           | 52           | 215           | 599   |  |
| <b>Safer Care</b>                   |   |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 629                                 | Falls resulting in moderate harm, major harm or death per 1000 bed days | 0.08   | 0.17   | 0.09   | 0.10   | 0.08   | 0.18   | 0.16   | 0.21   | 0.09   | 0.14   | 0.06   | 0.05   | 0.14         | 0.19         | 0.10          | 0.13  |  |
| 1897                                | Potentially Preventable Hospital Associated VTE                         | 1      | 6      | 3      | 6      | 6      | 8      | 1      | 2      | 4      | 3      | 1      | 3      | 6            | 4            | 13            | 49    |  |
| 538                                 | Hospital Acquired Pressure Ulcers (Grade 3 or 4)                        | 1      | 5      | 1      | 1      | 0      | 0      | 0      | 2      | 0      | 0      | 1      | 0      | 0            | 0            |               |       |  |
| 945                                 | Open Incidents  |        |        | 15     |        |        | 23     |        |        |        |        |        |        |              |              |               | 38    |  |
| <b>Incident Reporting</b>           |   |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 520                                 | Total Serious Incidents reported  | 14     | 11     | 22     | 26     | 11     | 9      | 15     | 20     | 13     | 9      | 10     | 14     | 14           |              | 47            | 174   |  |
| 516                                 | Moderate Harm Incidents   | 38     | 26     | 32     | 31     | 38     | 23     | 43     | 34     | 16     | 17     | 21     | 37     | 42           |              | 117           | 360   |  |
| 509                                 | Never Events  | 0      | 1      | 0      | 0      | 1      | 0      | 0      | 0      | 1      | 0      | 0      | 2      | 0            | 0            | 2             | 5     |  |
| <b>CQC level of inquiry: Caring</b> |   |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| <b>HRWD</b>                         |   |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 422                                 | Friends & Family - Inpatients   | 94.5%  | 95.1%  | 94.5%  | 94.6%  | 94.4%  | 95.2%  | 94.4%  | 92.4%  | 95.2%  | 95.7%  | 96.0%  | 94.6%  | 93.1%        | 96.0%        | 94.2%         | 94.4% |  |
| 423                                 | Friends & Family - ED   | 77.9%  | 76.4%  | 80.6%  | 78.8%  | 80.9%  | 78.0%  | 80.7%  | 81.5%  | 83.7%  | 89.6%  | 89.0%  | 84.6%  | 89.3%        | 86.0%        | 88.4%         | 83.0% |  |
| 774                                 | Friends & Family - Outpatients  | 87.3%  | 87.6%  | 87.4%  | 85.9%  | 84.3%  | 84.2%  | 83.8%  | 85.2%  | 86.2%  | 88.5%  | 87.1%  | 85.1%  | 85.6%        | 92.0%        | 86.3%         | 86.0% |  |
| 775                                 | Friends & Family - Maternity  | 91.6%  | 94.0%  | 90.1%  | 94.3%  | 93.8%  | 86.7%  | 94.2%  | 95.6%  | 89.7%  | 89.1%  | 96.0%  | 94.2%  | 91.8%        | 94.0%        | 93.0%         | 92.7% |  |
| <b>Complaints</b>                   |   |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 619                                 | Number of complaints  | 77     | 77     | 56     | 78     | 79     | 49     | 45     | 44     | 44     | 21     | 42     | 71     | 85           | 61           | 219           | 691   |  |
| <b>Operational Engagement</b>       |   |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |  |
| 620                                 | Number of complaints not responded to within 25 Days                    | 24     | 41     | 55     | 53     | 48     | 49     | 32     | 18     | 25     | 39     | 16     | 41     | 59           | 39           | 155           | 476   |  |
| 3119                                | Number of PALS enquiries - unable to contact department                 | 14     | 8      | 7      | 8      | 7      | 5      | 71     | 73     | 44     | 9      | 12     | 24     | 47           | 29           | 92            | 315   |  |

# BIU Key Metrics - IPR Summary

Business Intelligence Unit  
A selection of core metrics for aggregate KCH performance to Board/FPC and organisational review  
Directorate: Trust (1000)

| Incident Management |  |        |        |        |       |        |        |       |        |       |       |       |       |       |       |       |       |
|---------------------|--|--------|--------|--------|-------|--------|--------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|
| 660                 | Duty of Candour - Conversations recorded in notes      | 100.0% | 100.0% | 100.0% | 95.4% | 100.0% | 96.9%  | 96.2% | 100.0% | 95.7% | 95.7% | 81.5% | 80.0% | 70.2% | 98.7% | 79.6% | 92.5% |
| 661                 | Duty of Candour - Letters sent following DoC incidents | 100.0% | 100.0% | 100.0% | 95.4% | 100.0% | 100.0% | 98.1% | 100.0% | 95.7% | 95.7% | 85.2% | 70.0% | 53.2% | 99.0% | 71.5% | 90.6% |
| 1617                | Duty of Candour - Investigation Findings Shared        | 89.6%  | 87.2%  | 62.5%  | 46.5% | 38.6%  | 59.4%  | 23.1% | 19.6%  | 13.0% | 4.4%  | 14.8% | 7.5%  | 2.1%  | 59.0% | 6.6%  | 32.5% |

| CQC level of inquiry: Effective |   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---------------------------------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Improving Outcomes              |   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 831                             | Standardised Readmission Ratio                                | 89.8  | 89.4  | 89.2  | 88.9  | 88.9  | 88.4  | 87.9  | 86.5  |       |       |       |       |       | 105.0 |       |       |
| 436                             | HSMR  | 86.4  | 88.2  | 87.5  | 87.9  | 88.5  | 88.0  | 87.6  | 87.3  | 88.7  |       |       |       |       | 100.0 |       |       |
| 433                             | SHMI  | 93.6  | 94.2  | 94.1  | 94.6  | 94.5  | 94.2  | 94.5  | 94.8  |       |       |       |       |       | 105.0 |       |       |
| 649                             | Patients receiving Fractured Neck of Femur surgery w/in 36hrs | 78.8% | 81.8% | 76.3% | 78.6% | 89.5% | 90.0% | 88.1% | 81.6% | 66.7% | 74.3% | 88.9% | 70.0% | 66.7% | 79.8% | 74.4% | 80.0% |
| 625                             | Diagnostic Results Acknowledgement                            | 2.7%  | 2.3%  | 2.4%  | 2.4%  | 2.5%  | 2.6%  | 2.8%  | 2.7%  | 2.6%  | 2.1%  | 2.2%  | 2.4%  | 2.2%  | 2.6%  | 2.2%  | 2.5%  |

## Workforce

|                                |                                    |        |        |        |        |        |        |        |        |        |        |        |        | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|--------------------------------|------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------------|---------------|-------|
| CQC level of inquiry: Well Led |                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Staff Training & CPD           |                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 715                            | % appraisals up to date - Combined | 85.30% | 88.07% | 88.18% | 89.04% | 89.61% | 89.36% | 89.47% | 86.95% |        |        |        |        | 44.47% | 90.00% |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 721                            | Statutory & Mandatory Training     | 87.10% | 86.18% | 86.41% | 85.65% | 84.70% | 85.08% | 85.09% | 85.36% |        | 84.57% | 84.57% | 83.47% | 83.47% | 90.00% |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Staffing Capacity              |                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 875                            | Voluntary Turnover %               | 13.7%  | 14.0%  | 14.0%  | 14.1%  | 13.8%  | 13.8%  | 13.7%  | 13.8%  | 13.8%  | 13.8%  | 13.5%  | 13.3%  | 13.1%  | 14.0%  |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 732                            | Vacancy Rate %                     | 10.79% | 11.64% | 11.06% | 11.05% | 10.84% | 11.27% | 11.38% | 11.51% | 11.01% | 12.83% | 12.87% | 13.97% | 14.29% | 10.00% |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Efficiency                     |                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 743                            | Monthly Sickness Rate              | 3.70%  | 3.65%  | 3.70%  | 3.92%  | 3.96%  | 4.06%  | 4.05%  | 3.90%  | 6.89%  | 9.98%  | 5.40%  | 3.89%  | 3.66%  | 3.50%  |        |        |        |        |        |        |        |        |        |        |        |              |              |               |       |

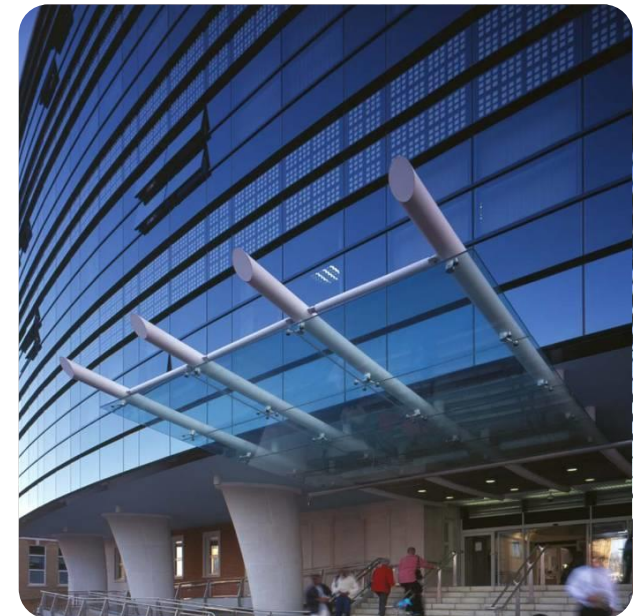
## Finance

|                     |                                |         |         |         |         |         |         |         |         |          |         |         |         | Jul 19  | Aug 19 | Sep 19  | Oct 19   | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Month Target | F-YTD Actual | Rolling 12mth | Trend |
|---------------------|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|---------|---------|---------|---------|--------|---------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|--------------|---------------|-------|
| Overall (000s)      |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |        |         |          |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 895                 | Actual - Overall               | 14,957  | 17,959  | 13,970  | 4,894   | 8,339   | 14,070  | 13,010  | 6,550   | (18,066) | 4,797   | (625)   | 2,087   | 2,070   | 14,466 | 8,329   | 69,054   |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 896                 | Budget - Overall               | 13,196  | 15,684  | 15,978  | 8,324   | 10,611  | 16,616  | 10,389  | 12,883  | 4,972    | 19,224  | 18,968  | 18,969  | 14,466  |        | 71,627  | 167,085  |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 897                 | Variance - Overall             | (1,760) | (2,275) | 2,008   | 3,430   | 2,272   | 2,546   | (2,621) | 6,333   | 23,037   | 14,427  | 19,593  | 16,882  | 12,397  | 0      | 63,298  | 98,031   |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Medical - Agency    |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |        |         |          |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 602                 | Variance - Medical - Agency    | (311)   | (581)   | (485)   | (621)   | (430)   | (440)   | (553)   | (428)   | 562      | (364)   | (384)   | (230)   | (324)   | 0      | (1,302) | (4,277)  |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Medical Bank        |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |        |         |          |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 1095                | Variance - Medical Bank        | (700)   | (413)   | (891)   | (754)   | (358)   | (761)   | (949)   | (1,376) | (1,539)  | (944)   | (1,857) | (796)   | (1,548) | 0      | (5,146) | (12,186) |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Medical Substantive |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |        |         |          |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 599                 | Variance - Medical Substantive | 1,802   | 1,306   | 1,970   | 852     | 892     | 1,513   | 1,627   | 1,419   | 662      | 1,082   | 305     | 1,179   | 1,359   | 0      | 3,925   | 14,164   |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Nursing Agency      |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |        |         |          |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 603                 | Variance - Nursing Agency      | (444)   | (168)   | (511)   | (323)   | (312)   | (711)   | (547)   | (534)   | (848)    | (473)   | (417)   | (407)   | (666)   | 0      | (1,963) | (5,917)  |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Nursing Bank        |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |        |         |          |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 1104                | Variance - Nursing Bank        | (2,093) | (2,312) | (2,014) | (2,093) | (1,546) | (1,861) | (2,340) | (2,547) | (2,995)  | (2,442) | (2,116) | (2,003) | (1,645) | 0      | (8,205) | (25,914) |        |        |        |        |        |        |        |        |        |              |              |               |       |
| Nursing Substantive |                                |         |         |         |         |         |         |         |         |          |         |         |         |         |        |         |          |        |        |        |        |        |        |        |        |        |              |              |               |       |
| 606                 | Variance - Nursing Substantive | 2,521   | 2,303   | 3,062   | 2,718   | 2,853   | 2,627   | 2,600   | 2,867   | 3,088    | 3,344   | 2,624   | 1,693   | 2,396   | 0      | 10,056  | 32,174   |        |        |        |        |        |        |        |        |        |              |              |               |       |

# 3 Monthly Safer Staffing Report for Nursing and Midwifery May – July 2020

Trust Board September 2020

Nicola Ranger  
Chief Nurse



 KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

## Background

- From June 2014 it is a national requirement for all hospitals to publish information about staffing levels on wards, including the percentage of shifts meeting their agreed staffing levels. This initiative is part of the NHS response to the Francis Report which called for greater openness and transparency in the health service.
- NHS Improvement's Developing Workforce Safeguards report provides recommendations to support Trusts in making informed, safe and sustainable workforce decisions, and identifies examples of best practice in the NHS, this builds on the National Quality Board's (NQB) guidance. NQB's guidance states that the Trust must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively (through the use of e-rostering, clinical site management and operational meetings and decisions.)
- The Trust's compliance will be assessed with the 'triangulated approach' to deciding staffing requirements described in NQB's guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time. It is based on patients' needs, acuity, dependency and risks, and as a Trust this should be monitored from ward to board.
- This 3 monthly safer staffing report, for the nursing and midwifery workforce, will provide assurance to the board by outlining trends over the previous 3 month period. This is in line with the recommendations from NHSi's Workforce Safeguards ensuring we are reporting from ward to board.
- Monthly assurance will be monitored through the Trust wide Recruitment and Retention meetings.

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.

