King's College Hospital NHS Foundation Trust

AGENDA

Meeting	**Board of Directors**
Time of meeting	**3.30pm-5.30pm**
Date of meeting	**10th December 2020**
Meeting Room	**By Video Conference**
Site	**N/A**

			Encl.	Lead	Time
1.	**STANDING ITEMS** 1.1. Apologies Apologies have been received from: Prof J Cohen 1.2. Declarations of Interest 1.3. Chair's Action 1.4. Minutes of Previous Meeting – 10th September 2020	 **FA**	 **Enc**	**Sir H Taylor**	**3.30pm**
2.	**QUALITY, PEOPLE FINANCE AND PERFORMANCE**		**Enc**	**Prof C Kay**	**3.40**
	2.1 Report from the Chief Executive **Quality, People and Performance** 2.2 Report from the Quality, People and Performance Committee 2.3 Operational Performance M7 2.4 Safer Staffing 2.5 Learning from COVID -19 Wave 1 **Finance** 2.6 Report from the Finance and Commercial Committee 2.7 Finance Report M7	**FR**	**Enc** **Enc** **Enc** **Enc** **Enc** **Enc** **Enc**	**Prof C Kay** **N Campbell-Watts** **J Lowe/J Lofthouse** **Prof N Ranger** **Prof C Kay** **S Slipman** **L Woods**	
3.	**PATIENT STORY**			**Prof N Ranger**	**4.45**
4.	**GOVERNANCE AND ASSURANCE**				
	3.1 Reports from the Risk and Governance Committee 3.2 BAF	**FR**		**Prof C Kay** **S Coldwell**	**5.05**
5.	**REPORT FROM THE GOVERNORS**	**FR**	**Oral**	**J Allberry**	**5.20**

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

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6.	**FOR INFORMATION** Committee Minutes Finance and Commercial 24th September 2020 Quality, People and Performance 1st October 2020 Major Projects 23rd July 2020 Strategy Research and Partnerships 10th September 2020 Audit Committee 17th September 2020	**FI**	**Enc**		
7.	**ANY OTHER BUSINESS**			**Sir H Taylor**	**5.25**
8.	**DATE OF NEXT MEETING** 11th March 2021 at 3.30pm				

King's College Hospital NHS
NHS Foundation Trust

Members:	
Sir Hugh Taylor	Interim Trust Chair *(Chair)*
Sue Slipman	Non-Executive Director *(Vice Chair)*
Prof Ghulam Mufti	Non-Executive Director
Prof Jonathan Cohen	Non-Executive Director
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	Acting 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	Chief Digital Information Officer
Jackie Parrott	Chief Strategy Officer
Attendees:	
Claudette Elliott	Interim Director of Equality, Diversity and Inclusion
Siobhan Coldwell	Trust Secretary (Minutes)
Rob Beasley	Associate Director of Communications
Circulation List:	
Board of Directors & Attendees	

Enc. 1.4

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

DRAFT Minutes of the Meeting of the Board of Directors held at 3.30pm on 10th September 2020, by MS Teams.

Members:

Sir Hugh Taylor	Trust Chair, Meeting Chair
Prof Jonathon Cohen	Non-Executive Director
Akther Mateen	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 Officer
Prof Nicola Ranger	Chief Nurse and Executive Director of Midwifery
Prof Julia Wendon	Executive Medical Director – Clinical Strategy and Research
Dr Leonie Penna	Acting Chief Medical Officer
Julie Lowe	Interim Site Chief Executive - Denmark Hill
Lorcan Woods	Chief Finance Officer
Caroline White	Executive Director of Integrated Governance
Jackie Parrott	Chief Strategy Officer
Jonathan Lofthouse	Site Chief Executive – PRUH
Beverley Bryant	Chief Digital Information Officer
Louise Clark	Acting Chief People Officer

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Rob Beasley	Associate Director of Communications
Claudette Elliott	Interim Director of Equality, Diversity and Inclusion
Members of the Council of Governors	
Members of the Public	

Apologies:

Prof Ghulam Mufti	Non-Executive Director

King's College Hospital NHS
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	Subject	Action

020/41 Apologies

There were apologies for absence from Prof Ghulam Mufti. The Chair welcomed Julie Lowe, Claudette Elliott, Akhter Mateen and Rob Beasley to their first meeting of the Board.

020/42 Declarations of Interest

None.

020/43 Chair's Actions

There were no Chair's Actions to report.

020/44 Minutes of the last meeting

The minutes of the meeting held on 18th June 2020 were agreed.

020/45 Report from the Chief Executive

Professor Clive Kay provided the Board with a summary of the key points outlined in his report. He noted that since he has reported to the Board in June, the numbers of COVID-19 patients had fallen significantly and the Trust's focus has been on the restoration of elective activity. As a result of the national decision to suspend all elective activity in March, waiting lists have grown considerably. These are being reviewed in order to prioritise patients for treatment and most services have resumed activity. The Trust has put considerable effort into ensuring that patients can be treated safely by implementing new procedures, but due to the need for robust infection prevention and control, the Trust is unable to return fully to 'business as usual'. A number of national requirements have been set to ensure that pre-COVID19 activity levels are restored in the coming months. The Trust is working with the acute providers in South East London to create a single waiting list that will ensure that patients in six high volume specialities are treated in priority order according to clinical need. Emergency attendances have increased at both sites, although pre-pandemic levels have not been reached. The Trust's performance against the Emergency Care Standard has shown significant and sustained improvement, particularly at the PRUH site.

He noted there had been a number of workforce changes since the last meeting with Julie Lowe and Claudette Elliot joining the Trust. A number of consultant appointments have also been made. Jen Watson, the Trust's Freedom to Speak Up Guardian (FtSUG) will be stepping down from this post and a full time Guardian post has been advertised. Prof Kay thanked Ms Watson for everything she has done to establish the Freedom to Speak Up process at King's. He also welcomed the appointment of Nicholas Campbell-Watts as the FtSU Champion on the Board.

Prof Kay noted that the Trust had taken the difficult decision to close the new Critical Care Unit, so that essential works could be completed. He also noted that the Trust has plans in place to prepare for any impact arising from the end of the EU Exit transition period at the end of 2020.

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	Subject	Action

020/45 cont **Report from the Chief Executive**

Prof Kay concluded by paying tribute to Prof Roger Williams who had recently died. Prof Williams led the Trust's Liver Unit for 30 years, building it into a world class centre. He was an internationally renown Hepatologist and a pioneer in his field.

The Board noted the report.

020/46 **Report from the Chair of the Quality, People and Performance Committee (QPPC)**

Prof Jonathon Cohen provided the Board with a summary of the work of the Trust's Quality, People and Performance Committee highlighting a number of issues. The Committee had received an update on the haematology review and had welcomed the progress being made. The Committee had also considered a number of assurance issues including a children's safeguarding case that had highlighted the need for training. Investigations into a number of Neuropathology incidents have now been completed and the Committee is assured that there is a regular process in place to prevent further re-occurrences. The Committee has oversight of patient safety and there are concerns about the backlog of investigations. He noted he had subsequently met with the Head of Patient Safety and was reassured by her plans to address the backlog. The Committee was assured that patient outcomes remain very good and the Trust performs better than expected. There have been a number of improvements in patient experience, including providing volunteers with wheelchairs to help less mobile patients, that will make a huge impact on patient experience. The Committee remains concerned about Duty of Candour. A number of workforce issues were considered including training and disciplinary processes.

The Board noted the report.

020/47 **Operational Performance Month 4**

The Board received a report that summarised the Trust's operational performance over the first four months of the year. The Site Chief Executives noted that the Trust is recovering performance levels as COVID-19 has subsided. The Trust has 2495 patients that have waited for more than 12 months for treatment. These are focused in a small number of specialties, specifically in surgery, medicine, ophthalmology and dental. All patients receive a harm review from their named clinician and the CCG has approved the protocol. It will take time to normalise activity and it is unlikely the lists will be cleared before the end of the calendar year.

Cancer performance is improving but below target. Site specific Cancer Boards have been established ensure focus is maintained and to manage the interface with diagnostics. The Board noted that in the four weeks leading up to this meeting, there had been a 10% improvement in productivity in diagnostics. There has also been a significant improvement in the Trust's performance on the national inpatient cancer survey.

Performance against the Emergency Care Standard is improving with the PRUH routinely recording over 90%. There have been concerns about management of patients with mental ill health and the Trust has received a capital allocation to invest in a range of schemes to enhance the care of this client group, in partnership with South London and the Maudsley (SLAM) and Oxleas.

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	Subject	Action
020/47 cont	The Board welcomed the establishment of the Cancer Boards and were concerned that inter-Trust transfers were being managed effectively as this had been an issue before COVID-19. The Board noted that this is being considered and will also be reviewed by the Acute Provider Collaborative. The Board discussed the capital allocation for mental health related improvements. The PRUH and Oxleas have agreed that a stand-alone mental health assessment unit will be established, staffed by Oxleas that will allow proper patient assessment and stabilisation. A similar discussion is ongoing between SLAM and Denmark Hill. The allocation will not be used to provide in-patient services although in time a discussion may be needed through the Integrated Care System about the sustainability of current inpatient mental health provision. The Board discussed emergency attendance levels in the context of restricted access to primary care as a result of COVID-19. The site CEOs noted that a proportion of UCC attendances were driven by difficulties accessing primary care but that community provision was back at near normal levels (district nursing, therapy etc.), particularly in Bromley. The Board noted that the Trust had not seen many delayed referrals for illnesses such as cancer and that there is an ongoing national programme of work aimed at getting the right balance between face to face and virtual appointments in primary care. The Board noted the report.	
020/48	**Safer Staffing** The Board received a quarterly update on safer nursing levels across the Trust. The Chief Nurse, Prof Nicola Ranger, noted that there has been an increase in vacancies but this was in part due to an increase in establishment and to changes in the way student nurses are counted. Nevertheless, recruitment remains a priority. A campaign is underway and it is anticipated all Band 2 vacancies will be filled by the end of the year. Turnover is reducing and there has been renewed effort on retention including the development of professional pathways. International recruitment continues although there have been delays in bringing recruits in to the UK as a result of quarantine rules. A national domestic recruitment campaign will start in the Autumn.	**NR**
	The Board welcomed the innovative approach to recruitment but were concerned that staff in Bands 2-5 face the most challenges in respect of violence, bullying and disciplinary processes which impacts on morale and retention. The Chief Nurse noted that there are a number of strands of work in place to address these issues and to improve the training and development opportunities available. Exit data still shows a lack of development as a reason for leaving, so more needs to be done to communicate this. Most of the Trust's staff are excellent, but there are a small minority that do not embody the Trust's values and behaviours, and more needs to be done to challenge this. The Board noted the report.	

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	Subject	Action

020/49 Report of the Chair of the Finance and Commercial Committee (FCC)

Sue Slipman, the Chair of the Finance and Commercial Committee provided the Board with a summary of its most recent meeting. She highlighted the approval of a Med Tech Joint Venture that will allow the Trust and its partners to benefit from Research and Development. The Committee reviewed the Trust's approach to private patients in light of a changing landscape. The Trust has lost income in this area and it will be some time before this position can be recovered. The Committee considered the Trust's in-year financial position. Pay control is a concern as there have been increases year on year (non-COVID). The Committee has agreed to undertake a pay 'deep-dive' at its next meeting. There is still some uncertainty as to how Trusts will be funded for the rest of the year.

The Board noted the report.

020/50 Finance M4 Report

The Board received a report that summarised the Trust's financial position at M4. The Chief Finance Officer, Lorcan Woods, noted that a block funding arrangement is in place for July and August but it is not clear how funding will be allocated for the remainder of the year. He noted that the Trust continues to record an in-month deficit, but this is consistent month on month. The absence of a financial settlement creates difficulties in forecasting the budget for the remainder of the year, but maximising activity is a priority.

Mr Woods went on to provide a summary of the capital position, noting that in the previous two financial years the Trust has had a capital programme of c£30m pa. This year it is likely to be c£50m. It is fully funded and will include extensive theatre and ward improvements. It is also anticipated that the Trust will receive additional funding to improve both emergency departments, and air handling so that the Trust is better equipped should there be a second COVID-19 surge. It is anticipated the total budget will be £70-80m. The Trust is being supported by colleagues from Guy's and St Thomas' (GSTT) to ensure that the programme is properly managed.

The Board welcomed the increased capital allocation, noting it will be good for staff morale. The Board discussed the increased pay expenditure. The 'deep dive' will provide more detail, but it is in part as a result of known changes in establishment (business cases etc.). The nursing establishment review that was agreed by the Board earlier in the year should lead to reduction in bank and agency but COVID-19 has delayed this. Bank and agency levels are still higher than anticipated, so further work is needed to manage this down in an intelligent and targeted manner.

The Board noted the report.

020/51 Equality, Diversity and Inclusion

The Board received a presentation from Claudette Elliott, the recently appointed Interim Director of Equality, Diversity and Inclusion. Ms Elliott provided an overview of the work she has undertaken since arriving at the Trust and her emerging thoughts on where further focus was need. She thanked the Trust for being welcoming, noting staff have been open and honest when discussing their views and experiences. The Trust is committed to sustainable change and has a wider role to play in addressing health inequalities in local communities. The Trust has a dedicated, loyal and committed workforce and there are examples of good practice, but these have not been celebrated.

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	Subject	Action

020/51 cont **Equality, Diversity and Inclusion cont…**

However, there are also some fundamental issues in respect of workforce, patients and access that need focus. This includes the need for open and transparent decision-making on training and career progression, being bolder in holding each other to account for demonstrating the Trust's values and behaviours and improving the systems in place to deliver the Trust's employment commitments. Addressing this will give the workforce confidence and will impact positively on patient experience. She challenged the Board to provide clarity of expectation and to consider how to build trust and confidence. She concluded by noting that from a patient perspective, there is more to do to make the Trust accessible and inclusive.

The Chair thanked Ms Elliott for her presentation and agreed that the Board must champion the Trust's values. The Board underlined its commitment in this area and accepted the Trust needs to be more aspirational for its staff and communities. The Trust has a very diverse workforce who should be encouraged to maximise the opportunities the Trust has to offer. This will have wider benefits for patient care and outcomes as well as wider community and partnership advantages. The Board noted that culture change can take time and agreed that King's should aim to be an exemplar.

020/52 **Report from the Governors**

Jane Allberry, Lead Governor, welcomed the progress the Trust is making in a number of areas including delayed diagnosis and outpatients. The Governors are very keen to work with the Trust on a number of areas, particularly on patient accesses. Communication with patients is regularly raised as an issue to Governors.

020/53 **For Information**

The minutes of the following meetings were received for information:

- FCC Minutes 21st May 2020.
- QPCC Minutes 4th June 2020.

020/54 **Any Other Business**

No items of any other business were raised.

020/55 **Date of the Next Meeting**

3.30pm 10th December 2020

King's College Hospital NHS Foundation Trust

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

1. Background/Purpose

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

2. Action required

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

3. Key implications

Legal:	There are no legal issues arising out of this report.
Financial:	The paper summarises the latest Foundation Trust financial position.
Assurance:	There are no assurance issues arising out of this report.
Clinical:	The paper addresses a number of clinical issues facing the Foundation Trust.
Equality & Diversity:	The Board should note the activity in relation to promoting equality and diversity within the Foundation Trust.
Performance:	The paper summarises the latest operational performance position.
Strategy:	The Board 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 1

New consultant appointments

5. Appendix 2

Trust Incident Command structure

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1.0 Introduction

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

1.2. The COVID-19 pandemic has been incredibly challenging for the Foundation Trust and whilst the numbers of COVID-19 patients has significantly reduced, we continue to face 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 continue to focus on our elective recovery, balancing the care of the continued smaller cohort of COVID-19 patients with ensuring we bring our elective waiting lists down to an acceptable level, both at King's College Hospital and across South East London (SEL).

1.3. I would like to commend all of our teams for their hard work and dedication. This year has been incredibly challenging and our teams have continued to perform outstandingly well under immense pressure, to do the right thing for our patients. I am immensely proud to be the CEO of King's College Hospital.

2.0 Good news stories

2.1. **Felicia Kwaku**, Associate Director of Nursing, was awarded an **OBE** for her services to nursing during COVID-19.

2.2. **Dr Sam Hutchings**, Critical Care Consultant, was awarded an **OBE** for his work on critical care capacity planning during the pandemic.

2.3. **Professor Anne-Marie Rafferty CBE was also made a Dame** for services to nursing. Prof Rafferty is one of our governors, based at King's, and is the current president of the Royal College of Nursing.

2.4. I would like to congratulate the **Gastroenterology service** at King's for being ranked number **7 out of 10 in Newsweek's 'Top 10 best specialised services'**. They are the only UK Gastroenterology service to make it into the top 10.

2.5. **Professor Kypros Nicolaides,** Professor of Fetal Medicine, was recently **elected to the National Academy of Medicine in the USA**. It is considered to be one of the highest honours in the fields of health and medicine, and recognises individuals who have demonstrated outstanding professional achievement and commitment to service.

2.6. Two of our midwives, **Jill Demilew and Mary Dehinbo**, were recently presented with Chief Midwifery Officer awards to recognise their **outstanding contributions to midwifery practice in England**.

2.7. **Giselle Padmore-Payne**, transition senior nurse at King's, has been recognised by the Nursing Standard with a **Child Health award** at the 2020 RCNi Nurse Awards.

2.8. **Dr Chris Manu** has been appointed as a **Diabetes UK Clinical Champion.** The Diabetes UK Clinical Champions are healthcare professionals with clinical expertise, leadership skills, and passion to improve care locally for people living with diabetes.

2.9. **Dr Omowunmi Akindolie**, Consultant in Ambulatory Paediatrics at Denmark Hill, has been appointed to the role of **Associate Registrar at the Royal College of Paediatrics and Child Health (RCPCH)**.

2.10. I am sure the Board of Directors will join me in congratulating all of these individuals for their exceptional achievements, and significant and sustained contribution to patient care.

3.0 Quality, Patient Experience and Safety Report

3.1. The **Patient Experience Improvement Plan** continues to address some areas identified from the national patient surveys. Progress has been made with the **development of a *'welcome to the ward'* booklet** which includes information on discharge and a shared patient discharge checklist. This will be rolled out across the Foundation Trust following a recent trial on some wards.

3.2. Other work includes increasing staff awareness of the support the Chaplaincy Team can provide to patients, continued improvements to the property process and further work with Emergency Departments to provide consistent well-being checks for patients.

3.3. The Chief Nurse has taken over the leadership of PALs and the Patient Complaints team.

3.4. **The Friends and Family Test (FFT)** survey restarted in August 2020 following a national hiatus as a result of COVID-19. The simplified survey is being collected from patients on the wards and feedback of results is being shared. The response rates need to increase back to pre-COVID-19 rates of over 30%.

3.5. The **Volunteering Team** has continued to increase the number of volunteers on site to support staff and improve patient experience. During October, **thirty three volunteers provided support** at the entrances to welcome patients and visitors and help them find their department and assist with the face mask hub. This equated to **469 hours support**.

3.6. The volunteer **support on wards to provide company to patients** and to assist at meal times is increasing each month, **with 108 at Denmark Hill and 51 (all roles) at PRUH and South Sites by the end of October**. Within recent months, the largest increase has been at the PRUH. This is important progress towards our aim of a volunteer on every ward, every day.

3.7. **The Chaplaincy Team** has conducted a number of ***'Moment to Reflect'* services** during the summer for staff to attend or watch the recordings following the first wave

of COVID-19. During November the team provided an **online memorial service** for relatives and carers to attend with over 300 people signed onto the website.

3.8. **The 2019 National Cancer Patient Experience Survey** (results provided in the summer) has shown a significant improvement from the last survey with the Foundation Trust moving from 137 out of 143 Trusts, to 107 out of 143, with 47 survey questions within the expected range and 5 below the expected.

3.9. 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 Foundation Trust and is a key measure of The Foundation Trust's performance**. In the most recent review of outcomes:

- The Summary Hospital Mortality Indicator (SHMI) shows the Foundation Trust's mortality rate (Aug 19 to July 20) continues to be better than expected.
- All KCH thyroid and endocrine, and orthopaedic surgeons are within the expected range for all key outcomes indicators including in-hospital mortality.
- Both DH and PRUH sites are within the expected range for survival after traumatic orthopaedic injuries.

3.10. The **main trend inpatient safety incidents** reported recently involve violence and aggression from patients to staff, early identification of the deteriorating patient and medication-related incidents. The Foundation Trust has improvement work well underway to help address these trends to further improve patient safety and staff well-being

3.11. The Foundation Trust's percentage of no harm related incidents remains above the national average which demonstrates a good reporting culture.

3.12. The leadership for **patient safety and SIs** is now within the portfolio of the Chief Nurse, and **Serious Incident Management** is being reviewed to ensure improvement in current backlog and investigations. Strengthened clinical governance support for the care groups is also being explored.

4.0 COVID-19: Elective performance

4.1. During the first wave of the COVID-19 pandemic almost all elective work stopped for several months (the main exceptions being life-and limb-threatening work, particularly for cancer and cardiac patients).

4.2. **Elective work resumed in the summer in a phased way**, focusing first on clinical priority patients and then on those patients with the longest waiting times on both admitted and non-admitted pathways.

4.3. As part of the NHSE London region Phase 3 operational planning exercise, 52 week trajectories were produced in August that committed the Trust to zero non-admitted breaches by March 2021 for all specialties, except Dental.

4.4. These initial trajectories presumed a linear reduction of waiters. The Phase 3 trajectories presumed no change in access to independent sector capacity secured under national contracts.

4.5. Through the summer and early autumn, the Foundation Trust devised and implemented a range of plans designed to significantly increase capacity, for example by opening theatre sessions over the weekend, working more flexibly across sites and in the evenings, and by using the independent sector. These plans had to be revised when national contracts with the independent sector were terminated with a minimum loss of 8 theatres to the SEL sector.

4.6. A revised activity forecast was produced in November 2020 to reflect both the loss of independent sector capacity, and confirmed internal capacity schemes. This process indicates that **3,216 patients will be waiting longer than 52 weeks at the end of the financial year**. This compares to the original forecast of 2,671 (an increase of 545 cases for the same period).

4.7. As a result of the dramatic change to the shape of the Patient Tracking List (PTL) distribution, (caused by the changes to referral patterns and activity earlier in the year), the forecast increases until mid-March because there are a large number of patients currently waiting more than 35 weeks and there is a much smaller number of patients waiting between 20-35 weeks.

4.8. The impact of the current PTL shape, and the significant operational recovery actions indicate that **from mid-March 2021 we would expect there to be a significant decrease in the number of patients waiting more than 52 weeks**.

4.9. The Foundation Trust is now working towards eliminating 52 week breaches by April for patients on **non-admitted** pathways, except in dental treatment (see detail below) and further reducing admitted 52 week breaches where possible, recognising that there will still be significant numbers for the first quarter of 2020/21.

4.10. **The Dental Service** has an **improved forecast** of 1,205 **non-admitted** breaches by the end of March 2021 (230 fewer breaches than the forecast in August 2020), and 309 by the end of July 2021.

4.11. **The Ophthalmology Service** is now forecasting 300 non-admitted breaches by the end of March 2021 (118 adults, 182 paediatrics). Ophthalmology has forecast an elimination of the adult non-admitted breaches by early April, and the paediatric breaches before the end of July 2021. The Ophthalmology service team has presented a business case for a locum Paediatric consultant which, if approved, should eliminate breaches by 31 March 2021.

4.12. **ENT are also now forecasting 84 non-admitted breaches by the end of March 2021**, and 55 by the end of July 2021, due mainly to difficulties in recruiting a locum consultant.

4.13. It is worth noting that all plans presume that elective work will continue through the winter and will not be suspended again during further waves of the COVID-19 pandemic.

4.1 COVID-19: Testing

4.1.1 **Patients** continue to be tested using a laboratory- based Polymerase Chain Reaction (PCR) swab test. These tests are used on all admitted patients, with regular weekly testing for inpatients.

4.1.2 **Elective patients** are swabbed prior to their planned admission. Most tests are undertaken with a turnaround time of a day, although a small number of rapid tests are also available.

4.1.3 From December, the Foundation Trust is planning to roll out more rapid testing - automated qualitative nucleic acid multiplex assay designed to detect SARS-CoV-2 – (E-Plex) which will enable us to obtain faster results, especially for emergency admissions, making it easier to allocate patients to the correct ward and move them from the Emergency Department. The Foundation Trust is also introducing new machines (Panther) at the PRUH which will reduce the wait for swab results.

4.1.4 **Staff working in high risk areas**, such as haematology, also receive regular PCR swab tests even if they are asymptomatic and this, together with the use of PPE and regular temperature/ symptom checks in these areas helps to reduce the risk of nosocomial infections.

4.1.5 **Symptomatic staff** are also able to obtain a PCR test from the Foundation Trust. Symptomatic family members can also obtain a test where a negative result would enable a self-isolating staff member to return to work. (Staff and family members can also access public testing via 119).

4.1.6 **As of 25 November 2020, the Foundation Trust has rolled out lateral flow testing** (testing using a home test kit where the lateral flow of the solution provides the answer on the test strip) **to asymptomatic patient-facing staff**. This is a twice weekly self-administered test which aims to help identify staff who may be positive for COVID-19, and require a confirmatory PCR test. The aim is that, together with effective PPE use, we will be able to reduce nosocomial infections in a way that is not reliant on further expansion of lab testing capacity.

4.2 COVID-19: Vaccination Programme

4.2.1 The Foundation Trust will be **responsible for distributing vaccines to our own staff and contractors**, starting with patient-facing staff and, as one of 7 vaccine hubs across London, to healthcare staff from a number of other Trusts.

4.2.2 **The first vaccines are expected to arrive in early December**. This will be a significant logistical challenge and detailed operational plans are in the process of being developed.

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4.3 COVID-19: Wave 2

4.3.1 The Foundation Trust has seen a **slow but steady increase in COVID-19 cases** (80 positive inpatients as at 01 December 2020). This is considerably fewer than during wave 1 when the Foundation Trust had several hundred inpatients at any one time. However it should be noted that (as described above) in this wave we are endeavouring to continue with elective work at the same time.

4.3.2 The Foundation Trust has **identified green pathways which are COVID-19 secure** and we are looking after COVID-19 positive patients, as before, in dedicated facilities.

4.3.3 The Foundation Trust is continuing to manage the incident through an **Incident Command Centre** with daily GOLD and SILVER command meetings taking all operational decisions. Plans are in place to enable us to escalate further should this become necessary.

4.3.4 As was the case during wave 1, critical care capacity is being coordinated across SEL using a networked approach.

5.0 Operational Performance for the period M1 to M7 inclusive

5.1 The Foundation Trust **continues to improve performance and address backlogs** created during the peak of the COVID-19 pandemic. Most key patient access and waiting time targets have improved. Activity is returning to pre-COVID-19 levels, although infection prevention and control measures have reduced productivity and we are still outsourcing work to independent sector providers.

5.2 The number of **patients waiting more than 18 weeks following referral has decreased** but remains a significant proportion of the overall PTL. Attendances to the Emergency Departments (EDs) continue to rise towards pre-COVID-19 levels and have put pressure on our performance against the **4-hour emergency care standard**; Trust performance overall has reduced to 81.51% for October.

5.3 Referral to Treatment (RTT)

5.3.1 RTT performance has improved further from its low of 39.28% in July, to 48.20% in August, to 57.16% for September and further still to 64.82% for October.

5.3.2 The total number of patients waiting on the Trusts RTT waiting lists has reduced to 58,028 at the end of October, from 58,508 at the end of September.

5.3.3 Despite a reduction in overall PTL size, the 18+ week backlog was 20,414 at the end of October, from 25,062 at the end of September. This represents 35.18% of the total PTL.

5.3.4 The overall number of patients waiting over 52 weeks has increased from 3,250 at the end of September, to 3,568 at the end of October.

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5.4 Emergency Care Standard

5.4.1 **Activity levels are increasing towards to pre-COVID-19 levels** (typically over 19,000 attendances each month for both the Emergency Departments at Denmark Hill and the PRUH, and the PRUH's Urgent Care Centre). Since June attendances have risen to 18,596 for July, then 20,159 in August and 20,616 for September, but reducing to 19,632 in October.

5.4.2 Since the **12-month peak performance** of 93.63% achieved for July, Trust performance has continued to deteriorate each month to 88.91% in August, 85.26% in September and 81.51% in October. Performance by site has deteriorated similarly:

- From 91.78% in July to 77.62% in October at Denmark Hill.
- From 95.75% in July to 85.82% at the PRUH (95% target).

5.5 Diagnostic waiting times

5.5.1 The additional capacity secured outside the Foundation Trust, extension of Trust capacity, and changes to the infection prevention and control guidance to make it more straightforward to carry out aerosol-generating procedures, have improved waiting times for diagnostic tests. In October, 21.73% of patients waited longer than 6 weeks for diagnostic tests, representing an improvement of 5.08% on the September position of 26.81%. The current position is an improvement of 38.52% on the 60.25% reported in May 2020.

5.6 Cancer

5.6.1 2 Week Wait standard: 90.20% (93% target) latest position for October.
5.6.2 62 day GP referred First treatments: 76.84% (85% target) latest position for October.

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

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6.0 Financial Performance - Summary of Year to Date Financial Position – M07

6.1 As at month 7, the Foundation Trust has recorded an **operating surplus of £0.3m in-month and £0.1m YTD**. This is £1.6m better than M7-12 Plan submitted to NHSI (£1.3m deficit).

Trust Summary M07	Annual	Last 3 Months			Current Month			Year to Date		
Category	Budget	Jul	Aug	Sept	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Operating Income	1,214.7	118.6	117.0	127.0	101.4	119.1	17.7	707.4	835.0	127.7
Employee Operating Expenses	(756.0)	(64.4)	(64.6)	(67.6)	(55.2)	(65.6)	(10.3)	(443.5)	(456.7)	(13.2)
Operating Expenses Excluding Employee Expenses	(603.6)	(52.0)	(51.6)	(60.5)	(58.1)	(53.1)	5.0	(359.6)	(370.4)	(10.8)
Non Operating Expenses	(33.0)	(4.4)	(4.1)	0.3	(2.8)	(2.2)	0.5	(19.3)	(22.2)	(3.0)
Trust Total	**(178.0)**	**(2.1)**	**(3.4)**	**(0.8)**	**(14.7)**	**(1.8)**	**12.9**	**(115.1)**	**(14.3)**	**100.7**
Less Impairement, Donated Income etc	(22.9)	(2.1)	(2.1)	(2.1)	(1.9)	(2.1)	(0.2)	(13.3)	(14.5)	(1.2)
Adjusted Trust Total	**(155.1)**	**(0.0)**	**(1.3)**	**1.2**	**(12.8)**	**0.3**	**13.1**	**(101.8)**	**0.1**	**101.9**

*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.

**Please note this is the first month of reporting from a new Finance System. The main change is in terminology that is now in line with NHSI reporting; operating income (income), employee operating expenses (pay), operating expenses excluding employee expenses (non-pay), and non operating expenses (financing).

6.2 For the first 6 months of 2020/21, the Foundation Trust was provided with retrospective top-up funding to help the Trust reach a broadly break-even position. For months 7-12, the Trust's funding arrangements have moved to a system block with the Trust receiving a block income of £107.6m each month until the end of this financial year. This includes a system top of £15m each month and £5m COVID top up each month. This income is sufficient for the Trust to achieve breakeven for the last 6 months of the year based on the month 5 forecast submitted to the ICS.

6.3 The favourable variance to M7-12 plan (£1.6m) is driven by:

- £0.6m favourable movement in income relating to release of prior year provisions no longer required.
- £0.3m favourable change in employee expenses (pay) mainly in admin and clerical bank & agency.
- £0.5m improvement against Forecast Outrun (FOT) in other operating expenses (non-pay). This is driven by a reduction in drug spend this month.

6.4 **Pay is £38.2m more than the 19/20 YTD figure** (only £10m relates to inflation and c£6m relates to COVID-19). This is an area the Foundation Trust will need to control in light of wave 2 COVID-19 operational pressures and a number of service developments being implemented over the next few months.

7.0 Workforce update

7.1 New Consultant appointments – see Appendix 1

7.2 Since the last Board meeting, **Caroline White has resigned her post as Interim Executive Director of Integrated Governance**. I would like to thank Caroline for her contribution in working with us to set up the integrated governance function across

the Trust, and I'm sure you will join me in wishing Caroline all the best with her future endeavours.

7.3 From the 10th - 17th November, **Health Education England carried out reviews on three of our fifty seven training programmes** - Acute Surgery at Denmark Hill, Medicine at PRUH, and Neurosurgery at Denmark Hill.

7.4 HEE's immediate feedback was highly positive in all three reviews. The visitors were pleased with the actions the Foundation Trust had taken to address the specific issues raised in the 2019 Annual GMC National Training Survey, which were largely due to high levels of vacancies and consequent rota coordination challenges that the three specialties experienced in 2019.

7.5 They also reported how impressed they were by the Foundation Trust's commitment to excellence in medical education and training in general. The full reports of the reviews are expected in the next six weeks.

7.6 Spurred on by the tremendous efforts of our teams through wave 1 of COVID-19, there has been an extraordinary collective effort to create an **exceptional staff wellbeing programme**. Led by workforce, with colleagues from psychology, psychiatry and the chaplaincy teams, South London and Maudsley (SLaM), and King's Health Partners, we have worked together to create seven wellbeing hubs across the Foundation Trust, and create a range of programmes and guides for people during the pandemic.

7.7 I am absolutely delighted that this programme of work has been shortlisted for a prestigious **HSJ Award in the Workforce Initiative of the Year** category. Being shortlisted is well-earned recognition for the efforts of everyone involved and I am immensely proud of this achievement.

7.8 There continues to be on-going work with our **values refresh** and we are making great progress. There have been more than 70 staff volunteer to support the programme with representation from the majority of staff groups. The timetable remains on track, and engagement with key stakeholders will continue through December.

7.9 We are preparing to on-board an external company, *April Strategy*, to increase capacity for the next milestone in January. This will enable us to run workshops to reach 2500-3000 staff in co-creating the values based on our volunteer interviews.

7.10 Good progress is being made on the development of the new **People and Culture Strategy**. The timetable, shared at the Board Development Day, remains on track and engagement with our staff is generating great feedback on structure and content. Engagement will continue with key internal and external stakeholders, including open staff sessions, through to the 14th December. The initial draft write-up is scheduled to be completed by the end of December.

7.11 The Foundation Trust's **international recruitment deployment** plans have been disrupted this year due to the effects of the pandemic. However, in November we have deployed 51 Internationally Educated Nurses, with more to follow in both December and January. The Foundation Trust secured £109k additional funding from NHS England & NHS Improvement to both support these nurses during their adaptation and also to fund some of their accommodation.

7.12 The Foundation Trust launched **a 'thank you' recruitment** campaign at the end of November. This initial phase pays tribute to the excellent service given by colleagues throughout the year and builds a new-style recruitment brand. A large externally-facing recruitment campaign will launch on the 4 January 2021.

7.13 The Foundation Trust will re-open a **refurbished nursery at Mapother House, at SLaM,** in late December 2020. This will significantly improve the environment both for children in our care and for our colleagues working there. This follows the planned closure at the end of the year of the King's Day Nursery within the Weston Education Centre, which allows King's College London to re-develop the site for medical students.

8.0 Equality, Diversity and Inclusion

8.1 The Foundation Trust continues to place a lot of focus and energy on the Equality, Diversity and Inclusion (EDI) agenda. Following her appointment as Acting Director of Equality, Diversity and Inclusion Claudette Elliott has been engaging with staff at all levels across the Foundation Trust, and with our staff networks and our system partners as part of a review of our current EDI activity, and areas we need to focus on.

8.2 Claudette and I held a **Let's Talk EDI session for all staff during Black History Month**. 190 staff engaged in the event, which focused on our inclusive approach to EDI. Staff welcomed the session and asked questions in relation to career and training opportunities, representation, access for staff with a disability. Further sessions will be held throughout the year.

8.3 As part of our **values refresh** work, the Foundation Trust has embarked on a combined approach to our engagement sessions with staff, which includes discussing EDI. This approach has been very successful in raising awareness and understanding of how EDI considerations are an integral part of refreshing our values. We have engaged our Consultant Body, Nursing and Midwifery Board, and finance team, and we will continue to engage all our staff as we move through this process.

8.4 The Foundation Trust now has a detailed **delivery plan for EDI**, which will start our journey of continuous improvement. We are working hard to create an inclusive culture, where we support all our staff to fulfil their aspirations, and continue to enable them to provide excellent quality care.

8.5 The EDI delivery plan will support our emerging People and Culture strategy, so that we clearly demonstrate our journey to becoming a compassionate and inclusive Trust.

8.6 We have successfully recruited **Inderjit Chana to the role of Head of EDI.** Inderjit commenced at King's on the 7 December 2020. She will bring with her a wealth of knowledge skills and experience, and will be a valuable addition to the team and Foundation Trust. She will take forward the key actions outlined in our EDI delivery plan with an immediate focus on implementing robust EDI systems and processes. The investment committee approved the proposal for additional capacity for the team. There will be an incremental approach to recruiting to the team based on outputs. I am sure you will join me in welcoming Inderjit to the team.

8.7 The **Population Health Inequalities and Equality Programme** commenced with a meeting of the executives across the ICS system on the 23 November. This provided an opportunity for King's to engage and contribute to agreeing the priority areas of focus for our system. Claudette Elliott and Beverley Bryant, as members of the executive group, provided contributions from an Equality Diversity and Inclusion perspective, along with a discussion regarding understanding the benefits that a digital offer could bring to the agreed priorities.

8.8 As a system there have been early discussions about the establishment of a system-wide network for EDI practitioners. This will be of significant value to the system and King's, as this will provide an opportunity for shared knowledge, skills and expertise. In addition to considering how the network could support the Population Health Inequalities and Equality programme.

9.0 Exiting the European Union

9.1 On the 31st of December 2020 the United Kingdom will end the European Union Exit transition period. To date, 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) during the COVID-19 pandemic.

9.2 The Foundation Trust updated its EU Exit Operational Response plan in September and this was ratified by the executive team in October.

9.3 The Foundation Trust's command structure for Winter 2020/21 integrates the Foundation Trust's management of COVID-19, Winter and EU Exit in a single structure (appendix 2). We are currently in a level 4 major incident with GOLD command meeting daily. There is a full time Incident Commander in place.

9.4 The Trust continues to manage detailed planning via the EU Exit Steering Group which was reactivated in August.

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10.0 Board Committee Meetings

10.1 Since the last public board meeting, the Board of Directors has met a number of times and the following meetings have taken place:

1. Council of Governors – 10th September
2. Annual Members Meeting – 17th September
3. Council of Governors: Strategy Committee – 17th September
4. Audit Committee – 17th September and 19th November
5. Strategy and Partnerships Committee – 24th September and 5th November
6. Finance and Commercial Committee – 24th September and 26th November
7. Council of Governors: Patient Experience and Safety Committee – 24th September
8. Quality, People and Performance Committee – 1st October and 3rd December
9. Board Development Session – 15th October and 26th November
10. Major Projects Committee – 22nd October

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APPENDICES

Appendix 1: List of Consultant appointments

Name of Post	Appointee	Post Type New / Replacement	Start Date	End Date
Consultant Interventional Neuroradiologist	Dr Sara Sciacca	Replacement	01/10/2020	Permanent
Locum Consultant in Endodontics	Mr Mohammadreza Aryafar	Replacement	01/10/2020	30/09/2021
Locum Consultant - Fetal Medicine	Dr Ramona Cazacu	Replacement	01/10/2020	30/06/2020
Locum Consultant Cardiologist	Dr Alexandros Klavdios Steriotis	Replacement	01/10/2020	30/09/2021
Locum Consultant in Sexual Health and HIV	Dr Larissa Victoria Mulka	Replacement	01/10/2020	04/10/2021
Locum Consultant Anaesthetist	Dr Ian Jonathan Davis	Replacement	01/10/2020	30/09/2021
Consultant in Medical Microbiology & Infection	Dr Julia Marie Colston	Replacement	05/10/2020	Permanent
Locum Consultant Radiologist	Dr Ahmed Ali Abdel Hameed Taha	Replacement	06/10/2020	05/10/2021
Honorary Consultant inn Cardiac Electrophysiology	Dr Idris John Harding	Honorary	07/10/2020	05/08/2023
Honorary Consultant in Haematology	Dr John Robert Jones	Honorary	07/10/2020	06/10/2022
Locum Consultant Respiratory Physician	Dr Peter Siu Pan Cho	New	07/10/2020	06/10/2021
Locum Consultant Nephrologist	Dr Jonathan Simon Charles Dick	New	07/10/2020	06/02/2021
Consultant Respiratory Physician with an Interest in Lung Cancer	Dr David Peter Walder	New	12/10/2020	Permanent
Locum Consultant Rheumatologist	Dr Alexander Kleymann	Replacement	12/10/2020	11/10/2021
Locum Consultant in Sexual Health and HIV	Dr Verity Jane Louise Sullivan	Replacement	14/10/2020	13/04/2021
Locum Consultant in Urology	Dr Herath Hamillage Manjula Kumara Herath	Replacement	16/10/2020	15/10/2021
Locum Consultant in Emergency Surgery	Mr Faruq Mohamed Badiuddin	Replacement	19/10/2020	18/04/2021
Consultant Diagnostic Neuroradiologist	Dr Ayisha Qahtan Yarub Al Busaidi	New	21/10/2020	Permanent
Locum Consultant Paediatric Surgery	Mr Anindya Niyogi	Replacement	01/11/2020	30/04/2021
Consultant in Critical Care	Dr Stacey Louise Calvert	Replacement	04/11/2020	Permanent
Honorary Consultant Neuroradiologist	Mr Sandeshkumar Gangadharappa Lakkol	Honorary	09/11/2020	06/09/2022

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Consultant Haematologist	Dr Guy Christian Hannah	New	09/11/2020	Permanent
Locum Consultant Rehabilitation	Dr Prabodh (Mukul) Chandra Agarwal	Replacement	16/11/2020	15/11/2021
Locum Consultant Anaesthetist	Dr Tarannum Rampal	Replacement	16/11/2020	15/11/2021
Locum Consultant Anaesthetist	Dr Sylvia Martin	Replacement	16/11/2020	15/11/2021
Locum Consultant Haematologist with Special Interest in Plasma Cell Dyscrasias	Dr Katharine Elizabeth Bailey	Replacement	23/11/2020	22/08/2021
Consultant Orthopaedic Surgeon Foot & Ankle	Miss Shirley Anne Lyle	Replacement	TBC	Permanent
Consultant Orthodontist	Dr Sukhraj Singh Grewal	Replacement	TBC	Permanent
Consultant Neurosurgeon with Special Interest in Oncology	Dr Jose Pedro Reis Lavrador	Replacement	TBC	Permanent
Palliative Care Consultant	Dr Leena Srivastava Dr Louise Christine Exton Dr Natalie Gemma Webber	New	TBC TBC TBC	Permanent
Consultant Physician: General Medicine and Hepatology	Dr Michelle Cheung	New	TBC	Permanent
Consultant Diagnostic Neuroradiologist	Dr Emily Laura Guilhem	New	TBC	Permanent
Consultant Physician in Acute Medicine	Dr Karwai Tsang	New	TBC	Permanent
Honorary Consultant Neuroradiologist	Mr Sandeshkumar Gangadharappa Lakkol	Honorary	09/11/2020	06/09/2022
Locum Consultant Paediatric Surgery	Mr Anindya Niyogi	Replacement	01/11/2020	30/04/2021
Locum Consultant Rehabilitation	Dr Prabodh (Mukul) Chandra Agarwal	Replacement	16/11/2020	15/11/2021
Locum Consultant Anaesthetist	Dr Tarannum Rampal	Replacement	16/11/2020	15/11/2021
Locum Consultant Anaesthetist	Dr Sylvia Martin	Replacement	16/11/2020	15/11/2021
Locum Consultant Haematologist with Special Interest in Plasma Cell Dyscrasias	Dr Katharine Elizabeth Bailey	Replacement	23/11/2020	22/08/2021

Appendix 2: Incident Command Structure

Trust Command and Control

Gold and Silver Group

The Trust's COVID-19 Gold Group should immediately increase the frequency of meetings to twice a week on Tuesdays and Friday's from w/c 21 Sept 2020 but remain prepared to increase further as required. The role and membership of Gold command remains unchanged.

Each Site Group supported by their respective Incident Control Centres (ICC) should be re-established to manage the tactical and operational level response at their site. However, building on the learning identified during the first wave of the pandemic a new Trust-wide Incident Commander role is to be established and co-located within the Denmark Hill ICC and will report directly to Gold. This new role will enhance the rigour of the Trust's decision making process by overseeing and where appropriate ensuring consistency of approach across the Trust. In addition the Trust Incident Commander will also oversee the Trust's management of EU Exit and will therefore but supported by a dedicated Comms and BIU resources through the DH ICC.

NHS
King's College Hospital
NHS Foundation Trust

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Incident Tempo

Week commencing 21 Sept 2020 Tempo

	Mon	Tue	Wed	Thur	Fri		Sat	Sun
AM		0800hrs - Gold	0800hrs - Silver	0800hrs – Silver (Cross-Site)	0800hrs - Gold			
	0930hrs – IPC Huddle	0930hrs – IPC Huddle	0930hrs – IPC Huddle	0930hrs – IPC Huddle	0930hrs – IPC Huddle		1030hrs – IPC Huddle	1030hrs – IPC Huddle
PM	1300hrs – Silver (Cross-Site)	1530hrs – IPC Huddle	1530hrs – IPC Huddle	1530hrs – IPC Huddle	1500hrs - Silver		1200hrs – Gold / Silver*	1200hrs – Gold / Silver*

Trust (DH) ICC operational Monday – Friday, 0700-1700hrs.
*Additional weekend COVID-19 Command virtual meetings if required.

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7 day command structure (assuming peak activity)

	Mon	Tue	Wed	Thur	Fri		Sat	Sun
AM	0800hrs – Gold	0800hrs – Gold	0800hrs – Gold	0800hrs – Gold	0800hrs – Gold		0800hrs – Gold	0800hrs – Gold
	0900hrs – Silver	0900hrs – Silver	0900hrs – Silver	0900hrs – Silver	0900hrs – Silver		0900hrs – Silver	0900hrs – Silver
	0930hrs – IPC Huddle	0930hrs – IPC Huddle	0930hrs – IPC Huddle	0930hrs – IPC Huddle	0930hrs – IPC Huddle		1030hrs – IPC Huddle	1030hrs – IPC Huddle
PM	1200hrs – Cross-site Silver	1200hrs – Cross-site Silver	1200hrs – Cross-site Silver	1200hrs – Cross-site Silver	1200hrs – Cross-site Silver		1200hrs – Cross-site Silver	1200hrs – Cross-site Silver
	1500hrs – Silver	1500hrs – Silver	1500hrs – Silver	1500hrs – Silver	1500hrs – Silver		1500hrs – Silver	1500hrs – Silver
	1700hrs - Gold	1700hrs - Gold	1700hrs - Gold	1700hrs - Gold	1700hrs - Gold		1700hrs - Gold	1700hrs - Gold

Site Incident Control Centres to operation seven days a week 0700-1900hrs.

Priority Workstreams

To support the Trust's governance and decision making the below clarifies the Trust's COVID-19 and related Priority Workstreams and their respective Executive Leads.

All Executive Leads to nominate a named Deputy.

Workstream	Executive Lead
Command and Control / Incident Management	Clive Kay
Infection Control and Prevention (including PPE and FIT Testing)	Nicola Ranger
COVID-19 Testing (patients and staff)	Julie Lowe
SITREPs and Data Requests	Julie Lowe / Jonathan Lofthouse
Supply Chain and Procurement	Lorcan Woods
Workforce	Louise Clark
Clinical Policy	Leonie Penna / Nicola Ranger
Pharmacy (including drug shortages)	Leonie Penna
Critical Care	Leonie Penna
Morbidity and Mortality	Leonie Penna
Staff Deaths	Louise Clark
Communications	Robert Beasley
Reset and Recovery Management	Julie Lowe / Jonathan Lofthouse
Winter	Julie Lowe / Jonathan Lofthouse
EU Exit	Julie Lowe / Jonathan Lofthouse
Influenza	Nicola Ranger

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SUMMARY OF KEY DISCUSSIONS

QUALITY, PEOPLE AND PERFORMANCE COMMITTEE MEETING
Thursday 1ST October 2020

1. **Matters Arising**

On the Day Theatre Cancellations Delivery Update
A summary was provided of progress against the actions presented at the last meeting regarding 'on the day and before day' theatre cancellations. Restart dates were unclear due to the state of the recovery programme and work was being undertaken in Reset and Recovery in terms of theatre productivity and considering alternative models for pre-operative assessments. A formal report will be tabled at Q4 to reflect the normalised population state that would allow comprehensive data interpretations of improvement and transformation, after restart dates are confirmed.

The new two-way communication through the outpatient portal would go live on 3rd November. This would cover all of the modality services and would foster better control of the slot check and challenge process through the wider technology platform.

PERFORMANCE

2. **Integrated Performance Summary Report**
An update was provided on the operational aspects of the Trust. The core points were highlighted:
   - The Trust continues to manage under 3500 over 52 week waiting patients across ophthalmology, general surgery and trauma and orthopaedics. It was anticipated that in the current model, the 52 week waiting backlog could be formally cleared by May/June 2021.
   - Outpatient activity both face to face and virtual, continued to improve, though were behind on the original pathway plans due to IT configuration being paused.
   - There were still challenges on ED performance across both sites and there was a lowering of emergency care standard performance which was related to Covid-19 swabbing. The winter investment plan had been signed off.

PEOPLE

3. **Workforce Metrics**
The Workforce Performance report was currently in development form. The following points were noted:
   - Vacancy rate trajectory would take into account turnover and recruitment predictions based on activity from last year and this year.
   - Photography for a large scale national Nursing, Midwifery and HCA recruitment campaign was planned for the end of September.
   - There had been a reduction in voluntary turnover in month 4 and a further reduction in month 5 and remains below the target.
   - There was a reduction in sickness absence in month 4 and a further reduction in month 5, which was below the Trust target.
   - One of the key priorities of E-rostering was to reduce the number of overpayments and the main way to do this was to finalise a health roster at the end of the month where the manager signs off work completed.

4. **Guardian of Safe Working Report**
An update was provided on the Guardian of Safe Working. The report covers quarter 1 plus March which is the period in response to the Covid-19 pandemic.

Fewer Exception Reports (ER) had been submitted than in the usual pattern of work (1/3 of the usual ER). Only one ER submitted during this period was considered a safety concern. A rota validation exercise was undertaken post Covid-19 to ensure that rotas that had been suspended during Covid-19, remain complaint. Despite the pressures of Covid-19 and the disruption from redeployment, 99% of work schedules were sent out to junior doctors 8 weeks prior to commencement in August.

The Committee discussed fines and it was noted that there were relatively low value from fines and due to disruptions from Covid-19, no fines were applied during this period. An exception report which may indicate a fine is checked to see if it fits any of the fineable breaches in the contact and the fine is levied. The doctor and guardian are receive a portion of the fine. The budget is designed to improve the working environment of the junior doctor.

5. Freedom to Speak Up Guardian Report

The Committee received the Freedom to Speak Up Guardian. A full-time appointment had been made to the Guardian post. Work on the Board Self Review Tool is being undertaken to evaluate the position and the improvement plan. The Board FTSU training would be scheduled. A strategy is being drafted to demonstrate the Trust's commitment to speaking up. The terms of reference for a working group to support FTSU was being looked at. This would feed into the People and Culture Committee that is being established, bringing various organisational development strands together.

The Committee agreed it would be helpful to undertake further analysis to detail the proportion (%) as well as numbers of the workforce reporting groups. This was to be included in future Freedom to Speak Up Guardian reports.

6. Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) Results

The Director of Equality, Diversity and Inclusion provided an update. The Trust's 2020 results for the WRES indicated improvements in 6 areas with a worsening in one area focusing on disciplinary. The following was noted:

- A mid-year assessment of the data for both the WRES and WDES would be undertaken to ensure the Trust is on the right track for next year.
- The WRES and WDES had been submitted nationally, these would be worked on internally to formulate a plan and published by 31 October. Following this, national data collection and analysis would be published to enable comparison with other organisations regionally and nationally.
- The next Board Development session would look into the Trust's vision and how to engage with staff to create a culture which addresses the challenges in the organisation.

7. Employee Relations Update

The Acting Chief People Officer provided an update on the review of all 2019-2020 data of non-medical cases, the following was discussed:

- There had been 120 cases over the last 12 months. 58% of all employees entering the disciplinary process were BAME who accounted for a disproportionate number of cases.
- 50% resulted in informal action or had no case to answer. There has been focus recently on a new employee relations model that advocates early resolution.
- A pre-investigation checklist had been introduced where all mangers review with the employee relations teams whether a disciplinary process is appropriate and proportionate.
- The Central Investigations team had been set up to free up managers' time and speed up the time taken to complete an investigation.
- The Committee sought data in relation to BAME staff to draw comparisons. The overall aim was to reduce any disproportionate impact so there was an equal likelihood of going through a disciplinary process and then looking at the target around early resolution.
- The ambition was to have a fair and equitable approach to disciplinary issues and work with managers who are responsible for spotting issues and deal with these early.

QUALITY

8. Patient Safety Update- Quarter

The Committee discussed the key developments were discussed:

- The Patient Safety team had been realigned with the new Trust Care Group structure and they had aligned themselves to different specialties.
- There were 224 amber reports for moderate harm and most of these were overdue.
- There has been a reduction in serious incidents reports, a likely result of Covid-19 and annual leave.
- One Never Event had been reported in ophthalmology which involved confusion over two patients who shared the same first and last name and the same date of birth.
- There are 103 overdue serious incidents, 33 are in draft state.
- An interim appointment had been made for a 3 month period to focus on the SIs and lead on reducing the backlog.
- The aim was to clear the backlog with 3 months by which time it was expected there would be less than 5 serious incidents overdue.

The Patient Safety Incident Response Framework and the Trust's response plan was noted. The aim was to improve the safety of care for patients and families and focus on developing systems to continually improve quality and efficiency. Guidelines on responding to incidents would need to be ready by Spring 2022 when the Trust would be implementing the new framework.

9. Infection Prevention Control (HCAI) - Annual Report

An update was provided on the Infection Prevention Control annual report which covers the period 1st April 2019 to 31st March 2020. The PRUH team had worked extremely hard to ensure a reduction in Norovirus outbreaks. The estates were being managed to help with infection control as well as focusing on good infection control practice and good management of antibiotics. CPE remains a challenge, which is environmental and difficult as it is in the structure of the wards/department. Work would be undertaken with the Estates Team to refurbish and improve rooms, particularly on liver wards. There was more focus on water management and the ventilation systems, a new lead for infection control for nursing had been appointed as well as a microbiologist to strengthen the team.

With regard to the Flu campaign there was 81% compliance last year, the expectation and demand would be higher this year.

10. CQC Response & Action Plan Update

The Executive Team agreed a new CQC reporting structure. There would be operational management and assurance on CQC compliance that would fit into an existing committee or new committee to track progress. An operational group with the Executive team had been put place. Although it was unlikely that a QCQ inspection would take place should Covid-19 cases rise, it was important for the Trust to be prepared and ready with a governance structure, management of mandatory training and management of SI backlogs by Christmas. This was an opportunity for the care groups and each site leadership team to work together to build a plan on the achievements, the improvements and challenges and capture this in the Trusts' narrative around the areas of concern and the actions to address these.

11. Patient Experience Report

Patient experience and engagement with patients and the local community needed further improvement. This was a work in progress and a patient experience strategy needed to be established. There was a great deal of focus on food, nutrition and hydration. The Trust was below the national average with regard to meal time and support for patients. There would be more engagement with Medirest to help resolve nutritional and hydration challenges. A huge amount of work was being undertaken to improve the Help Desk function including customer care training for non-clinical staff. Improving emotional support for patients by promoting the chaplaincy service and ensuring better transparency.

12. Maternity Service Briefing

The Committee received and noted the Maternity Service update. There has been a lot of pushback with regard to women attending scans and partners not being allowed to accompany them, the system had changed and partners were now permitted.

Maternity governance and assurance work required improvement. Work was ongoing with regard to culture in the Maternity department. It was felt that the maternity briefing needed to be strengthened and reviewed alongside strengthening the Maternity Board.

13. Neuropathology Serious Incident & External Audit - Final Report

The Executive Director of Clinical Strategy and Research provided an update on the current state of outstanding actions relating to previously reported Human Tissue Authority Neuropathology breach. There had been three incidents within neuropathology where tissue was unaccounted for. The HTA reportable incidents had been closed off with the HTA and they were content with the actions taken. In addition, the laboratory CAPA Plan would be completed, this included an internal audit of the Cellular Pathology services across the Trust and addressed the SOPs and the actions taken in respect of this. An external review was also undertaken by the Professor of Pathology from Barts, along with the Laboratory Manager.

Learning and change had been positive in terms of improving departmental procedures. The ongoing internal audit process to monitor compliance with new standards was essential and would be overseen by the HTA Committee.

14. Medicines Safety Report

The Chief Pharmacist presented the Medicines Safety Report and the following was noted:

- The Trust's Medication Safety Committees and work streams looked at improving the safe use of medicines through engaging clinical staff in the medication safety agenda, identifying, monitoring and mitigating the risks.
- The Trust's rate of medicine incident reporting was better than the national average. The proportion of incident reporting resulting in harm had improved from 11.2% to 10.2%. There was underreporting of medication incidents in the clinical areas of theatres, dental and maternity, these would need to be targeted to drive better reporting.
- The Never Event in 2019 related to the unintentional connection to air instead of oxygen. This was part of the SL alert which is being investigated by the Medical Gas Committee and signed off.
- The serious incidents in 2019 were all closed off, the two serious incidents in 2020 were currently being managed.

The Committee noted the monitoring safer injectable metrics, which was a Purchasing for Safety initiative. This was reviewed monthly to ensure the clinical procurement of the correct medicines and purchase of the right category of medicines to make it safer for patients.

There was discussion regarding the moving of drugs from the hospital to shielding patients' homes. This created more opportunities in terms of outpatient workstreams to co-ordinate more clinical time and a rigorous process with home care delivery companies.

In terms of future plans, the intention was to improve data use for medical safety, the medication safety scorecard had been tested and was ready to implement, and care groups were required to report into the Medication Safety Committee. Assurance was given that the Trust has a good handle on medical safety.

15. Safety Alerts Report

The processes in place for the management of the Safety Alerts were being reviewed to ensure a more robust mechanism for disseminating and monitoring. Further work was being undertaken to look at monitoring the alerts and the systems and processes applied for risk management were being considered for this.

There were 41 alerts open on Datix, but fewer open on the DH website. This was a result of alerts being kept open longer on Datix to allow for further extra measures to be undertaken to ensure robust compliance.

16. Complaints – Annual Report

The Committee received and noted the Complaints annual Report. There had been a decrease in the number of complaints reported. During the Covid-19 pandemic, complaints had been inappropriately recorded due to some complaints that had been provided in writing, which should have been recorded as formal complaints, and were classed as informal. The process has been changed and the expectation was that there would be a rise in complaints in next year's report.

Further work was being undertaken to look at how to improve the quality of the complaints responses and investigations and training would be rolled out on how to better manage the complaints investigations.

17. Duty of Candour Compliance Update

The Duty of Candour Compliance report indicated a decline in compliance over the last few months.

- Initial conversation compliance - there was a reasonable level of compliance from networked care for initial conversations.
- Follow up letter compliance – this was generally poor however networked care was doing well. Corporate, UPACS and PRUH had lower compliance numbers.
- Staff training had developed and would be delivered; 2 sessions per week which would be focused and specific. Communications would be circulated to remind Site/Care Groups of for achieving full compliance with DoC.
- Implementation of the escalation process is within 10 days. If the DoC is not completed locally within 5 days it is escalated to the clinical director, service manager and Head of Nursing for the Care Group. If this is not achieved then it requires action from Site Executives (from day 7).
- A guide is being produced in relation to the initial conversations, the DoC policy has been redrafted and requires KE review and approval.

18. NICE Compliance Review

The report indicated that the Trust's completeness of the initial assessments was good. However the completeness of implementation required improvement. There were a number of challenges with clinical audit, verifiable evidence of implementation would be gathered to strengthen the assurance processes.

GOVERNANCE

19. Risk Register

The Committee reviewed the risks relevant to its remit. There have been challenges with the risk register and risk management and it is currently on an improvement trajectory to progress information on gaps in assurance and gaps in controls and how assured the Trust is in ensuring effective controls are in place.

Training on risk management and risk register was prevalent now across the organisation. The risks needed to be consolidated and actions and mitigation required updating, so that the Board can clearly view and understand the work being done to manage the risks.

King's College Hospital NHS
NHS Foundation Trust

Integrated Performance Report

Month 7 (October) 2020/21

Trust Board

10 December 2020

King's College Hospital NHS
NHS Foundation Trust

Report to:	*Trust Board Committee*
Date of meeting:	*3 December 2020*
Subject:	*Integrated Performance Report 2020/21 Month 7 (October)*
Author(s):	*Adam Creeggan, Director of Performance & Planning;* *Steve Coakley, Assistant Director of Performance & Planning;*
Presented by:	*Jonathan Lofthouse, Site Chief Executive – PRUH & South Sites*
Sponsor:	*Jonathan Lofthouse, Site Chief Executive – PRUH & South Sites*
History:	*None*
Status:	*For Discussion*

Summary of Report

- *This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets, noting that our required Trust response to COVID-19 continues to impact activity delivery and performance for October 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 M7 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

3. Key implications

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

Contents

Executive Summary 2020/21 Month 7

QUALITY

- Summary Hospital Mortality Index (SHMI) remains at 96.0 - better than the expected index of score of 100.
- HCAI:
  - ❑ One MRSA bacteraemia case reported in October, 4 cases reported YTD;
  - ❑ 6 new VRE bacteraemia cases reported in October, 51 cases YTD which is above the target of 40 cases;
  - ❑ E-Coli bacteraemia: 11 new cases reported in October, 52 cases YTD which is below the target of 67 cases;
  - ❑ 5 new C-difficile cases reported in October, 48 cases YTD which is below the quota of 57 cases.
- National FFT reporting for Inpatients and Maternity resumed from 1st August 2020. Overall Trust recommendation rate for Inpatients was 95.3% for October, with DH reducing to 94.2% and PRUH improving to 97.0%.