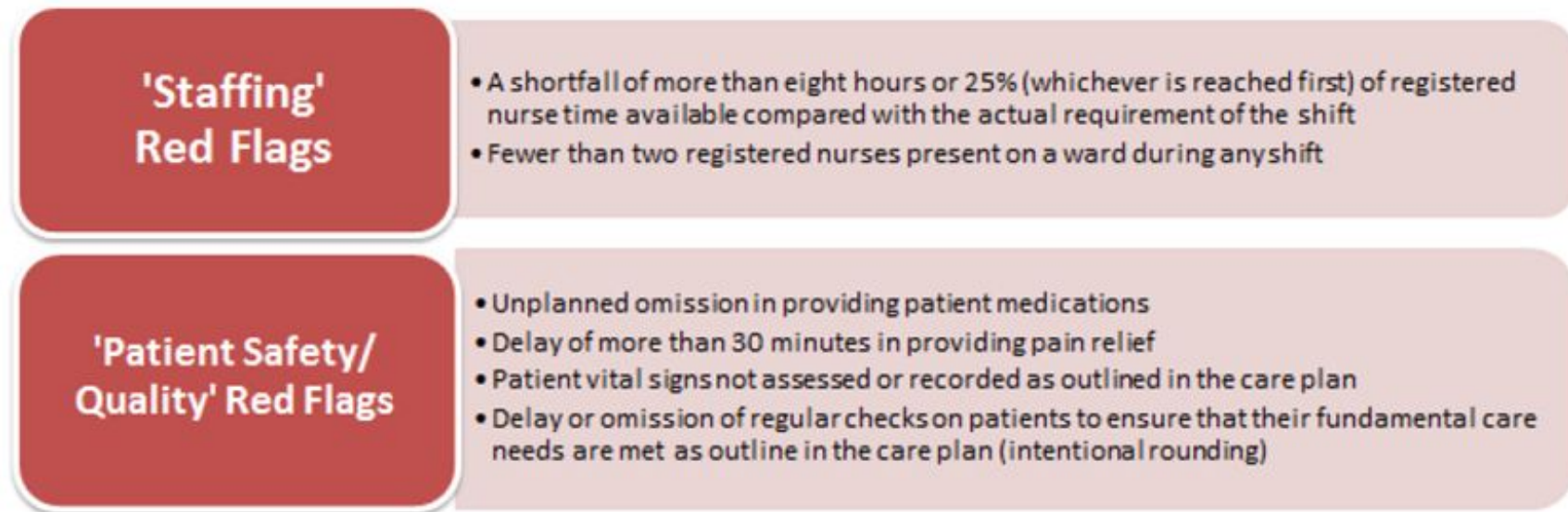
For each of the 79 clinical inpatient areas, the actual number of staff as a percentage of the planned number is recorded on a monthly basis. The table below represents the high level summary of the actual ward staffing levels reported for July 2020 (national CHPPD reporting was ceased for Mar and Apr 20 due to COVID-19, this recommenced 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 | 98%                               | 102%                                | 105%                             | 111%                               | 5.8                                | 3.4        | 9.2         |
| PRUH and South Sites                                   | 99%                               | 98%                                 | 100%                             | 107%                               | 5.4                                | 3.7        | 9.2         |
| Networked Care   | 93%                               | 93%                                 | 108%                             | 104%                               | 9.7                                | 2.7        | 12.5        |
| Commercial   | 104%                              | 101%                                | 109%                             | 101%                               | 8.1                                | 4.8        | 12.9        |

- Care staff usage on day and night shifts was increased in July 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.

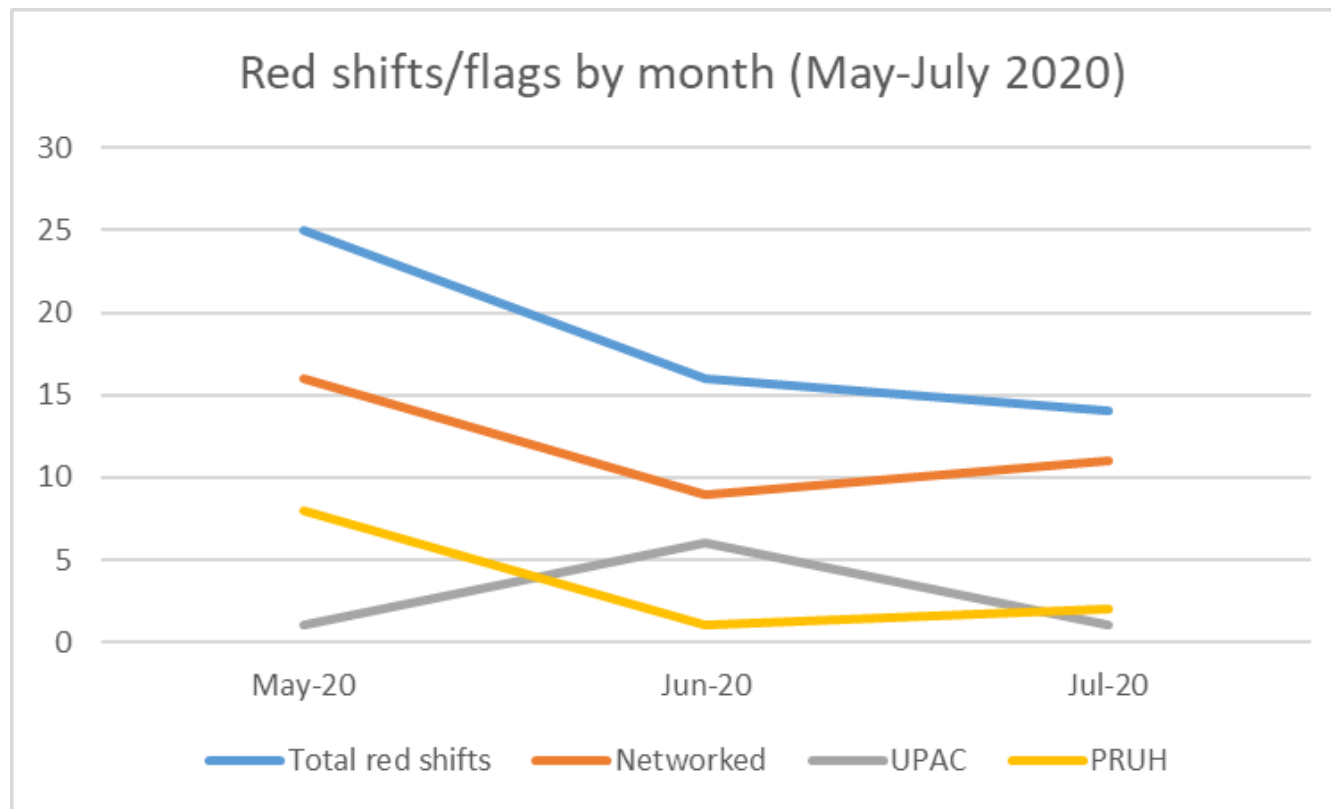
In order to be compliant with NHS's Workforce Safeguards see below our updated Red Flag procedure for nursing within the Trust. The below process has been adhered to from July 20 onwards in line with the next planned focused acuity & dependency collection.



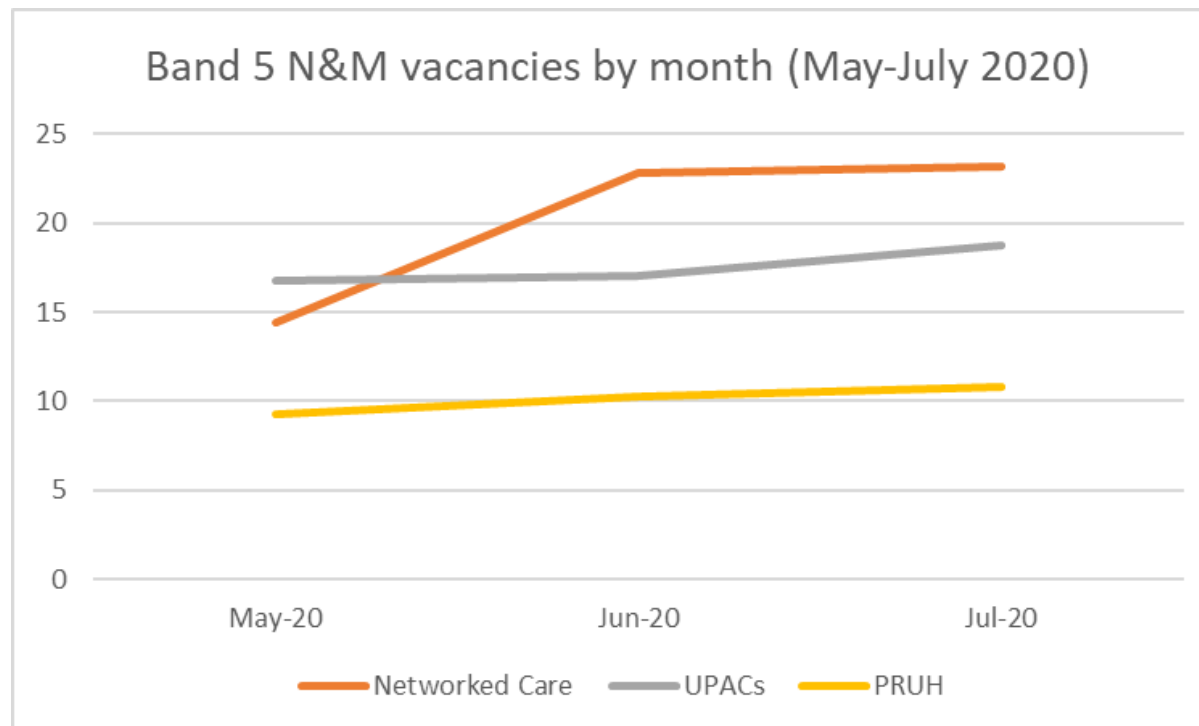
- The purpose of a Red Flag being raised is to identify those times where either essential nursing care has not been delivered, or where there is a risk that the quality of patient care may be impacted. If clinical areas do not have enough nurses on duty with the right skills to safely meet the needs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

For May-June 2020 a red shift was reported when there was 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 (now red flag from July 2020) alert issued to senior nursing staff highlighting the location of wards and departments with red shifts/flags which in turn enables senior nursing staff to support these wards.

From July 2020 reporting of red shifts is encompassed within 'Red Flags' to prevent duplication (and these are highlighted in the weekly Safety Huddle.) The graph below outlines the trends for the last 3 months:

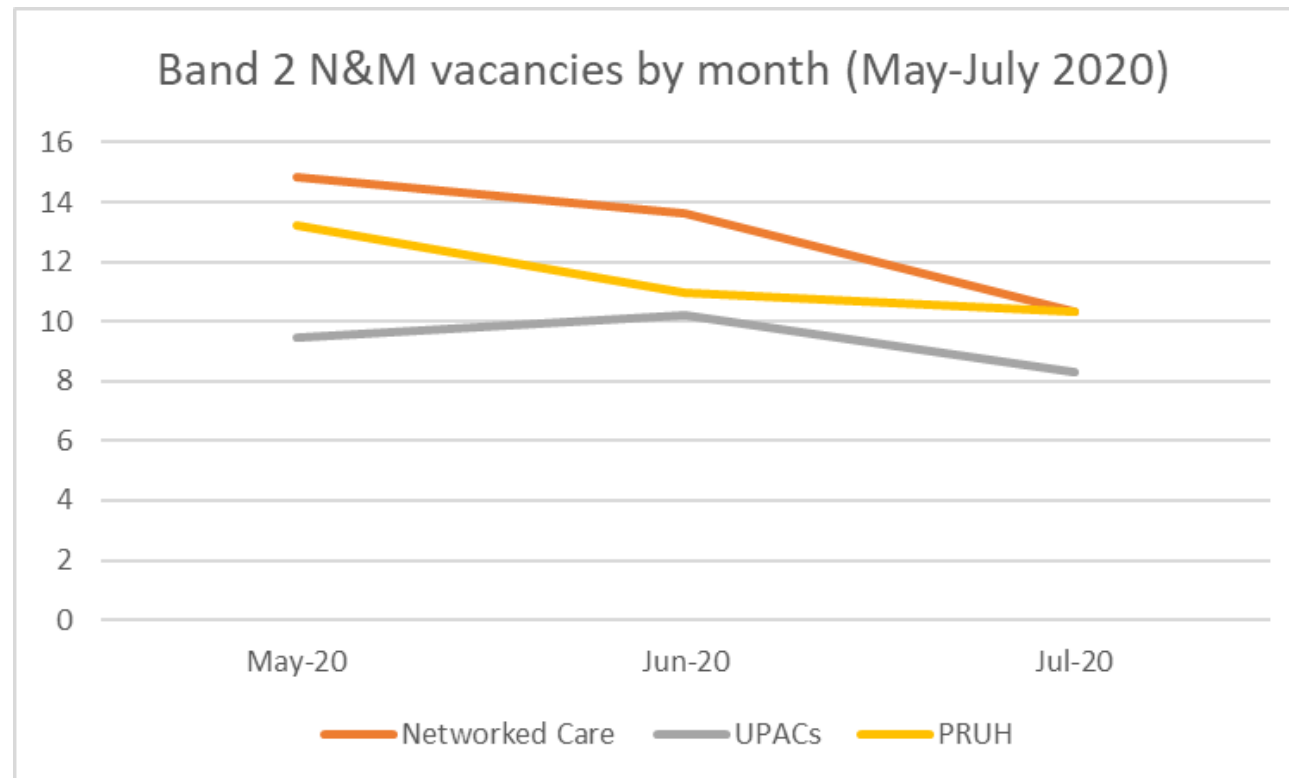


- The current vacancy for July 2020 is 18.67% for Band 5 Nursing and Midwifery (registered.)
- **There has been an increase in Band 5 vacancies from May 20 – July 20:**
  - Due to Covid-19, the Trust's usual international recruitment activity had been temporarily suspended which affected the vacancy rate and will continue to do so until restrictions are fully lifted. A small number of international nurses were able to be deployed in August 2020 (these IENs will sit their OSCEs in October 2020.)
  - There was an increase of 249.71 WTE in month total variance from May to June 2020. Nearly all changes are for aspirant nurses (+ 90 FTE in Adults and + 30 in Children) and Networked Care accounts for all other changes - in particular JSCCU and Nursing Unit 2 (New Build.)
  - The graph below outlines this position:



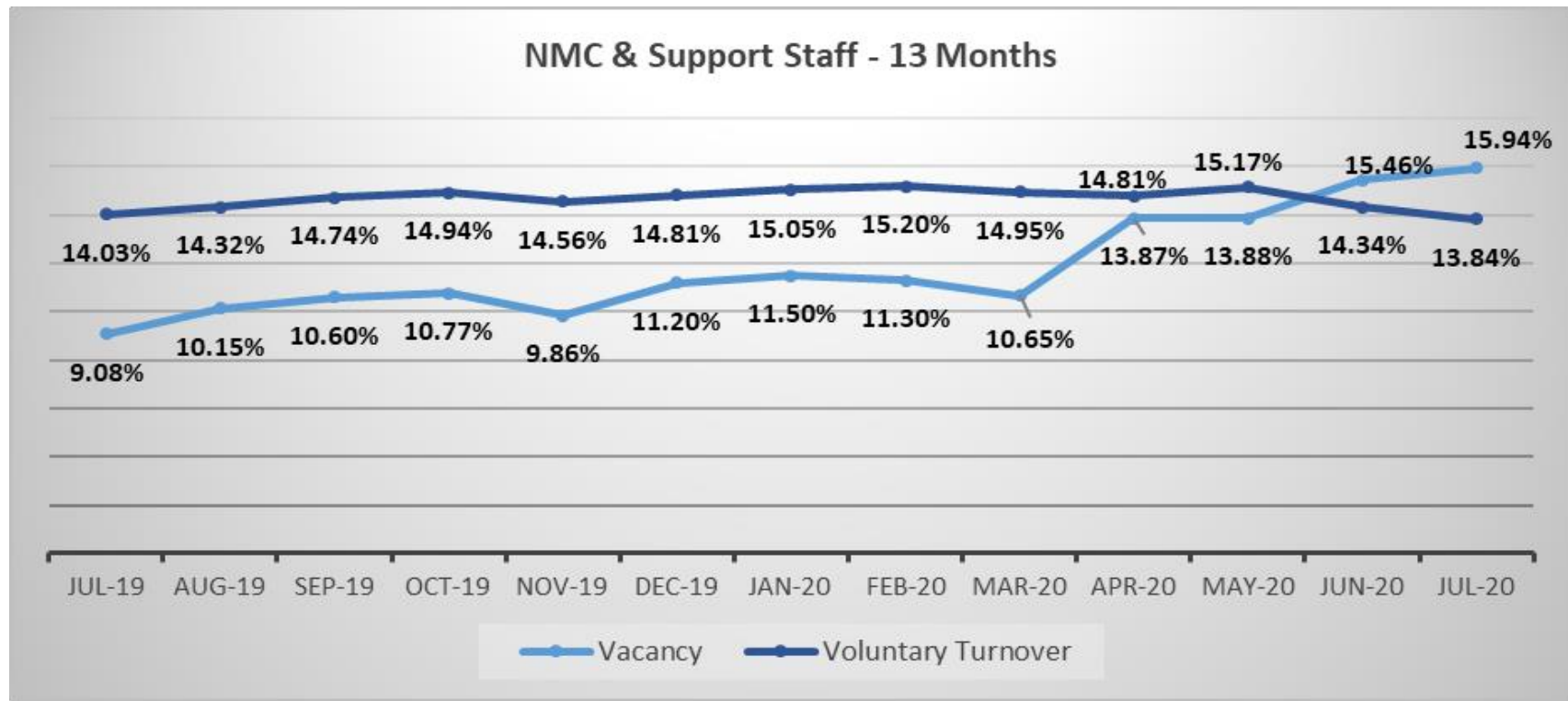


- The current vacancy for July 2020 is 11.36% for Band 2 Nursing and Midwifery (unregistered.)
- **There has been an downward trend to the Band 2 vacancies from May 20 – July 20:**
  - Due to Covid-19, the Trust's usual HCA mass recruitment via assessment centres had been temporarily suspended but has been 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 so we will see further reductions in vacancies in the coming months.
  - There was an increase of 249.71 WTE in month total variance from May to June 2020 which has also affected the vacancy rate despite ongoing recruitment. The graph below outlines this position:



As of July 2020, the voluntary turnover for registered nursing and midwifery staff is 13.47% and is currently 12.06% for the Band 2-3 unregistered workforce. The monthly site recruitment and retention meetings govern progress on care group-specific retention work plans (led by the Heads of Nursing) with the aim to reduce voluntary turnover to 10% over the next two years.

The graph below outlines the current position highlighting a reduction in turnover to the lowest value it has been for over a year.



The aggregate nursing and midwifery staff vacancy for July 2020 has increased this month to 15.94%. This has steadily increased since July 2019 when the overall vacancy was 9.08% (this is partly due to the increase in establishment during this time.) 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:** DSU Theatre staff (66.67%) Kinnier Wilson (53.28%), Theatres (49.14%), V&A HDU (31.11%), Lonsdale (30.85%)
- **PRUH:** Paeds Inpatients (30.76%)

The monthly site Recruitment and Retention meetings 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 and work is underway to review this plus a national recruitment campaign for N&M with TMP Worldwide is due to launch by Sep/Oct 2020.
- 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.**

**FINANCE AND COMMERCIAL COMMITTEE, 23 JULY**  
**BRIEF SUMMARY OF DISCUSSIONS**

**Subsidiaries Update**

*King's Facilities Management (KFM)* - The Committee noted the report which included an update on the subsidiary's positive financial position, reserved matters and waivers update.

*Viapath* – The committee received an update on Viapath's financial performance.

*Med Tech JV Company – Business case* - The Committee noted the report and the proposed business case for the establishment of a Med Tech Joint Venture (JV) Company founded by GSTT, KCH and KCL.

**Private Patients Service**

The Committee noted the report from an Independent Healthcare Consultant who had reviewed the Trust's Private Patients' Service. The aim of the review was to analyse how the Trust could undertake private patient effectively and what model could be used to increase business and revenue for the Trust through this service. The report pre-dated the COVID-19 pandemic. Since the pandemic there were further considerations for restarting the service. A further review on the structure of the service had been commissioned.

**Month 3 Finance Report**

The Trust remained in a block contract arrangement and this will remain for the next few months. The Trust reported a £11.9m YTD deficit (pre top up) is predominantly. This was driven by an income gap) largely attributed to reductions in Private Patient & Overseas (£3.3m), KCS (£0.5m) and out of area commissioners and NCA activity (c£3m). COVID related costs c£18 m have been recorded YTD, £6.9m attributed to M03. This is only partially offset by benefits from reduced drug expenditure (c£1m when compared to 2019/20 average) and an increased KFM surplus (£9.5m) as a result of reduced clinical supplies costs relating to reduced elective activity.

Pay costs were higher than the same period last year and a deep dive/investigation into the drivers was underway.

**Capital and actuals**

The Committee noted the report which updated on the 20/21 capital expenditure plan, associated additional funding from NHSi and current expenditure incurred. The report also summarised the Q1 committed investments for the Trust.

**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.

|                         |   |
|-------------------------|---|
| <b>Report to:</b>       | The Board of Directors                        |
| <b>Date of meeting:</b> | 10 <sup>th</sup> September 2020               |
| <b>Subject:</b>         | M4 Financial Position                         |
| <b>Author(s):</b>       | Arthur Vaughan, Deputy Chief Finance Officer  |
| <b>Presented by:</b>    | Lorcan Woods, Chief Finance Officer           |
| <b>Sponsor:</b>         | Chief Finance Officer                         |
| <b>History:</b>         | King's Executive 24 <sup>th</sup> August 2020 |
| <b>Status:</b>          | Discussion                                    |

### Executive Summary

1. As at month 4, the Trust has recorded an operating deficit of £5.7m in-month and £17.6m YTD, before additional top up income. The in-month position has deteriorated by c£3.0m due to increase in drug costs as activity ramps back up.
2. This £17.6m YTD deficit (pre top up) is predominantly driven by:
  - 2.1. An income gap (c.£9.5m YTD) largely attributed to reductions in Private Patient & Overseas (£4.5m) and out of area commissioners and NCA activity (£4.0m), as a result of a difference between income levels received last year and the month 1-4 block contract income calculation.
  - 2.2. COVID related costs c.£22.0m have been recorded YTD, c.£4m attributed to M04. This is a reduction of £3.6m compared to M03 (£7.7m). This is only partially offset by benefits from reduced outsourcing expenditure (c£1.2m) and an increased KFM surplus (£10.8m) as a result of reduced clinical supplies costs relating to reduced elective activity.
  - 2.3. Drugs run rate is £1.6m above M1-10 2019/20 average.
3. The main area of concern continues to be the Trust's increased pay run rate in months 1-4 which is an outlier both in London and nationally.
4. Pay is showing a decrease on prior months but it is £23.5m more than the 19/20 YTD figure (only c£7m relates to inflation and £4.5m relates to COVID). This is an area the Trust will need to address over the next few months as COVID pressures ease and we look to bring spend back in line with planned establishment and deliver the unallocated CIP to offset 19/20 investment.

**Action Required**

5. The Board is asked to note the financial position

**Key implications**

|                        |   |
|------------------------|---|
| Legal:                 |   |
| Financial:             | The Trust is planning to hit its control total and improve the underlying financial position.       |
| Assurance:             |   |
| Clinical:              | Financial performance impacts the amount of money available to invest in clinical services.         |
| Equality & Diversity:  |   |
| Performance:           | The Trust's financial position and capital requirements has operational consequences.               |
| Strategy:              | Financial performance is one of the Trust's strategic priorities.                                   |
| Workforce:             |   |
| Estates:               | Lack of capital investment will have implications on estates infrastructure.                        |
| Reputation:            | Achieving to the financial control total improves confidence of internal and external stakeholders. |
| Other:(please specify) |   |

**Main report**

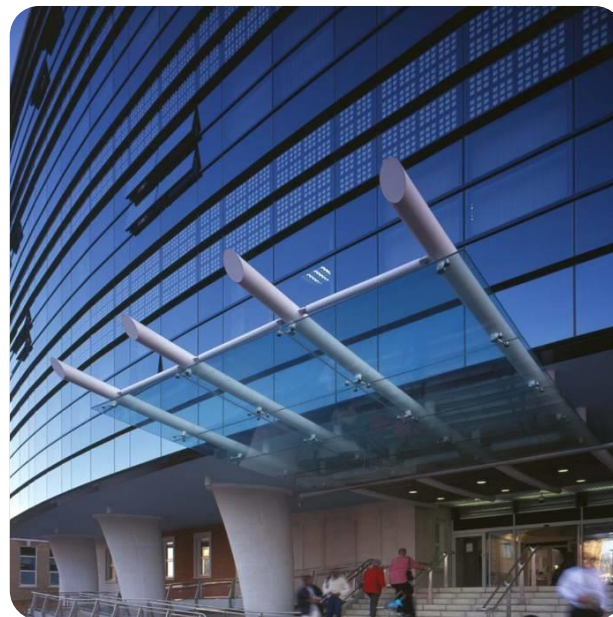
See appendix 1

# Month 04 Finance Report

## Trust Board

10 September 2020

King's



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

# Summary of Year to Date Financial Position – M04

As at month 4, the Trust has recorded an operating deficit of £5.7m in-month and £17.6m YTD, before additional top up income. The in-month position has deteriorated by c£3.0m due to increase in drug costs as activity ramps back up. The main area of concern continues to be the Trust's increased pay run rate in months 1-4 which is an outlier both in London and nationally.

| Trust Summary M04                      | Outturn        | Annual         | Last month   | Current Month |               |              |              | Year to Date  |               |               |              | LY v CY YTD |
|--|----------------|----------------|--------------|---------------|---------------|--------------|--------------|---------------|---------------|---------------|--------------|-------------|
| Category                               | Last Year      | Budget         | M3           | Last Year     | Budget        | Actual       | Variance     | Last Year     | Budget        | Actual        | Variance     | Change      |
|  | £ M            | £ M            | £ M          | £ M           | £ M           | £ M          | £ M          | £ M           | £ M           | £ M           | £ M          | %           |
| Income                                 | 1,236.1        | 1,214.1        | 117.9        | 100.1         | 101.5         | 118.6        | 17.1         | 394.1         | 403.0         | 471.9         | 68.9         | 20%         |
| Pay                                    | (726.5)        | (755.0)        | (65.0)       | (58.8)        | (62.7)        | (64.4)       | (1.7)        | (235.3)       | (255.7)       | (258.8)       | (3.1)        | -10%        |
| Nonpay                                 | (580.8)        | (604.0)        | (51.0)       | (52.5)        | (50.6)        | (52.0)       | (1.4)        | (201.1)       | (207.8)       | (205.2)       | 2.7          | -2%         |
| Financing                              | (47.5)         | (33.0)         | (4.1)        | (3.8)         | (2.8)         | (4.4)        | (1.6)        | (15.6)        | (11.0)        | (16.2)        | (5.2)        | -4%         |
| <b>Trust Total</b>                     | <b>(118.7)</b> | <b>(178.0)</b> | <b>(2.1)</b> | <b>(15.0)</b> | <b>(14.5)</b> | <b>(2.1)</b> | <b>12.4</b>  | <b>(58.0)</b> | <b>(71.6)</b> | <b>(8.3)</b>  | <b>63.3</b>  |             |
| Less: Donated Income, Depr, Impairment | <b>(34.3)</b>  | <b>22.9</b>    | <b>2.1</b>   | <b>(0.6)</b>  | <b>1.9</b>    | <b>2.1</b>   | <b>(0.2)</b> | <b>(0.2)</b>  | <b>7.6</b>    | <b>8.3</b>    | <b>(0.7)</b> |             |
| <b>Trust Operating Total</b>           | <b>(153.0)</b> | <b>(155.1)</b> | <b>(0.0)</b> | <b>(15.6)</b> | <b>(12.6)</b> | <b>0.0</b>   | <b>12.2</b>  | <b>(58.1)</b> | <b>(64.0)</b> | <b>(0.0)</b>  | <b>62.6</b>  |             |
| NHSE Retrospective Top Up              |                |                | (2.9)        |               |               | (5.7)        | (5.7)        |               |               | (17.6)        | (17.6)       |             |
| <b>Adjusted Trust Operating Total</b>  | <b>(153.0)</b> | <b>(155.1)</b> | <b>(2.9)</b> | <b>(15.6)</b> | <b>(12.6)</b> | <b>(5.7)</b> | <b>6.5</b>   | <b>(58.1)</b> | <b>(64.0)</b> | <b>(17.6)</b> | <b>45.0</b>  |             |

\*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 6 months of 2020/21 the Trust will be provided block contract income of £103.6m with the anticipation that this will allow the Trust to break even. The current arrangements comprise nationally-set block contracts between NHS providers and commissioners, and prospective and retrospective top-up funding issued by NHSE/I to organisations to support delivery of breakeven positions against reasonable expenditure. The M5 and M6 block contract and prospective top-up payments will be the same as M4.

For the first 4 months the Trust has recorded a £17.6m retrospective top up income to achieve breakeven in line with this Financial Guidance. Adjusting for the retrospective top up income expected of £5.7m for M4, the Trust will be reporting a breakeven position.

This £17.6m YTD deficit (pre top up) is predominantly driven by:

- An income gap\* (c.£9.5m YTD) largely attributed to reductions in Private Patient & Overseas (£4.5m) and out of area commissioners and NCA activity (£4.0m), 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.£22.0m have been recorded YTD (to be confirmed), c£4.0m attributed to M04. This is a reduction of £3.6m compared to M03 (£7.7m). This is only partially offset by benefits from reduced outsourcing expenditure (c£1.2m) and an increased KFM surplus (£10.8m) as a result of reduced clinical supplies costs relating to reduced elective activity.
- Drugs run rate is £1.6m above M1-10 2019/20 average.

\*In addition the trust's NHSE spec comm block is c£20-25m (FYE) lower than expected contract value which is not impacting year to date but will as activity ramps up. This has been raised with NHS London and STP.

It is worth noting that whilst pay is showing a decrease on prior months it is £23.5m more than the 19/20 YTD figure (only c£7m relates to inflation and £4.5m relates to COVID). This is an area the Trust will need to address over the next few months as COVID pressures ease and we look to bring spend back in line with planned establishment and deliver the unallocated CIP to offset 19/20 investment.

With income under block arrangements for the foreseeable future and non pay broadly under control, pay is the area which the Trust can control and needs to focus its energy throughout the year.