PERFORMANCE

- Trust A&E/ECS compliance reduced to 81.51% in October compared to 85.26% in September. By Site: DH 77.62% and PRUH 85.82%
- Cancer:
  - ❑ Treatment within 62 days of post-GP referral is not compliant and was 76.84% for October 2020 (target 85%).
  - ❑ Treatment within 62 days following screening service referral was compliant at 90.00% for October (target 90%).
  - ❑ The two-week wait from GP referral standard is not compliant but improved to 90.28% (target 93%).
- Diagnostics: 5.1% improvement to 21.73% of patients waiting greater than 6 weeks for diagnostic test in October (National target <1%).
- RTT incomplete performance improved by 7.7% to 64.28% in October.
- RTT patients waiting >52 weeks increased by 318 cases to 3,568 cases in October, compared to 3,250 cases in September.

WORKFORCE

- Appraisal rates have improved from 55.67% in September to 70.05% in October for all staff. The non-medical appraisal window closed on 31st October 2020.
- The monthly sickness rate has risen slightly from 3.71% in September to 3.83% in October, which includes COVID-related sickness. Sickness rates remain above the Trust target of 3.5%.
- Statutory and Mandatory Training is on an upward trend at 84.18% for October but remains below the 90%.
- Vacancy rates increased slightly from 13.89% in September to 14.19% in October, with a 0.72% increase in Admin & Clerical staff group vacancy rate.
- The Trust is reporting a voluntary turnover rate of 11.79%, which is a slight decrease from September, and continues to show an overall decrease since October 2019.

FINANCE

- As at month 7, the Trust has recorded an operating surplus of £0.3m in-month and £0.1m YTD. This is £1.6m better than M7-12 Plan submitted to NHSI (£1.3m deficit). Key drivers are:
  - ❑ £0.6m favourable movement in income relating to release of prior year provisions no longer required.
  - ❑ £0.3m favourable change in employee expenses (with reductions mainly across bank agency spend largely in admin clerical staff group).
  - ❑ £0.5m improvement against FOT in other operating expenses (non pay). This is driven by a reduction in drug spend in M7.
- Pay is £38.2m more than the 19/20 YTD figure (only £10m relates to inflation and c£6.0m relates to COVID). This is an area the Trust will need to control in light of wave 2 COVID operational pressures and a number of service developments are implemented over the next few months.

Executive Summary
Quality Heatmap

Quality

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

Executive Summary
Performance and Workforce Heatmap

Performance

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

Workforce

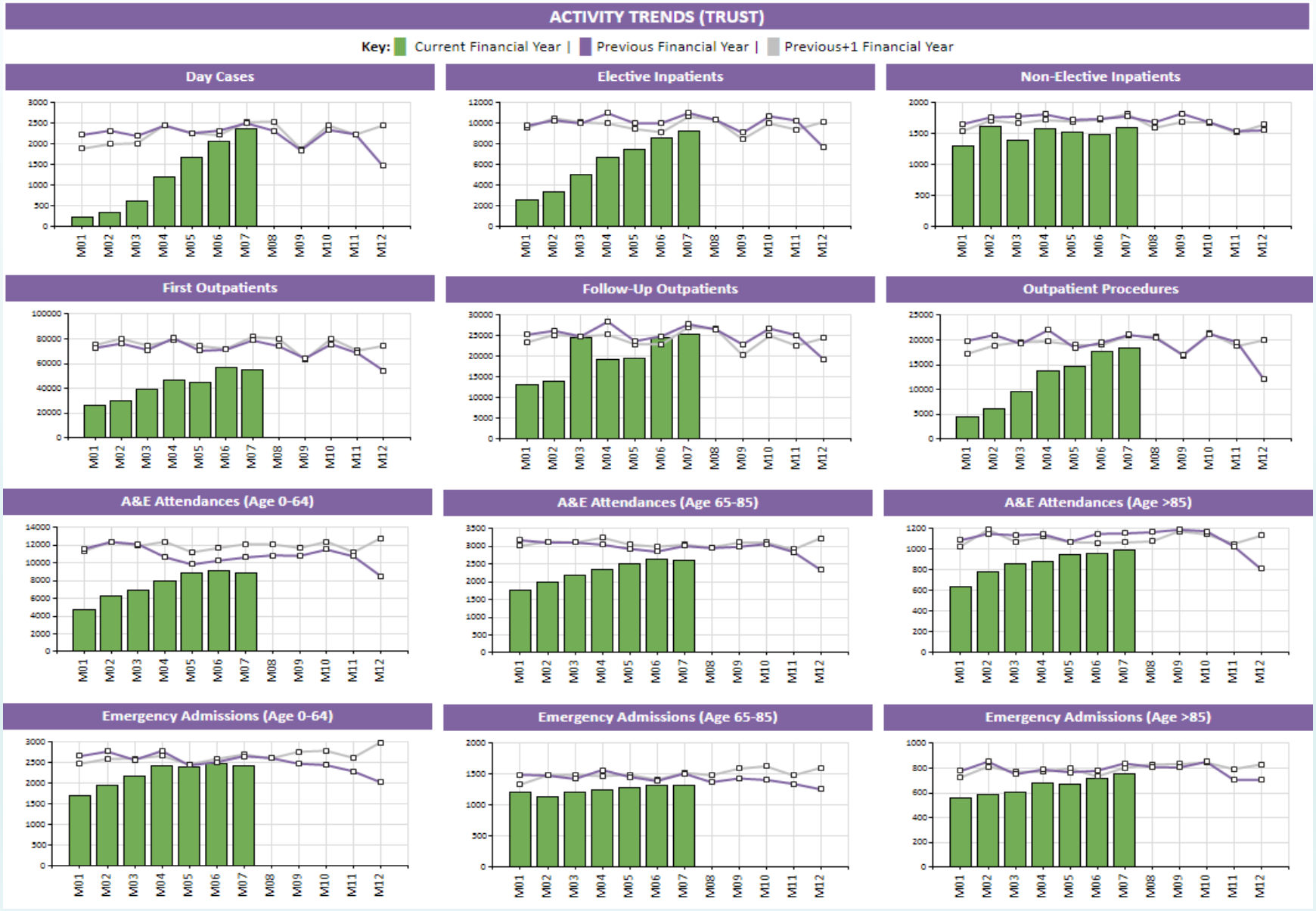
	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	YTD	Trend
CQC level of inquiry: Well Led															
Staff Feedback		→	→	→	→	→	→	→	→	→	→	→	→		
Staff Training & CPD		→	→	→	→			→	→	↘	→	→	↗		
Efficiency		→	→	→	→	↘	→	↑	↗	→	↗	↘	→		
Staffing Capacity		↗	↘	↗	→	→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

Executive Summary
Finance Heatmap

Finance

	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	YTD	Trend
Use of Resources															
Overall (000s)		→	→	↓	↑	→	→	→	→	→	→	→	→		
Income (000s)		↘	→	↗	↗	↘	↗	→	→	↗	↘	↗	↗		
Nonpay - Financing (000s)		↗	↘	→	→	↘	↗	↘	↗	→	→	↗	↗		
Nonpay - Unallocated CIP (000s)		→	→	↑	↓	→	↑	→	→	↓	→	→	↑		
Non-Pay (000s)		→	↗	↘	→	↗	↘	↗	↗	↘	↗	↘	↑		
Pay - Admin and Clerical (000s)		→	→	→	→	↘	↗	→	→	→	↘	↘	↑		
Pay - Medical Staff (000s)		→	→	→	→	↗	↘	→	→	→	→	↘	↑		
Pay - Nursing Staff (000s)		→	↘	→	→	→	→	↗	↗	↘	→	→	↑		
Pay - Other Staff (000s)		→	→	→	→	↗	↘	→	→	→	→	→	↑		
Pay - Unallocated CIP (000s)		↓	→	→	↑	↓	→	→	→	→	→	→	↑		
SLR Recharges (000s)		→	↘	↗	→	→	→	↘	→	→	↗	↘	↗		
Summary		↘	→	↗	↗	↘	↗	↘	↗	↘	↘	↘	↗		

Executive Summary
Activity Trending



King's

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	28513	15567	8928	11.6%	2.18	29.7%	6442
Last Month	27706	15345	8445	10.8%	2.18	31.8%	6359
Variance	807	222	483	0.73%	0.00	-2.1%	83
12 Month Average	27244	17730	10275	10.4%	2.12	35.6%	5152.50
Variance to 12mth Avg.	4.45%	-13.89%	-15.09%	9.76%	2.98%	-19.78%	20.02%

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	23.0%	25.4%	57.24	12.03	68.1%	61.8%	201
Last Month	19.2%	29.6%	56.02	15.08	66.4%	60.1%	187
Variance	3.8%	-4.2%	1.23	-3.05	1.8%	1.7%	14.00
12 Month Average	0	0	67	19.9	63.0%	60.8%	175.3
Variance to 12mth Avg.	11.63%	4.57%	-17.35%	-65.37%	7.51%	1.66%	12.81%

NON-ELECTIVE PATHWAY	Inlier Bed Days	Emergency Admissions	SDEC Activity	Dishcarges Before 11am (excl. Obstetrics)	Average Length of Stay (Non-Elective)	Zero Length of Stay (Non-Elective)	Pre-Operative Length of Stay (Non-Elective)
Current Month	562.8	4484.0	1299.00	6.27%	5.85	948.0	1.58
Last Month	570.6	4522.0	1180.00	5.75%	6.11	1009.0	1.89
Variance	-7.8	-38.0	119.00	0.52%	-0.26	-61.0	-0.31
12 Month Average	531	4286	895	6.80%	6.20	848.3	1.9
Variance to 12mth Avg.	5.60%	4.42%	31.09%	-8.52%	-0.06	10.52%	-18.00%

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	5876.0	201.0	123.00	78.52%	4.60	343.0	0.65
Last Month	5767.0	187.0	101.00	78.06%	4.80	276.0	0.77
Variance	109.0	14.0	22.00	0.46%	-0.20	67.0	-0.12
12 Month Average	5645	175	88	76.54%	4.66	330.1	0.8
Variance to 12mth Avg.	3.93%	12.81%	28.73%	2.52%	-1.27%	3.77%	-25.02%

Domain 1: QUALITY

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

Domain 1: Quality
Key Metrics Scorecard

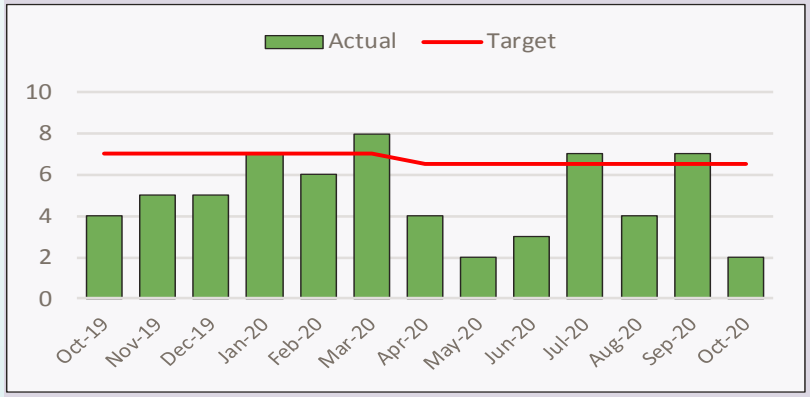
		Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	44	43	52	50	47	47	40	57	66	53	62	57	47	52	382	621	
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000	0.10	0.08	0.18	0.16	0.21	0.09	0.14	0.06	0.03	0.10	0.07	0.14	0.09	0.19	0.09	0.12	
1897	Potentially Preventable Hospital Associated VTE	6	6	8	1	2	4	3	1	2	1	0	2		4		30	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	1	0	0	0	2	0	0	1	0	0	0	0	0	0			
945	Open Incidents			23						40			22			62	85	
Incident Reporting																		
520	Total Serious Incidents reported	25	11	9	14	21	13	9	10	14	13	6	4	9		65	133	
516	Moderate Harm Incidents	29	36	22	44	33	16	17	19	27	32	35	33	38		201	352	
509	Never Events	0	1	0	0	0	1	0	0	2	0	1	0	1	0	4	6	
CQC level of inquiry: Caring																		
HRWD																		
422	Friends & Family - Inpatients	94.6%	94.4%	95.2%	94.4%	92.4%	95.2%	95.7%	96.0%	94.6%	93.1%	94.9%	95.0%	95.3%	96.0%	94.7%	94.4%	
423	Friends & Family - ED	78.8%	80.9%	78.0%	80.7%	81.5%	83.7%	89.6%	89.0%	84.6%	89.3%	83.4%	82.6%	83.6%	86.0%	85.6%	83.9%	
774	Friends & Family - Outpatients	85.9%	84.3%	84.2%	83.8%	85.2%	86.2%	88.5%	87.1%	85.1%	85.6%	88.2%	88.2%	89.1%	92.0%	88.0%	87.1%	
775	Friends & Family - Maternity	94.3%	93.8%	86.7%	94.2%	95.6%	89.7%	89.1%	96.0%	94.2%	91.8%	94.1%	91.2%	92.4%	94.0%	92.8%	92.6%	
Complaints																		
619	Number of complaints	78	79	49	45	44	43	23	40	70	82	110	93	128	60	546	806	
Operational Engagement																		
620	Number of complaints not responded to within 25 Days	53	48	49	32	17	24	38	16	40	59	53	78	50	39	334	504	
3119	Number of PALS enquiries – unable to contact department	8	7	6	78	74	44	10	12	24	48	52	67	66	29	279	488	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	100.0%	100.0%	96.8%	96.2%	100.0%	95.7%	100.0%	84.0%	90.3%	91.7%	78.6%	76.5%	77.8%	99.1%	84.7%	90.8%	
661	Duty of Candour - Letters sent following DoC Incidents	100.0%	100.0%	100.0%	98.1%	100.0%	95.7%	100.0%	88.0%	83.9%	86.1%	71.4%	64.7%	60.0%	99.4%	77.0%	87.2%	
1617	Duty of Candour - Investigation Findings Shared	61.9%	50.0%	71.0%	55.8%	37.8%	34.8%	30.4%	28.0%	25.8%	16.7%	7.1%	5.9%	0.0%	70.2%	14.4%	31.1%	
CQC level of inquiry: Effective																		
Improving Outcomes																		
831	Standardised Readmission Ratio	89.4	89.4	89.2	88.8	87.8	86.5	86.6	86.3	86.1	85.4				105.0			
436	HSMR	87.8	88.4	87.9	87.6	87.4	88.8	91.0	91.4	90.9	90.3	89.4			100.0			
433	SHMI	94.2	93.7	93.0	93.1	93.5	96.1	97.6	97.2	96.0	96.0				105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	78.6%	89.5%	90.0%	88.1%	81.6%	66.7%	74.3%	88.9%	71.0%	63.0%	71.0%	71.7%	84.0%	79.8%	73.4%	75.5%	
625	Diagnostic Results Acknowledgement	12.2%	13.3%	13.3%	13.6%	12.4%	13.0%	14.6%	13.4%	12.9%	13.1%	12.8%	11.3%	11.1%	13.0%	12.6%	12.8%	

Domain 1: Quality
Infection

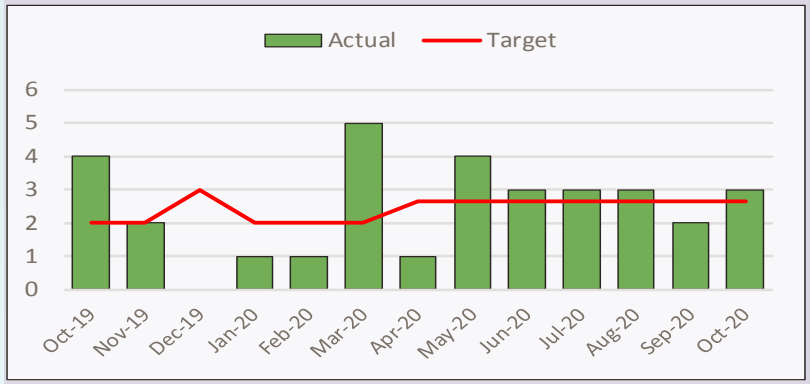
M7 - OCTOBER 2020 INFECTION PREVENTION AND CONTROL							
Infection	Current Month	*Denmark Hill*	*PRUH*	Previous Month	Variance	Target	Var. to Target
C.diff	5	*2*	*3*	9	-4	9	-4
CPE/CPO	13	*13*	*0*	21	-8	12	1
E.coli	10	*9*	*1*	11	-1	7	3
Klebsiella spp	6	*5*	*1*	9	-3	6	0
MRSA	1	*1*	*0*	0	1	0	1
MSSA	2	*2*	*0*	1	1	3	-1
P.aeruginosa	4	*4*	*0*	2	2	4	0
VRE	6	*3*	*3*	4	2	4	2

C-DIFFICILE DELIVERY

C-difficile: Denmark Hill reported cases



C-difficile: PRUH reported cases



HCAI DELIVERY PLAN

Denmark Hill

MRSA: One case reported in October in Child Health. A PIR meeting was held and learning identified. The case was complex and possibly not a true MRSA bacteraemia. Learning to be shared.

C.difficile (CDI): All CDI Toxin positive cases are being reviewed and root cause and learning identified.

E.Coli: Ten cases occurred in different care groups. Catheter associated cases are investigated by the Continence and IPC Team.

VRE Cases: Three cases occurred in different care groups. Work continues on improving cleaning and antimicrobial stewardship.

PRUH

MRSA: No MRSA Bacteraemia reported.

C.difficile (CDI): A CDI workshop was held and a monthly action plan for care groups has been developed for areas with cases.

VRE: Meetings have been held with clinical teams at the PRUH to investigate the VRE cases and agree actions including admission screening for high risk areas, cleaning and skin decontamination.

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

13

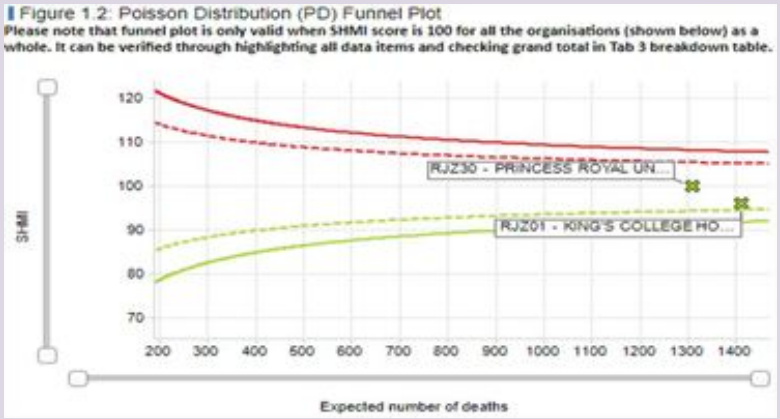
Domain 1: Quality
Mortality & Readmissions

MORTALITY AND READMISSIONS - SHMI, HSMR and RRR

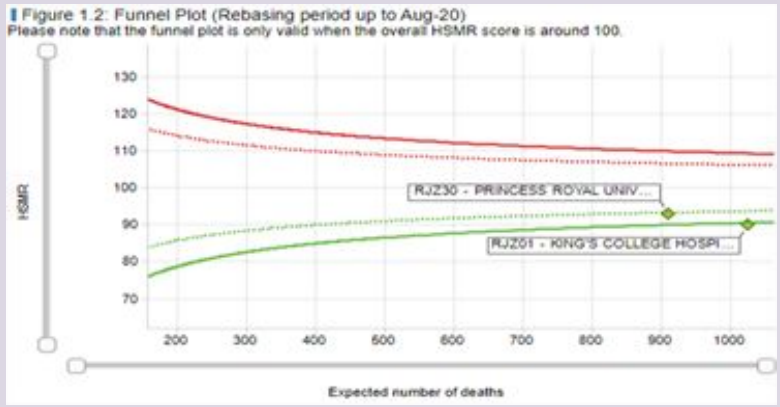
	Contextual indicators (March 2019 to February 2020)							
	Deaths			Admission Method		Palliative Care		Readmissions
	Total number of deaths	Deaths which occurred in hospital (%)	Deaths which occurred outside hospital within 30 days of discharge (%)	Crude in-hospital mortality rate (%) for elective admissions	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	2717	70.9%	29.1%	0.57%	3.45%	52.0%	85.94 (CI 82.7, 89.2)	13.4%
England Average		66.6%	33.4%	0.66%	3.55%	37.60%	100.36 (CI 100, 100.7)	15.4%

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 August 2019 to July 2020 is 95.99 (95% CI 92.40, 99.70).
- HSMR is below expected for August 2019 to July 2020 at 90.29 (95% CI 86.16, 94.56).

Denmark Hill:
Risk-adjusted mortality is below expected:
- SHMI for August 2019 to July 2020 is 96.06 (95% CI 91, 101.30)
- HSMR is below expected for August 2019 to July 2020 at 90.11 (95% CI 84.39, 96.12).

PRUH:
- SHMI is within expected range for August 2019 to July 2020 at 100.18 (95% CI 94.80, 105.70)

RISK-ADJUSTED READMISSION (RRR)

Trust: RRR is below expected for August 2019 to July 2020 at 85.44 (95% CI 83.70, 87.20).
Denmark Hill: RRR is below expected for August 2019 to July 2020 at 82.5 (95% CI 80.30, 84.90).
PRUH: RRR is below expected for August 2019 to July 2020 at 89.5 (95% CI 86.60, 92.40)

RISK-ADJUSTED MORTALITY AND READMISSIONS BENCHMARKING

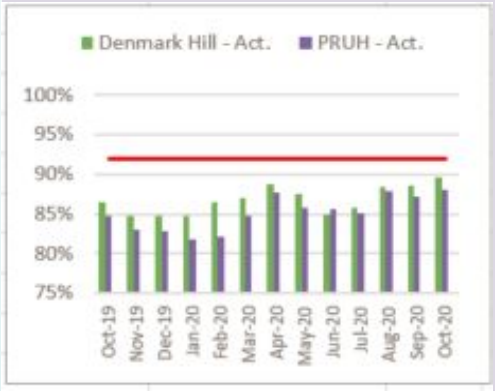
Peer = Shelford Group

Domain 1: Quality
Friends & Family Test

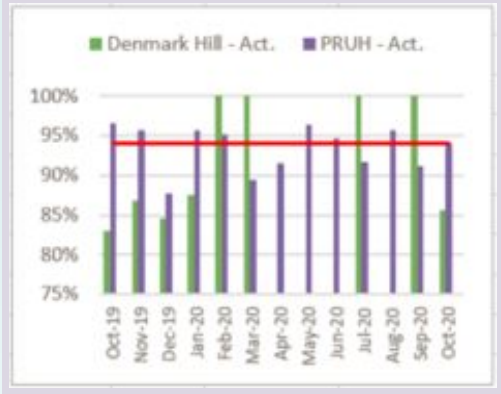
M7 - OCTOBER 2020				
Metric	Inpatients	ED	Outpatients	Maternity
Current Month	95.31%	83.55%	89.11%	92.43%
Denmark Hill	*94.17%*	*83.86%*	*89.60%*	*85.71%*
PRUH	*97.02%*	*82.73%*	*88.13%*	*94.00%*
Previous Month	95.00%	82.55%	88.16%	91.18%
Variance	0.31%	1.00%	0.95%	1.25%
Target/Plan	96.00%	86.00%	92.00%	94.00%
Variance to target/plan	-0.69%	-2.45%	-2.89%	-1.57%

FRIENDS AND FAMILY TEST

FFT Outpatient Scores



FFT Maternity Scores



PERFORMANCE DELIVERY

FFT - A&E

- Trust score improved from 82.6% in September to 83.6% of patients recommending in October. The DH score improved from 83.4% to 83.9%, with PRUH also improving from 80.9% to 82.7%.

FFT - Inpatient

- Trust score was 95.3% of patients recommending in October. The DH score reduced slightly to 94.2 % and PRUH improving to 97.0%.
- It should be noted that since relaunch in August 2020, response rates overall remain low, and work is on-going to get all wards to achieve our internal target of 50% response rate.

FFT - Outpatients

- Trust FFT score for outpatients increased by 0.9% to 89.1%, with the DH score improving by 1% to 89.6% and PRUH/South Sites improving to 88.1%.

- **FFT - Maternity**
- Labour, Birth and Post Natal FFT was relaunched in August 2020 with a recommendation rate of 94.1% overall, which reduced further to 92.4% for October.
- Due to COVID-19, the set up of the community midwifery practices has changed. For the next five months, we will move to reporting Trust FFT for overall antenatal and post-natal community rather than breaking down the data.

FFT BENCHMARKING (MONTH IN ARREARS)

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

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

		Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	78.87%	79.49%	78.88%	79.51%	80.44%	76.79%	68.50%	58.70%	46.66%	39.28%	48.20%	57.16%	64.82%	92.00%	54.92%	65.90%	
632	Patients waiting over 52 weeks (RTT)	184	175	188	160	143	196	483	1017	1784	2495	2802	3250	3568	0	15399	16261	
412	Cancer 2 weeks wait GP referral	94.18%	93.74%	90.43%	87.42%	92.00%	93.05%	87.39%	87.77%	83.15%	85.99%	79.03%	84.86%	90.28%	93.00%	85.35%	87.22%	
413	Cancer 2 weeks wait referral - Breast	96.43%	97.22%	97.83%	98.86%	95.40%	95.70%	95.45%	97.50%	96.49%	96.39%	94.34%	91.26%	91.26%	93.00%	93.97%	94.88%	
419	Cancer 62 day referral to treatment - GP	72.87%	74.14%	73.13%	64.63%	68.56%	66.83%	52.10%	64.39%	58.70%	60.00%	70.81%	74.29%	76.84%	85.00%	66.43%	66.59%	
536	Diagnostic Waiting Times Performance > 6 Wks	5.89%	7.53%	9.88%	11.51%	6.66%	19.03%	59.35%	60.25%	51.56%	41.59%	34.71%	26.81%	21.73%	1.00%	41.06%	28.01%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	72.23%	69.30%	67.69%	69.02%	71.42%	73.99%	82.82%	91.11%	90.72%	93.63%	88.91%	85.26%	81.51%	95.00%	87.79%	82.02%	
Patient Flow																		
399	Weekend Discharges	18.2%	22.9%	21.2%	18.5%	22.6%	19.8%	19.6%	25.5%	20.1%	18.5%	25.6%	18.0%	21.3%	20.7%	21.1%	21.1%	
404	Discharges before 1pm	17.9%	18.2%	18.3%	18.7%	18.9%	16.1%	18.7%	18.1%	17.9%	16.8%	16.9%	16.2%	16.9%	18.4%	17.3%	17.6%	
747	Bed Occupancy	93.1%	94.1%	92.3%	94.7%	93.9%	81.5%	61.8%	63.6%	70.7%	77.9%	80.8%	83.7%	83.4%	91.6%	74.6%	81.6%	
1357	Number of Stranded Patients (LOS 7+ Days)	577	575	659	596	599	389	342	394	860	447	532	484	513		3572	6390	
1358	Number of Super Stranded Patients (LOS 21+ Days)	243	242	267	259	273	177	120	137	335	164	200	184	184		1324	2542	
800	Delayed Transfer of Care Days (per calendar day)	15.7	18.3	18.3	21.3										0.0		19.3	
762	Ambulance Delays > 30 Minutes	470	924	1282	452	1488	1248	822	516						0	1338	6732	
772	12 Hour DTAs	42	28	65	166	76	43	13	12	28	37	45	34	53	0	222	507	
Theatre Productivity																		
801	Day Case Rate	75.9%	75.6%	75.4%	77.3%	77.0%	76.2%	73.1%	76.0%	76.8%	77.6%	76.9%	78.1%	78.5%	75.7%	77.2%	76.8%	

Domain 2: Performance
A&E / Emergency Care

M7 - OCTOBER 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	81.51%	53	14140	5439	19579	55.27%	4484	5.85	513	184
Type 1 Only	73.68%	-	-	-	12380	55.27%	-	0.00	-	-
Type 3 Only	95.15%	-	-	-	7199	0.00%	-	0.00	-	-
Previous Month	85.27%	34	15246	5284	20530	53.77%	4522	6.11	484	184
Variance	-3.76%	19	-1106	155	-951	1.50%	-38	-0.26	29	0
Target/Plan	77.06%	0	-	-	-	-	-	-	-	-
Variance to Target/Plan	4.45%	53	-	-	-	-	-	-	-	-

ACTIONS TO RECOVER

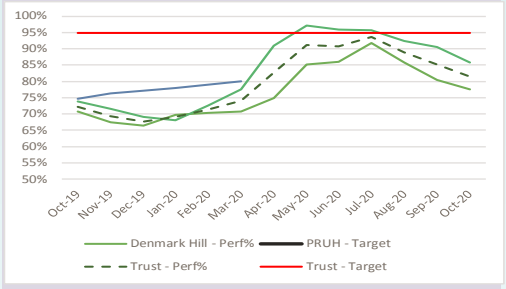
Denmark Hill:

- Poor bed flow with long waits for medical beds. Continued delays in swabbing results; and poor discharge profile.
- Point of Care Testing for COVID to be launched to improve turnaround times for swabs, Initially based in Virology lab, but will be set-up in ED hot lab to enable rapid COVID testing.
- GP performance remains strong: Think 111 (direct booking from 111 into ED/UCC) to be launched in the beginning of December; unclear how this will impact on ED demand. Kings is mirroring its appointment profile to GSTT and LGT
- Swabbing issues continue to be reviewed at weekly swabbing performance meeting.
- Long waits for mental health beds continue.

PRUH:

- **ED enhanced Infection control**: Investment has been approved to support the increase in the 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-19 pathway, those heralding and those with other underlying infections. Works are due to commence from 30 November.
- **NHS 111 Directly bookable service**: now in place between UCC and ED from the 10 November. Daily reporting between teams to review demand and suitability.
- **Front door enhanced assessment**: The team has established a senior clinically-led front door model which includes enhanced triage to ensure we prioritise our patients by process of SIFT (Senior Intervention following Triage).
- Mental Health Pathways: Investment agreed for dedicated mental health assessment unit co-located with ED for adult pathways, joint initiative with Oxleas Trust.

PERFORMANCE



BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
Attendances (All Types)	19,632	31,498	93	6 of 28	13 of 217
Attendances (Type 1)	12,475	27,458	2,385	4 of 21	18 of 217
Total Emergency Admissions	13,214	4,468	2	5 of 21	39 of 217
Emergency Admissions via A&E	10,274	3,980	2	4 of 21	26 of 217
% Emergencies Admitted via A&E	89.1%	100%	0.9%	6 of 21	21 of 217
4hr performance % (All Types)	81.5%	100%	65.6%	22 of 28	140 of 217
4hr performance % (Type 1)	73.7%	97.7%	0.0%	14 of 21	78 of 217
12hr DTA breaches	53	200	1	20 of 21	212 of 217

Compliance by Average Activity Volume	No. of Trusts	Com-pliant	% Comp.
<10,000 att.	148	77	52.0%
>10,000 to <20,000	59	3	5.1%
>20,000 att. (inc. KCH)	10	0	0.0%

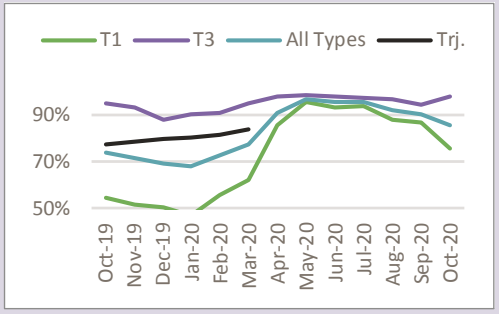
Domain 2: Performance
A&E / Emergency Care (Site Based)

M7 - OCTOBER 2020 EMERGENCY CARE DELIVERY

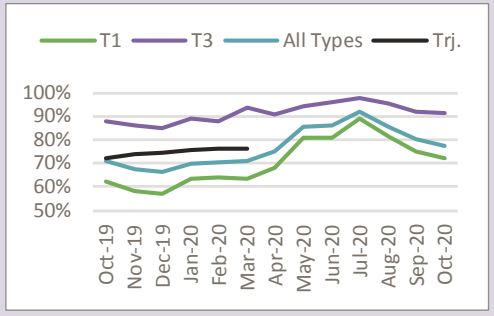
		4hr Perf.%	12hr DTAs	Walk-In Att.	Ambul. Att.	Total Att.	%Treat<60m	Em. Adm.	NEL ALOS	Stranded	Super-S.
DENMARK HILL	Current Month	77.62%	36	7405	2912	10317	68.93%	2069	6.3606	346	138
	Type 1 Only	72.17%	-	-	-	7361	68.93%	-	-	-	-
	Type 3 Only	91.20%	-	-	-	2956	0.00%	-	-	-	-
	Previous Month	80.47%	30	8143	2775	10918	65.58%	2065	6.836	349	150
	Variance	-2.85%	6	-738	137	-601	3.35%	4	-0.4754	-3	-12
	Target/Plan	74.67%	0	-	-	-	-	-	-	-	-
	Variance to Target/Plan	2.95%	36	-	-	-	-	-	-	-	-
PRUH	Current Month	85.82%	17	6735	2527	9262	35.25%	2415	5.2585	167	46
	Type 1 Only	75.87%	0	0	-	5019	35.25%	-	-	-	-
	Type 3 Only	97.93%	0	0	-	4243	0.00%	-	-	-	-
	Previous Month	90.68%	4	7103	2509	9612	35.83%	2457	5.2614	133	32
	Variance	-4.86%	13	-368	18	-350	-0.58%	-42	-0.0029	34	14
	Target/Plan	79.78%	0	-	-	-	-	-	-	-	-
	Variance to Target/Plan	6.04%	17	-	-	-	-	-	-	-	-

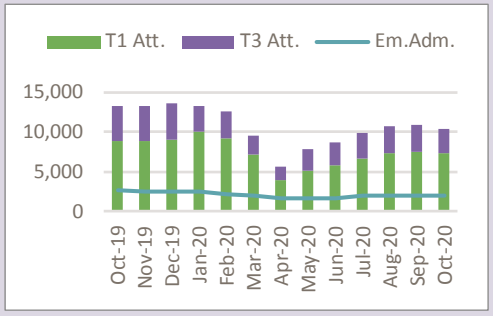
PERFORMANCE

PRUH



DENMARK HILL





PERFORMANCE HIGHLIGHTS: PRUH

- ED type 1 performance has reduced from 87.05% in September to 75.87% in October with a reduced number (3,877) of patients seen.
- ED all types performance reduced from 90.66% in September to 85.82% in October.
- There were 9,311 attendances in October which is a 3.9% decrease on patient attendances during September. This level of activity represents 83.1% of patients seen compared to October last year.
- The number of 12-hour DTA breaches increased from 4 in September to 16 in October – 14 cases due to a delay waiting for mental health beds.

PERFORMANCE HIGHLIGHTS: DENMARK HILL

- Type 1 ED performance reduced from 75.29% in September to 72.17% in October, and Type 3 performance reduced from 91.21% to 91.20%.
- ED all types performance reduced from 80.47% in September to 77.62% in October.
- There were 10,321 attendances in October which is a 5.5% decrease on the numbers of patients attending during September. This represents 78.1% of patients seen compared to October last year.
- The number of 12-hour DTA breaches increased from 30 in September to 37 in October - 30 cases due to delay in waiting for an MH bed.

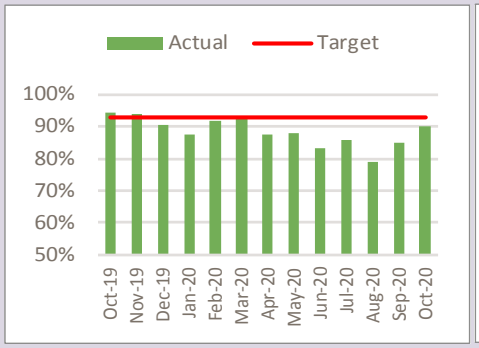
Domain 2: Performance
Cancer

M7 - OCTOBER 2020 CANCER DELIVERY

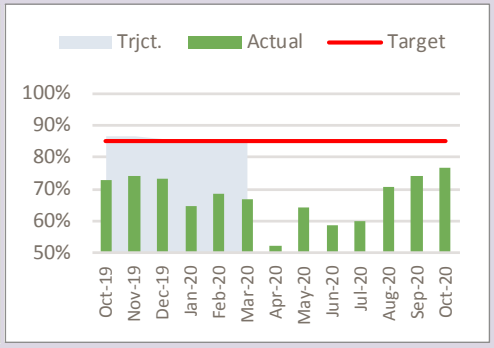
Metric	2WW Referrals Received	2WW Referrals Seen	2WW Referrals Seen <14 Days	% Seen within 14 Days	62-Day Total Treatments	Treatments within 62 Days	% Treatments within 62 Days	% Transfers In < Day 38	% Transfers Out < Day 38	Total Cancer PTL	>62 Days w/o Treatment	>100 Days w/o Treatment
Current Month	2923	2736	2470	90.28%	88.5	68	76.84%	62.90%	56.7%	3614	11	5
Denmark Hill	*1318*	*1274*	*1207*	*94.74%*	*41.5*	*30.5*	*73.49%*	*62.90%*	*60.7%*	*1487*	*7*	*2*
PRUH	*1605*	*1462*	*1263*	*86.39%*	*47*	*37.5*	*79.79%*	*0.00%*	*52.1%*	*2127*	*4*	*3*
Previous Month	2853	2510	2130	84.86%	105	78	74.29%	62.79%	69.1%	-	-	-
Variance	70	226	340	5.42%	-16.5	-10	2.55%	0.11%	-12.4%	-	-	-
Target/Plan	-	-	-	93.00%	-	-	85.85%	0.00%	0.0%	-	-	-
Var. to Target/Plan	-	-	-	-2.72%	-	-	-9.01%	0.00%	0.0%	-	-	-

COMPLIANCE TRENDING

2-Week Performance



62-Day Performance



BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
2 week wait referrals seen	2,464	4,518	10	3 of 21	15 of 142
2 week wait performance %	85.15%	100%	45.41%	6 of 21	48 of 142
2 week wait (breast) performance %	93.54%	100%	1.94%	5 of 18	50 of 119
62 day GP referral performance % (1st treatment)	92.17%	100%	42.86%	16 of 22	101 of 143
62 day screening service performance % (1st treatment)	84.62%	100%	14.29%	3 of 16	43 of 103

PATHWAY REDESIGN & IMPROVEMENT

- PRUH pathway mapping workshops held in November to highlight new themes/areas for improvement.
- Root cause analysis process recommenced in November to look for further improvement actions.
- Key areas of pathway redesign/improvement in programme plan:
- Redesign of HCC (liver) pathway to reduce referrals into Trust and waiting times for MDM discussions and OPAs. Process mapping meeting to be held in late 2020.
- Increased workforce for colorectal EMR pathway (DH is a SEL hub) – requires Trust approval of cancer alliance funding.
- Provision of 1-stop head & neck and skin services for PRUH patients (business case being developed for Q4 prioritisation).

IMPROVING >38 DAY TERTIARY REFERRALS

- Breaking bad news ring-fenced slots required for PRUH prostate patients.
- DH gynae hysteroscopy capacity plans agreed in principle, to set up ring-fenced slots. PRUH gynae hysteroscopy capacity and demand modelling required.
- Implement 23 hour stay for DH interventional radiology biopsies to reduce delays due to bed capacity constraints (due to commence in November)
- Move breaking bad new DH colorectal clinic to within 24 hours of MDM (additional CNS workforce required, funding being reviewed)
- Long term plan to review provision of oncology services in South East London (as no current cover in the event of leave) – KCH to meet with GSTT and LGT to review funding models for full 52 week a year service

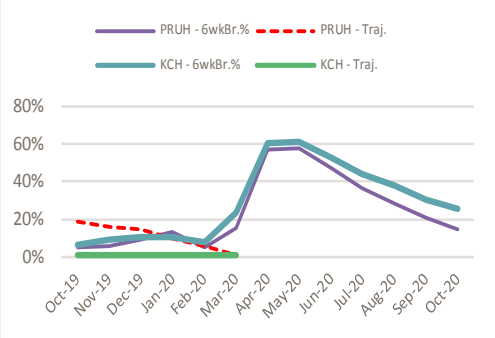
Domain 2: Performance
Diagnostics

M7 - OCTOBER 2020 DIAGNOSTICS DELIVERY

	ACTIVITY				WAITING LIST				WAITS BY MODALITY		
Metric	**Planned**	**Unsched.**	**WL**	**Total**	**Total WL**	**Total 6+ Wks**	**Total 13+ Wks**	**% 6+ Wks**	**Endoscopy**	**Echocard.**	**MRI&CT**
Current Month	3325	5884	17617	26826	13979	3038	1429	21.73%	1220	851	650
Denmark Hill	48	14	2744	2806	9165	2344	1031	25.58%	643	782	626
PRUH	3418	9616	571	13605	4814	694	398	14.42%	577	69	24
Previous Month	3410	5840	16917	26167	13189	3537	1730	26.82%	1439	903	749
Variance	-85	44	700	659	790	-499	-301	-5.09%	-219	-52	-99

ENDOSCOPY RECOVERY PROGRAMME

- The extended Endoscopy harm review continues with a core team meeting weekly to monitor the review of the cases.
- **Next Steps /Risks** – To address the backlog the Trust continues to use Endoscopic IS capacity at BMI Chelsfield Park and Lyca Healthcare. A detailed exercise is underway to detail the future trajectory and identify any further pressure points



PERFORMANCE HIGHLIGHTS

- The number of patients waiting over 6 weeks reduced from 3,536 at the end of September to 3,038 at the end of October, with 21.73% of patients were waiting over 6 weeks – a 5.1% improvement compared to September.
- There were 26,826 DM01 diagnostic tests performed in October, higher than the 26,167 tests carried out in September across planned, waiting list and un-scheduled activity.
- **Denmark Hill**: 2,344 patients waiting over 6 weeks at the end of October on the diagnostic PTL which represents 25.58% of the PTL compared to 30.10% at the end of September.
- **PRUH**: 694 patients waiting over 6 weeks at the end of October on the diagnostic PTL which represents 14.42% of the PTL compared to 20.61% at the end of September.

KEY ACTIONS AND RISKS

- **Endoscopy** – additional capacity being provided under national contract with Blackheath BMI and West Valley.
- **Radiology** – Private sector capacity confirmed at 30 slots per week at Blackheath, and WMS Alliance has also confirmed further capacity for 100 patients per week which is in the final stages of being setup.
- **MRI** – the PRUH service is holding discussions with Alliance to prevent a loss of capacity during December sue to potential issues over the Christmas period.
- **Non-Obstetric ultrasound** – In addition to 14 slots per week at Chelsfield Park, insourcing has now commenced which will provide an average of 60 slots per week.
- **Dexa scans** – PRUH has cleared its backlog and booking daily without additional sessions.

BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon. Acute)	Rank (Eng.)
Planned tests/procedures	3,389	7,108	1	5 of 24	11 of 394
Unscheduled tests/proc.	5,751	11,969	1	3 of 24	8 of 394
Wait. list tests/proc. (ex. planned)	16,797	25,467	1	3 of 24	8 of 394
Total tests/procedures performed	25,937	32,483	1	2 of 24	5 of 394
Total waiting list	13,140	30,954	1	5 of 24	26 of 394
Number waiting 6+ weeks	3,521	12,976	1	8 of 24	42 of 394
% waiting 6+ weeks	26.8%	100.0%	0.0%	12 of 24	245 of 394

Compliance by Volume	No. of Trusts	<1% Comp.	% Comp.
<5,000 tests	288	142	49.31%
>5,000 to <13,000 tests	80	0	0.00%
>13,000 tests (inc. KCH)	26	0	0.00%

Domain 2: Performance
RTT

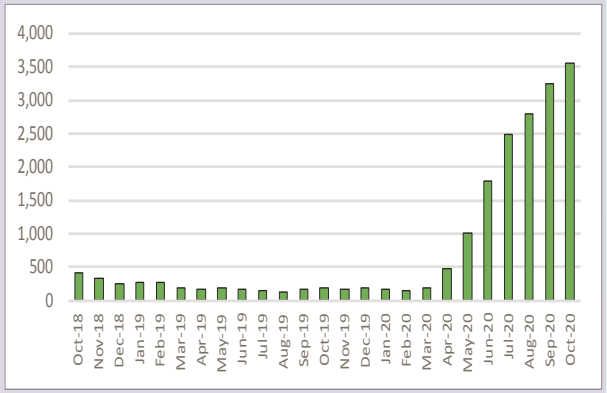
M7 - OCTOBER 2020 RTT DELIVERY

Metric	Clock Starts	Clock Stops	Total PTL	< 18 Weeks	> 18 Weeks	RTT Compliance	>30 Weeks	>40 Weeks	>52 Weeks
Current Month	23574	19810	58028	37614	20414	64.82%	17627	9899	3568
Admitted	0	2900	12217	5510	6707	45.10%	5949	4041	1807
Non-Admitted	0	16910	45811	32104	13707	70.08%	11678	5858	1761
Previous Month	22905	19300	58508	33446	25062	57.16%	19931	10099	3250
Variance	669	510	-480	4168	-4648	7.66%	-2304	-200	318
Target/Plan	23458	18699	74026	57755	16271	78.02%	-	1899	120
Var. to Target/Plan	116	1111	-15998	-20141	4143	-13.20%	-	8000	3448

LONG WAITERS

- Increase of 318 breaches from 3,250 in September to 3,568 in October.
- The majority of the breaches are in Ophthalmology (994 patients), Oral Surgery (600 patients), General/ Bariatric Surgery (482 patients), T&O (283 patients) and ENT (153 patients).
- The number of 52 week breaches at Denmark Hill has increased by 309 cases from 2,001 in September to 2,310 in October.
- The number of 52 week breaches at PRUH/South Sites has increased by 9 cases from 1,249 in September to 1,258 in October

52 Week Breaches



ACTIONS TO RECOVER

- As elective activity continues to approach pre-COVID levels, RTT incomplete performance has improved from 57.16% in September to 64.82% in October.
- **Elective Waiting List Recovery** – a refresh of the latest 52-week forecast for the end of this financial year has been completed. This suggests that there will b 3,215 patients waiting 52+weeks by March 2021 compared to our original phase 3 plan submission of 2,671 cases – due to lower than planned IS and Dental activity.
- End October target to have 60% of admitted pathways clinical prioritised was narrowly achieved at 61% completion.
- **OP Transformation** – Outpatient services have now moved into the Tessa Jowell Health Centre, and has been handed over to the Outpatients Service Manager.
- **Theatres Improvement** – Demand & Capacity modelling is underway to support future theatre templates. Activity in DSU is approaching pre-COVID levels, and Orpington theatres is achieving 71% utilisation. Options appraisal presented at Digital board. Outcome being progresses by way of a full business case.

BENCHMARKING

	KCH	Highest (Eng.)	Lowest (Eng.)	Rank (Lon.)	Rank (Eng.)
GP Referrals Made (all specs)					
Elective G&A Total Admissions (FFCEs)					
PTL Size	57,854	106,103	25	3 of 23	9 of 175
New Waiting List Starts	22,839	27,428	11	1 of 23	4 of 175
Admitted Completed Pathways	2,818	3,931	10	2 of 23	10 of 175
Non-Admitted Completed Pathways	16,400	20,962	4	2 of 23	4 of 175
RTT Compliance	57.5%	100%	13.3%	8 of 23	61 of 175
>36 Weeks	12,634	20,964	1	22 of 23	169 of 175
>52 Weeks	3190	5799	1	22 of 23	168 of 175
% of PTL >36 Weeks	21.8%	41.9%	0.0%	20 of 23	154 of 175
% of PTL >52 Weeks	5.5%	16.1%	0.1%	21 of 23	156 of 175
Average(median) Waiting Times (in weeks)	12.64341	34.2	81.95%	16 of 23	117 of 175
92nd Percentile Waiting Time (in weeks)	48.39926	52+	2.6552381	22 of 23	156 of 175

Compliance by PTL Size	No.	>92%	% Comp
PTL <20,000	86	19	22.1%
PTL 20,000 - <50,000	73	0	0.0%
PTL 50,000 - <70,000	11	0	0.0%
PTL >70,000(inc. KCH)	5	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

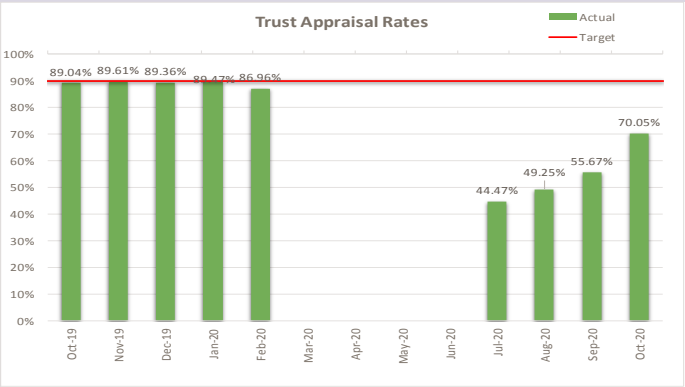
		Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Well Led																		
Staff Training & CPD																		
715	% appraisals up to date - Combined	89.04%	89.61%	89.36%	89.47%	86.95%					44.47%	49.25%	55.66%	70.05%	90.00%			
721	Statutory & Mandatory Training	85.65%	84.70%	85.08%	85.09%	85.36%		84.57%	84.57%	83.47%	83.47%	82.09%	82.72%	84.18%	90.00%			
Staffing Capacity																		
875	Voluntary Turnover %	14.1%	13.8%	13.8%	13.7%	13.8%	13.8%	13.8%	13.5%	13.3%	13.1%	12.6%	11.9%	11.8%	14.0%			
732	Vacancy Rate %	11.05%	10.84%	11.27%	11.38%	11.51%	11.01%	12.83%	12.87%	13.97%	14.29%	15.16%	13.89%	14.19%	10.00%			
Efficiency																		
743	Monthly Sickness Rate	3.92%	3.96%	4.06%	4.05%	3.90%	6.89%	9.98%	5.40%	3.89%	3.66%	3.46%	3.71%	3.83%	3.50%			

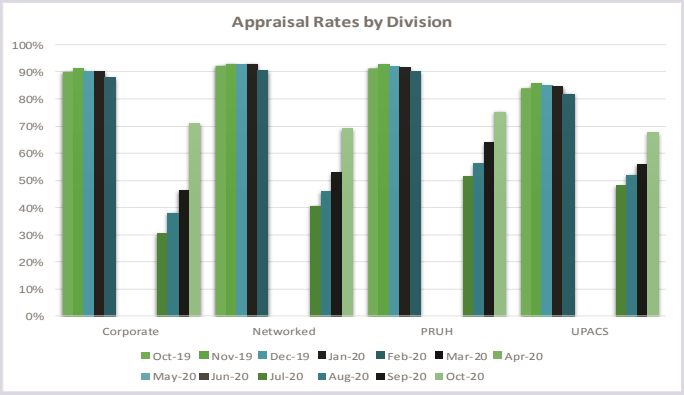
Domain 3: Workforce
Appraisals

M7 - OCTOBER 2020 APPRAISALS DELIVERY

	All Appraisals			Appraisal Rate By Staff Group								
	Medical Appraisal %	Non-Medical Appraisal %	Appraisal % (All Staff)	Add. Professional Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Registered Nurses & Midwifery	Students
Current Month	67.71%	70.54%	70.05%	74.14%	71.20%	60.26%	80.26%	62.92%	59.64%	67.71%	74.90%	0.00%
Denmark Hill												
PRUH												
Previous Month	67.38%	53.38%	55.67%	59.80%	57.80%	37.79%	53.51%	45.45%	31.11%	67.38%	61.07%	0.00%
Variance (from last month)	0.33%	17.16%	14.38%	14.33%	13.40%	22.47%	26.75%	17.47%	28.53%	0.33%	13.84%	0.00%
Plan KPI	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Variance to target/plan	-22.29%	-19.46%	-19.95%	-15.86%	-18.80%	-29.74%	-9.74%	-27.08%	-30.36%	-22.29%	-15.10%	-90.00%

OCTOBER 2020 DELIVERY





PERFORMANCE DELIVERY

Non-Medical:
- The non-medical staff Appraisal window for 2020 closed on the 31st October.
- Going forward, compliance continues to be monitored.
- Figures show an increase of 17.1% from September, but compliance is below the Trust wide target of 90%.

Medical:
- Compliance has increased slightly but still lower than in previous years due to the temporary suspension of appraisal activities in response to COVID-19, as per the NHSI letter of 19th March. Compliance is 100% for Deanery doctors.

ACTIONS TO SUSTAIN

Non-Medical:
- Communication plan on-going.
- Communication drive by HR PB's within care groups.

Medical:
- Appraisal compliance recovery strategies that have been undertaken from November 2020:
- Those who were due to have an appraisal between March 2020 and end of September 2020 and didn't have an appraisal meeting, their appraisal can be considered as 'missed approved' due to COVID.
- For those whose appraisal month is normally at the beginning of October to the end of February should continue to have annual appraisal as normal.
- Monthly Appraisal compliance report (by Care-Groups) to be sent to Clinical Directors and Clinical Leads from December to engage and support those who have returned to their usual clinical activities to resume planning for their appraisal.
- Monthly Appraisal update meetings with RO and Executive Medical Director team.

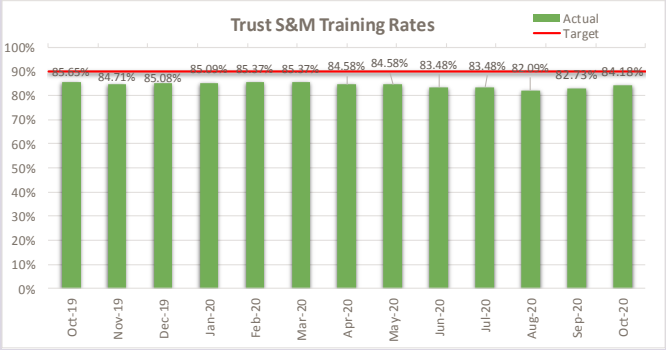
NATIONAL CONTEXT

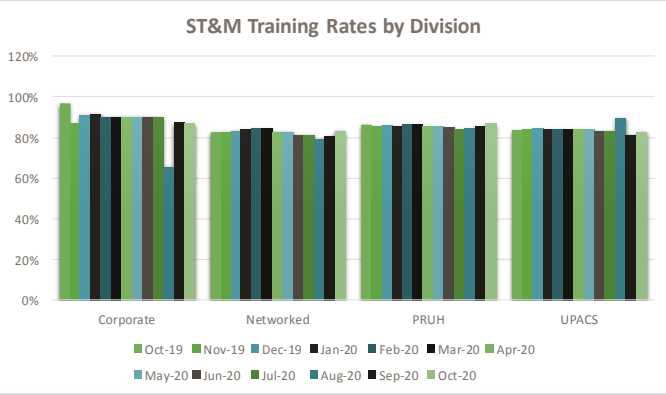
Domain 3: Workforce
Mandatory Training

M7 - OCTOBER 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	84.18%	79.43%	82.04%	92.62%	90.95%	92.21%	86.03%	70.05%	87.13%	0.00%
Denmark Hill										
PRUH										
Previous Month	82.73%	76.86%	80.34%	91.31%	88.91%	92.00%	80.91%	66.83%	86.47%	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	-5.82%	-10.57%	-7.96%	2.62%	0.95%	2.21%	-3.97%	-19.95%	-2.87%	-90.00%

OCTOBER 2020 DELIVERY





PERFORMANCE DELIVERY

- Compliance is still on an overall upward trend, with overall compliance at 84.18%, a minor drop of 0.19% was seen in Corporate areas.
- Prevent and safeguarding adults remain in the top 3 topics for compliance with increases of 1 or 2% The bottom 3 topics remain the same with small increases in compliance across these topics.

ACTIONS TO SUSTAIN

- LEAP team continue working with departments to collate and consolidate training record and audience management.
- Safeguarding Adults L1 audience reviewed and compliance has increased by 2.2.%.
- Safeguarding Children level 3 – met with the SGC Lead and agreed to make minor amendments to the course pending a wider review in January 2021, the minor amendments remove one of the e-learning modules which we expect should positively impact overall compliance.

Actions going forward:

- LEAP Line Manager check in – 3 monthly check required to maintain hierarchy.
- Implement amendments to SGC Level 3.
- ED CQC T&F group to be established across systems stakeholders.
- Audience review of Manual Handling Clinical topic.

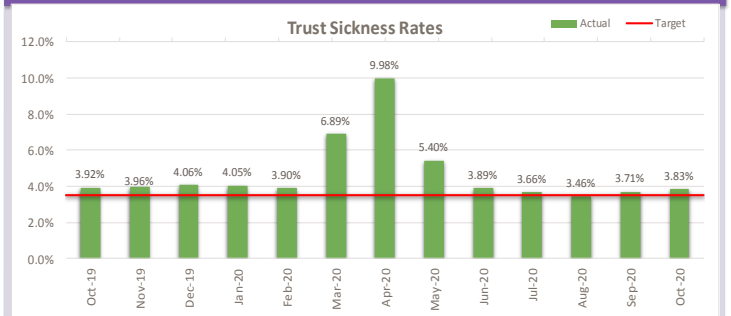
NATIONAL CONTEXT

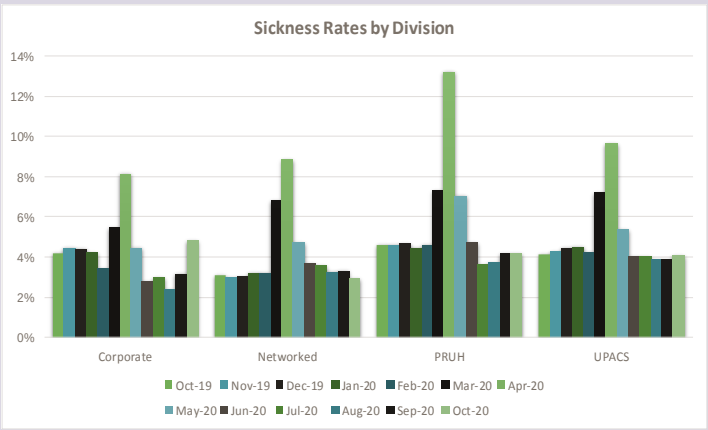
Domain 3: Workforce
Sickness Absence

M7 - OCTOBER 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	3.83%	1.99%	1.85%	2033	4.15%	6.02%	4.79%	2.50%	7.95%	2.98%	1.20%	3.88%	0.00%
Denmark Hill	3.73%	2.00%	1.73%	1585	4.24%	6.16%	4.81%	2.41%	7.28%	2.80%	1.09%	3.72%	0.00%
PRUH	4.20%	1.93%	2.27%	448	1.93%	5.76%	4.65%	3.59%	20.83%	8.50%	1.59%	4.32%	0.00%
Previous Month	3.71%	1.85%	1.86%	1991	3.43%	5.44%	4.59%	2.78%	5.83%	3.13%	1.14%	3.97%	0.00%
Variance (from last month	0.12%	0.13%	-0.01%	42	0.72%	0.58%	0.20%	-0.28%	2.13%	-0.14%	0.05%	-0.09%	0.00%
Plan KPI	3.50%				3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
Variance to target/plan	-0.33%				-0.65%	-2.52%	-1.29%	1.00%	-4.45%	0.52%	2.30%	-0.38%	3.50%

OCTOBER 2020 DELIVERY





PERFORMANCE DELIVERY

- The Trust monthly sickness rate has risen slightly to 3.83%, but a proportion of that is COVID related sickness. Overall the sickness rate remains fairly steady and close to target.
- The percentage of psychiatric illness has remained the same at 8% in October. This is a reduction from the preceding three months.
- The rolling sickness rates display a fairly even split between long term sickness & short term sickness. The overall rolling sickness rate is highest at the PRUH and in UPACs.
- The ER Advisors continue to support managers in day to day management of cases and also organising joint case reviews with OH for complex cases.
- The latest version of the sickness policy is being circulated in Workforce for comments and will be cascaded when ratified.

ACTIONS TO SUSTAIN

- All staff are being offered a risk assessment to ensure that they remain safe and well at work. At the time of reporting, the Trust had reported 11,935 risk assessments offered and recorded in LEAP (94.21%).
- Sickness rates are being monitored and managed. The ER Team Leader (ERTL) has a fortnightly 1-2-1's with the ER Advisors (ERAs) to go through sickness cases.
- Monthly meetings are held with line managers to review and progress sickness cases, and ensure that staff have access to the relevant support.
- The Health & Wellbeing business case has been signed off and the plan is being mobilised. This will provide an increase in Psychological and pastoral support available to staff.
- The ER Team is increasing awareness of the EAP service / OH offering.

NATIONAL CONTEXT

Sickness Rates (monthly)

Trust	Sep-20
Chelsea and Westminster Hospital NHS Foundation Trust	3.15%
Imperial College Healthcare NHS Trust	3.50%
St George's University Hospitals	3.60%
King's College Hospital NHS Foundation Trust	3.71%
Guy's & St. Thomas' NHS Foundation Trust	4.04%
University College London Hospitals*	4.09%

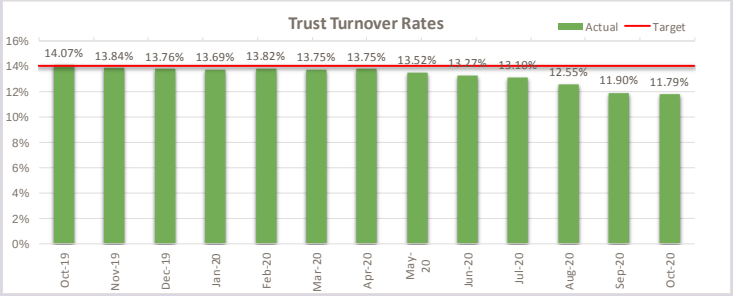
** 12 months Rolling figures*

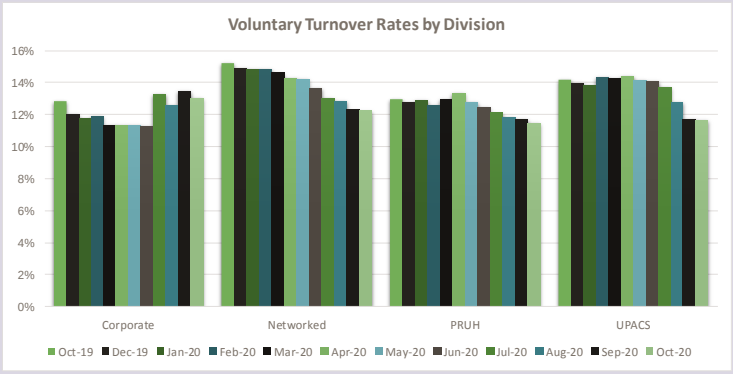
Domain 3: Workforce
Staff Turnover Rates

M7 - OCTOBER 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	19.65%	11.79%	7.86%	83.75%	12.84%	11.40%	11.17%	15.54%	7.92%	12.48%	10.27%	12.30%	26.72%
Denmark Hill	*20.71%*	*11.88%*	*8.83%*	*83.49%*	*12.99%*	*12.43%*	*11.17%*	*14.47%*	*8.33%*	*12.55%*	*8.94%*	*12.95%*	*27.10%*
PRUH	*15.90%*	*11.46%*	*4.44%*	*84.68%*	*9.30%*	*9.08%*	*11.15%*	*29.17%*		*10.71%*	*15.08%*	*10.63%*	
Previous Month	19.79%	11.90%	7.89%	84.39%	12.92%	11.95%	11.17%	15.49%	6.92%	11.80%	10.19%	12.48%	26.56%
Variance (from last month)	-0.13%	-0.11%	-0.02%		-0.08%	-0.55%	0.00%	0.05%	1.00%	0.69%	0.08%	-0.18%	0.16%
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	5.65%	-2.21%	-6.14%		-1.16%	-2.60%	-2.83%	1.54%	-6.08%	-1.52%	-3.73%	-1.70%	12.72%
Stability Index					89.96%	86.07%	88.74%	84.16%	84.31%	89.96%	65.85%	87.95%	20.00%

OCTOBER 2020 DELIVERY





PERFORMANCE DELIVERY

- The Trust is reporting a voluntary turnover rate of 11.79%, which is a decrease from the previous month and continues to show a decrease since October 2019, with the exception of February 2020 where a small increase was seen.
- This is the lowest in twelve months and has remained below target of 14% for the same period. There have been reduction across all the divisions.
- In October there were 124 voluntary leavers. The top three reasons for leaving were promotion, relocation and work life balance.