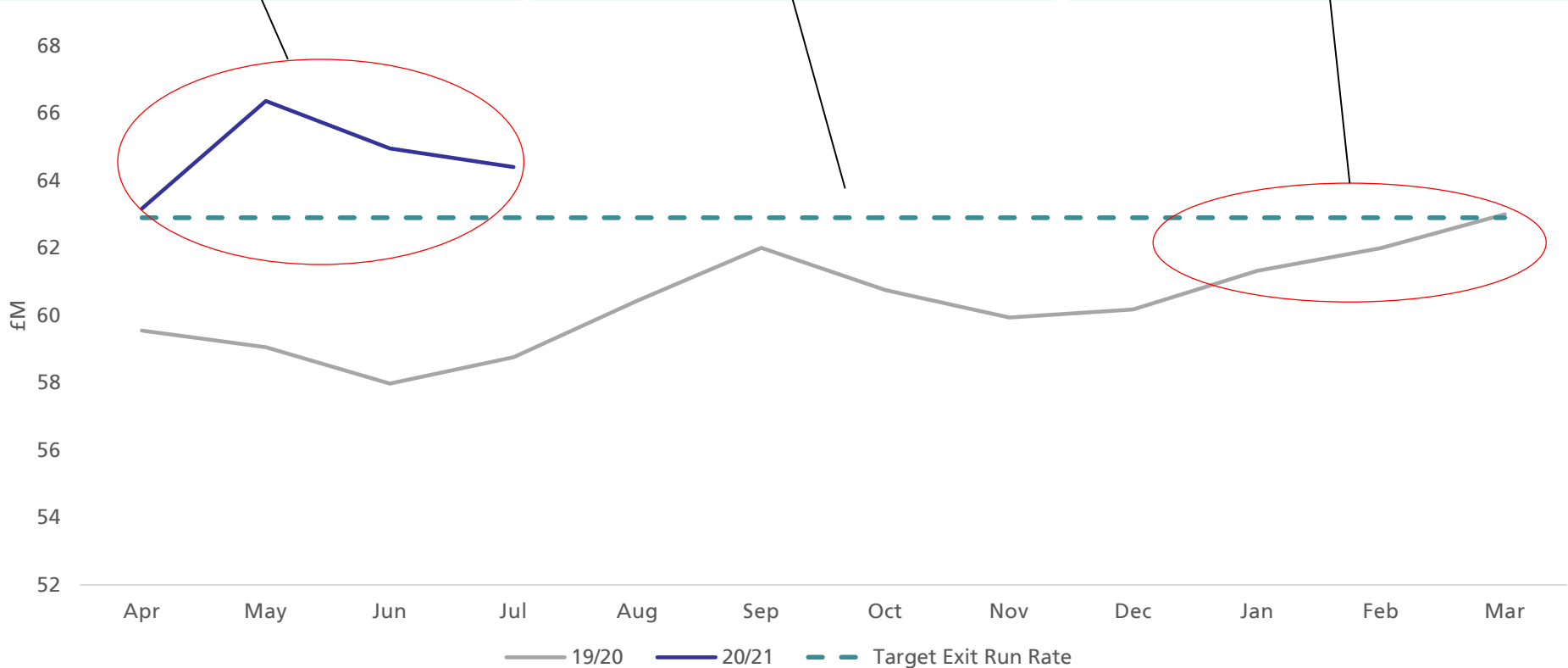
# Year to Date - Pay run rate

The Trust is expecting to exit 2020/21 with an exit run rate of £155m as per our pre-covid control total. Within this financial envelope, the Trust has a planned pay budget of £754m. In order to achieve the Trust's objective, the Trust is going to need to reduce its monthly pay bill by c.£2.0m to an exit monthly run rate of £62.9m, representing a 3-4% reduction on current spend.

Pay has increased by 6.5% compared to months 8-10 and 10% on months 1-3. Partially due to COVID but also due to recruitment to 19/20 business cases.

Budgeted pay level with investments offset by cost savings

Steady increase in pay from Dec 2019 to March 2020 relates to impact of ACU & AMU (£0.9m), additional ED shifts (£1.1m) and escalation areas at DH (£1.1m) and PRUH (£0.4m). Only Quebec ward was expected to continue post March in pre COVID plan



Board Meeting (in public) - 10/09/20

# Month 04 – Detail (1/3) - Income

| Trust Summary M04<br>Sub-Category            | Outturn        |                | Annual       |              | Last month   |              | Current Month |              |              |              | Year to Date |             |   |  | LY v CY YTD<br>Change |
|--|----------------|----------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|-------------|---|--|-----------------------|
|  | Last Year      | Budget         | M3           | Last Year    | Budget       | Actual       | Variance      | Last Year    | Budget       | Actual       | Variance     | %           |   |  |                       |
|  | £ M            | £ M            | £ M          | £ M          | £ M          | £ M          | £ M           | £ M          | £ M          | £ M          | £ M          | £ M         | % |  |                       |
| NHS Clinical Contract Income                 | 910.0          | 908.0          | 98.2         | 75.8         | 75.7         | 89.9         | 14.3          | 294.4        | 302.7        | 369.6        | 67.0         | 26%         |   |  |                       |
| Pass Through Devices - Income                | 19.5           | 20.2           | (1.1)        | 1.6          | 1.7          | 1.1          | (0.6)         | 6.5          | 6.7          | 3.4          | (3.4)        | -48%        |   |  |                       |
| Pass Through Drugs - Income                  | 127.6          | 137.1          | 6.6          | 8.0          | 11.4         | 12.2         | 0.8           | 42.8         | 45.7         | 41.7         | (4.0)        | -3%         |   |  |                       |
| <b>NHS Clinical Contract Income</b>          | <b>1,057.1</b> | <b>1,065.3</b> | <b>103.6</b> | <b>85.4</b>  | <b>88.8</b>  | <b>103.3</b> | <b>14.5</b>   | <b>343.7</b> | <b>355.1</b> | <b>414.6</b> | <b>59.5</b>  | <b>21%</b>  |   |  |                       |
| Education & Training Income                  | 46.0           | 43.5           | 3.8          | 4.1          | 3.6          | 4.1          | 0.5           | 13.9         | 14.5         | 15.7         | 1.2          | 13%         |   |  |                       |
| Financial Recovery Fund (FRF)                | 14.8           | 0.0            | 0.0          | 1.0          | 0.0          | 0.0          | 0.0           | 3.2          | 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           | 0.6          | 0.0          | 0.0          | 0.0          | -100%       |   |  |                       |
| Other Operating Income                       | 48.1           | 57.6           | 5.6          | 4.1          | 5.2          | 8.1          | 2.9           | 13.7         | 17.5         | 27.1         | 9.7          | 99%         |   |  |                       |
| R&I Income                                   | 16.4           | 15.4           | 2.9          | 1.6          | 1.3          | 1.3          | 0.0           | 5.0          | 5.1          | 7.8          | 2.6          | 55%         |   |  |                       |
| Sustainability and Transformation Fund       | 20.4           | 0.0            | 0.0          | 1.4          | 0.0          | 0.0          | 0.0           | 4.4          | 0.0          | 0.0          | 0.0          | -100%       |   |  |                       |
| <b>Other Operating income</b>                | <b>147.5</b>   | <b>116.5</b>   | <b>12.3</b>  | <b>12.3</b>  | <b>10.1</b>  | <b>13.5</b>  | <b>3.4</b>    | <b>40.8</b>  | <b>37.1</b>  | <b>50.6</b>  | <b>13.5</b>  | <b>24%</b>  |   |  |                       |
| Overseas Visitor Income                      | 4.8            | 4.6            | 0.7          | 0.4          | 0.4          | 0.4          | 0.0           | 0.8          | 1.5          | 1.7          | 0.2          | 100%        |   |  |                       |
| Private Patient Income                       | 18.9           | 20.0           | 0.4          | 1.5          | 1.7          | 0.7          | (1.0)         | 6.3          | 6.7          | 2.0          | (4.7)        | -68%        |   |  |                       |
| <b>Private Patient &amp; Overseas Income</b> | <b>23.7</b>    | <b>24.6</b>    | <b>1.1</b>   | <b>1.9</b>   | <b>2.0</b>   | <b>1.1</b>   | <b>(1.0)</b>  | <b>7.1</b>   | <b>8.2</b>   | <b>3.7</b>   | <b>(4.5)</b> | <b>-47%</b> |   |  |                       |
| Other NHS Clinical Income                    | 3.7            | 4.1            | 0.6          | 0.4          | 0.3          | 0.5          | 0.2           | 1.3          | 1.4          | 1.6          | 0.3          | 24%         |   |  |                       |
| <b>Other NHS Clinical Income</b>             | <b>3.7</b>     | <b>4.1</b>     | <b>0.6</b>   | <b>0.4</b>   | <b>0.3</b>   | <b>0.5</b>   | <b>0.2</b>    | <b>1.3</b>   | <b>1.4</b>   | <b>1.6</b>   | <b>0.3</b>   | <b>24%</b>  |   |  |                       |
| RTA Income                                   | 4.0            | 3.7            | 0.4          | 0.2          | 0.3          | 0.3          | (0.0)         | 1.2          | 1.2          | 1.3          | 0.1          | 9%          |   |  |                       |
| <b>Other Non-NHS Clinical Income</b>         | <b>4.0</b>     | <b>3.7</b>     | <b>0.4</b>   | <b>0.2</b>   | <b>0.3</b>   | <b>0.3</b>   | <b>(0.0)</b>  | <b>1.2</b>   | <b>1.2</b>   | <b>1.3</b>   | <b>0.1</b>   | <b>9%</b>   |   |  |                       |
| <b>Income</b>                                | <b>1,236.1</b> | <b>1,214.1</b> | <b>117.9</b> | <b>100.1</b> | <b>101.5</b> | <b>118.6</b> | <b>17.1</b>   | <b>394.1</b> | <b>403.0</b> | <b>471.9</b> | <b>68.9</b>  | <b>20%</b>  |   |  |                       |

## 1 Clinical Contract Income – £0.3m deterioration 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.

Apportionment between lines is indicative activity. The focus should be on the YTD figures.

## 2 Other Operating Income – £1.2m improvement from last month

For the first 4 months, £17.6m NHSE Retrospective top-up has been recognised. Of this, £5.7m has been recorded for M04. This is an increase of £2.8m compared to M03 (£2.7m). This is the main driver behind the positive variance in other operating income.

This is partially offset against a number of non-recurrent benefits recognised in M03 including; R&D CTO income catch up last month (£0.6m), £0.5m relating to prior year for services provided relating to maternity pathway (£0.2m) and breast screening radiology (£0.3m).

HEE Income (£0.8m) has also been recognised in month to mitigate the cost of the HEE B3 nurses and therapies staff.

## 3 Private Patient & Overseas – no movement from last month

Income relating to two overseas patients on treatment carried forward from last year had been billed in M03 (£0.3m). The improvement in private patient income this month is due to a catch up in billing following the receipt of new information for prior year activity.

However there is no activity expected relating to private patients currently due to the Trust prioritising COVID patients. This is the main reason for the YTD under performance (£4.5m) recorded here.

# Month 04 – Detail (2/3) - Pay

As at month 4, the Trust has recorded an overspend against its pay budget of £3.1m. This is 10% (£23.5m) higher than the 2019/20 YTD figure. However, £4.5m COVID pay costs are recorded for the first 4 months.

| Trust Summary M04            | Outturn        | Annual         | Last month    | Current Month |               |               |              | Year to Date   |                |                |              | LY v CY YTD |
|------------------------------|----------------|----------------|---------------|---------------|---------------|---------------|--------------|----------------|----------------|----------------|--------------|-------------|
| Sub-Category                 | Last Year      | Budget         | M3            | 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)          | (0.4)         | (0.5)         | (0.1)         | (0.5)         | (0.3)        | (2.1)          | (0.5)          | (1.8)          | (1.3)        | 11%         |
| Medical Bank                 | (9.8)          | (0.3)          | (0.8)         | (0.7)         | 0.0           | (1.5)         | (1.5)        | (2.3)          | (0.1)          | (5.2)          | (5.1)        | -100%       |
| Medical Substantive          | (215.7)        | (236.3)        | (18.4)        | (17.4)        | (19.7)        | (18.3)        | 1.4          | (69.6)         | (78.5)         | (74.6)         | 3.9          | -7%         |
| <b>Medical Staff</b>         | <b>(231.4)</b> | <b>(238.2)</b> | <b>(19.6)</b> | <b>(18.7)</b> | <b>(19.8)</b> | <b>(20.3)</b> | <b>(0.5)</b> | <b>(74.0)</b>  | <b>(79.1)</b>  | <b>(81.6)</b>  | <b>(2.5)</b> | <b>-10%</b> |
| Nursing Agency               | (6.1)          | (1.1)          | (0.5)         | (0.5)         | (0.1)         | (0.8)         | (0.7)        | (1.7)          | (0.4)          | (2.3)          | (2.0)        | -36%        |
| Nursing Bank                 | (32.7)         | (7.3)          | (2.6)         | (2.6)         | (0.6)         | (2.3)         | (1.6)        | (9.2)          | (2.4)          | (10.7)         | (8.2)        | -16%        |
| Nursing Substantive          | (256.8)        | (305.4)        | (23.8)        | (21.4)        | (25.5)        | (23.2)        | 2.4          | (86.4)         | (101.9)        | (91.8)         | 10.1         | -6%         |
| <b>Nursing staff</b>         | <b>(295.7)</b> | <b>(313.9)</b> | <b>(26.9)</b> | <b>(24.5)</b> | <b>(26.3)</b> | <b>(26.2)</b> | <b>0.1)</b>  | <b>(97.3)</b>  | <b>(104.7)</b> | <b>(104.8)</b> | <b>(0.1)</b> | <b>-8%</b>  |
| A&C agency                   | (2.7)          | 0.0            | (0.2)         | (0.0)         | 0.0           | (0.1)         | (0.1)        | (0.8)          | 0.0            | (0.6)          | (0.6)        | 28%         |
| A&C Bank                     | (3.4)          | (0.4)          | (0.3)         | (0.2)         | (0.0)         | (0.3)         | (0.3)        | (1.0)          | (0.1)          | (1.4)          | (1.2)        | -35%        |
| A&C Substantive              | (104.4)        | (116.4)        | (9.4)         | (8.3)         | (9.7)         | (9.3)         | 0.5          | (33.5)         | (38.9)         | (37.1)         | 1.9          | -11%        |
| <b>Admin and Clerical</b>    | <b>(110.5)</b> | <b>(116.7)</b> | <b>(10.0)</b> | <b>(8.5)</b>  | <b>(9.8)</b>  | <b>(9.7)</b>  | <b>0.1)</b>  | <b>(35.3)</b>  | <b>(39.1)</b>  | <b>(39.0)</b>  | <b>0.0)</b>  | <b>-11%</b> |
| Other Agency Staff           | (2.9)          | (1.0)          | (0.3)         | 0.0           | (0.1)         | (0.4)         | (0.3)        | (1.1)          | (0.3)          | (1.8)          | (1.5)        | -75%        |
| Other Bank Staff             | (2.2)          | (0.0)          | (0.2)         | (0.2)         | (0.0)         | (0.2)         | (0.2)        | (0.6)          | (0.0)          | (0.8)          | (0.7)        | -34%        |
| Other Substantive Staff      | (83.9)         | (99.8)         | (7.9)         | (6.9)         | (8.2)         | (7.6)         | 0.6          | (27.1)         | (33.1)         | (30.8)         | 2.3          | -14%        |
| <b>Other Staff</b>           | <b>(88.9)</b>  | <b>(100.9)</b> | <b>(8.5)</b>  | <b>(7.0)</b>  | <b>(8.3)</b>  | <b>(8.2)</b>  | <b>0.1)</b>  | <b>(28.7)</b>  | <b>(33.5)</b>  | <b>(33.4)</b>  | <b>0.1)</b>  | <b>-16%</b> |
| Pay Reserves                 | 0.0            | (7.0)          | 0.0           | 0.0           | (1.0)         | 0.0           | 1.0          | 0.0            | (1.9)          | 0.0            | 1.9          | 0%          |
| <b>Pay Reserves</b>          | <b>0.0)</b>    | <b>(7.0)</b>   | <b>0.0)</b>   | <b>0.0)</b>   | <b>(1.0)</b>  | <b>0.0)</b>   | <b>1.0)</b>  | <b>0.0)</b>    | <b>(1.9)</b>   | <b>0.0)</b>    | <b>1.9)</b>  | <b>0%</b>   |
| Unallocated CIP - Pay        | 0.0            | 21.7           | 0.0           | 0.0           | 2.4           | 0.0           | (2.4)        | 0.0            | 2.5            | 0.0            | (2.5)        | 0%          |
| <b>Unallocated CIP - Pay</b> | <b>0.0)</b>    | <b>21.7)</b>   | <b>0.0)</b>   | <b>0.0)</b>   | <b>2.4)</b>   | <b>0.0)</b>   | <b>(2.4)</b> | <b>0.0)</b>    | <b>2.5)</b>    | <b>0.0)</b>    | <b>(2.5)</b> | <b>0%</b>   |
| <b>Pay</b>                   | <b>(726.5)</b> | <b>(755.0)</b> | <b>(65.0)</b> | <b>(58.8)</b> | <b>(62.7)</b> | <b>(64.4)</b> | <b>(1.7)</b> | <b>(235.3)</b> | <b>(255.7)</b> | <b>(258.8)</b> | <b>(3.1)</b> | <b>-10%</b> |