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

Turnover Rates (Voluntary)

Trust	Sep-20
Guy's & St. Thomas' NHS Foundation Trust	10.20%
Imperial College Healthcare NHS Trust	10.98%
King's College Hospital NHS Foundation Trust	11.90%
St George's University Hospitals*	12.05%
Chelsea and Westminster Hospital NHS Foundation Trust	12.10%
University College London Hospitals**	17.86%

* St. George's University Hospital only excludes Junior Drs from their Turnover rates calculations

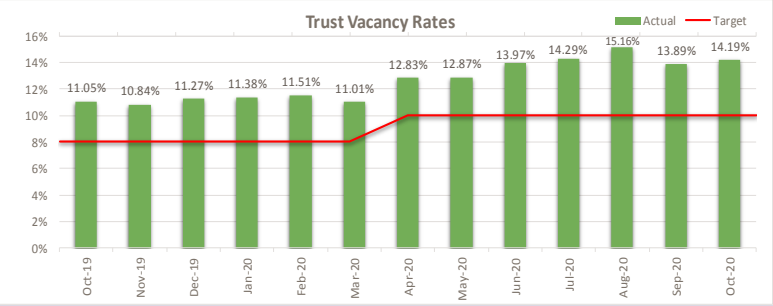
** Gross Turnover for Aug 20

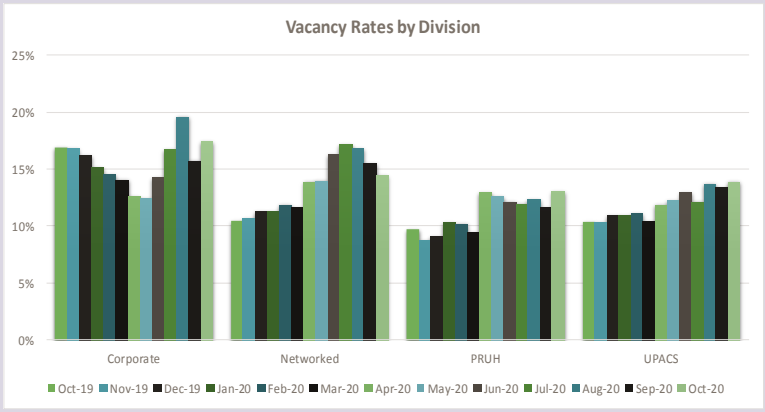
Domain 3: Workforce
Vacancies

M7 - OCTOBER 2020 DELIVERY

	All Staff Vacancy				Vacancy Rate By Staff Group								
	Establishment FTE	Vacant FTE	Vacancy % (substantive staff)	Vacancy % (substantive and B&A)	Add. Professional Scientific & Technical	Additional Clinical Services	Admin & Clerical	Allied Health Professionals	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Registered Nurses & Midwifery	Students
Current Month	14308.14	2029.74	14.19%	4.32%	13.11%	15.53%	13.24%	11.89%	8.55%	9.75%	10.02%	16.86%	82.00%
Denmark Hill	*11218.84*	*1626.32*	*14.50%*	*5.84%*	*12.01%*	*17.73%*	*13.82%*	*10.87%*	*8.77%*	*10.03%*	*8.73%*	*18.01%*	*64.00%*
PRUH	*3089.30*	*403.42*	*13.06%*	*-1.18%*	*33.05%*	*10.63%*	*9.68%*	*22.99%*	*4.00%*	*0.00%*	*14.28%*	*13.58%*	*100.00%*
Previous Month	14357.45	1994.00	13.89%	4.70%	13.47%	15.41%	12.52%	12.45%	8.14%	8.13%	10.35%	16.69%	5.09%
Variance (from last month)	-49	36	0.30%	-0.38%	-0.36%	0.12%	0.72%	-0.56%	0.41%	1.62%	-0.33%	0.17%	76.91%
Plan KPI			10.00%		8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%
Variance to target/plan			4.19%		5.11%	7.53%	5.24%	3.89%	0.55%	1.75%	2.02%	8.86%	74.00%

OCTOBER 2020 DELIVERY





PERFORMANCE DELIVERY

- The month 7 vacancy rate increased slightly from 13.89% to 14.19% (2029.74 WTE), which is an improved position on the forecast.
- The A&C vacancy rate has increased. Work is on-going to remove 'vacant' posts where no recruitment is not anticipated to be commissioned. These posts are thought to be inflating the vacancy rate.
- N&M International Recruitment deployments are re-commencing in November, which will play a significant part in reducing the vacancy factor.
- Medical Recruitment has been a key area of focus at the PRUH in M7.
- A virtual careers event for Theatres at the PRUH has generated good interest, which is being followed through with interviews.
- Medicine at Denmark Hill has had a focus on Band 5&6 recruitment, which has generated 8 successful candidates to date with more being interviewed.

ACTIONS TO SUSTAIN

Strategy and future action:
- Planning between Workforce Operations Team and Executive Nursing Team to eliminate HCA vacancies by 31 December 2020.

Priority areas of recruitment
- UPAC have started talent pooling staff at B5 and B6 level, promoting specialist roles on social media and are working to convert bank and agency staff on to Trust contracts
- UPACS AHP – continual adverts with talent pooling at band 5 & 6 level, promotion of more specialised posts on Social media, conversion of bank/agency staff
- UPACS Drs – Increase partially due to Modernising Medicine these posts have been promoted online, through the BMJ online and as highlighted jobs
- A targeted medical recruitment campaign is being developed with the Guardian at the PRUH
- NWS: Adapted international pack for doctors to reflect changes re COVID new HONs in Liver and Renal. Working with Pulse for Critical Care nurses.

NATIONAL CONTEXT

Vacancy Rates (monthly)

Trust	Sep-20
University College London Hospitals NHS Foundation Trust	5.80%
Chelsea and Westminster Hospital NHS Foundation Trust	7.55%
St George's University Hospitals	9.09%
Imperial College Healthcare NHS Trust	9.47%
Guy's & St. Thomas' NHS Foundation Trust	9.83%
King's College Hospital NHS Foundation Trust	13.89%

Domain 4: FINANCE

1. Key Metrics Scorecard
2. Financial Performance

Domain 4: Finance
Key Metrics Scorecard

Finance

		Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	4,894	8,339	14,070	13,010	6,550	(18,066)	4,797	(625)	2,087	2,070	3,377	827	1,815	14,695	14,289	38,249	
896	Budget - Overall	8,324	10,611	16,616	10,389	12,883	4,972	19,224	18,968	18,969	14,466	14,366	14,366	14,695		115,054	170,525	
897	Variance - Overall	3,430	2,272	2,546	(2,621)	6,333	23,037	14,427	19,593	16,882	12,397	10,989	13,540	12,888	0	100,765	132,283	
Medical - Agency																		
602	Variance - Medical - Agency	(621)	(430)	(440)	(553)	(428)	562	(364)	(384)	(230)	(324)	(353)	(581)	(747)	0	(2,236)	(4,272)	
Medical Bank																		
1095	Variance - Medical Bank	(754)	(358)	(761)	(949)	(1,376)	(1,539)	(944)	(1,857)	(796)	(1,548)	(1,356)	(1,331)	(2,034)	0	(7,833)	(14,850)	
Medical Substantive																		
599	Variance - Medical Substantive	852	892	1,513	1,627	1,419	662	1,082	305	1,179	1,359	1,879	1,015	1,936	0	6,819	14,868	
Nursing Agency																		
603	Variance - Nursing Agency	(323)	(312)	(711)	(547)	(534)	(848)	(473)	(417)	(407)	(666)	(583)	(810)	(836)	0	(3,356)	(7,145)	
Nursing Bank																		
1104	Variance - Nursing Bank	(2,093)	(1,546)	(1,861)	(2,340)	(2,547)	(2,995)	(2,442)	(2,116)	(2,003)	(1,645)	(2,194)	(2,659)	(2,496)	0	(13,058)	(26,843)	
Nursing Substantive																		
606	Variance - Nursing Substantive	2,718	2,853	2,627	2,600	2,867	3,088	3,344	2,624	1,693	2,396	2,751	3,276	2,661	0	16,084	32,780	

Domain 4: Finance
M7 (October) – Financial Performance

Surplus / (Deficit)

£0.3m	Actual M7
(£12.9m)	Average 19/20

Pay

(£65.6m)	Actual M7
(£62.2m)	Average Q4 19/20

Non Pay

(£53.1m)	Actual M7
(£42.6m)	Average Q4 19/20

COVID Costs

£42.7m	Actuals YTD – Total
£10.7m	Pay YTD
£32.0m	Non Pay YTD

Payment Compliance

Debtor Days

20.3	Actual M7
18.7	Prior Month

Creditor Days

101.5	Actual M7
81.7	Prior Month

Capital

(£90.2m)	Annual Plan
(£12.8m)	Actual YTD

Key Metrics - IPR Summary

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

Directorate: Trust (1000)

October 2020

Performance

		Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	78.87%	79.49%	78.88%	79.51%	80.44%	76.79%	68.50%	58.70%	46.66%	39.28%	48.20%	57.16%	64.82%	92.00%	54.92%	65.90%	
632	Patients waiting over 52 weeks (RTT)	184	175	188	160	143	196	483	1017	1784	2495	2802	3250	3568	0	15399	16261	
412	Cancer 2 weeks wait GP referral	94.18%	93.74%	90.43%	87.42%	92.00%	93.05%	87.39%	87.77%	83.15%	85.99%	79.03%	84.86%	90.28%	93.00%	85.35%	87.22%	
413	Cancer 2 weeks wait referral - Breast	96.43%	97.22%	97.83%	98.86%	95.40%	95.70%	95.45%	97.50%	96.49%	96.39%	94.34%	91.26%	91.26%	93.00%	93.97%	94.88%	
419	Cancer 62 day referral to treatment - GP	72.87%	74.14%	73.13%	64.63%	68.56%	66.83%	52.10%	64.39%	58.70%	60.00%	70.81%	74.29%	76.84%	85.00%	66.43%	66.59%	
536	Diagnostic Waiting Times Performance > 6 Wks	5.89%	7.53%	9.88%	11.51%	6.66%	19.03%	59.35%	60.25%	51.56%	41.59%	34.71%	26.81%	21.73%	1.00%	41.06%	28.01%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	72.23%	69.30%	67.69%	69.02%	71.42%	73.99%	82.82%	91.11%	90.72%	93.63%	88.91%	85.26%	81.51%	95.00%	87.79%	82.02%	
Patient Flow																		
399	Weekend Discharges	18.2%	22.9%	21.2%	18.5%	22.6%	19.8%	19.6%	25.5%	20.1%	18.5%	25.6%	18.0%	21.3%	20.7%	21.1%	21.1%	
404	Discharges before 1pm	17.9%	18.2%	18.3%	18.7%	18.9%	16.1%	18.7%	18.1%	17.9%	16.8%	16.9%	16.2%	16.9%	18.4%	17.3%	17.6%	
747	Bed Occupancy	93.1%	94.1%	92.3%	94.7%	93.9%	81.5%	61.8%	63.6%	70.7%	77.9%	80.8%	83.7%	83.4%	91.6%	74.6%	81.6%	
1357	Number of Stranded Patients (LOS 7+ Days)	577	575	659	596	599	389	342	394	860	447	532	484	513		3572	6390	
1358	Number of Super Stranded Patients (LOS 21+ Days)	243	242	267	259	273	177	120	137	335	164	200	184	184		1324	2542	
800	Delayed Transfer of Care Days (per calendar day)	15.7	18.3	18.3	21.3										0.0		19.3	
762	Ambulance Delays > 30 Minutes	470	924	1282	452	1488	1248	822	516						0	1338	6732	
772	12 Hour DTAs	42	28	65	166	76	43	13	12	28	37	45	34	53	0	222	507	
Theatre Productivity																		
801	Day Case Rate	75.9%	75.6%	75.4%	77.3%	77.0%	76.2%	73.1%	76.0%	76.8%	77.6%	76.9%	78.1%	78.5%	75.7%	77.2%	76.8%	

Quality

		Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	44	43	52	50	47	47	40	57	66	53	62	57	47	52	382	621	
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.10	0.08	0.18	0.16	0.21	0.09	0.14	0.06	0.03	0.10	0.07	0.14	0.09	0.19	0.09	0.12	
1897	Potentially Preventable Hospital Associated VTE	6	6	8	1	2	4	3	1	2	1	0	2		4		30	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	1	0	0	0	2	0	0	1	0	0	0	0	0	0			
945	Open Incidents			23						40			22			62	85	
Incident Reporting																		
520	Total Serious Incidents reported	25	11	9	14	21	13	9	10	14	13	6	4	9		65	133	
516	Moderate Harm Incidents	29	36	22	44	33	16	17	19	27	32	35	33	38		201	352	
509	Never Events	0	1	0	0	0	1	0	0	2	0	1	0	1	0	4	6	
CQC level of inquiry: Caring																		
HRWD																		
422	Friends & Family - Inpatients	94.6%	94.4%	95.2%	94.4%	92.4%	95.2%	95.7%	96.0%	94.6%	93.1%	94.9%	95.0%	95.3%	96.0%	94.7%	94.4%	
423	Friends & Family - ED	78.8%	80.9%	78.0%	80.7%	81.5%	83.7%	89.6%	89.0%	84.6%	89.3%	83.4%	82.6%	83.6%	86.0%	85.6%	83.9%	
774	Friends & Family - Outpatients	85.9%	84.3%	84.2%	83.8%	85.2%	86.2%	88.5%	87.1%	85.1%	85.6%	88.2%	88.2%	89.1%	92.0%	88.0%	87.1%	
775	Friends & Family - Maternity	94.3%	93.8%	86.7%	94.2%	95.6%	89.7%	89.1%	96.0%	94.2%	91.8%	94.1%	91.2%	92.4%	94.0%	92.8%	92.6%	
Complaints																		
619	Number of complaints	78	79	49	45	44	43	23	40	70	82	110	93	128	60	546	806	
Operational Engagement																		
620	Number of complaints not responded to within 25 Days	53	48	49	32	17	24	38	16	40	59	53	78	50	39	334	504	

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

Created date: October 2019

BIU Business Intelligence Unit

Key Metrics - IPR Summary

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

Directorate: Trust (1000)

3119	Number of PALS enquiries – unable to contact department	8	7	6	78	74	44	10	12	24	48	52	67	66	29	279	488	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	100.0%	100.0%	96.8%	96.2%	100.0%	95.7%	100.0%	84.0%	90.3%	91.7%	78.6%	76.5%	77.8%	99.1%	84.7%	90.8%	
661	Duty of Candour - Letters sent following DoC Incidents	100.0%	100.0%	100.0%	98.1%	100.0%	95.7%	100.0%	88.0%	83.9%	86.1%	71.4%	64.7%	60.0%	99.4%	77.0%	87.2%	
1617	Duty of Candour - Investigation Findings Shared	61.9%	50.0%	71.0%	55.8%	37.8%	34.8%	30.4%	28.0%	25.8%	16.7%	7.1%	5.9%	0.0%	70.2%	14.4%	31.1%	
CQC level of inquiry: Effective																		
Improving Outcomes																		
831	Standardised Readmission Ratio	89.4	89.4	89.2	88.8	87.8	86.5	86.6	86.3	86.1	85.4				105.0			
436	HSMR	87.8	88.4	87.9	87.6	87.4	88.8	91.0	91.4	90.9	90.3	89.4			100.0			
433	SHMI	94.2	93.7	93.0	93.1	93.5	96.1	97.6	97.2	96.0	96.0				105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	78.6%	89.5%	90.0%	88.1%	81.6%	66.7%	74.3%	88.9%	71.0%	63.0%	71.0%	71.7%	84.0%	79.8%	73.4%	75.5%	
625	Diagnostic Results Acknowledgement	12.2%	13.3%	13.3%	13.6%	12.4%	13.0%	14.6%	13.4%	12.9%	13.1%	12.8%	11.3%	11.1%	13.0%	12.6%	12.8%	

Workforce

		Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Well Led																		
Staff Training & CPD																		
715	% appraisals up to date - Combined	89.04%	89.61%	89.36%	89.47%	86.95%					44.47%	49.25%	55.66%	70.05%	90.00%			
721	Statutory & Mandatory Training	85.65%	84.70%	85.08%	85.09%	85.36%		84.57%	84.57%	83.47%	83.47%	82.09%	82.72%	84.18%	90.00%			
Staffing Capacity																		
875	Voluntary Turnover %	14.1%	13.8%	13.8%	13.7%	13.8%	13.8%	13.8%	13.5%	13.3%	13.1%	12.6%	11.9%	11.8%	14.0%			
732	Vacancy Rate %	11.05%	10.84%	11.27%	11.38%	11.51%	11.01%	12.83%	12.87%	13.97%	14.29%	15.16%	13.89%	14.19%	10.00%			
Efficiency																		
743	Monthly Sickness Rate	3.92%	3.96%	4.06%	4.05%	3.90%	6.89%	9.98%	5.40%	3.89%	3.66%	3.46%	3.71%	3.83%	3.50%			

Finance

		Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	4,894	8,339	14,070	13,010	6,550	(18,066)	4,797	(625)	2,087	2,070	3,377	827	1,815	14,695	14,289	38,249	
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602	Variance - Medical - Agency	(621)	(430)	(440)	(553)	(428)	562	(364)	(384)	(230)	(324)	(353)	(581)	(747)	0	(2,236)	(4,272)	
Medical Bank																		
1095	Variance - Medical Bank	(754)	(358)	(761)	(949)	(1,376)	(1,539)	(944)	(1,857)	(796)	(1,548)	(1,356)	(1,331)	(2,034)	0	(7,833)	(14,850)	
Medical Substantive																		
599	Variance - Medical Substantive	852	892	1,513	1,627	1,419	662	1,082	305	1,179	1,359	1,879	1,015	1,936	0	6,819	14,868	
Nursing Agency																		
603	Variance - Nursing Agency	(323)	(312)	(711)	(547)	(534)	(848)	(473)	(417)	(407)	(666)	(583)	(810)	(836)	0	(3,356)	(7,145)	
Nursing Bank																		
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Nursing Substantive																		
606	Variance - Nursing Substantive	2,718	2,853	2,627	2,600	2,867	3,088	3,344	2,624	1,693	2,396	2,751	3,276	2,661	0	16,084	32,780	

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

Created date: October 2019

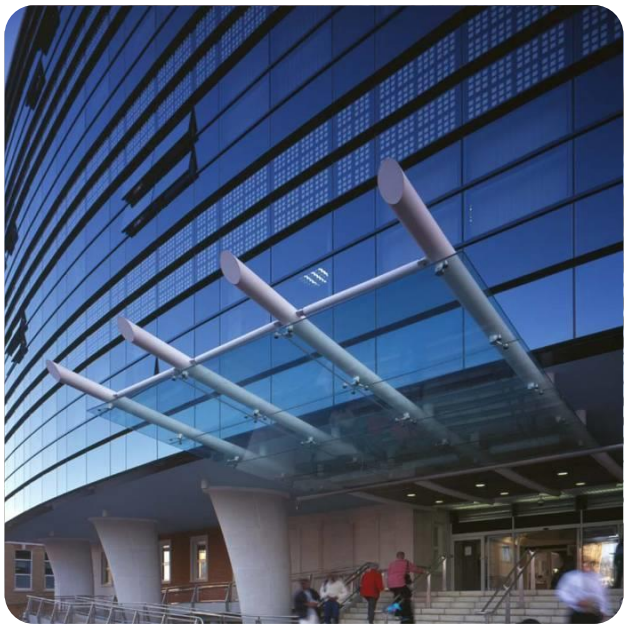
King's College Hospital NHS
NHS Foundation Trust

3 Monthly Safer Staffing Report for Nursing and Midwifery

August – October 2020

Trust Board December 2020

Nicola Ranger
Chief Nurse



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

3 Monthly Nursing Report

King's College Hospital NHS Foundation Trust

Background

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

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

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

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

- Monthly assurance will be monitored through the Trust wide Nursing Midwifery Workforce Governance Group.

Staffing Position – new table

King's College Hospital NHS Foundation Trust

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

For each of the 79 clinical inpatient areas, the actual number of staff as a percentage of the planned number is recorded on a monthly basis. The table below represents the high level summary of the actual ward staffing levels reported for October 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	93%	97%	98%	117%	4.6	2.8	7.4
PRUH and South Sites	96%	98%	97%	108%	5.0	3.3	8.4
Networked Care	93%	93%	100%	112%	9.7	2.6	12.3
Commercial	97%	99%	87%	101%	8.3	4.5	12.8

- Care staff usage on day and night shifts was increased in October due to a higher demand for enhanced care/specialling of patients (this was particularly high across the medical and neuro 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.

Red Flags

King's College Hospital NHS
NHS Foundation Trust

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

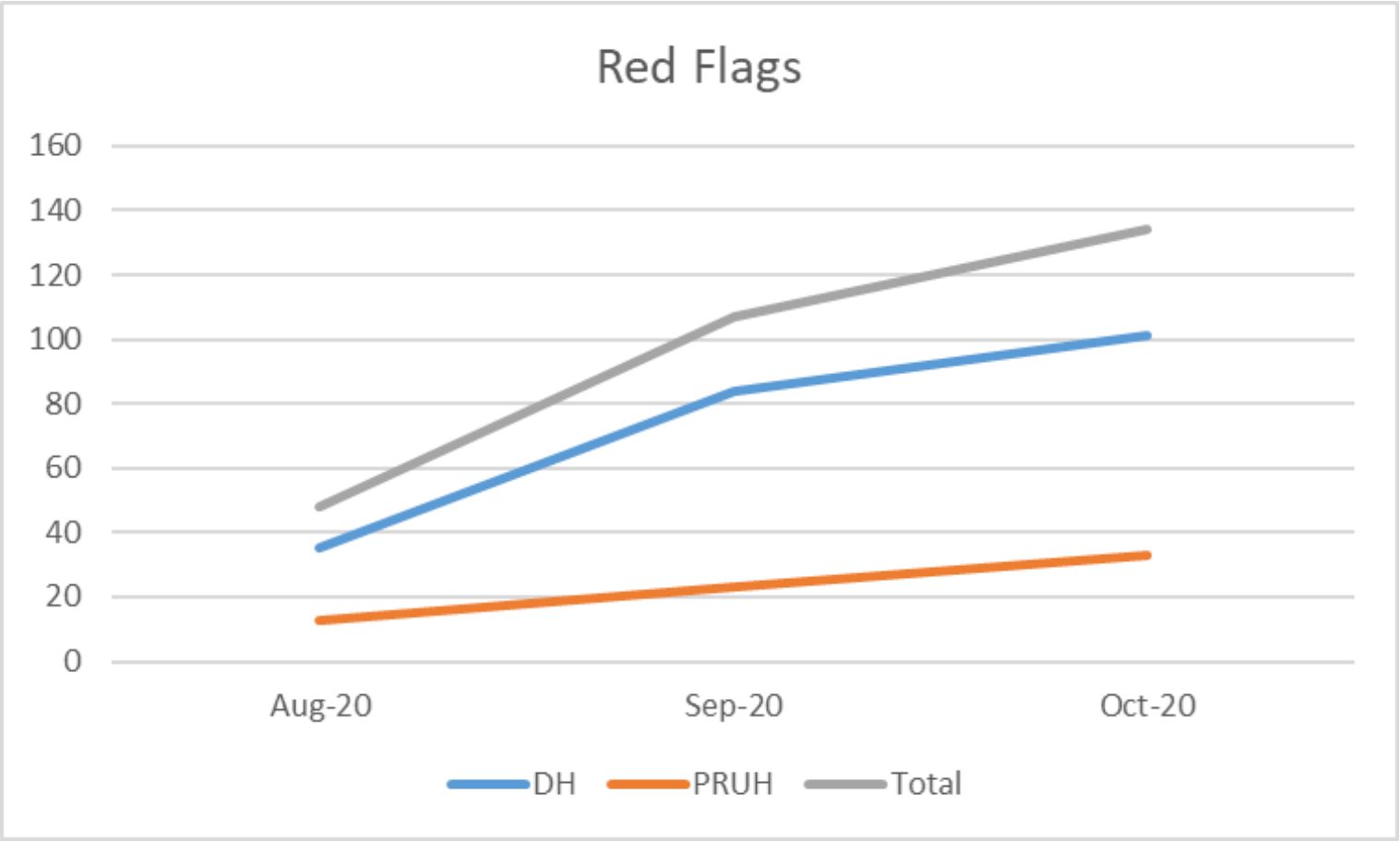
'Staffing' Red Flags	• A shortfall of more than eight hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement of the shift • Fewer than two registered nurses present on a ward during any shift
'Patient Safety/ Quality' Red Flags	• Unplanned omission in providing patient medications • Delay of more than 30 minutes in providing pain relief • Patient vital signs not assessed or recorded as outlined in the care plan • Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outline in the care plan (intentional rounding)

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

Red Flags

King's College Hospital NHS
NHS Foundation Trust

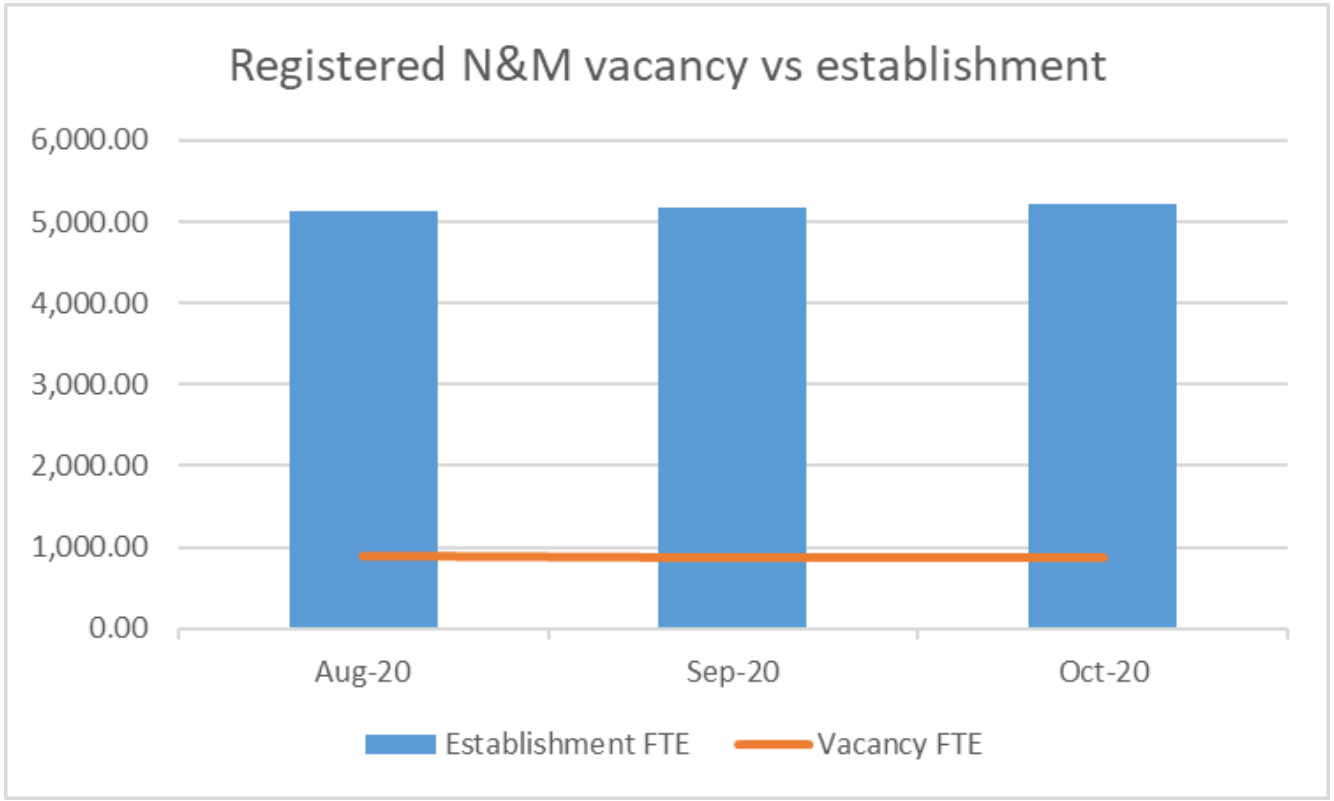
- Twice a day there is a Trust wide red alert issued to senior nursing staff highlighting the location of departments with red flags which in turn enables senior nursing staff to ensure the right staff are in the right place at the right time.
- There is an upward trend in red flags across all sites Aug 20-Oct 20 this is due to previous underreporting (refresher training has been undertaken with all HoNs, Matrons and Ward Leaders in Sep/Oct-20.) There are also staffing challenges at present due to the impact of COVID-19 and staff shielding/isolating.
- The graph below outlines the trend for the last 3 months:



Registered N&M Vacancies

King's College Hospital NHS Foundation Trust

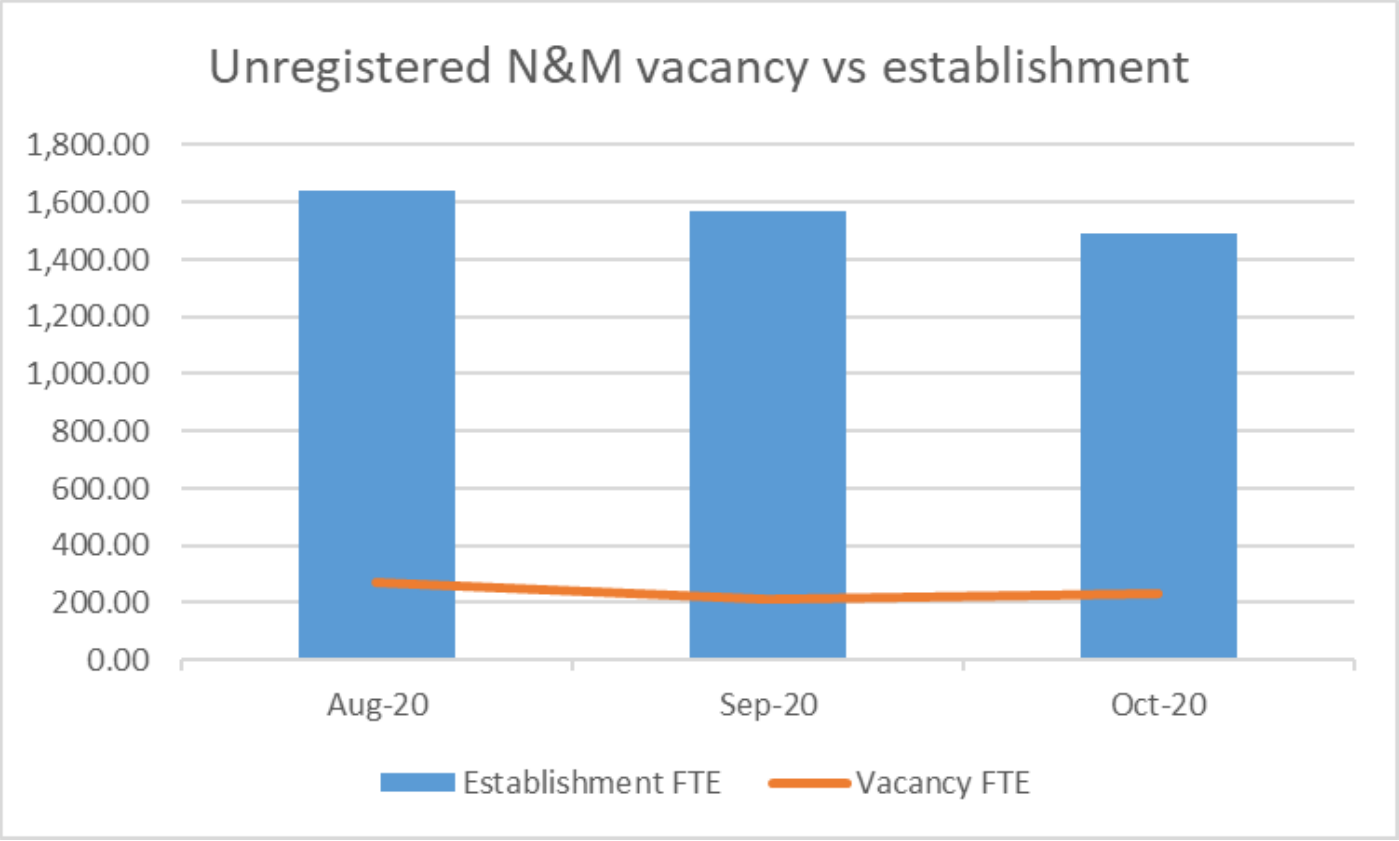
- The current vacancy for October 2020 is 16.89% for registered Nursing and Midwifery staff. The Trust's national N&M recruitment campaign (with TMP) will be fully launching Nov 20-Jan 21.
- **Registered vacancies have remained fairly static from Aug 20 - Oct 20:**
  - Due to Covid-19, the Trust's usual international recruitment activity had been temporarily suspended which affected the vacancy rate and will continue to do so until restrictions are fully lifted. However, multiple IEN deployments have been facilitated Oct-Nov 20 with further deployments planned for Dec 20-Jan 21 onwards.
  - The graph below outlines this position:



HCA & CSW Vacancies

King's College Hospital NHS Foundation Trust

- The current vacancy for October 2020 is 15.7% for all unregistered Nursing and Midwifery staff.
- **There has been an downward trend to unregistered N&M vacancies from Aug-20 – Oct-20:**
  - Due to Covid-19, the Trust's usual HCA mass recruitment via assessment centres had been temporarily suspended but has been restarted utilising virtual testing, group activities and interviews.
  - Fortnightly HCA recruitment is now in place to increase numbers of new HCA starters in the coming weeks whilst the Trust is also actively engaged with pan London widening participation events for new starters into the NHS. The graph below outlines the current position:

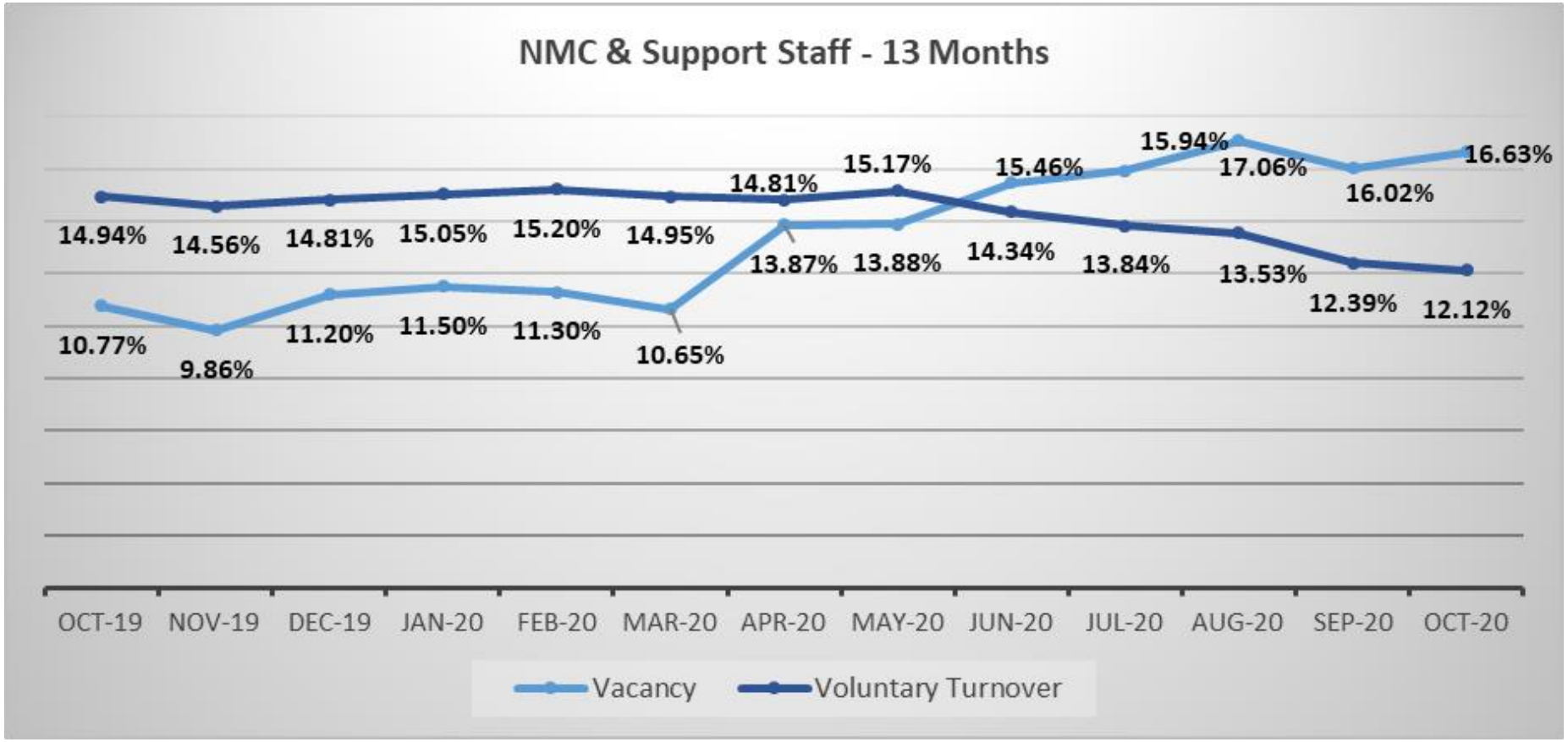


Nursing and Midwifery Turnover

King's College Hospital NHS
NHS Foundation Trust

As of October 2020, the voluntary turnover for registered nursing and midwifery staff is 12.27% and is currently 11.66% for the unregistered workforce. The monthly Trust wide Nursing and Midwifery Workforce Governance Group monitor vacancies alongside care group-specific recruitment and retention work plans with the aim to reduce registered vacancies and total 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.



Recruitment Hotspots & Next Steps

King's College Hospital NHS Foundation Trust

The aggregate nursing and midwifery staff vacancy for October 2020 has increased this month to 16.63%. This has steadily increased since July 2019 when the overall vacancy was 10.77% (this is partly due to the increase in establishment during this time.) The current N&M hotspot is outlined below, plans for this area are actioned departmentally with support from the divisional recruitment partner.

As of October 2020 only one inpatient area remains with an above 30% vacancy rate due to some recruitment challenges during the national and international response to COVID-19.

Inpatient area with a vacancy rate above 30% listed below:

- **PRUH**: SCBU (30.82%),

The Trust wide Nursing and Midwifery Governance Group focuses on the pathways to successful recruitment and the key principles of retention. The group supports 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 at the end of 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.

King's College Hospital
NHS Foundation Trust

Report to: Trust Board

Date of meeting: 10th December 2020

By: Kate Barlow

Executive Sponsor Prof Clive Kay, Chief Executive Officer

Subject: Covid-19 Wave 1 Lessons Learnt

Status: For Information

History: King's Executive (October 2020)
Board Development Day (October 2020)

Summary

This report summarises the learning gathered from across the organisation in order to ensure our experience of Wave 1 of the COVID-19 pandemic, and the lessons learned during this time, are factored into our plans for how we would respond to future waves.

Action Required

- The Board is asked to note the report.

Key implications

Legal:	
Financial:	
Assurance:	The review provides assurance on approach taken during the COVID19 wave 1.
Clinical:	The review considers the clinical approach taken during COVID.
Equality & Diversity:	The report addresses equality and diversity issues in respect of patient treatment and staff.
Performance:	The report addresses the impact of COVID-19 on Trust performance.
Strategy:	
Workforce:	The report addresses a number of workforce issues including staff health and wellbeing, and the learning from staff redeployment.
Estates:	The report considers a number of estates and IT issues.
Reputation:	Learning the lessons will protect the Trust's reputation.
Other:(please specify)	

COVID-19 WAVE 1 LEARNING REVIEW

King's College Hospital

September 2020

Authors: Kate Barlow & Sharelle Barber, King's PMO

COVID-19 Wave 1 Learning
In-incident review

1 Introduction

The purpose of this document is to summarise the key learning from the Trust's response to the first wave of the COVID-19 pandemic so that it can be shared within the organisation, and fully inform the planning for potential future surges and pandemic events. Specifically, it provides information on:

- The scope and scale of the pandemic across the 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;

This report was commissioned through the Senior Oversight Group and the Chief Executive. It will be submitted for Board-level assurance in October 2020.

2 Executive Summary

This report summarises the learning gathered from across the organisation in order to ensure our experience of Wave 1 of the COVID-19 pandemic, and the lessons learned during this time, are factored into our plans for how we would respond to future waves. Learning has been gathered from the following sources:

- Patients – via phone calls to discharged patients and bereaved families;
- Staff – via an all staff survey with over 400 responses, and from insights gathered from the Wellbeing hubs;
- Organisation – via Chief Executive and Executive Director interviews, Non-Executive Directors, care group/ divisional learning and listening exercises, and information sharing and corporate services learning;
- Incident response – via a survey to silver and gold command members and learnings documented by the Emergency Planning Team;
- Partners and the wider system – via interviews, including King's Health Partners, the ICS Chair and Gold Command for the SEL CCG;

The information gathered from the above sources has been collated to form a 'Learning Library' which is a central repository of all the responses, surveys, reports, templates and interview notes. 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, but also 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

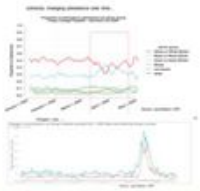
Overwhelmingly, the lessons learned process has illustrated the success with which the Trust managed the pandemic, the outstanding care that was provided to patients, the priority given to staff health and wellbeing and the important part KCH played in the wider system response. The diagram below summarises the nested learning:

Trust experience of COVID-19 Wave 1:

- Successful response
- System-wide engagement
- One of the highest COVID-19 admission rates in the UK
- Excellent outcomes for patients

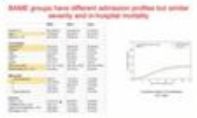
Developing clinical understanding:

- Risk profiles
- Optimising care
- Oxygene therapy
- Use of proning
- Treatment regimes



Developing evidence base:

- Research active
- 24 Clinical trials
- 78 COVID-19 publications



Lessons from patients, staff, organisation and partnerships:

- What went well?
- What could have been better?
- What must we do next time?

Preparation for future surges

COVID-19 at King's – What Happened?

3 COVID-19 Wave 1 at King's – What happened?

It is very important to recognise the speed at which the COVID-19 pandemic impacted the Trust. King's was one of the largest treatment centres for COVID-19 in the country.

On the 25th February 2020, the first COVID-19 positive swab was processed at KCH. One week later (3rd March) the Trust admitted the first COVID-19 inpatient, and the number of COVID-19 inpatients rose rapidly during the month. On 4th March the Trust declared a Critical Incident, and then declared a Major Incident on the 12 March 2020, and moved into a seven day a week Incident Response. On 11th March the first patient died from COVID-19 at PRUH, and 4 days later - on 15th March - the first death occurred at Denmark Hill.

Admissions peaked on 1st April when 81 COVID-19 patients were admitted. By 6th April COVID-19 inpatient bed occupancy reached its highest level - with a total of 552 inpatients (including 102 in Critical Care) receiving care.

Figure 1a: COVID-19 admissions profile (8/3/20 – 3/5/20)

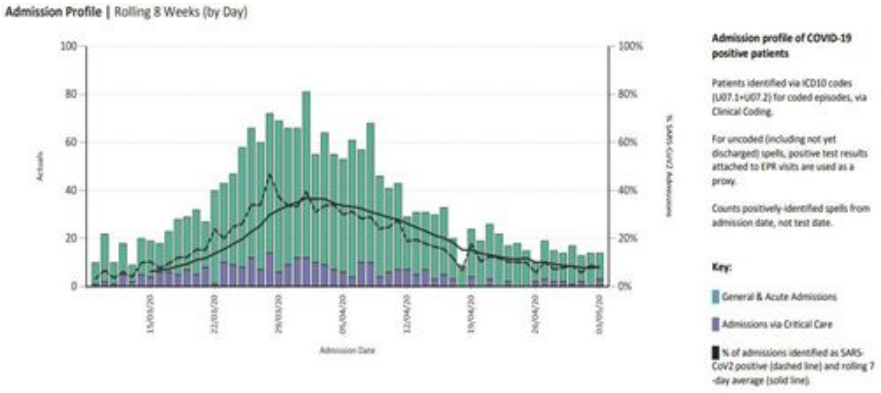
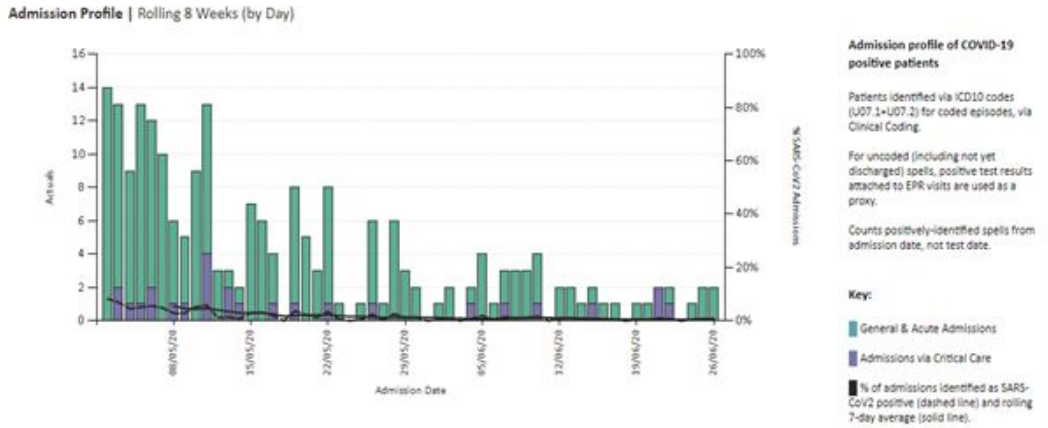
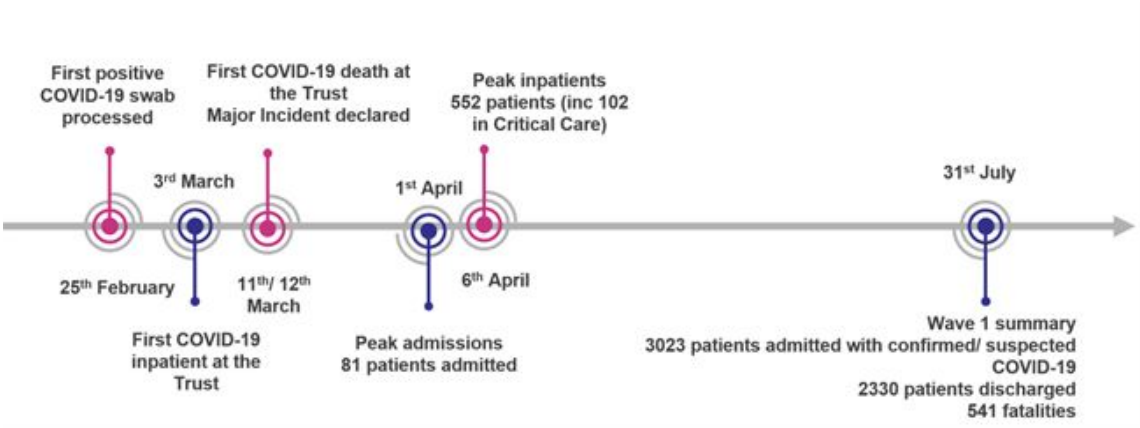


Figure 1b: COVID-19 admissions profile (4/5/20 – 26/6/20)



The timeline of milestones is illustrated below:



As of the 31st July 2020, a total of 3023 patients had been admitted with confirmed or suspected COVID-19. The average length of stay for patients who received Critical Care was 47.3 days across the Trust, and 11.2 days for patients who were treated on the COVID-19 wards. A total of 2330 patients have been discharged from the Trust's hospitals. These people are now recovering in their communities, and this is a testament to the exceptional levels of care King's staff have provided. Sadly 541 patients have lost their lives to COVID-19.

Figure 2a: COVID-19 deaths (8/3/20 – 3/5/20)
(Deaths where a positive diagnosis/result was recorded in the admission spell. This does specifically confirm Covid-19 as the cause of death.)

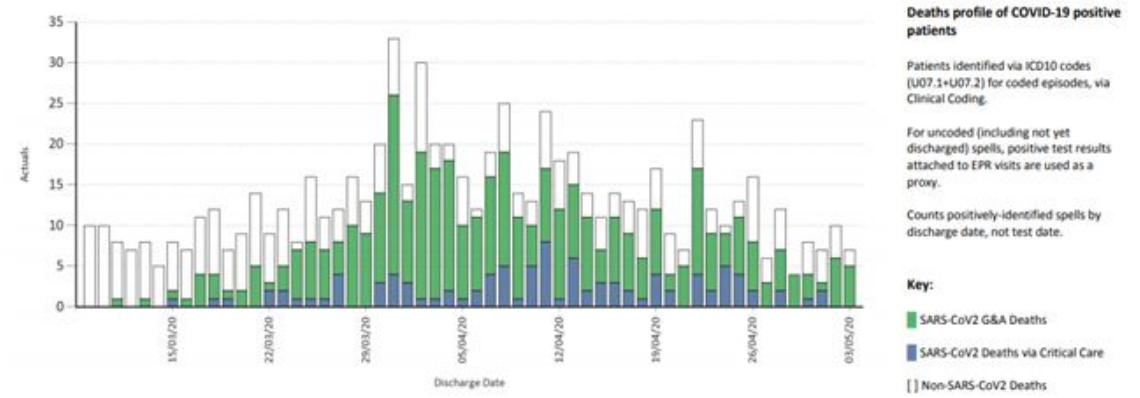
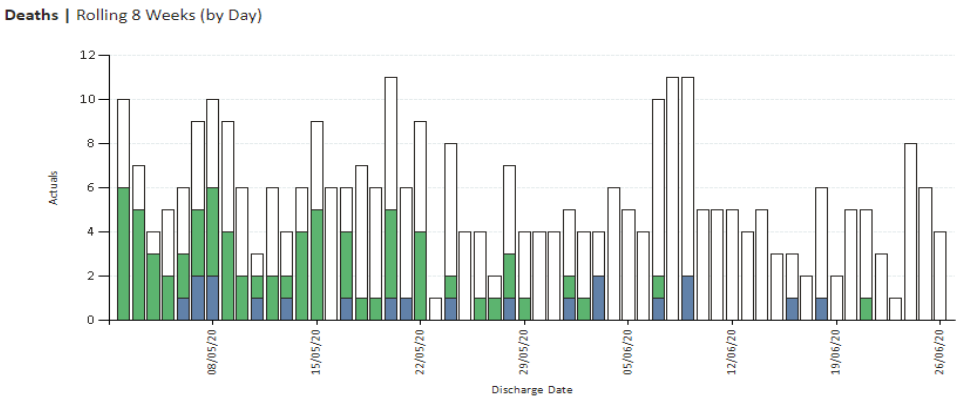


Figure 2b: COVID-19 deaths (4/5/20 – 26/6/20)



Throughout this period, the Trust has provided timely access to both swab testing for patients, staff, friends and family, and antibody testing for NHS staff.

Many of our staff have been, and continue to be, personally impacted by COVID-19, and tragically the Trust has lost some members of staff to the virus. The teams and individuals affected by these deaths have been given access to emotional support.

3.1 Creating new capacity and capability

In order to prepare for the surge in demand from COVID-19 admissions, the Trust mobilised rapidly to create new and additional capacity. Projects which would normally take months to plan and action were delivered in record time as staff worked together across professional boundaries and supported each other. Achievements include:

- Increasing bed capacity by setting up a 'hospital to home' in a 20-bedded ward at SLAM in 6 days. This catered for medically fit patients who needed some additional rehab and/or packages of care put in place;
- Expanding critical care facilities by 140% in five weeks – with an increase of 102 Level 3 beds. At KCH, the existing footprint was maximised, and 13 different locations were used to increase the number of beds from a base line of 69 at DH to 151, and from 10 to 30 at the PRUH. The New Critical Care Unit was opened;
- Increased number of wards with Oxygen supplies;
- Digital outpatients - All clinical areas were told they could move to digital outpatients, if it was appropriate to do so. The Trust has moved from April – July 2019 25,071 appointments attended via telephone or telemedicine, to April – July 2020 72,439 appointments attended in this way.
- Video consultations, medication pathways and bulk text messaging introduced for outpatients;
- Increased team-working across disciplines with over 900 staff redeployed;
- Increased system-working with close collaboration across South East London;
- Innovative workforce models including upskilling staff for acute medicine and critical care;

3.2 The impact of COVID-19

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

working towards restarting this activity through the Recovery and Reset Programme. The scale of the recovery challenge is significant, at 9th September the following was reported:

Cancer Waits >62 Days

- There were 332 patients waiting over 62 days following a GP cancer referral
- Mitigation strategies are in place to reduce waiters to 90 patients by February, including:
  - Shielding patients attending from August
  - Endoscopy additional sessions (see below)
  - Rescheduling of postponed Urology diagnostics and skin procedures
  - GSTT expecting to clear backlog urology and breast plastic cancer surgery by October

Diagnostic Waits >6 Weeks (DM01)

- There were 4995 patients waiting over 6 weeks for a DM01 applicable diagnostic test
- With the mitigation strategies that have been agreed so far this is expected to reduce to 2800 by the end of the financial year. These include:
  - Use of private sector facilities at West Valley, Chelsfield Park, Lyca / Healthshire for endoscopy
  - Weekend / evening sessions for endoscopy / cystoscopy at PRUH
  - Use of HCA healthcare MR scanner and Alliance CT scanner until the end of August
  - Use of SLAM scanner and clinical research Neuro MR until the end of August
- Agreements on additional capacity in the process of being agreed for Neurophysiology, DH echocardiography and PRUH Dexa Scans

Referral to Treatment >52 Weeks

- There were 2982 patients waiting over 52 weeks on the RTT pathway
- With the mitigation strategies agreed so far this is expected to stabilise. Without these there could be up to 4000 >52 week waiters by the end of the financial year.
- Mitigations agreed so far include:
  - Use of private sector facilities at Harley Street, London Bridge, Fortius, BMI and West Valley
  - Collaboration with Moorfields for Ophthalmology patients
  - Weekend / evening sessions for Neurosurgery / Cardiac surgery / Paediatric Surgery
  - Equalisation of waiting times across providers within SEL by ensure all capacity is offered to the longest waiting patients across the sector.

Developing our clinical understanding

4 Developing our clinical understanding of COVID-19

This section sets out how the clinical understanding of COVID-19 developed across the Trust during Wave 1. The ability to rapidly analyse electronic health records of patients as they were admitted allowed KCH to quickly address many evolving questions.

The rapid learning and integration of new knowledge and research into clinical practice ensured that KCH's COVID-19 survival rates were better than the UK national rates, and in line with comparator rates from our peers. At the start of Wave 1, the Case Fatality Rate (CFR) was 27.8% in March 2020; reducing to 21.5% towards the end of Wave 1 (May 2020). This is better than the comparative UK CFR of 40.4%, and in line with our peers – Imperial (32.3%) and Barts (29.4%).

The increase in the survival of COVID-19 patients was driven by improvements in our understanding of:

- The people who are most at risk;
- The most appropriate way of caring for COVID-19 patients;
- Research and evidence base for different drugs and treatments;

4.1 Understanding the risk profiles of COVID-19 patients

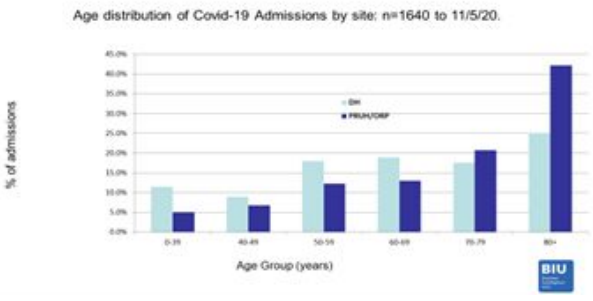
As Wave 1 progressed, the recognised risk factors associated with COVID-19 patients were confirmed locally across our COVID-19 patent cohort. The established risk factors - age, gender, comorbidity and complex ethnic associations were all present in our patients as shown below. Ethnic background has a complex effect:

- patients of non-white origin are on average 10-15 years younger than white patients with COVID-19;
- they have a higher prevalence of diabetes and Black patients have a higher prevalence of hypertension;
- a case-control study showed that Black and mixed ethnicity (but not Asian) patients have an ~3-fold higher risk of admission than white patients;
- Asian patients (but not Black or Mixed) have a higher in-patient mortality risk than white, after adjusting for age and comorbidities;
- Ethnicity-related risk is only partly explained by comorbidities and socioeconomic deprivation;

Impact of age on KCH patient survival

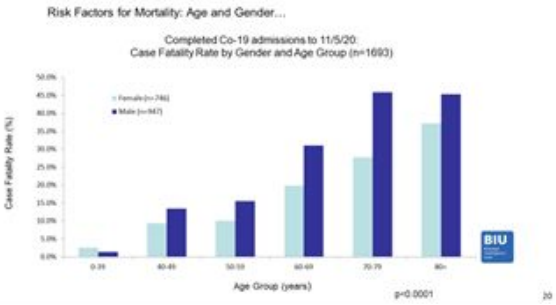
- Age was a strong determinant of poor outcome (Hazard Ratio 2.5)
- However young individuals still had significant risk
- Age profile different between South sites and DH

Ref:
https://www.sciencedirect.com/science/article/pii/S0163445320303145



Impact of gender on KCH patient survival

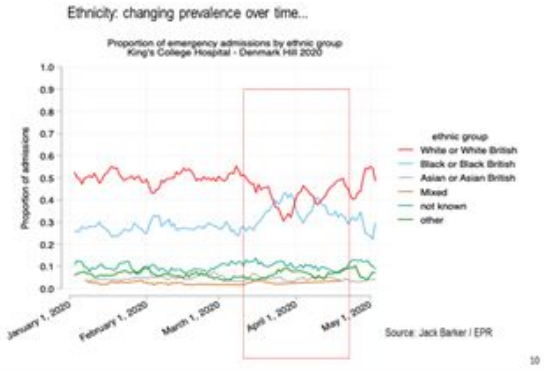
- Male gender has an increased risk of severity and mortality independent of age and comorbidities.



Impact of ethnicity on KCH patient survival

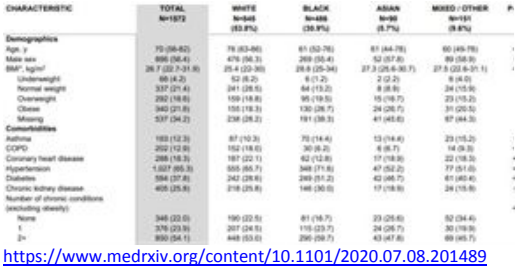
- High rates of BAME populations admitted with COVID-19
- Chances of recovery after admission are similar for different ethnicities
- Profile of ages of BAME affected very different between south sites

Ref: https://www.kcl.ac.uk/news/bame-covid-19-patients-10-years-younger-than-white-counterparts-study-finds

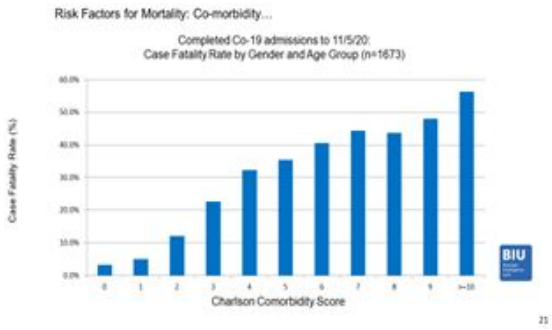


Impact of comorbidities on KCH patient survival

- Comorbidities (especially cardiovascular) substantially impact likelihood of survival
- Ethnic differences of comorbidities account for a large amount of observed mortality



https://www.medrxiv.org/content/10.1101/2020.07.08.20148965v1



4.2 Caring for patients appropriately - clinical decision-making framework

There was very little detailed, practical guidance available to support complex decision making around escalation of treatment and resource allocation during the first wave of the COVID-19 pandemic in the UK. In order to support the creation of appropriate decision support guidance for clinicians, a working group was established and benefited from a high level of engagement and participation. Multiple virtual meetings occurred to develop guidance that was made available on Kwiki. There was also good engagement with GSTT and LGT ethics groups and executive teams. A 24/7 decision-support group and rota was established to support clinicians and complex decision-making during the pandemic. However, we need clearer national guidance on decision support in

any future surges. Dr Ruth Cairns has successfully submitted a paper to the BMJ - *Lessons learnt from a close encounter with triage.*

In addition to the ethics framework, shielding clinicians at the Trust undertook a retrospective case notes review to inform the clinical decision support framework for the treatment of COVID-19 patients. The review looked at 63 unplanned acute admissions to determine the presence of contra-indications to escalation for high-level respiratory support, and the escalation of patients without contraindications. The results indicated all patients had at least one comorbidity, 76% had multiple comorbidities and 85% were assessed as frail. Reviewers judged there were contra-indications to escalation in 54/63 patients (86%).