## 1 Medical Pay - £0.7m deterioration from last month

The main driver this month is due to an increase in medical bank of £0.5m relating to a provision made for retrospective payments expected, mainly at the PRUH.

COVID costs of £2.0m have been recognised here.

## 2 Nursing Pay – £0.7m improvement from last month

This relates to reducing COVID activity recorded across NWC and UPAC and further relates to redeployed nurses returning to original places of work.

This is partially offset against costs of £0.8m HEE funded COVID Band 3 nurses starting last month. In total Executive Nursing has £0.8m of HEE nurses and Therapists in month 4. Income has been recognised in line with this additional new cost.

COVID costs of £0.9m have been recognised here.

## 3 A&C – £0.3m improvement from last month

Reducing agency spend and vacancies are the key drivers here across the Trust.

COVID costs of £0.5m have been recognised here.

## 4 Other – £0.3m improvement from last month

Reducing agency spend and vacancies across radiologist and therapies are the key drivers.

COVID costs of £1.1m have been recognised here.

## 5 CIP

CIP budgets are phased into the later half of the year.

# Month 04 – Detail (3/3) – Non Pay

| Trust Summary M04                            | Outturn        | Annual         | Last month    | Current Month |               |               |              | Year to Date   |                |                |               | LY v CY YTD |
|--|----------------|----------------|---------------|---------------|---------------|---------------|--------------|----------------|----------------|----------------|---------------|-------------|
| Sub-Category                                 | Last Year      | Budget         | M3            | 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)        | (9.5)         | (10.5)        | (10.3)        | (10.6)        | (0.2)        | (41.8)         | (41.4)         | (38.9)         | 2.5           | 7%          |
| Drugs  | (23.6)         | (29.8)         | (2.0)         | (2.6)         | (2.5)         | (2.8)         | (0.3)        | (9.1)          | (9.9)          | (8.8)          | 1.1           | 4%          |
| <b>Drugs</b>                                 | <b>(149.5)</b> | <b>(153.9)</b> | <b>(11.5)</b> | <b>(13.1)</b> | <b>(12.8)</b> | <b>(13.3)</b> | <b>(0.5)</b> | <b>(51.0)</b>  | <b>(51.3)</b>  | <b>(47.7)</b>  | <b>3.6</b>    | <b>6%</b>   |
| Clinical Supplies                            | (14.9)         | (18.5)         | (0.7)         | (1.7)         | (1.5)         | (1.4)         | 0.2          | (5.7)          | (6.2)          | (5.1)          | 1.1           | 12%         |
| <b>Clinical Supplies</b>                     | <b>(14.9)</b>  | <b>(18.5)</b>  | <b>(0.7)</b>  | <b>(1.7)</b>  | <b>(1.5)</b>  | <b>(1.4)</b>  | <b>0.2</b>   | <b>(5.7)</b>   | <b>(6.2)</b>   | <b>(5.1)</b>   | <b>1.1</b>    | <b>12%</b>  |
| Consultancy                                  | (8.9)          | (2.6)          | 0.0           | (0.2)         | (0.2)         | (0.2)         | (0.0)        | (1.2)          | (0.9)          | (1.1)          | (0.2)         | 9%          |
| External Services                            | (77.1)         | (72.3)         | (6.0)         | (5.8)         | (6.1)         | (6.6)         | (0.5)        | (23.6)         | (24.1)         | (23.7)         | 0.5           | 0%          |
| Purchase of Healthcare from Non-NHS Provider | (178.1)        | (173.9)        | (11.4)        | (13.0)        | (14.4)        | (12.5)        | 2.0          | (52.3)         | (57.8)         | (46.0)         | 11.8          | 12%         |
| Services from other NHS Bodies               | (50.0)         | (62.3)         | (5.9)         | (5.7)         | (6.0)         | (5.9)         | 0.1          | (22.2)         | (23.8)         | (23.3)         | 0.5           | -5%         |
| <b>External Services</b>                     | <b>(314.1)</b> | <b>(311.0)</b> | <b>(23.2)</b> | <b>(24.7)</b> | <b>(26.7)</b> | <b>(25.1)</b> | <b>1.6</b>   | <b>(99.3)</b>  | <b>(106.6)</b> | <b>(94.0)</b>  | <b>12.5</b>   | <b>5%</b>   |
| Non-Clinical Supplies                        | (45.8)         | (55.5)         | (5.1)         | (5.1)         | (4.8)         | (6.7)         | (1.8)        | (19.9)         | (18.9)         | (21.8)         | (2.9)         | -10%        |
| Other Non-Pay                                | (27.3)         | (30.0)         | (6.2)         | (3.7)         | (2.4)         | (1.2)         | 1.2          | (8.5)          | (10.0)         | (19.2)         | (9.2)         | -100%       |
| Reserves                                     | (0.0)          | (4.8)          | 0.0           | 0.0           | (0.3)         | (0.0)         | 0.3          | 0.0            | (0.1)          | 0.0            | 0.1           | 100%        |
| Unallocated CIP - NonPay                     | 0.0            | 20.8           | 0.0           | 0.0           | 2.3           | 0.0           | (2.3)        | 0.0            | 2.3            | 0.0            | (2.3)         | 0%          |
| <b>Other Non-Pay</b>                         | <b>(73.1)</b>  | <b>(69.5)</b>  | <b>(11.3)</b> | <b>(8.9)</b>  | <b>(5.2)</b>  | <b>(7.8)</b>  | <b>(2.6)</b> | <b>(28.4)</b>  | <b>(26.8)</b>  | <b>(41.0)</b>  | <b>(14.3)</b> | <b>-44%</b> |
| Depreciation                                 | (25.8)         | (27.0)         | (2.4)         | (2.2)         | (2.3)         | (2.4)         | (0.1)        | (8.6)          | (9.0)          | (9.4)          | (0.4)         | -9%         |
| Impairment                                   | (3.2)          | (24.0)         | (2.0)         | (2.0)         | (2.0)         | (2.0)         | (0.0)        | (8.0)          | (8.0)          | (8.0)          | (0.0)         | 0%          |
| <b>Capital</b>                               | <b>(29.1)</b>  | <b>(51.0)</b>  | <b>(4.4)</b>  | <b>(4.2)</b>  | <b>(4.3)</b>  | <b>(4.4)</b>  | <b>(0.1)</b> | <b>(16.6)</b>  | <b>(17.0)</b>  | <b>(17.4)</b>  | <b>(0.4)</b>  | <b>-5%</b>  |
| <b>Nonpay</b>                                | <b>(580.8)</b> | <b>(604.0)</b> | <b>(51.0)</b> | <b>(52.5)</b> | <b>(50.6)</b> | <b>(52.0)</b> | <b>(1.4)</b> | <b>(201.1)</b> | <b>(207.8)</b> | <b>(205.2)</b> | <b>2.7</b>    | <b>-2%</b>  |
| <b>Financing</b>                             | <b>(47.5)</b>  | <b>(33.0)</b>  | <b>(4.1)</b>  | <b>(3.8)</b>  | <b>(2.8)</b>  | <b>(4.4)</b>  | <b>(1.6)</b> | <b>(15.6)</b>  | <b>(11.0)</b>  | <b>(16.2)</b>  | <b>(5.2)</b>  | <b>-4%</b>  |

## 1 Drugs - £1.3m deterioration from last month

Costs (£0.2m) relating to the Octreotide have been reclassified to drugs this month. A catch up of £0.4m is due to the use of Ocrelizumab drug used as an infusion in Hospital (paused during COVID, re-started in July). A further provision £0.3m has been made in-month in recognition of prior year Loyds invoices received that are currently under legal challenge.

Drugs is reporting £1.6m more than M8-10 average of last year. This is under review but is partially due to introduction of cystic fibrosis costs.

## 2 Clinical Supplies - £0.7m deterioration from last month

Increasing return to normal activity levels has resulted in an increase usage of clinical supplies particularly across NWC and PRUH and subsequently reducing COVID costs.

£1.1m YTD positive variance is largely driven by under performance against PFI, ACU and Viapath contracts as a result of COVID.

## 5 Financing - £0.3m deterioration from last month

This is a result of a YTD catch up on interest payable (£0.3m).

## 3 External Services- £1.9m deterioration from last month

Movement in External Services partially related to a PFI contract variation resulting in a £200k catch up in costs this month. £0.3m relates to urgent care activity adjusting provision for Hurley Group based on contract value information received and £0.1m is due to adjusting provision for Capita services in light of invoices received.

Purchase of Healthcare from Other NHS bodies YTD variance is driven by recognising a KFM surplus of £10.8m YTD however this is offset by c£7m of COVID costs in Other non-pay.

## 4 Other Non-Pay - £3.5m improvement from last month

Costs have been reclassified between Other non-pay and Clinical Supplies this month to meet NHSE/I reporting requirements.

COVID costs recorded here c£16.1m (KFM c£7m, Trust c£7.1m). This is a reduction of £4m compared to last month. Offset by positive variances against Consultant Fees £1.0m and Legal Fees £0.7m.

£1.3m VAT credits had also been received due to recoverable VAT investigation.

# Appendices

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

| 12 month rolling<br>Current Month Actual     | 2019/20      |              |             |              |              |              | 2020/21      |              |              |              |
|--|--------------|--------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
|  | Q3           |              |             | Q4           |              |              | Q1           |              | Q2           |              |
|  | Oct-19       | Nov-19       | Dec-19      | Jan-20       | Feb-20       | Mar-20       | Apr-20       | May-20       | Jun-20       | Jul-20       |
|  | £ M          | £ M          | £ M         | £ M          | £ M          | £ M          | £ M          | £ M          | £ M          | £ M          |
| NHS Clinical Contract Income                 | 76.4         | 79.8         | 71.8        | 74.4         | 74.1         | 90.6         | 90.1         | 91.4         | 98.2         | 89.9         |
| Pass Through Devices - Income                | 1.8          | 1.8          | 1.6         | 1.4          | 1.5          | 1.6          | 1.7          | 1.7          | (1.1)        | 1.1          |
| Pass Through Drugs - Income                  | 12.3         | 9.3          | 9.0         | 10.0         | 14.5         | 9.1          | 11.4         | 11.4         | 6.6          | 12.2         |
| <b>NHS Clinical Contract Income</b>          | <b>90.6</b>  | <b>90.9</b>  | <b>82.5</b> | <b>85.8</b>  | <b>90.2</b>  | <b>101.2</b> | <b>103.2</b> | <b>104.5</b> | <b>103.6</b> | <b>103.3</b> |
| Education & Training Income                  | 4.6          | 3.7          | 3.7         | 3.2          | 3.7          | 6.1          | 3.7          | 4.1          | 3.8          | 4.1          |
| Financial Recovery Fund (FRF)                | 1.5          | 1.5          | 1.5         | 1.7          | 1.7          | 1.7          | 0.0          | 0.0          | 0.0          | 0.0          |
| Marginal Rate Emergency Threshold (MRET)     | 0.1          | 0.1          | 0.1         | 0.1          | 0.1          | 0.1          |              |              |              |              |
| Other Operating Income                       | 3.9          | 3.6          | 0.3         | 5.1          | 4.5          | 10.9         | 2.2          | 11.3         | 5.6          | 8.1          |
| R&I Income                                   | 1.2          | 2.4          | 1.1         | 1.2          | 1.7          | 0.8          | 2.3          | 1.2          | 2.9          | 1.3          |
| Sustainability and Transformation Fund       | 2.0          | 2.0          | 2.0         | 2.4          | 2.4          | 2.4          | 0.0          | 0.0          | 0.0          | 0.0          |
| <b>Other Operating income</b>                | <b>13.3</b>  | <b>13.4</b>  | <b>8.7</b>  | <b>13.7</b>  | <b>14.2</b>  | <b>22.1</b>  | <b>8.2</b>   | <b>16.6</b>  | <b>12.3</b>  | <b>13.5</b>  |
| Overseas Visitor Income                      | 0.4          | 0.5          | 0.2         | 1.1          | 0.8          | (0.5)        | 0.3          | 0.4          | 0.7          | 0.4          |
| Private Patient Income                       | 2.9          | 0.8          | 2.0         | 2.1          | 0.9          | 0.6          | 0.6          | 0.4          | 0.4          | 0.7          |
| <b>Private Patient &amp; Overseas Income</b> | <b>3.4</b>   | <b>1.3</b>   | <b>2.2</b>  | <b>3.2</b>   | <b>1.7</b>   | <b>0.1</b>   | <b>0.9</b>   | <b>0.7</b>   | <b>1.1</b>   | <b>1.1</b>   |
| Other NHS Clinical Income                    | 0.5          | 0.1          | 0.3         | 0.5          | 0.3          | (0.1)        | 0.2          | 0.3          | 0.6          | 0.5          |
| <b>Other NHS Clinical Income</b>             | <b>0.5</b>   | <b>0.1</b>   | <b>0.3</b>  | <b>0.5</b>   | <b>0.3</b>   | <b>(0.1)</b> | <b>0.2</b>   | <b>0.3</b>   | <b>0.6</b>   | <b>0.5</b>   |
| RTA Income                                   | 0.5          | 0.1          | 0.3         | 0.3          | 0.4          | 0.4          | 0.3          | 0.3          | 0.4          | 0.3          |
| <b>Other Non-NHS Clinical Income</b>         | <b>0.5</b>   | <b>0.1</b>   | <b>0.3</b>  | <b>0.3</b>   | <b>0.4</b>   | <b>0.4</b>   | <b>0.3</b>   | <b>0.3</b>   | <b>0.4</b>   | <b>0.3</b>   |
| <b>Income</b>                                | <b>108.3</b> | <b>105.8</b> | <b>93.9</b> | <b>103.6</b> | <b>106.8</b> | <b>123.7</b> | <b>112.8</b> | <b>122.5</b> | <b>117.9</b> | <b>118.6</b> |