Overall the case review showed:

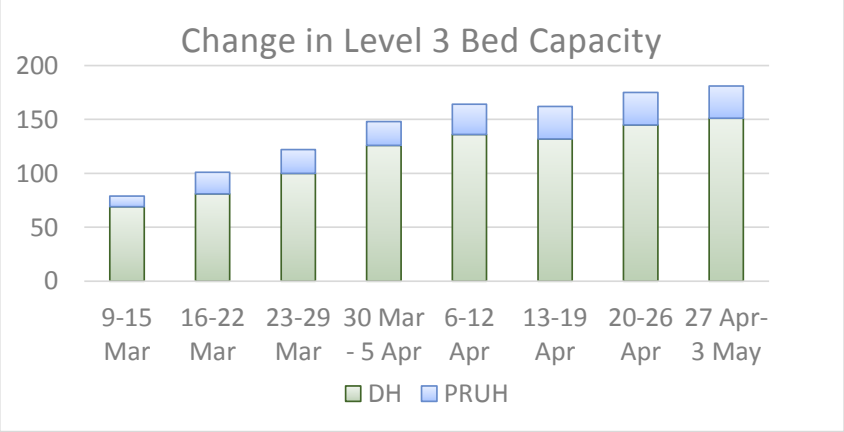
- Extraordinary surge in admissions;
- Dramatic changes in case-mix and ethnicity;
- Dramatic changes in practice;
- Impacted Critical Care and General Wards;
- Clinical Outcomes as good / better than peers;
- Established risk factors confirmed:
    - Age, gender, comorbidity;
    - Complex ethnicity associations;
- Case review suggests care delivered good:
    - Appropriate escalation decisions;
    - Low rate of quality of care issues;

4.3 Optimising care for patients with COVID-19

We are still learning about COVID-19 and as such, there may be many different patterns of clinical course. It is therefore important to carefully assess a wide range of factors in each patient – e.g. comprehensive blood tests ("COVID-19 profile") so that we can identify different patterns. This will help us to identify the best treatments for individual patients.

4.3.1 The demand for critical care beds

At the start of the pandemic, the Trust had total of 79 level 3 critical care beds - 69 at DH and 10 at PRUH. Scaling up to meet the demand for critical care was a massive challenge across the organisation. In 7 weeks, the number of level 3 beds increased by 102 beds, creating a total of 181 across the Trust – 151 at DH and 30 at PRUH.



Critical Care admissions peaked during the period 26/3 – 1/4/20 - a total of 63 COVID-19 patients were admitted at DH and 28 at PRUH. The largest number of patients admitted to critical care in one day was 18 (13 at DH and 5 at PRUH). During the period April 8-26 a total of 160 patients (132 at DH and 28 at PRUH) were receiving Critical Care across the Trust. Normally the maximum number of patients would be c.60.

This rapid expansion created huge pressures for staff which were addressed as follows:

- Staff were redeployed to critical care from across the Trust to support in clinical and non-clinic roles e.g. cardiac staff, theatre teams and other experienced critical care staff from across the hospital;
- Critical care nursing ratios changed from 1:1 to 1:4 at peak times – with COVID-19 patients requiring up to 100 interventions/ 12 hours compared to 30-40 for regular patients;
- 107 ventilators were available - 97 at DH and 10 at PRUH. Anaesthetic machines were also used to support patients;
- The medical staffing model was lean - MDT task driven teams were used to support units with patient proning, family liaison, command consultant/matron & administration hub;

As the demand increased and resources became scarcer, new working relationships were forged between clinical services as follows:

- Paediatric ICU opened to adult patients.
- Renal teams were embedded in Critical Care and supported an unprecedented demand for Renal Replacement therapy (RRT).
- Oral and maxillofacial surgery converted their lists to manage tracheostomies. This helped maintain access to a procedure for which there were limited supply of sets to complete in the ward.

4.3.2 Evidence and learning from our critical care response

The success of the critical care response can be evidenced by the following:

- Provision of 'enhanced care/critical care' to a high volume of extra patients outside of ICU beds (via iMobile) who under normal circumstance should have been admitted to ICU;
- Developed a novel "Tactical Team" with insight from military colleagues;
- Developed novel family liaison team and choreographed SAFE patient visits prioritising dignity and compassion wherever possible;
- Extraordinary high volume and timely submission to case mix programme (ICNARC);
- Participated and contributed in unprecedented volume of trials and research;
- Rapid and virtual 'real time' audit and review of quality data with multiple internal studies alongside constant analysis of international evidence base;
- Supported the establishment of the SPRINT service safely transporting daily high volume of high acuity patients - facilitating the efficient functioning of the local network and beyond;
- Provided Renal Replacement Therapy for ALL patients requiring renal support (despite the national stock of 'filters and fluids' being exhausted) through a unique collaboration with renal colleagues and the introduction of novel therapies on critical care;
- National data suggests that KCH was the busiest combined COVID and non COVID critical care service in the UK, in the busiest sector in the UK, with the sickest case mix and the best outcomes[1];

[1] Source: ICNARC Casemix Program

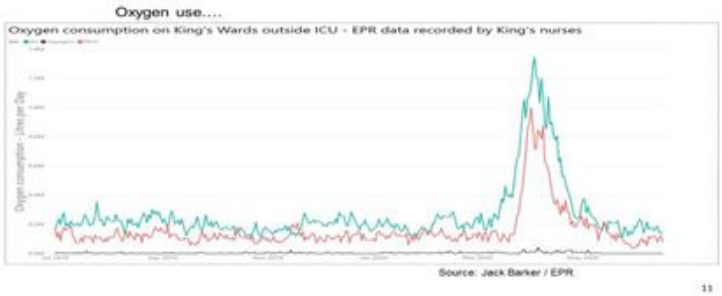
- There were no discharges out of DH due to capacity, and the majority of PRUH patients that were transferred out went to DH or GSTT;
- No internal referrals (DH) were refused or transferred out due to capacity or resource limitation;
- No patient was transferred to the Nightingale, but the Trust did resource the Nightingale with staff including members of the leadership team;
- Rapid development of new guidelines due to a lack of usual equipment;
- Extensive training provision for redeployed staff, creation of hybrid F1 role, radiology reporting teaching sessions;

Key learning points include:

- The toll on mental health of staff is significant, evidence by morale injury/ PTSD scores – this is being address with significant active input from mental health teams and the permanent appointment of a dedicated psychologist for staff (charity funded);
- Delivering the volume of intensive care required meant quality compromises, as seen by pressure sores, neuropraxis, delirium, multiple drug resistant infections and cross infections;

4.3.3 Ventilation v. Oxygen therapy

Based on the Chinese and Italian experience, initial management leaned towards early ventilation for those with the most severe forms of disease, however overtime the benefit of Continuous Positive Airway Pressure (CPAP) in some cohorts of patients was recognised as having greater utility than initially thought.



4.3.4 Use of patient proning

Proning, or prone positioning, is the placement of a patient into a prone position so that they are lying on their stomach. At the height of our Critical Care occupancy during COVID-19 it is estimated that 30% of patients in any 24hr period required proning. The science behind proning, and the technique, is not new in critical care and this intervention has been used for many years in King's critical care units. What was unusual during the pandemic was the volume of patients requiring proning. There was a dedicated proning team 12 hours a day, 7 days a week. Each patient who required proning can require 6-7 persons for the technique to be slick, safe and effective, bearing in mind that such patients are likely to be severely hypoxic or are becoming severely hypoxic.

The new learning about proning, which came from colleagues across the world, is that awake patients who self-prone can benefit from this intervention, and this may be a very cheap, efficient

intervention in improving oxygenation and preventing admission to critical care. It is an intervention that can be deployed on the wards at the point of admission with respiratory symptoms. For any patients who can tolerate essentially lying prone, as an early intervention, there is likely to be some benefit. In addition, we need to review the impact of proning on patients pressure areas – including patient beds/mattresses and clinical practice.

4.4 Developing the evidence base through research and clinical trials

As COVID-19 is a completely new disease, research was critical to informing the Trust's response. The strong working relationships between the clinicians and clinical academics at KCH and KCL provided the cornerstone for fast tracking COVID-19 research and clinical trials.

KCH research and governance teams were able to fast track the opening and delivery of 24 COVID-19 related studies with an average set up time of only 6 days. Fifteen of these were identified as Urgent Public Health Studies and as such were the UK's priority research studies for COVID-19. Over 900 patients were recruited to these studies giving some access to novel interventions and drugs.
The learning from trials such as RECOVERY - which demonstrated that dexamethasone has been shown to reduce mortality in hospitalised patients with COVID-19 that require mechanical ventilation, supplementary oxygen (see NHS England Clinical Guidance), or Extra Corporeal Membrane Oxygenation (ECMO) – were analysed and reported extremely swiftly, and have resulted in positive changes to the care patients with COVID-19 who are hospitalised receive across the UK.

KCH also recruited the first UK patient to the Remdesivir study, the drug which has subsequently been shown to be superior to placebo in shortening the time to recovery in adults hospitalised with COVID-19.

COVID-19 Research Teams were established at both Denmark Hill and PRUH, along with weekly strategic meetings to prioritise opening and recruitment of COVID-19 patients at both sites. There were daily operational meetings with rotating clinical leads depending on the priority COVID-19 study being targeted, to ensure eligible patients were invited to participate in research. Partnership working was put in place with daily meetings with GSTT/CRN/ SLAM R&I Operational Directors and a weekly meeting with the KHP Operational COVID-19 Group.

These trials delivered notable breakthroughs in record time and were critical to the global efforts in finding effective treatments for COVID-19. In particular:

1) First successful global trial of antiviral against COVID-19
    - Spinner et al., 2020 https://jamanetwork.com/journals/jama/fullarticle/2769871
2) RECOVERY trial showing benefit of Dexamethasone in treatment of severe COVID-19
    - Recovery Collaborative Group 2020 https://www.nejm.org/doi/full/10.1056/NEJMoa2021436?query=recirc_mostViewed_railB_article
3) Clinical Risk score for COVID-19 severity and Supplementing NEWS2 for risk scoring:
    - Galloway et al. 2020, https://www.sciencedirect.com/science/article/pii/S0163445320303145
    - Carr et al., 2020 (validating across multiple Trusts) https://www.medrxiv.org/content/10.1101/2020.04.24.20078006v3
4) Risk of thromboembolic disease as a complication from COVID-19
    - Roberts et al., 2020 https://ashpublications.org/blood/article/doi/10.1182/blood.2020008086/461692/Post-discharge-venous-thromboembolism-following
    - Fang et al., 2020

https://www.sciencedirect.com/science/article/pii/S0009926020302695
- Whyte et al., 2020 https://www.thrombosisresearch.com/article/S0049-3848(20)30316-9/fulltext

5) Ethnicity risk in COVID-19
   - Zakeri et al., 2020 https://www.medrxiv.org/content/10.1101/2020.07.08.20148965v1
6) ACE-inhibitors and Angiotensin-II receptor blockers are not dangerous
   - Bean et al. 2020, https://onlinelibrary.wiley.com/doi/10.1002/ejhf.1924

A total of 78 COVID-19 articles have been authored by KCH/ KCL staff and published in peer reviewed journals, of which 7 have implications for clinical guidelines and 14 have impact factors over 15.

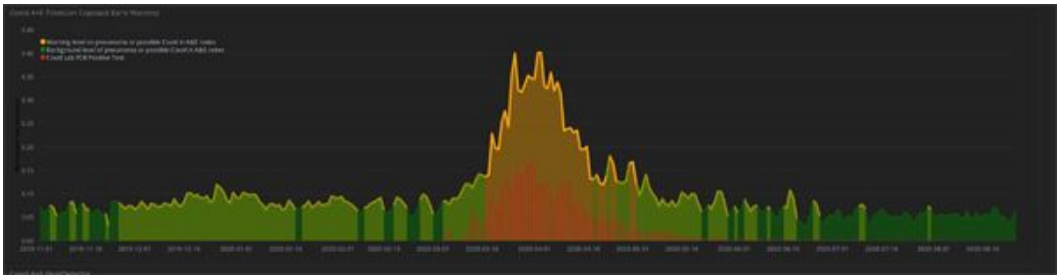
Key learning for managing research during a second surge includes:

- Early strategic meetings to prioritise COVID-19 studies;
- COVID-19 research team to be established and ring fenced, so that sufficient clinical skills are available to support research and not be redeployed;
- The redeployment of research staff needs to be undertaken by the Research function rather than their 'host' clinical service. (There will not be a national pause on non-COVID-19 research in subsequent surges).
- Better integration with Trust COVID-19 response through involvement in the PMO;

4.5 Data plays an important role in organisational responsiveness

Real-time data and analytics was critical for rapidly responsive agile operations. As organisational data was fractured in multiple data silo's, biweekly Clinical Analytics meetings to coordinate analytics teams from BIU, ICT, Critical Care Analytics, Infection Control and Cogstack[2] were critical in providing fresh accurate data and insights for decision-making at multiple levels of the organisation and external agencies. Significant value of healthcare statistics, data science and informatics skills in the organisation which needed pooling.

Data collection through traditional means was laborious and ICT/BIU/Data skills and tools were essential for handling the volume of data and producing dashboards (e.g. COVID-19-like symptoms early warning dashboard in Cogstack below).



[2] CogStack is an application framework, developed by KCH, which allows you to extract information from unstructured data sources held in electronic health systems like images, free text notes, word and pdf's.

4.6 Summary of clinical learning

The following table summarises the key clinical learning points from across the organisation.

	Learning points
What went well?	- Achieved similar or better outcomes compared to peers. - Embraced action learning. Insatiable appetite to understand, learn, put into practice and share. Demonstrated through the development of comprehensive guidelines, agreement of new sign off processes and multiple tools/methods for disseminating findings. - Rapid set up of new systems to track and manage patient processes such as mortality monitoring, case reviews etc. - Innovation and workarounds to maintain quality of care in the face of supply chain challenges e.g. adaptation of sedative drug regimes. - Rapid transition from BAU research to setup and participation in multiple major trials. Very high enrolment numbers across DH and PRUH in key trials such as RECOVERY, Remdesevir. - Proactive approach to ethical agenda - development of senior panel. - Virology and COVID-19 testing. Leading trust nationally in terms of understanding and applying emerging findings.
What could have been better?	- Clearer and quicker process to approve clinical guidelines so they can be disseminated quickly. Sometimes the process via Silver was too slow and not sufficiently visible to key staff. - Better identification and use of shielding staff to resource off site work and enable them to contribute to monitoring and learning. - Earlier recognition of the research agenda and involvement in the response - Better management of messaging to staff around supply chain and workforce challenges which impact negatively on patient care. Certain issues were profoundly distressing for staff who felt patient care was suboptimal.

4.7 Clinical preparation for future surges

What do we need to do for future surges?	- **Mortality monitoring**. Simple consistent system for daily reporting of deaths by Bereavement teams.
	- **COVID-19 protocols**. Agree protocols/SOPs for treating suspected/ confirmed COVID-19 patients, based on learning from Wave 1.
	- **COVID-19 drugs policy.** Ongoing review of Wave 1 drugs policy to incorporate subsequent evidenced based findings on the treatment of COVID-19. Agree Drug Policy for the treatment of patients at start of Wave 2/major spikes.
	- **Visibility of the impact on non-COVID-19 activity.** Ongoing monitoring of key facts/ figures/backlog for non-COVID-19 patients so that the impact on other services is transparent.
	- **Decision support:**
	  ○ Agree guidance for triage in principle across SE London ahead of any future surge.
	  ○ Provide executive support for wider decision support measures and raise awareness about decision-support within KCH.
		Responsible Executive: Chief Medical Officer

	- Require transparent ethical guidance and good quality information sharing of hospital bed states with primary care and ambulance services to ensure clarity on who to send to hospital.	
	- **Research.** o Plan redeployment of resource more carefully in light of retaining significant research portfolio; o Establish a research COVID-19 group and clarify where research portfolio sits and reports into;	**Responsible Executive:** Executive Director for Clinical Strategy and Research

Caring for our patients and their families

5 Caring for our patients and their families

Caring for patients, their families and carers was particularly challenging during the pandemic. The inability to visit dangerously ill and dying patients was profoundly distressing to all involved – families, patients, and staff. The difficult circumstances meant that new ways of delivering patient care and providing ongoing support to relatives were put in place as set out below.

5.1 Looking after our COVID-19 patients

5.1.1 Shielding vulnerable patients

As part of Wave 1 planning, NHS England undertook a process to identify patients who should be advised to shield for 12 weeks during the pandemic. NHS Digital (NHSD) identified an initial cohort of 15,657 patients – based on specific diagnostic codes - and this group received the initial centrally driven shielding letter.

Subsequently, KCH received the algorithm/ diagnostic groups from NHSD so that it could be applied to the Trust's patient database (PIMS/EPR) to identify any further patients who should be advised to shield. In addition, some clinicians identified a number of patients, who they considered to be high risk in line with evidence backed recommendations from the Royal Colleges. Therefore the Trust introduced a separate co-ordinated initiative which identified a further 9,056 patients. These names were uploaded to the central NHSD Shielded Patients list to ensure that they received the national advice to shield.

The Trust has instigated an ongoing process to ensure that the Shielded Patients List for the Trust remains up to date. This enables patients to be added or removed from the central Patient Shielding list, in line with their existing clinical condition. This will ensure that the list remains current, and further shielding advice can be issued to high risk patients in the future if necessary.

5.1.2 Prompt access to patient testing

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

5.2 Developing digital communication for patients, relatives and clinicians

In the early weeks of Wave 1, many patients experienced significant levels of loneliness and isolation due to the lack of communication with relatives. New ways of maintaining contact between staff, patients and relatives were put in place rapidly. Mobile phones and iPads with Skype or the AtouchAway app were provided to enable communication between clinicians, patients and families. This provided a practical solution to the problem, but could not replace the lack of visitors for patients.

In order to reduce the number of visitors to our hospital sites we also increased the take-up of virtual outpatient clinics being run across the Trust.

5.3 Improving our discharge arrangements

On the 19th March 2020 DHSC published the Hospital Discharge Service Requirements which set out immediate actions to enhance discharge arrangements during the COVID-19 emergency response. As per initial PHE guidance, the Trust did not initially require negative tests before discharge. This practice was changed when the guidance changed.

The Trust sought to support nursing homes with PPE and also provided testing for nursing homes ahead of the national programme.

A number of step changes have been made across the system to improve the discharge process. These include internal changes at Denmark Hill and externally with partners, including GSTT community and Lambeth & Southwark adult social care as follows:

- Development and implementation of a single point of access (SPA) for Transfer of Care bureau-led by Bromley with telephone call only functioning 7 days a week
- The implementation of the Internal Flow Hub (the required single point of access) at KCH Denmark Hill 08.00-17.00, redeployment of staff and integrated involvement with Lambeth and Southwark (L&S) adult social care. Replicated at GSTT using KCH methodology and SOP;
- Inpatient ward audit to identify pathway and rehab needs. Audit replicated across 15 Trusts using KCH methodology coordinated by NHSE AHP professional lead;
- Identification by discharge team of patients returning to care home setting to ensure COVID-19 results are communicated and patients tested within 48 hours of return as per new care home guidance on swabbing patients;
- New discharge to assess (D2A) minimum data set developed and agreed with all SEL system partners;
- Discontinuation of NOA/NOD process (and EPR function switched off) as per guidance;
- Discharged with 7 days supply of PPE when requested by Care Home;

These changes have improved discharge process and the Trust is planning to maintain this way of working across SEL and retain the IFH at Denmark Hill.

5.4 Providing 7 day end of life care & bereavement services

The very high number of COVID-19 deaths in hospital highlighted the importance of running a 7 day service to support end of life care and care after death. The end of life, palliative care and bereavement and mortuary teams established a very pro-active and co-ordinated response which encompassed:

- 7 day working for DH palliative care;
- Access to spiritual support;
- Availability of social work support;
- Access to timely completion of after death paperwork;

Significant extra mortuary capacity was created and a number of processes were streamlined e.g. standardisation of notification of death forms. Bereavement Welfare hubs were established at Denmark Hill and PRUH so that families/ carers, whose relatives died during COVID-19, could be given an enhanced follow up service.

- At Denmark Hill the bereavement welfare hub made its first call to a relative on 29 April. A total of 413 calls were made by the end of July.
- At PRUH the bereavement welfare hub made the first call to a relative on 5 June. Prior to this the Palliative Care team made 100 calls to bereaved relatives during April and May. The hub then took over this role and made a total of 163 calls by the end of July.

Bereavement hub set up timeline at Denmark Hill:

Bereavement hub set up timeline at PRUH:

Staff (including those who are shielding) received ongoing weekly training from the Social Care and Palliative Care teams. Psychological and wellbeing support is available for all staff involved in this work. Feedback and performance data from the calls is reviewed and discussed at the sites Bereavement working groups.

Preliminary feedback has indicated that the vast majority of relatives have welcomed the calls and found them very useful. It has also enabled the Trust to identify and signpost relatives who need extra support and identify issues which need to be addressed. Actions implemented in response to preliminary findings were:

- As part of the Bereavement Working Group; **King's Charity** and our **Communications Team** designed a condolence card suitable for bereaved relatives.
- The King's charity have funded the cost of **2,000 condolence cards and seeds** (across sites).
- Condolence cards are being posted with a packet of seeds, alongside a **letter from the executive team** and a **resource information sheet.**

5.5 Understanding our patients experience

The Trust's Patient Experience and Engagement Team have completed two significant surveys to ensure that the organisation has a good understanding of the COVID-19 experience from the perspective of patients and their families. This feedback has helped to shape the way in which care is delivered.

5.5.1 Patient experience survey

The purpose of the survey was to understand COVID-19 care from the patient's perspective, in particular, to understand 'What went well?' and 'What could be improved?' These patients were cared for during the early weeks of the response as the Trust was establishing systems and guidelines to deal with the outbreak.

The Patient Experience and Engagement Team carried out telephone interviews with COVID-19 patients (or their carers) who had been discharged from our hospitals between 24/2/20 – 19/4/20. Feedback was received from 391 patients as follows:

- 72% of these rated their care as good or excellent;
- 8% of patients rated their care as poor or very poor;
- The remaining patients (20%) selected neither good nor poor;

Most patients were hugely appreciative of the calls and the Trust's concern for their welfare. They spoke of the kindness and caring nature of King's staff and their appreciation for staff who made their health and recovery their number one priority at such a difficult time. However, some concerns were also raised about:

- Early concerns about:
    - Feelings of loneliness and isolation, and lack of communication with relatives before digital communication was introduced on the wards;
    - Some staff having a negative attitude and lack of compassion towards to COVID-19 patients, and a perceived nervousness about treating them;
- Communication and information regarding discharge was poor;
- Lack of information about recovery and isolating at home post-discharge;
- Mental health support. Some patients expressed a concern that the trauma of being a COVID-19 inpatient (especially those in ICU) was only evident once they were home;

The feedback was reviewed on a weekly basis by the Trust Board, and this enabled the Trust to respond to issues and improve care based on the learning provided. Work is also underway to address a range of practical issues which were highlighted as needing improvement. For example, arrangements for patients property, welcome to hospital and wayfinding, improved hydration for patients, help with mealtimes, emotional support during stay and improved outpatient management for clinic letters, appointment times, waiting times and information.

5.5.2 Feeling safe and reassured coming to King's: What matters to patients and local people?

A survey was performed with our local population to understand the views of patients and local people on the measures which the Trust have put in place to minimise the risk of COVID-19 transmission on site. In June the survey was shared through King's social media and a range of voluntary and community organisations in the local boroughs. A total of 510 people completed the online survey; respondents comprised patients, local residents, parents and family members of patients/carers, with patients representing the largest group of respondents (42%).

Respondents were asked to identify their top three precautionary measures from a selection of 10. These were:

- Social distancing in waiting areas and public spaces;
- Staff wearing protective equipment;
- Hand sanitising stations;

Respondents also highlighted the following:

- Different precautionary measures including improved signage, communication and public education, easy to read information and verbal reminders at hospital entrances about masks and sanitisers for people who can't read;
- The importance of supervision of patients/visitors in all public areas and the use of sanctions;
- Concerns over the use of lifts, doors, air conditioning, parking and use of public transport;
- Support for the expanded use of telephone and video conferencing, while recognising the importance of face-to-face appointments;

The King's Executive are currently considering a range of recommendations to ensure patients and local people continue to feel safe when they visit the Trust sites.

5.6 Summary of learning points from caring for our patients and families

	Learning points
What went well?	- People worked incredibly hard across all clinical and corporate services, to provide the best possible care in incredibly challenging circumstances. - Very quick responses/ problem solving approach to a wide range of demands and 'unrealistic' timescales e.g. setting up new services (e.g. step down ward at SLaM, bereavement service) providing appropriate estates and equipment (e.g. critical care centre, enhanced oxygen supply), pharmacy, supply chain issues. - Staff willingness to engage in new ways of working e.g. training for new or extended roles/ redeployment/ flexibility/ working long hours. - The great majority of staff showed huge passion, compassion and commitment to providing the best possible care for patients, as well as families and carers. This was recognised by our local population. - Very pro-active and co-ordinated response by end of life, palliative care and bereavement and mortuary teams. Became a Tactical Workstream and part of the PMO. - Rapid, ambitious and innovative response by KCH Virology and KCH Viapath laboratories on COVID-19 testing has been recognised locally, regionally and nationally, enhancing our reputation as an organisation. - Many teams demonstrated collaborative compassionate leadership, with distributed decision-making and problem solving, and attention to the shared emotional challenges. - Rapid redeployment of staff to support families, carers and other staff members in multiple innovative ways. - Caring for patients post-discharge (as well as in hospital) quickly became a focus for many teams and most patients felt well-supported.
What could have been better?	- Families, patients and staff found the inability to visit dangerously ill and dying patients profoundly distressing. - Findings from patient experience survey indicated that communication, compassion and empathy were lacking from some staff in the early weeks of the pandemic. - Consistency of COVID-19 testing and reporting - rapidly changing guidance and multiple supply chain challenges in COVID-19 testing including to support decision-making in discharge to care homes. - Lacking consistency of approach for families and carers throughout the pathway. - Shielding patient communication was delayed and confused.

5.7 Looking after our patients - preparation for future surges

What do we need to do for future surges?	- **COVID-19 testing**. Consistent and co-ordinated approach to testing and results reporting across SEL. To involve all Trusts and lab providers, with single point of contact for KCH. May need dedicated operational resource.	**Responsible Executive:** Chief Nurse

	- **Shielding**. Establish role to take responsibility for shielding for patients and staff, and the required communications required/ ongoing management.
	- **Next of kin information**. Need to review recording process and establish a consistent approach across the Trust.
	- **Visitor policy**. Review, make clearer and more consistent, communicated ability to be flexible depending on circumstances.
	- **Discharge process and pathways**:
	  o Discharge process needs senior oversight, in particular documenting the risk of discharging patients versus risk of them staying in hospital.
	  o Work with system partners to develop clear and appropriate post-discharge COVID-19 pathways focused on holistic needs assessment.
	- **Family and carer support**. Ensure consistent 'offer' of support and communication for all families and carers regardless of ward/location, during illness, at end of life and through bereavement. Consider extending service to non-COVID-19 patients.
	- **Patient property**. Review and update Trust policy in the light of recent learning.	

Looking after our staff

6 Looking after our staff

The vital importance of looking after the health and wellbeing of our staff became apparent from the start of the pandemic. The significant impact of caring for COVID-19 patients on the mental wellbeing of staff was immediately thrown into the spotlight. The organisation took significant steps to ensure that:

- The mental wellbeing of our staff was supported through the creation of seven wellbeing hubs across Denmark Hill and PRUH sites, which were staffed by redeployed staff, giving access to psychological support;
- Appropriate PPE and staff testing were available and maintained to safeguard staff physical health;
- Practical logistical difficulties of working during the pandemic were resolved. e.g. availability of staff parking near sites, provision of overnight accommodation, delivery of food and refreshments;
- Subsidised food and hot meals were available to staff;
- Additional measures were taken to protect vulnerable staff as soon as it was recognised nationally that there was a specific issues related to certain high risk factors, such as co-morbidities and ethnicity;
- Shielded staff were redeployed where possible;
- Redeployed staff received the required skills and knowledge transfer;

6.1 Staff feedback: key themes

The pandemic forced the Trust to introduce rapid change to the organisation. Governance, decision making processes and communications were aligned to the Major Incident Command and Control arrangements; large numbers of staff were retrained and redeployed. The Trust has undertaken several reviews to understand the staff experience and ensure that the organisation maximises the learning from Wave 1. This will inform the Trust's approach to planning and managing any surges of COVID-19, major/critical incidents and future pandemics.

6.1.1 Feedback from the All staff survey

As part of this Wave 1 learning review, all staff within the organisation were invited to provide feedback on the handling of Wave 1 by the Trust. The survey posed 3 questions to staff:

1. What went well?
2. What could have gone better?
3. What do we need to ensure we do next time?

A total of 405 responses were received and these were analysed using the same themes as the Insight staff survey. The following word clouds provide a visual representation of the key issues raised by staff in their answers to the questions.

What went well?	

The key **What went well** factors included:

- The Trust's formal communications - Chief Executive's daily bulletin, *Ask the CEO* sessions, and Silver command bulletins and emails were well-received;
- The quick implementation and ongoing services provided by the staff wellbeing hubs;
- Staff teamwork, collaboration and support despite the situation & that many were working in new roles with new colleagues;
- Staff were redeployed quickly to areas in need of support;
- Effective planning, preparation and management during the pandemic;
- Trust provided very good support for staff including staff meals, free parking, mental health, shielding staff sent home;

What could have gone better?	

The key **What could have gone better** issues included:

- Staff felt challenged when redeployed to other roles without being properly trained, well-informed and consulted. Staff redeployment needs a centralised database and redeployment hub;
- Better PPE availability and consistent access across all areas of the Trust;
- Inconsistent local communications/ staff briefing/ cascade. Some staff felt highly informed and others did not. The support and communication provided by some line managers could have been better;
- The Trust needs to take more decisions across the organisation on key issues, rather than leaving it to individual departments.eg zoning, swabbing etc. Needs a robust pandemic plan for all areas;
- Staff testing should be quicker, adequate and properly done;
- More flexible approach to working from home. WFH should have been allowed earlier to avoid unnecessary footfall in hospital. Non-essential staff should have access to appropriate equipment;

What do we need to ensure we do next time?	

The key **What do we need to ensure we do next time** responses included:

- A robust plan must be established before a second wave/ surge. Should be linked to the Government's 'COVID-19 Alert System' so that staff know what to expect when the alert reaches levels 4 & 5. The plan must also cover provision of care for non-COVID-19 patients/ BAU;
- Trust needs to improve its infrastructure, staffing, equipment;
- The Trust must have enough high-quality PPE for staff in any future surge;
- Need to improve the organisation and management of the staff redeployment process. Better organisation regarding considerations of roles, matching of people to roles, identifying training requirements, communications, etc.;
- More effective internal communication/ information cascade to ensure that all staff receive the same, correct, frequent and updated information from their line managers;
- PPE wearing should be enforced across all areas within the hospital, e.g. patients, staff, visitors wearing masks properly;
- Increase testing capacity and adopt a pro-active approach to test staff (with or without symptoms) frequently. Ensure swabbing is done by trained staff rather than the public to reduce false negatives;

6.2 Looking after the physical and mental wellbeing of our staff

Rigorous efforts were made across the organisation to look after and protect the physical and mental health of our staff. Our Health and Wellbeing strategy provided a robust framework for enhancing measures and enabling staff to respond to the pandemic. In particular, the Trust has additionally deployed a significant level of psychological support for staff and successfully introduced 7 wellbeing hubs which collectively have provided (examples):

- Individual psychological support;
- Team interventions from psychology services;
- Training packages developed for staff and managers;
- Distribution of donations and food;
- Competitions and 'community' activities;
- Social space to rest and reflect;
- Mindfulness and meditation (up to 15 sessions per week);
- Support staff available for listening 8am – 8pm seven days a week;

The Health and Wellbeing hubs provided support to staff, and a quiet place to rest and recharge. They have been used to distribute some of the kind donations we received from businesses and members of the community, to our staff. Refreshments have been made available in the hubs and on the wards, 'thank you' walls were set up with messages from local communities.
Feedback from staff demonstrate how they have greatly appreciated the hubs and would like them to remain, even as the impact of COVID-19 starts to lessen. We have been working closely with colleagues at South London and the Maudsley (SLaM) to ensure that psychological support is available for those who need it, both to individuals and teams.