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

| 12 month rolling<br>Current Month Actual | 2019/20       |               |               |               |               |               | 2020/21       |               |               |               |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|  | Q3            |               |               | Q4            |               |               | Q1            |               | Q2            |               |
|  | Oct-19        | Nov-19        | Dec-19        | Jan-20        | Feb-20        | Mar-20        | Apr-20        | May-20        | Jun-20        | Jul-20        |
|  | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           |
| Medical Agency                           | (0.7)         | (0.6)         | (0.5)         | (0.6)         | (0.5)         | 0.5           | (0.5)         | (0.5)         | (0.4)         | (0.5)         |
| Medical Bank                             | (0.9)         | (0.4)         | (0.8)         | (1.0)         | (1.4)         | (1.6)         | (1.0)         | (1.9)         | (0.8)         | (1.5)         |
| Medical Substantive                      | (17.7)        | (18.4)        | (17.9)        | (17.8)        | (18.2)        | (18.9)        | (18.5)        | (19.3)        | (18.4)        | (18.3)        |
| <b>Medical Staff</b>                     | <b>(19.3)</b> | <b>(19.4)</b> | <b>(19.2)</b> | <b>(19.5)</b> | <b>(20.2)</b> | <b>(20.1)</b> | <b>(20.0)</b> | <b>(21.7)</b> | <b>(19.6)</b> | <b>(20.3)</b> |
| Nursing Agency                           | (0.4)         | (0.4)         | (0.8)         | (0.6)         | (0.6)         | (0.9)         | (0.6)         | (0.5)         | (0.5)         | (0.8)         |
| Nursing Bank                             | (2.8)         | (2.3)         | (2.5)         | (3.0)         | (3.2)         | (3.7)         | (3.0)         | (2.8)         | (2.6)         | (2.3)         |
| Nursing Substantive                      | (21.0)        | (21.2)        | (21.2)        | (21.6)        | (21.2)        | (21.3)        | (22.1)        | (22.8)        | (23.8)        | (23.2)        |
| <b>Nursing staff</b>                     | <b>(24.2)</b> | <b>(23.8)</b> | <b>(24.5)</b> | <b>(25.3)</b> | <b>(25.1)</b> | <b>(25.9)</b> | <b>(25.6)</b> | <b>(26.1)</b> | <b>(26.9)</b> | <b>(26.2)</b> |
| A&C agency                               | (0.3)         | (0.6)         | (0.1)         | (0.1)         | (0.0)         | (0.1)         | (0.1)         | (0.1)         | (0.2)         | (0.1)         |
| A&C Bank                                 | (0.8)         | (0.1)         | (0.3)         | (0.3)         | (0.3)         | (0.4)         | (0.3)         | (0.4)         | (0.3)         | (0.3)         |
| A&C Substantive                          | (8.4)         | (8.6)         | (8.6)         | (8.5)         | (8.8)         | (10.7)        | (9.3)         | (9.1)         | (9.4)         | (9.3)         |
| <b>Admin and Clerical</b>                | <b>(9.5)</b>  | <b>(9.2)</b>  | <b>(9.1)</b>  | <b>(8.9)</b>  | <b>(9.1)</b>  | <b>(11.2)</b> | <b>(9.7)</b>  | <b>(9.6)</b>  | <b>(10.0)</b> | <b>(9.7)</b>  |
| Other Agency Staff                       | (0.4)         | (0.3)         | (0.1)         | (0.3)         | (0.3)         | 0.2           | (0.5)         | (0.6)         | (0.3)         | (0.4)         |
| Other Bank Staff                         | (0.2)         | (0.1)         | (0.2)         | (0.2)         | (0.2)         | (0.3)         | (0.1)         | (0.2)         | (0.2)         | (0.2)         |
| Other Substantive Staff                  | (7.0)         | (7.1)         | (7.1)         | (7.1)         | (7.2)         | (7.4)         | (7.2)         | (8.0)         | (7.9)         | (7.6)         |
| <b>Other Staff</b>                       | <b>(7.7)</b>  | <b>(7.5)</b>  | <b>(7.4)</b>  | <b>(7.7)</b>  | <b>(7.7)</b>  | <b>(7.5)</b>  | <b>(7.8)</b>  | <b>(8.9)</b>  | <b>(8.5)</b>  | <b>(8.2)</b>  |
| Pay Reserves                             | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           |
| <b>Pay Reserves</b>                      | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    |
| Unallocated CIP - Pay                    | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           |
| <b>Unallocated CIP - Pay</b>             | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    |
| <b>Pay</b>                               | <b>(60.7)</b> | <b>(59.9)</b> | <b>(60.2)</b> | <b>(61.3)</b> | <b>(62.0)</b> | <b>(64.6)</b> | <b>(63.2)</b> | <b>(66.4)</b> | <b>(65.0)</b> | <b>(64.4)</b> |

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

| 12 month rolling<br>Current Month Actual     | 2019/20       |               |               |               |               |               | 2020/21       |               |               |               |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|  | Q3            |               |               | Q4            |               |               | Q1            |               | Q2            |               |
|  | Oct-19        | Nov-19        | Dec-19        | Jan-20        | Feb-20        | Mar-20        | Apr-20        | May-20        | Jun-20        | Jul-20        |
|  | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           | £ M           |
| Pass Through Drugs - Expenditure             | (11.2)        | (10.0)        | (10.2)        | (9.3)         | (10.7)        | (9.9)         | (10.3)        | (8.5)         | (9.5)         | (10.6)        |
| Drugs  | (1.8)         | (1.4)         | (2.3)         | (2.1)         | (2.1)         | (0.8)         | (2.3)         | (1.8)         | (2.0)         | (2.8)         |
| <b>Drugs</b>                                 | <b>(13.0)</b> | <b>(11.4)</b> | <b>(12.6)</b> | <b>(11.4)</b> | <b>(12.8)</b> | <b>(10.7)</b> | <b>(12.6)</b> | <b>(10.3)</b> | <b>(11.5)</b> | <b>(13.3)</b> |
| Clinical Supplies                            | (1.1)         | (1.7)         | (1.7)         | (2.1)         | (1.3)         | 1.1           | (2.8)         | (0.2)         | (0.7)         | (1.4)         |
| <b>Clinical Supplies</b>                     | <b>(1.1)</b>  | <b>(1.7)</b>  | <b>(1.7)</b>  | <b>(2.1)</b>  | <b>(1.3)</b>  | <b>1.1</b>    | <b>(2.8)</b>  | <b>(0.2)</b>  | <b>(0.7)</b>  | <b>(1.4)</b>  |
| Consultancy                                  | (0.2)         | (0.2)         | (1.3)         | (0.3)         | (0.5)         | (4.7)         | (0.3)         | (0.6)         | 0.0           | (0.2)         |
| External Services                            | (5.8)         | (6.1)         | (6.2)         | (6.1)         | (6.2)         | (11.3)        | (6.0)         | (5.2)         | (6.0)         | (6.6)         |
| Purchase of Healthcare from Non-NHS Provider | (13.0)        | (15.0)        | (13.2)        | (15.7)        | (14.9)        | (26.4)        | (10.8)        | (11.3)        | (11.4)        | (12.5)        |
| Services from other NHS Bodies               | (5.5)         | (4.7)         | (2.5)         | (4.9)         | (0.6)         | 1.3           | (5.7)         | (5.8)         | (5.9)         | (5.9)         |
| <b>External Services</b>                     | <b>(24.5)</b> | <b>(26.0)</b> | <b>(23.1)</b> | <b>(26.9)</b> | <b>(22.1)</b> | <b>(41.1)</b> | <b>(22.8)</b> | <b>(22.9)</b> | <b>(23.2)</b> | <b>(25.1)</b> |
| Non-Clinical Supplies                        | (2.9)         | (4.3)         | (4.3)         | (4.8)         | (4.8)         | 3.7           | (4.8)         | (5.2)         | (5.1)         | (6.7)         |
| Other Non-Pay                                | (2.7)         | (2.7)         | 2.1           | (2.0)         | (2.5)         | (6.0)         | (5.5)         | (6.4)         | (6.2)         | (1.2)         |
| Reserves                                     | 0.0           | 0.0           | (0.0)         | (0.0)         | 0.0           | (0.0)         | (0.0)         | (0.0)         | 0.0           | (0.0)         |
| Unallocated CIP - NonPay                     | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           |
| <b>Other Non-Pay</b>                         | <b>(5.7)</b>  | <b>(7.0)</b>  | <b>(2.3)</b>  | <b>(6.8)</b>  | <b>(7.3)</b>  | <b>(2.3)</b>  | <b>(10.3)</b> | <b>(11.6)</b> | <b>(11.3)</b> | <b>(7.8)</b>  |
| Depreciation                                 | (2.2)         | (2.2)         | (2.2)         | (2.2)         | (2.2)         | (2.2)         | (2.2)         | (2.5)         | (2.4)         | (2.4)         |
| Impairment                                   | (2.0)         | (2.0)         | (2.0)         | (2.0)         | (2.0)         | 18.8          | 0.0           | (4.0)         | (2.0)         | (2.0)         |
| <b>Capital</b>                               | <b>(4.2)</b>  | <b>(4.2)</b>  | <b>(4.2)</b>  | <b>(4.2)</b>  | <b>(4.2)</b>  | <b>16.6</b>   | <b>(2.2)</b>  | <b>(6.5)</b>  | <b>(4.4)</b>  | <b>(4.4)</b>  |
| <b>Nonpay</b>                                | <b>(48.4)</b> | <b>(50.2)</b> | <b>(43.8)</b> | <b>(51.3)</b> | <b>(47.7)</b> | <b>(36.4)</b> | <b>(50.7)</b> | <b>(51.4)</b> | <b>(51.0)</b> | <b>(52.0)</b> |
| Interest payable                             | (4.0)         | (4.0)         | (4.0)         | (4.0)         | (4.0)         | (4.5)         | (4.0)         | (4.1)         | (4.1)         | (4.4)         |
| Interest receivable                          | 0.0           | 0.0           | 0.0           | 0.0           | 0.4           | 0.1           | 0.0           | 0.0           | 0.0           | 0.0           |
| Profit/Loss on Disposal of Fixed Assets      | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | (0.2)         | 0.2           | 0.0           | 0.0           | 0.0           |
| Public Dividend Capital                      | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           | 0.0           |               |               |               |               |
| <b>Financing</b>                             | <b>(4.0)</b>  | <b>(4.0)</b>  | <b>(4.0)</b>  | <b>(4.0)</b>  | <b>(3.6)</b>  | <b>(4.6)</b>  | <b>(3.7)</b>  | <b>(4.1)</b>  | <b>(4.1)</b>  | <b>(4.4)</b>  |
| <b>Financing</b>                             | <b>(4.0)</b>  | <b>(4.0)</b>  | <b>(4.0)</b>  | <b>(4.0)</b>  | <b>(3.6)</b>  | <b>(4.6)</b>  | <b>(3.7)</b>  | <b>(4.1)</b>  | <b>(4.1)</b>  | <b>(4.4)</b>  |
| <b>Trust Total</b>                           | <b>(4.9)</b>  | <b>(8.3)</b>  | <b>(14.1)</b> | <b>(13.0)</b> | <b>(6.6)</b>  | <b>18.1</b>   | <b>(4.8)</b>  | <b>0.6</b>    | <b>(2.1)</b>  | <b>(2.1)</b>  |
| Less Donated Depreciation                    | 0.1           | 0.1           | 0.1           | 0.1           | 0.1           | 0.2           | 0.1           | 0.1           | 0.1           | 0.1           |
| Less Donated Income                          | (0.0)         | (0.1)         | (0.5)         | (0.1)         | 0.0           | (0.5)         | (0.6)         | 0.6           | 0.0           | (0.0)         |
| Less FRF                                     | (1.5)         | (1.5)         | (1.5)         | (1.7)         | (1.7)         | (1.7)         | 0.0           | 0.0           | 0.0           | 0.0           |
| Less Impairment                              | 2.0           | 2.0           | 2.0           | 2.0           | 2.0           | (18.8)        | 0.0           | 4.0           | 2.0           | 2.0           |
| Less MRET                                    | (0.1)         | (0.1)         | (0.1)         | (0.1)         | (0.1)         | (0.1)         |               |               |               |               |
| Less PSF funding                             | (2.0)         | (2.0)         | (2.0)         | (2.4)         | (2.4)         | (2.4)         | 0.0           | 0.0           | 0.0           | 0.0           |
| <b>Total:</b>                                | <b>(1.6)</b>  | <b>(1.7)</b>  | <b>(2.1)</b>  | <b>(2.3)</b>  | <b>(2.2)</b>  | <b>(23.3)</b> | <b>(0.5)</b>  | <b>4.7</b>    | <b>2.1</b>    | <b>2.1</b>    |
| <b>Trust Operating Total</b>                 | <b>(6.5)</b>  | <b>(10.0)</b> | <b>(16.2)</b> | <b>(15.3)</b> | <b>(8.7)</b>  | <b>(5.2)</b>  | <b>(5.3)</b>  | <b>5.3</b>    | <b>(0.0)</b>  | <b>0.0</b>    |
| NHSE Retro Top Up                            |               |               |               |               |               |               | 0.0           | (9.0)         | (2.9)         | (5.7)         |
| <b>Adjusted Trust Operating Total</b>        | <b>(6.5)</b>  | <b>(10.0)</b> | <b>(16.2)</b> | <b>(15.3)</b> | <b>(8.7)</b>  | <b>(5.2)</b>  | <b>(5.3)</b>  | <b>(3.7)</b>  | <b>(2.9)</b>  | <b>(5.7)</b>  |





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

Minutes of the Finance and Performance Committee Meeting held on Thursday 21 May at 9.00am, via MS teams videoconference

**Present:**

|                       |  |
|-----------------------|--|
| Sue Slipman           | Non-Executive Director (Chair)                       |
| Prof Richard Trembath | Non-Executive Director                               |
| Sir Hugh Taylor       | Trust Chair  |
| Steve Weiner          | Non-Executive Director                               |
| Professor Clive Kay   | Group Chief Executive                                |
| Caroline White        | Executive Director, Integrated Governance            |
| Lorcan Woods          | Chief Financial Officer (CFO)                        |
| Beverley Bryant       | Chief Digital Information Officer (SIRO)             |
| John Palmer           | Deputy Group Chief Exec/Site CEO, DH (part)          |
| Jonathan Lofthouse    | Interim Site Chief Exec, PRUH and South Sites (part) |

**In attendance:**

|                  |                                      |
|------------------|--------------------------------------|
| Nina Martin      | Assistant Board Secretary (minutes)  |
| Arthur Vaughan   | Deputy Chief Finance Officer         |
| Lauren Gable     | Director of Commercial & Contracting |
| Siobhan Coldwell | Trust Secretary                      |
| Andy Lockwood    | Managing Director, KFM               |
| Mike Joyce       | Director, KCS                        |
| Paul Cosh        | Governor Observer                    |
| Carole Olding    | Governor Observer                    |

**Apologies:**

|                    |                        |
|--------------------|------------------------|
| Christopher Stooke | Non-Executive Director |
|--------------------|------------------------|

| Item          | Subject  | Action |
|---------------|--|--------|
| <b>020/31</b> | <b>Introductions and Apologies for Absence</b><br>All introductions were made and apologies noted.   |        |
| <b>020/32</b> | <b>Declarations of Interest</b> <ul style="list-style-type: none"> <li>• Lorcan Woods is a director of KFM, KCS and Viapath.</li> <li>• Mike Joyce is a director of KCS</li> </ul>   |        |
| <b>020/33</b> | <b>Chair's Action</b><br>No Chair's action was reported.   |        |
| <b>020/34</b> | <b>Minutes of previous meeting - 23 March 2020</b><br>The minutes of the previous meeting was agreed subject to the clarification of the wording to items 20/24 and 20/29 and to record the interest declarations of the Chief Finance Officer |        |

5.1

| Item   | Subject  | Action   |
|--------|--|--|
| 020/35 | <p><b>Matters Arising and Action tracker</b><br/>The action updates were noted.</p>  |  |
| 020/36 | <p><b>Subsidiaries</b><br/><b>King’s Facilities Management (KFM)</b><br/>The CFO and KFM Managing Director provided a brief progress update on KFM’s performance. KFM had played a key role in the Covid response particularly with the procurement supply chain and critical care technicians. The requirements demand during the pandemic had improved joint working between KFM and KCH and the hope was that this would continue.</p> <p>Financially, KFM reported a net profit of £5.8m. Month 12 saw an improvement in cash management and KFM was able to release £3.7m of cash for its KCH loan repayment/reduction.</p> <p>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. The contract should be simple and show a clear distinction between KCH and KFM.</p> <p>The improved staff and client satisfaction scores were noted.</p> | <p><b>L Woods/L<br/>Gable/A<br/>Lockwood</b></p> |
| 020/37 | <p><b>King’s Commercial Services</b></p> <p>CONTENTS REDACTED DUE TO COMMERCIAL SENSITIVITY</p>  |  |
| 020/38 | <p><b>Viapath Update</b></p> <p>CONTENTS REDACTED DUE TO COMMERCIAL SENSITIVITY</p>  |  |

5.1

| Item   | Subject   | Action  |
|--------|---|---------|
| 020/39 | <p><b>In-year financial reporting 2019/20 (Month 12)</b><br/>           The Deputy CFO outlined the month 12 performance which showed a favourable improvement from the previous year. The Trust's unaudited outturn for 19/20 was 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. The improvement was driven by the agreement of a year-end deal with the NHS Spec Comm; the potential Serco buy-out classed as an equity transaction rather than an Income and Expenditure transaction and a fall in non-pay cost in month due to cancelled elective procedures.</p>  |         |
| 020/40 | <p><b>Year on Year supplementary analysis (2018/19 and 2019/20)</b><br/>           The Committee noted the report. Improvement in the 19/20 financial position from 18/19 was largely driven by a 9% increase in clinical income while maintaining control of the cost base. There had also been an increase in clinical efficiency offset by investments in A&amp;C and other areas (Therapies, Radiology and Pharmacy).</p> <p>The Trust had achieved good grip on pay and the 11% increase in A&amp;C was linked to investment in Board and Corporate services as well as in the Trust Recovery and PMO and workforce business partnering. 19/20 had also seen recruitment to CEF and the Finance function following freezes in 18/19.</p> <p>The Chair raised the issue of the negative impact of extensive cuts in A&amp;C staffing in past years and proposed that this be linked to and addressed through the Trust's recovery programme.</p> <p>Managing the financial business of the Trust would be a challenge for the Trust over the next six months given the present and anticipated clinical challenges. Pre-Covid, the Trust had maintained good grip and control but subsequently had to make quick cost decisions during the pandemic. 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.</p> |         |
|        | <p><b>Action: A focus on 20/21 KPIs would support future planning and financial grip and control. Oversight of this should form part of the FCC workplan over the next year</b></p>   | L Woods |
| 020/41 | <p><b>In-year financial reporting 2020/21 (Month 01)</b><br/>           The Committee noted the report. The month 01 position had been impacted by the Covid response with a recorded deficit of £5.3m. 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.</p> <p>The Trust Chair advised looking at non-activity based income such as from Research and Development and what we should be receiving by this time of the year.</p>  |         |

| Item | Subject   | Action     |
|------|---|------------|
|      | <p>A good understanding of the financial impact of Covid on KCL was needed to enable the Trust to support as needed. The Committee heard that KCL was facing a possible deficit of £75-150m in 20/21 and further clarity would come once international student numbers could be confirmed staff salaries.</p> <p>Staff salaries, research and development and clinical/academic contracts would be the areas most impacted by income shortfalls. Once government guidance on funding is issued, there can be greater clarity to plan and assess the impact to the KCL and its partners.</p> |            |
|      | <p><b>Action: As KCH partners, the Trust should add the potential impact of the KCL deficit to the Trust’s risk register. A decision was needed on which Committee would monitor the management of this risk.</b></p>   | S Coldwell |

5.1

The Committee agreed to take forward this conversation outside of the meeting.

**020/42 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 their 12 expectations (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). In the absence of clarity, the proposal was to prioritise Covid segregation, critical care capacity and virtual by default within existing budgets.

The 12 expectations would have a profound impact on KCH. An initial capital estimate of the three more immediate expectations comes to £59m of which only £13m (CCU) is already explicitly included in the plan. The agreed pre-Covid capital plan had not included the refurbishment of the Jack Steinberg ward and a decision was needed on whether this should go forward.

The Committee agreed that the centre should be challenged on their proposed Covid requirements adding that the Trust should not feel pushed into making unwise investments even if given extra funding.

The Committee noted that given the uniqueness of the present climate, the Board would need to support the delegation of authority to the executive to make financial decisions. However, this should be done without losing focus on the Trust's long-term strategic goals and by ensuring effective governance arrangements for oversight of the capital plan was in place.

The Chair asked for assurance around progressing investment in the Haematology institute build given as this can impact JACIE accreditation. The Committee heard that a completed and approved business plan which included plans to address infection control would support accreditation. The Committee received assurance that the work

| Item          | Subject   | Action |
|---------------|---|--------|
|               | <p>on the masterplan remains ongoing and that a feasible estate options paper would be brought to the Board in the summer.</p> <p>The Trust's recovery plan had been sent to the centre. It was important that the Trust clearly highlight the negative impact of inadequate capital funding.</p> <p>The Committee agreed to :</p> <ul style="list-style-type: none"> <li>• Challenge the centre on its Covid requirements</li> <li>• Delegate authority to executives to take forward needed capital investment decisions.</li> <li>• Oversee the development of the master plan in relation to strategic objectives.</li> </ul> |        |
| <b>020/43</b> | <p><b>Board Assurance Framework</b><br/>The Trust Secretary updated that there had been no significant movement since the last Committee.</p>   |        |
| <b>020/44</b> | <p><b>ANY OTHER BUSINESS</b><br/>No other business was discussed.</p>   |        |
| <b>020/45</b> | <p><b>DATE OF NEXT MEETING OF THE FINANCE AND COMMERCIAL COMMITTEE</b><br/>Thursday 23 July 2020 (09:00-11:00)</p>  |        |

## Quality, People and Performance Committee

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

**Thursday 4<sup>th</sup> June 2020 at 09:30am – 12:30pm**

MS Teams, Video Conference

### Present:

|                         |  |
|-------------------------|--|
| Professor Jon Cohen     | Non - Executive Director (Chair)                             |
| Professor Ghulam Mufti  | Non - Executive Director                                     |
| Nicholas Campbell-Watts | Non – Executive Director                                     |
| Steve Weiner            | Non – Executive Director                                     |
| Sir Hugh Taylor         | Trust Chairman   |
| Professor Clive Kay     | Group Chief Executive Officer                                |
| Jonathan Lofthouse      | Site Chief Executive Officer, PRUH & South Sites             |
| John Palmer             | Deputy Group Chief Executive and Site Chief Executive for DH |
| Dr Leonie Penna         | Acting Chief Medical Officer                                 |
| Professor Nicola Ranger | Chief Nurse & Executive Director of Midwifery                |
| Caroline White          | Executive Director of Integrated Governance                  |

### In attendance:

|                    |  |
|--------------------|--|
| Louise Clark       | Director of Workforce                          |
| Siobhan Coldwell   | Trust Secretary & Head of Corporate Governance |
| Julie Lowe         | Southwark CCG                                  |
| Claire Palmer      | Head of Patient Outcomes                       |
| Victoria Silvester | Southwark Governor (Observer)                  |
| Tara Knight        | Corporate Governance Officer (Minutes)         |

### Part Meeting:

|                 |                          |
|-----------------|--------------------------|
| Dr Ed Glucksman | Guardian of Safe Working |
|-----------------|--------------------------|

### Apologies:

|                          |                                    |
|--------------------------|------------------------------------|
| Professor William Bernal | Corporate Medical Director         |
| Dawn Brodrick            | Chief People Officer               |
| Adam Creegan             | Director of Performance & Planning |

| Item | Subject | Action |
|------|---------|--------|
|------|---------|--------|

#### 20/45 Apologies and Introductions

Apologies for absence were noted.

Introduction of new members were made; namely John Palmer, Deputy Group Chief Executive Officer and Site Chief Executive for Denmark Hill, who has now been in post for three weeks, and Steve Weiner, Non-Executive Director. The Committee noted that Jonathan Lofthouse is now in the substantial post of Site Chief Executive Officer for PRUH and the South Sites.

#### 20/46 Declaration of Interests

No interests were declared.

#### 20/47 Chair's Action

There were no actions for the Chair.

| Item  | Subject   | Action |
|-------|---|--------|
| 20/48 | <b>Minutes of Previous Meetings</b>   |        |
|       | The Committee noted the minutes of the previous meeting held on 02.04.2020 and accepted them as an accurate record of the meeting.  |        |
|       | The spelling of 'Datix' is to be amended under item 20/40 on page 4 of the minutes.   |        |
| 20/49 | <b>Action Tracker/Matters Arising</b>   |        |
|       | The action tracker was not presented at this meeting.   |        |
| 20/50 | <b>Immediate Items for Information</b>  |        |
|       | No items for immediate information were discussed.  |        |
|       | <b>QUALITY</b>  |        |
| 20/51 | <b>COVID-19 Briefing - Quality, Risk and Safety</b>   |        |
|       | The Chair informed the Committee that the COVID-19 Sub-Committee would report to the Quality, People and Performance Committee. This was accepted as an appropriate reporting mechanism for the sub-committee.  |        |
|       | The Group Chief Executive presented the COVID-19 Briefing to the Committee and the following updates were noted:  |        |
|       | <ul style="list-style-type: none"> <li>• <b>Current Position:</b> The Trust is currently treating 142 in-patients who have tested positive for COVID-19. Of these patients, 30 are in Critical Care. There have been 513 deaths across the Trust of patients who have tested positive for COVID-19.</li> <li>• <b>Testing for COVID-19:</b> All patients that come in on an emergency pathway are now tested for COVID-19 even if they are asymptomatic. Anyone coming in for elective surgery will have been screened in the previous 72 hours and will have tested negative before admission. Consideration is taken for patients who have been shielding; the Trust is mindful not to put these patients at risk by requesting that they come to hospital for a test within that time frame. Currently, postal tests are not reliable and so cannot be used. Work is taking place to create a 'drive-through' testing facility at Orpington, however, a solution is yet to be found for the Denmark Hill Site.</li> <li>• <b>Antibody Testing:</b> The antibody testing programme is up and running, and the Trust has almost completed testing for priority staff. The result of an antibody testing is of no consequence in terms of working practices for staff, the use of PPE or the advice regarding isolation if a member of staff comes into contact with someone who has tested positive for COVID-19.</li> <li>• <b>Test and Trace:</b> The Government's test and trace system to monitor coronavirus outbreaks means anyone testing positive for the virus will need to provide the Government with their details, along with those they live with and details of people they have been in close contact with. The advice is for those people to self-isolate in accordance with the Government guidelines. The Trust should be aware that this has the potential to significantly affect staffing levels.</li> <li>• <b>Collaborative Working:</b> Activity at a regional level is underway to restart elective treatment for patients. The Trust has been working closely with community partners, primary care, mental health and acute provider collaboration across South East London and NHS London.</li> <li>• <b>Discharge:</b> Temporary changes to the Care Act have made it easier to discharge patients. The number of patients remaining in hospital whilst</li> </ul> |        |

| Item | Subject   | Action |
|------|---|--------|
|      | <p>medically fit for discharge has thus reduced during the COVID-19 pandemic. Work is now needed to ensure that improvements are sustained.</p> <ul style="list-style-type: none"> <li>• <b>COVID-19 &amp; the BAME Community:</b> Concerns that COVID-19 has disproportionately affected the BAME community in terms of mortality have been raised by staff and locally by Lambeth and Southwark Councils. The Trust recognises the concerns, which have also been raised nationally, and will be taking a paper to the Public Board later this month. The Trust has taken action to risk assess and look into data at the Trust. The messaging to staff and engagement should be continued to be built upon.</li> <li>• <b>Staff Morale:</b> The efforts of the staff have been impressive and were commended. Although there is currently a sense of relief in terms of the intensity at the moment, there is still more to come, particularly in terms of complexity. Things are not going to be the same for a substantial amount of time, especially if a second peak is expected later in the year. It was recognised that staff have worked tirelessly and are not likely to be able to have a genuine summer break this year. Health &amp; Wellbeing Hubs will continue and work is taking place to create garden spaces and events at the Trust to promote the wellbeing of staff.</li> </ul> |        |

#### 20/52 Patient Safety Report – Quarter 4

The Committee received the Quarter 4 Patient Safety Report and noted the following:

- One Never Event was reported at the end of quarter. There have been a total of six this financial year.
- There remains a significant backlog of Serious Incident investigations. Completion of investigation reports has been affected by COVID-19 although new serious incidents that have been reported during COVID19 have progressed in a more timely manner as there were shielded staff available to dedicate time to complete the investigations.
- A significant part of the improvement plan was to roll out Root Cause Analysis and Systems Investigations training across the Organisation. This training programme has, of course, been affected by the pandemic. Work is taking place to create an online training package.
- The job description for the Head of Safety and Risk Management has been amended. This will be the key specialist safety role and will be responsible for taking the NHS Patient Safety Strategy forward in the Trust.
- The Trust does not have a team dedicated to deal with serious investigations. Consideration needs to be given to how staff can have protected time to complete investigations.

**Action: The Executive Director of Integrated Governance will prepare a summary of the NHS Patient Safety Strategy and syllabus for the Board Meeting.**

**C White**

- The Committee noted that the report does not appear to highlight any thematic learning. The Trust will be rolling out a newer version of Datix which will make it easier for Care Groups to identify themes.
- The Committee expressed concern about the high volume of incidents and the amount of time it is taking to clear the backlog of investigations in a timely way. The improvement plan requires clinical leadership and the implementation of smart processes.
- The Committee was informed that the focus should be on the percentage of harm from incidents rather than number of incidents reported.



| Item | Subject   | Action |
|------|---|--------|
|      | <ul style="list-style-type: none"> <li>The Committee was informed that the Trust is appointing a full range of Clinical Directors. A paper will be taken to KE next week to outline ways of creating and implementing new structures.</li> <li>KE will also be presented with another paper next week to highlight:                             <ul style="list-style-type: none"> <li>The top 20 risks across the Trust</li> <li>Re-establishing an executive oversight process of looking at risk</li> <li>Re-establishing the accountability framework. This involves Care Groups meeting on a regular basis where it is expected that quality, performance and finance are being effectively triangulated.</li> </ul> </li> </ul> |        |

**20/53 Patient Outcomes Report – Quarter 4**

The Head of Patient Outcomes presented the Patient Outcomes report for quarter 4 and the Committee noted the following:

- Mortality continues to be better than expected against key indicators. 75% of indicators included in this report have been rated green.
- KCH performs significantly better than expected, and is the 3<sup>rd</sup> best performing Trust nationally, for risk-adjusted readmissions.
- The Committee noted the figures for the Stroke Unit. The compliance with the Thrombolysis times were still relatively low. The Committee was informed that a significant contributor was the availability of out of hours CT Scans. The outcomes targets still remain compliant although compliance with some of the process targets are low.
- The Committee also noted that the PRUH had ceased participating in the National Cardiac Arrest Audit but was due to restart in April. Many of the national clinical audits have ceased data collection because of the COVID crisis. The next quarterly report will include an update on whether the National Cardiac Arrest Audit was among them.

**20/54 Patient Experience Report – Quarter 4**

The Chief Nurse & Executive Director of Midwifery presented the quarter 4 Patient Experience Report and the Committee noted the following:

- ED Friends & Family Test:** Denmark Hill is no longer the poorest performing Trust in the Country or region.
- Maternity:** Feedback was suspended in March due to COVID-19. Between December 2019 and February 2020 the overall recommendation score for the Trust rose from to 87% to 95%. Tests will resume in July after being paused due to the COVID-19 pandemic.
- Red rated:** It is increasingly disappointing that doctors talking in front of patients as if they were not there continues to be rated as red. This indicator has been rated as red for some time and one of the Recovery & Reset Workstreams should be working to develop an action plan.

**Action: The Committee requests an update on the action plan to address the issue of doctors talking in front of patients as if they were not there for the next meeting.**

**L Penna  
N Ranger**

- Volunteers:** A plan is in place to address the low number of volunteers and a bespoke campaign will be designed.
- Patient Property:** The management of patients' property has been poor and requires a full review. A clear process is required for tracking property as patients move within the hospital and the returning of property to relatives of deceased patients.

**5.2**

| Item | Subject | Action |
|------|---------|--------|
|------|---------|--------|

- **Outpatients Performance:** New technology will be introduced for the Trusts outpatients services which will allow for better monitoring of outpatient experience and expectation.

**20/55 Safeguarding Adults Quarterly Report**

The Committee commended the quality of the Safeguarding Adults and Safeguarding Children Quarterly reports. The Committee noted the following:

- During the COVID period the Safeguarding Team has offered a seven day service. The Committee recognised the importance of Safeguarding at this time and were particularly concerned about the impact the pandemic is having of victims of domestic abuse.
- There has been a reduction in the number of referrals this quarter, which is partly due to reduced levels of patient activity during the pandemic. The PRUH appears to be under represented in relation to the amount of referrals received into the service. The Chief Nurse will be meeting with the safeguarding teams to explore this.
- There is poor compliance with mandatory safeguarding training across the Trust which will be added to the Trust Risk Register.
- Obtaining outcomes of safeguarding referrals from the Local Authority continues to be problematic and will be raised again with the respective Directors of Adult Social Care.
- The developing of a Learning Disability Strategy is a priority and input from executive and non-executive colleagues was welcomed.

**20/56 Safeguarding Children Quarterly Report**

The Committee received the Safeguarding Children Quarterly Report and the following was noted:

- Mandatory training compliance remains low. An action plan is in place.
- There has been an increase at the PRUH in the number of adolescents presenting with mental health concerns and overdoses.
- There are concerns about young people having to wait in A&E for longer than 12 hours due to mental health issues and lack of appropriate mental health destinations to accommodate them.
- The PRUH and South Sites do not have adolescent units and commissioning in this area will need to be reviewed.
- Safeguarding supervision in maternity is low due to midwifery supervisors' staff vacancies.

**Action: The Committee requests an update on the strategy for addressing the issues around adolescents and CAMHS care in A&E going forward.**

**J Palmer**

**20/57 Maternity Safety Briefing**

The Committee noted the Maternity Safety Briefing. The Chief Nurse & Executive Director of Midwifery informed the Committee that the Home Birth Service had now resumed after being suspended for three weeks due to the COVID-19 pandemic. With the reduction in visitors, post-natal units have seen more peer support and interaction from patients.

**5.2**

| Item  | Subject   | Action |
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| 20/58 | <b>NMC Revalidation for Nursing and Midwifery Staff</b> |        |

The NMC Revalidation for Nursing and Midwifery Staff was received and noted by the Committee.

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| 20/59 | <b>Duty of Candour Compliance Report</b> |  |
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The Committee received the Duty of Candour Compliance report and noted the following:

- Overall compliance is very good although there has been a deterioration in the turnaround times for reports, which has been impacted by COVID19 and associated factors. Where investigations have been completed, they have been shared in 95% of cases.

**Action: The Committee requested an update on overall compliance with the Duty of Candour and a clear action plan with timescales to achieve full compliance.**

C White

**PEOPLE**

|       |                          |  |
|-------|--------------------------|--|
| 20/60 | <b>Workforce Metrics</b> |  |
|-------|--------------------------|--|

The Director of Workforce presented the Workforce Metrics to the Committee. The following was noted:

- There has been an increase in the nursing and midwifery establishment. The team will produce a report at the end of quarter 1 to show a comparison between the workforce plan and performance.
- The vacancy rate has increased as professional and international recruitment has paused during the COVID-19 pandemic.
- The sickness rate has increased during the COVID-19 period. There are currently 581 staff off with COVID-19 related sickness. Of these, 426 are shielding. The Government is expected to give an update at the end of June on how long people are required to shield for, which may be a considerable period of time.
- The appraisal window is usually between April and July. This has been paused whilst the focus has been on dealing with the COVID-19 crisis. The appraisal period will be extended and this will be communicated to staff within the next week.
- The Trust is waiting to hear about whether the staff survey will go out in its original form in September/October. There is a suggestion that it may be directed specifically to the experience during COVID-19 response.
- Staff health and wellbeing hubs will be kept in the longer term and the team are working to find a permanent solution.
- The Committee noted that there has been a downturn in agency spend but increase in bank spend.

**Action: As the Reset and Recovery plans are implemented, the Committee requests an update of the implications of the new models of working on the workforce along with the associated spend.**

L Clark

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| 20/61 | <b>Guardian of Safe Working Report</b> |  |
|-------|--|--|

The Guardian of Safe Working report was presented to the Committee and the following was noted:

| Item | Subject   | Action |
|------|---|--------|
|      | <ul style="list-style-type: none"> <li>• The revised 2016 junior doctor contract was implemented over the summer. Contract compliance was met, apart from weekend frequency, which reflects the national position.</li> <li>• Work on revising regular rotas was suspended during the pandemic but will resume as part of the Reset and Recovery Programme.</li> <li>• Compensation in terms of additional payment is now preferred to time off in lieu since it has not been possible to take the time back.</li> <li>• The response to the pandemic has involved derogation from the terms and conditions of the junior doctors contract. The junior doctors have responded professionally and constructively. They have been supported through the wellbeing hubs as well as through external organisations.</li> <li>• The Guardian of Safe Working Team has been working closely with HR to ensure junior doctors are compensated appropriately for any additional work attributed to their redeployment during the response to the pandemic.</li> <li>• The junior doctor forum should be resuming later this month.</li> </ul> |        |

## PERFORMANCE

### 20/62 Integrated Performance Summary Report

The Committee received the Integrated Performance report for month 1 and the following was noted:

- There were significant improvements in performance at the beginning of the year in scheduled and unscheduled care. Initial gains were lost due to the response to the COVID-19 crisis.
- The 52 week compliance is at a better position than pre-COVID, however this is not reflective of a true position, since the Trust is currently running at a low level of demand due to the pandemic.
- The Trust is now starting to move away from Gold and Silver Command and beginning to step up the usual infrastructure. A paper was prepared for KE outlining the plan for restoring activity, which will be a clinically led process.
- The following have been prioritised through the Reset & Recovery Programme:
  - Patient Flow (which includes modernising medicine)
  - Critical Care (capacity work/recruitment)
  - Outpatients
- The Committee emphasised the importance of providing assurance around managing the PTL and long waiters.
- A huge amount of work is taking place with South East London Partnerships within the following areas:
  - Recovery Programme
  - Getting It Right First Time
  - Shared understanding of PTLs
  - Future lead providers for Ophthalmology, Orthopaedics and associated disciplines
- The Trust should remain focused on preparing for scrutiny from the CQC.
- The Committee requested a more narrative report on the progress against the CQC action plan.

### 20/63 Dermatology Service Update

The Committee received an update on the Dermatology recovery plan and harm review. The following was noted:

- Remedial booking to address the backlog will be completed by the end of June.

| Item | Subject   | Action      |
|------|---|-------------|
|      | <ul style="list-style-type: none"> <li>A total of 202 patients were reviewed for harm. Of these patients, 26 came to minor harm and 2 came to moderate harm. Duty of candour has been complied with in all cases.</li> <li>The Committee was informed that three consultants out of an establishment of five are leaving the Service. The Site Chief Executive Officer for PRUH &amp; South Sites will present an updated plan for the Dermatology Service to the Committee at the next meeting.</li> </ul> | J Lofthouse |

**20/64 Endoscopy Service Update**

The Site Chief Executive Officer for PRUH & South Sites presented the update on the Endoscopy Service recovery plan and harm review findings. The Committee noted the following:

- There have been long delays for endoscopy procedures at PRUH due to a lack of capacity within the service. A business case has been drafted to increase the number of rooms at the PRUH. The business case is to be submitted within the next four weeks.
- A long term, region wide solution is required. Within 4 – 6 weeks, the Board will be presented with a substantial plan for the Endoscopy Service.
- The harm review process was suspended in mid-March. The COVID crisis has further compounded PRUH Endoscopy delays and backlog with the redeployment of Endoscopy staff.
- A cohort of doctors, who are currently shielding, have agreed to work full time on completing the harm reviews.

The Committee could not be assured that there are no other Specialties in a similar position. The Executive agreed to organise a task and finish group to devise a clearer corporate method for restoring a better operational position and understanding of any harm that may have occurred. The Committee took the opportunity to point out that other diagnostic modalities, beyond just endoscopy, have the potential to cause significant bottlenecks to the recovery programme. The Group Chief Executive acknowledged that this was indeed the case and explained that this was something that was being discussed actively at regional level. An update on this will come back to the next meeting.

**Action: The Committee requests an update on the collaborative action plan for Diagnostics.**

J Palmer  
C Kay  
J Palmer

**20/65 Ophthalmology Harm Review**

The Committee received and noted the Ophthalmology harm review.

**GOVERNANCE**

**20/66 Board Assurance Framework (BAF) – Review**

The Trust Secretary presented the BAF to the Committee, highlighting the key objectives for the Organisation that are covered by this Committee:

- Engaged and Empowered Workforce:** The amber rating in this area has not changed since the last meeting. There has been considerable focus on staff well-being during the response to the COVID-19 focus. Work is taking place to build on sustaining the positive support the workforce have been receiving. It was recognised that the workforce is quite stressed and tired. A review of the staff survey results and feedback from the wellbeing hubs will be a good way of gauging staff engagement.

5.2

| Item | Subject  | Action     |
|------|--|------------|
|      | <ul style="list-style-type: none"> <li>• <b>Delivering Excellent Local Care:</b> This objective remains amber. There remain positive patient outcomes and a slow improvement in patient experience. Concerns persist in the area of patient safety and the high volume of serious incidents. The Committee noted that the current descriptor of risk does not reflect the reality of the post-COVID situation.</li> <li>• <b>Delivery of Operational Plan:</b> This remains rated as amber. A decision is to be made about whether the objectives for the year should be the constitutional targets or consider setting a trajectory for the year (based on the starting point and the impact of responding to the COVID-19 crisis) and monitor progress against that.</li> </ul> <p>The detail around addressing the identified risks is lacking in the document. It was also suggested that post-COVID recovery should be included as a separate risk on the register. Outside of the Committee, CW, SW, SC, JC and CS, Chair of Audit Committee, will meet to discuss refreshing the entire BAF.</p> <p><b>Action: The Trust Secretary is to update the BAF with input from Executive colleagues.</b></p> | S Coldwell |

**FOR REPORTING & DISCUSSION BY EXCEPTION**

**20/67 Sub-Committee Minutes**

The Committee noted the minutes from the Health & Safety Committee on 4<sup>th</sup> March 2020.

**20/68 ANY OTHER BUSINESS**

**Viapath/Serco Contract**

This week, KCH have completed a deal to own 50% of Viapath for an interim period. Viapath is the pathology service owned jointly by King's, Guy's and St Thomas' NHS Foundation Trust and Serco. A report will come to the next meeting to ensure there has been no deterioration on quality of service during the transition.

**C Kay**

**20/69 DATE OF NEXT MEETING**

Thursday 30<sup>th</sup> July 2020, 09:30am – 3:00pm  
 Dulwich Room, Hambleton Wing  
 King's College Hospital