The hubs had a large number of visitors (e.g. Denmark Hill have had >2,500 staff visiting the hubs on that site in a day.) In a recent survey, the wellbeing support that was uplifted during the COVID-19 response was recognised by 90% of staff questioned as something they value and would want to continue. This has been acknowledged and precipitated a review (as part of the reset and recovery programme) of the KCH approach to health and wellbeing, sustainable and targeted for the future to design and embed a visible offer.

The Trust performed an Insight survey which focussed on engaging the organisation in appreciative enquiry around 3 questions:

1. What have you seen at King's during COVID-19 that made you feel proud?
2. Have you felt supported at King's during this time?
3. What has changed for you about King's that you would like to keep?

Responses were received through 700 1:1 interviews with a representative cross-section of staff, 200 inputs to suggestion boxes and 100 responses posted on the 'Insight trees' in the Wellbeing hubs at Denmark Hill, PRUH and Orpington. The feedback was qualitatively reviewed and thematically analysed into the following categories: PPE, Leadership, Communications, Attitudes & behaviours, Hubs & provisions, Emotional support, Redeployment and Working patterns. The analysis indicated that most comments concentrated on Attitudes & behaviours and Hubs & provisions.

The Insight survey feedback summaries for these themes have been included in the relevant sections in this report.

6.2.1 Feedback from the Critical Care staff listening project

The Listening Project was commissioned by the Trust's Critical Care Unit to capture accurately the experiences and learning of critical care staff during the Wave 1 response, in order to:

- Hear and recognise the personal and professional experiences of staff during this period;
- Learn lessons from the experience in order to improve service delivery, prepare the unit for the next surge and better support staff;

A team of researchers conducted one-to-one interviews with 54 staff who worked in critical care during the pandemic. The sample included nurses, doctors, consultants and managers from range of staff who were either based in critical care or were redeployed from other roles across the Trust.

Key findings were:

- At the time of these interviews (late May/early June 2020), many staff were feeling exhausted, after weeks and weeks of non-stop effort, and stress. Motivation was hard to find;
    - All staff were alert to the prospect of the second wave. Obviously, no one wants to go through it all again, especially when staff are already 'running on empty'.
- People expressed uncertainty about the degree to which everything is transitioning 'back to normal';
    - Redeployed staff were starting back in their normal roles or juggling those roles with on-going CCU shifts. These transitions have been complex and, for some, a matter of individual negotiation
- Many articulate a fear that the standards and practices that have enabled the service to cope over the last few months will become the new normal;
- But there's some hope that King's will be better prepared, if lessons are learnt from the first wave: increased knowledge about COVID-19; better systems were developed over time; there is now an 'army' of redeployed staff with CCU experience;

Recommendations include:

- Crisis button – clear plan and responsibilities, to know on the front line when we are internal incident and when stepping back to 'normal' routines, practices and standards;
- Well-being – support to continue and to become an expectation for a healthy workforce;
- Communication – have a clear strategy to reach everyone, and increase the opportunities for F2F communication where possible, keep talking;
- Roles – use this experience to review the key roles for redeployed to undertake, update descriptions and share with the team they will be working with. Have crib sheet on safety checks, bedside checks for key roles;
- Build bank of surge reserves – maintain the relationship and skills of volunteers and those redeployed last time. Consider what training and management support they will need during redeployment;
- Rotas - minimise ward shifting, build on skill sets;
- Systems – improve systems for supplies, PPE, logging equipment, pre-prep of drugs etc. Communicate about them and co-ordinate centrally;

These recommendations are being implemented through the critical care and organisational development teams, and informing the wider review processes within the Trust. The critical care teams are keen to get direct feedback on how their experience/stories are being used to shape planning for future waves and/or trust wide initiatives.

6.3 Availability of Personal Protective Equipment (PPE)

PPE was available across the Trust throughout the pandemic, although new supplies were often received "close to the wire". Charitable donations of PPE were well managed, once a process had been established.

Staff felt that PPE guidance from the Centre was based on what was available rather than what was best practice and the FFP3 make and model kept changing (due to national supply).

It should be acknowledged that King's Facilities Management (KFM) did a superb job of sourcing PPE and keeping stocks available throughout the first wave of the pandemic. They took responsibility for stock provision and managed to keep one step ahead. As a result, there were no occasions when the Trust ran out of any sort of PPE, this was thanks to the skills of the Supply Chain and Procurement team along with sharing of resources across London region and nationally via mutual aid when required. Wards and departments always received the amounts of PPE they required and if there were any variations in requests this was investigated and teams supported locally.

Our learning around PPE indicates that:

- The Medical Equipment Team should have been involved earlier;
- Fit test policy & guidance must be in place;
- We must be clear about who is trained to undertake FIT testing, and it should be owned in each department;
- We could have been quicker issuing instruction/ visual guides to staff each time PPE guidance changed;
- Have a FIT test policy and guidance in place. Be clear about who is trained to undertake FIT testing and it should be owned in each department. Consider recording FIT testing on LEAP;
- Establish a PPE hot line for potential second surge;

6.4 Hospital acquired infections

During the peak of the pandemic the Trust was unable to review individual COVID-19 cases to ascertain how they had been acquired. Following the peak, the majority of the cases reviewed by the Infection Prevention Control Team were found to be community acquired, or patients who were previously positive and remained positive after a long period of time. Learning from a recent hospital outbreak showed:

- Patients screened on admission and negative for COVID were not rescreened on day 5-7 following admission;
- Six out of 12 patients identified as part of the outbreak were positive within 3-7 days of admission;
- Patients were not socially distancing on the ward, and were going outside the hospital to smoke;
- Areas on the ward such as the Multidisciplinary team room were not equipped for social distancing although there was no breech in PPE;
- Staff were found to be removing their PPE during breaks and were not socially distancing for longer than 15 minutes;

6.5 Availability of staff testing

The Trust was one of the first to offer COVID-19 testing to staff. Symptomatic testing was offered to all staff, seven days a week and results were made available to them within 24 hours; where appropriate household members were also tested. This enabled us to keep staff well at work where possible. We also tested 600 asymptomatic staff at the Trust, as part of a national pilot. This was done by prioritising specific teams, based on a set of agreed criteria. As of 31st July, the Trust has carried out a total 4,564 staff tests (both symptomatic and asymptomatic).

Antibody testing was implemented across the Trust at the end of May. This blood test, which detects whether a person has developed antibodies following an infection with the SARS-CoV-2 virus, is part of a national drive to better understand the disease. The Trust aim was (and continues to be), to offer the antibody test to all staff groups.

As of 31st July, the Trust recorded 10,234 antibody tests, with around 27% of staff testing positive. These results, broken down by ethnicity, are shown below:

Ethnicity	Total Tests	Total Positive	% Positive
White	4056	921	22.7%
BAME + Other	3379	1127	33.4%
Unknown/ not recorded	2799	723	25.8%
Grand Total	**10234**	**2771**	**27.1%**

6.6 Practical support for staff

The Trust worked hard to resolve the practical logistical difficulties of working during the pandemic by ensuring:

- Availability of staff parking near sites offered from the local authorities, KCL and private companies;
- Provision of overnight accommodation through block bookings with local hotels;
- On-site availability of food through the extension of hours for on-site canteen, maintaining COSTA provision, provision of meals to staff on COVID-19 wards and set up Deliveroo facility for emergency out of hours requirements;
- Agreed additional capacity with existing taxi services for staff travel;

- Contract to provide 'thank you' flowers for staff via Senior Leadership Group request;

The provision of food, often subsidised or paid for by the Trust, was particularly welcomed by staff:

- Free food, at both lunchtime and supper, was available to clinical staff on all wards treating COVID-19 patients;
- Donated food from local shops and restaurants was distributed to COVID-19 wards for clinical staff and was also available to non-clinical areas via the Wellbeing hubs;
- Subsidised (50% discount) hot meals were available in the staff canteen;

Lessons learned for next time are:

- Meals should again be made available to clinical staff on COVID-19 wards due to their inability to leave wards because of patient volume and PPE restrictions;
- Subsidised meals needs considering in light of what else is available, for example if local shops do or don't close;
- There might not be so many donated meals and food in future surges if local shops and restaurants stay open;
- PRUH and Denmark Hill sites took different approaches to food support due to the different approaches of the two silver teams, in the future it would be better to take the same approach on all sites;
- Define who gets what meals at what time of day based on COVID-19 numbers and areas of work (e.g. CCU) so it is clearer when free meals start and stop;
- Parking was also a key component of the staff support offer and engaging with councils early to agree provision will be critical;
- The accommodation available was not used widely.

6.7 Protecting vulnerable staff - BAME staff and shielding staff

As the COVID-19 pandemic progressed, we have learned that certain groups are more vulnerable than others. Although there is still more to be learned about the specific reasons for this, we know that people from Black, Asian and Minority Ethnic (BAME) backgrounds, older people and males all fall within this category. We have amended our Risk Assessment process in light of this evidence, to include the risk to our BAME staff.

The Risk Assessment Tool provides a framework for individuals and line managers to work through the risk of exposure to COVID-19, assess the likelihood and severity of the risk, and agree a solution. In order to support managers with completing the Risk Assessment, a series of workshops were organised. These were well attended and provided the opportunity for staff to ask questions and feedback on the process. We have completed over 90% of risk assessments across the organisation. We also prioritised our vulnerable groups for interventions such as testing, which can be done immediately on-site, should staff members develop symptoms whilst at work. Where staff fall into multiple high-risk categories, a decision has been made that they be shielded, and their roles adapted.

A total of 423 staff are being shielded, although most of these are still working in some capacity. We have reviewed roles and shifted responsibilities to enable those who are shielding to continue to contribute, albeit in a different way.

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

The Trust has also recently appointed an Acting Director of Equality, Diversity and Inclusion to review and lead on the development of the Trust's equality, diversity and inclusion agenda.

6.8 Using our workforce creatively

Throughout the pandemic the Trust had to work creatively with staff to overcome significant workforce challenges as follows:

- Lack of staff in key areas, due to staff sickness and pre-existing high vacancy rates;
- Complexity of redeploying staff and ensuring they received the necessary the necessary knowledge and training to undertake their new roles;
- Requirement to protect staff who were shielding, and subsequently BAME staff at risk;
- Non-essential staff working from home and the associated difficulties given that the NHS isn't geared up to facilitate this way of working;

6.8.1 Availability of staff to work

The Trust suffered significant difficulties with staff availability throughout the pandemic. Staff absences reached a peak on 1 April, with 1,980 off work due to COVID-19. Of those, 996 were symptomatic. At 1st June, 97 staff were absent with COVID-19 symptoms, and 47 subject to 14 day self-isolation due to a household contact.

The situation was further exacerbated by the high vacancy rates across the organisation as follows:

Staff group	2020 FTE	May 2020 vacancies	% vacancy rate
Nursing & Midwifery	13,986	1,799	12.87%
Medical and Dental	2,484	272	10.96%
Allied Health Professionals	718	97	13.46%
Trust aggregate	13,936	1,789	12.87%

6.8.2 Staff redeployment

During the pandemic, 979 staff were redeployed at Denmark Hill, and 188 at the PRUH. The number of staff who have been trained, or upskilled is 2,102 and 207 people have been fast-tracked to join the King's Bank. However, the process of redeployment was not well documented or understood and it resulted in some people being redeployed without appropriate training, nor visibility of their change in placement to the line manager. This left people feeling unsupported and 'lost' in some cases.

Key learning for future waves includes:

- Corporate functions need to manage the redeployment of their staff to ensure that (1) enough capacity is ring-fenced in the corporate function to support ongoing work (2) Staff are released back in a timely manner;
- Establish a process to ensure that the clinical skills of clinical staff who are redeployed from non-clinical roles are maintained on an ongoing basis. This will provide resilience for the organisation in case of a second surge/ other pandemics;
- Reduce the reliance on redeployed staff from Partner organisations, such as KHP, to fill pivotal roles in the Trust;

6.8.3 Staff working from home (WFH)

In line with Government policy, the Trust advised all staff who were not essential to the delivery of patient care on site, to work from home. This sudden announcement at the start of the national lockdown presented very real challenges for both the NHS and our organisation in particular. Broadly

speaking, the NHS is not geared up for homeworking, and homeworking is the exception rather than the rule for most Trusts. Initially there were particular issues including:

- Insufficient VPN tokens for WFH staff to enable access to Trust IT systems;
- Lack of laptops and equipment (e.g. headsets, webcams) to support WFH, and real difficulties in obtaining supplies;
- Many staff were unused to the discipline of WFH, and some found it challenging and/or isolating;

However, the national rollout of MS Teams via NHSMAIL was a huge step forward which enabled home-based working, virtual meetings, remote training and supported social distancing.

Currently a significant number of staff are working mainly from home, work is ongoing to capture this information in a systematic way and will be communicated out to the organisation shortly. Working from home is an ongoing policy to minimise risk to staff and ensure there is more space on site to support social distancing. It is evident that the Trust needs to establish an improved home working/remote access policy in conjunction with ICT and HR. Specific consideration must be given to the importance of training staff in remote access, the importance for security during access, and the need to adhere strictly to Information Governance while using the Trust network, MS Teams and sharing data/photos.

6.9 Summary of learning points on looking after our staff

	Learning points
What went well?	- Developed a powerful sense of a King's family during the pandemic. The experience brought home how intimately interdependent we all are in providing high quality of care - both within the organisation and beyond. - Rapidly established a comprehensive and responsive Health and Wellbeing offer. This was very much appreciated by staff at all sites and recognised as being of particularly high quality. - The staff testing service was ahead of the curve nationally. It also enabled us to minimise time spent by staff who were well self-isolating at home, by reporting directly internally rather than externally. - Exceptional dedication and commitment of KFM colleagues at all levels to secure and deliver supplies, opening new supply lines and responding to multiple asks – in a very tough environment. Combined with tight control through Silver Control to ensure equitable allocation of scarce resources – and flexibility and innovation on the part of multiple staff groups to 'workaround' safely when key supplies/equipment were not available. - Quickly established plans to improve staff availability. The staff redeployment hub created, additional staff were recruited (including returners and students) and a significant training offer was put in place to reskill/upskill. This enabled us to ensure that we could provide the best possible care for our patients with the people available. - Implementation of rapid changes to working arrangements to adhere to the guidance on shielding staff and to enable working from home. Huge effort to prioritise equipment and VPNs, and ongoing work to provide guidance and support to managers e.g. on risk assessment etc. - Development of new workforce policies, sharing of learning and best practice.

	- Access to Microsoft TEAMS transformed communication, cross-site working, WFH and facilitated social distancing.
What could have been better?	- Some indirectly employed staff (KFM, Medirest, Huntley beds) had negative experiences with employed staff – who did not always recognise their contribution as core members of the King's family. - Huge national and local supply chain challenges with PPE, equipment, testing etc. and rapidly changing guidance meant that we sometimes struggled to ensure staff were safe and felt safe. In addition, perceived or actual unequal availability of PPE and supplies across different health and social care organisations and for different services were divisive. - Perception in the local community that PRUH did not always get 'fair shares'. - What felt like a slow and hesitant response to the emerging evidence around the additional risks to BAME staff. It felt like we were always playing catch up and given the high proportion of BAME staff we were reluctant to confront the issue. This reinforced previous negative messages from the staff survey and WRES findings. - Process and experiences of redeployment were variable. The set-up was complex and challenging; not all requests went through the hub and expectations around 'pastoral' care were not clear. Some services struggled to deliver what was required because too many of their staff had been redeployed e.g. COVID-19 research. - It took too long to recognise the importance of social distancing at work. The Trust needs to have appropriate technology in place to enable and support social distancing. The Executive need to lead by example. - Not enough technological capacity to support effective home working for all the staff who could contribute (VPNs, laptops etc.). - 'TEAMS fatigue' has set in. Need to think about how to get the best from these virtual meetings. We can't assume that meetings can be run in the same way on TEAMS as face to face. - We must remember the duty of care to staff and everyone's personal responsibility in making that a reality, ensuring we look after one another.

6.10 Looking after our staff - preparation for future surges

What do we need to do for future surges?	- **BAME staff**. Agree policy ahead of surge informed by Trust BAME group. - **Redeployment process**. Define more robust processes for managing staff redeployment, improving communications and clarity on line management and pastoral care. Recognise that some functions need to ring fence staff to enable them to function effectively during a future surge. - Developing a robust **workforce plan** e.g. for resourcing CCU - **Monitoring staff absence.** Testing/ tracking of staff absence needs to be more systematic. - Review our policies and governance to keep things simple and collate all in one place e.g. one page guides -collected in a **People Pandemic Policy** - Clearly define the **King's 'One Team' –** including sub-contractors (e.g. KFM, Medirest, Huntley beds) to ensure they are involved/ included in relevant forums, decision making and communications	**Responsible Executive:** Chief People Officer

	- **Staff support offer**: o clearly define what will be made available to staff and Executive responsibilities for distribution where applicable, e.g. hot meals, accommodation, parking, travel o Ensure consistency across sites o Engage councils early to agree parking	
	- **PPE –** Plan availability of PPE, Fit testing training (and logging) and guidance on PPE usage	**Responsible Executive:** Chief Nurse
	- **Best use of technology and associated working practices.** The Trust should have sufficient and appropriate technology to: o Support social distancing and provide COVID-19 secure work spaces on site; o Enable staff who are shielding or don't need to work on site, to WFH effectively e.g. laptops/ VPN tokens; o Encourage new ways of working to support staff who are WFH and ensure communication and connection is maintained; Virtual meetings and virtual clinics by default, with appropriate guidance to support sustained usage;	**Responsible Executive:** Chief Digital Information Officer

Organisational learning

7 Organisational learning across the Trust

The following section outlines our understanding of the organisation level learning in 3 key areas:

a) Managing a major incident – governance and command & control structures;
b) Operational response of the care groups;
c) Corporate services response – risk management, communications, estates, ICT, procurement, finance;

7.1 Managing a major incident

7.1.1 Implementing the Command and Control structure

The Trust declared a Major Incident on the 12 March 2020 and moved into a seven day a week Incident Response. An enhanced on-call rota was established to provide capacity to manage business as usual and COVID-19 issues, in order to maintain prepared resilience. The Command and Control structure has been a fundamental element of the Trust's response. This is the standard structure mandated from the Government during a National Incident, and ensures that a controlled governance structure is in place during times of uncertainty. This becomes increasingly relevant during a pandemic, because a Silver command group is required to control the organisational response, whilst allowing Gold to respond to the emerging demands of the local system, regional and national issues. The In-incident response team have conducted a survey across Gold and Silver Command and Control teams to understand their views on the Major Incident response during Wave 1. A total of 37 responses were received from sites across the Trust (DH, PRUH & SS).

Key findings:

- Overall the learning shows that the Trust responded well to the unprecedented challenges presented by the COVID-19 pandemic;
- As soon as practicable the Trust should re-commence training, testing and exercising which incorporates learning from COVID-19. This should include consideration of general awareness raising for all staff;
- Review the Command and Control Policy to incorporate learning from COVID-19 including enhancing the interaction between DH and PRUH & SS, function of tactical working groups and recovery management for future incidents;
- Review of the process for the timely dissemination of decisions and updates from the command structure;
- Develop a robust plan for further waves of COVID-19 incorporating the learning from COVID-19 including a pre-agreed and communicated ward configuration plan and more structured approach to staff redeployment;
- Consider how to more effectively involve IPC specialist within the overall response;
- Consider the use of technology to enhance the Trust response to future incidents. This should include further consideration of the functionality, training and equipment to get the most out of MS Teams;
- Learning from COVID-19 should be shared with the new Director for Equality and Inclusion for consideration on how our response can be made more diverse and aware for future incidents;

In addition to the learning from the survey performed, additional feedback from Executive and non-Executive colleagues has highlighted further areas of learning:

- Separate silver commands for PRUH and Denmark Hill did not work well;
- There were individuals managing the incident response that were single points of failure – we need to identify the 'shadow' team;
- BAU running of the site was too detached from Gold incident command;
- Mix of people in and out of the command sequence was unhelpful and meant inconsistent knowledge of issues and discussions;
- It was not always clear who the single point of contact for decision making was each day;
- Running a multi-site incident out of DH, need clarity on local site command remit and authority to make decisions vs strategic group wide decision making.

7.1.2 Creating a Programme Management Office (PMO)

When the COVID-19 pandemic began and the Trust moved to Major Incident status, the strategy, transformation and quality improvement teams were redeployed to support the wider organisation in its response.

Support was provided for the command centre, and tactical working groups were formed, however it quickly became apparent that there was a lack of co-ordination across these teams, and an absence of formal plans/ report/ status updates to provide assurance on activities being performed.

On 18th March 2020 Kate Barlow, formerly Programme Director for KHP Haematology, was asked to lead the creation of a Programme Management Office (PMO) in order to co-ordinate the tactical response. The PMO was established 4 days later:

- Formed of over 50 people from within the Trust and from King's Health Partner programmes, combining project management, project delivery, transformation, improvement, finance and analytical expertise;
- A standard structure was key to how the PMO worked, project planning and reporting, agile working, daily 24 hour rhythm was set up;
- Delivered tactical projects across the whole organisation which created the plans for how to respond to the crisis, and ensured delivery;
- Daily reports were issued to command and control and Executives with clear escalations and issues for decision;
- Working alongside the BIU team to prioritise requests and develop one version of the truth;
- Provided a single, central point of prioritisation, resource allocation, information and reporting;
- Provided visibility and transparency of projects, assurance and control.

7.1.3 Ensuring appropriate governance

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

A Senior Oversight Group (SOG) was also established on 30th March which was a sub-set of Executive Directors sitting as a senior decision making/ oversight forum above Gold Command, and chaired by the Chief Executive Officer. The SOG met daily and reviewed sitrep and escalations from Gold, escalations from the system, escalations from the PMO, approved communications and discussed any other relevant business. The meetings had a formal agenda, action log, and were formally minuted.

7.2 Operational response

All care groups were asked to perform a lessons learned exercise to capture learning and to agree action plans for future surges. Reports are collated in the learning library for the following:

- Medicine – including consultant feedback from 16 respondents
- Pharmacy
- Emergency Department
- Haematology
- Neurosciences
- Ophthalmology
- Corporate Medical Director/Guardian of Safer Working

Key themes from the care group lessons learned are:

i. Preparation:
   a. **Communicate and engage** staff in potential future plans so that when needed all staff know what to expect of ward changes and staff movement
   b. Managing **risk assessments**, **fit testing**, agreement of **PPE**, **staff swabbing** needs to be improved

ii. Staffing and rota's:
   a. Not having enough **advance warning** for the medical rota
   b. Essential **rest and recovery periods** need to continue to be built into the rota in future
   c. **Redeployment** of staff did not work smoothly
   d. **Social distancing**– should have focused more on this earlier for both patient and staff areas
   e. **Risk assess** staff before redeployment
   f. Maintain **psychological support** for all staff involved at all levels

iii. New ways of working:
   a. To support remote consultations we may need to review **admin support to outpatient** services with pathway coordination/ results management.
   b. Clearer processes in place for **home working** and appropriate technical support

iv. Patient flow and pathways:
   a. Enhanced and simplified **discharge pathways** need to become business as usual
   b. More work on what we could be doing with **care homes and primary care** on enhanced care, advanced care planning and admission avoidance for both care home and other vulnerable people
   c. Update all the **clinical pathways** with learnings from wave 1 and make them accessible on a COVID-19 clinical Kwiki page.
   d. **Patient contact** with relatives needs clear protocols for ALL levels of care
   e. Clear **escalation and de-escalation plans** required for areas
   f. Clear messages on **Trust Website and social media** to service users about changes

7.3 PRUH site response

The PRUH Emergency Planning Manager performed a lessons learned exercise focussed on the PRUH site. Key learnings informing surge 2 planning were:

- Communications between Care groups and Silver Team need to be kept separate from Communications with Clinical Site team;
- Consider a non-COVID/COVID dementia ward as part of the planning for a COVID second wave;
- Deep cleaning of wards when wards open/closed. More notice required for ISS;
- Service-level list of leads for speedy distribution of guidance documents;
- Have more community venues for community midwifery so community can manage their activity and maintain a safe service – including face to face appointments;
- Clear messages on Trust Website and social media to service users about changes;
- Staff allocated to re-deploy to Critical Care should be risk assessed before arrival at the unit – Critical Care to provide appropriate advice;
- Adequate IT equipment for both on site and shielding staff working from home - laptops, VPN and training;
- Work with ISS to agree working in red zones and make sure their staff feel assured;
- Put a robust de-escalation plan in place at the beginning;

7.4 Corporate response

7.4.1 Effective procurement - safeguarding the availability of PPE and medical equipment

The situation with PPE was one of the most highly publicised areas throughout the COVID-19 pandemic. Clearly there were many challenges in this area, both locally and nationally, and these have been well-documented. The demand for PPE rose dramatically with the increase in numbers of COVID-19 patients, and this led to some challenges with the supply chain.

Locally the Trust worked collaboratively across the STP and London to support PPE/control and management, in line with ever changing information/ guidance. This enabled King's Facilities Management (KFM) to:

- Source the required PPE, medical consumables and equipment from third party suppliers in line with our very challenging demand requirements;
- Provide mutual aid to the national centre and other Trusts;

The Trust was fortunate in having substantial PPE stocks in preparation for Brexit; this provided an initial buffer given the speed with which Wave 1 took hold in March. However, it is felt that the timing, availability and flow of information, PPE and medical equipment from the Centre could have been managed more effectively and efficiently.

In order to ensure equality of access to PPE, the Government plan to centrally manage the procurement and distribution of PPE should a second wave occur. The Trust is keen to work in collaboration with the Centre to ensure this is done effectively. Effective local planning and preparation will be vital as future surges/ Wave 2 are likely to coincide with EU exit, winter pressures and Christmas period. The Trust will seek assurance that the national plans are robust and can support anticipated demand. In particular it will be important to understand resourcing pinch points in the supply chain/ technical services, and limitations on the availability of equipment/consumables. This will help KFM to build in resilience and enable to Trust to mobilise at speed if necessary.

7.4.2 Embedding a risk management approach at the heart of the Trust

The active engagement of Risk Management in Silver command enabled a more focussed approach to the management and decision making of risk during Wave 1. The Patient Safety team shared daily updates on COVID-19 incidents, and the Board subcommittee received regular updates on a range of measures including risk, management, patient safety, complaints etc. This enabled internal processes to be improved throughout the response.

Learning from this experience has highlighted the importance of:

- The role of risk management, infection control, patient safety and health & safety in Silver command;
- Adopting a pro-active approach to risk management across the organisation, and embedding a culture of risk assessment into the risk assessment process;
- Improving the internal risk management governance and controls. This includes strengthening comprehensive record keeping and risk management logs to ensure that the Trust can demonstrate compliance with all aspects of national guidance at any given point in time. It also includes ensuring Silver are adequately resourced to be able to upload documents once approved as a core part of their responsibility;

7.4.3 Finance:

The Trust's financial controls have been largely effective in managing the spend required to deliver an effective response to COVID-19. The Trust's 'top up' payments have broadly been in line with other teaching hospitals, although pay has been slightly higher as a result of some of the 'winter initiatives' put in place this Winter. It is vital that this control is maintained in-year to ensure that COVID-19 does not impact the long term financial sustainability of the Trust.

In 2019/20 the Trust made great strides in reducing the deficit. As a result, we have gained autonomy to invest in our services, negotiated a £50m capital envelope and gained credibility within the Integrated Care System and the London region. This progress needs to be maintained. Our aim is to exit 2020/21 having maximised service transformation and activity (in order to minimise the patient backlog) and in line with the agreed cost budget - consistent with a deficit of around £150m.

KPMG have performed a review of the controls put in place during the COVID-19 period to identify any learnings which could be taken forward. Recommendations from the report are:

- Review and improve the IT infrastructure and readiness for remote working;
- Review and communication of the Incident Command and Control Plan-including delegation limits to Gold and Silver commanders;
- Records of Gold and Silver meetings should be made available quickly and digitally by responsible Executives for communication to relevant colleagues;
- Standing Financial Instructions (SFI's) to be updated and present for Board approval;
- Clarify and update delegation limits;
- Maintain a log of expenditure approvals;

During this period monitoring of run-rate expenditure will be key to good financial management. Budget managers will need to focus as much on changes in their monthly expenditure as on performance against budget and the executive will need prioritise investment. It is inevitable as we progress through the recovery phase that there will be changes in run-rate but our assurance at all levels (and that of NHSE/I) needs to focus heavily on understanding how and why expenditure has changed (or has not changed when expected to) compared to the previous month(s) and the impact of operational changes on the underlying position.

7.4.4 ICT

The role or ICT in our response cannot be overestimated. Joint working between different departments / divisions through the co-ordination of silver worked well and overall ICT were able to respond to the unpresented demands for additional equipment, applications configuration modifications, remote access logins, movement of telecoms equipment, opening new departments and support for ward moves. The standing down of non-essential work was critical to be able to respond appropriately in ICT. Very good collaborative ways of working were also established between BIU and ICT.

Key learnings for next time:

- Moving forwards adequate funding needs to be provided to allow ICT to keep a 'float' of stock to be able to respond to any initial surge in demand;
- Strategically the Trust must move to an infrastructure which supports the flexibility of secure remote working;
- Discipline in the use of Trust systems need to be reinforced in any subsequent surge – stay digital / do not go to paper unless informed to do so, ensure effective discharge and transferring of patients in iPM / EPR, do not move equipment without telling ICT;

7.4.5 Corporate Communications

The Trust significantly increased internal communications activity during the COVID-19 pandemic, and this has been met with positive feedback from the staff. There was communication through a range of different channels, in order to reach as many staff as possible, co-ordinated through the Chief Executive's Office:

- Daily all staff bulletin – via email
- Ask the chief executive – all staff invited via MS Teams, an opportunity to ask questions
- All staff broadcasts – via MS Teams, if important information needed to be cascaded
- Clinical delivery group – regular forum with clinical leads across the trust to share information

In addition to the above, the corporate communications team also rolled out pan-site PHE materials and guidance, developed a Trust suite of branded materials (posters, pull-ups patient information etc.) bespoke for each site, created and curated a COVID-19 specific Kwiki page, launched Kingsweb Mobile (Currently at 40% users), created and published "Stories from the Frontline" to showcase Trust's response to the pandemic and produced and published at least 20 or so films both internally and externally to showcase the Trust's response to the pandemic.

External communications were also important during the pandemic and the team rolled-out website and social media information and campaigns including PHE and NHSE/I messaging for the public and visitors and liaised with NHSE/I Communications with regards all media responses.

Key learning for next time:

- Greater clarity on production responsibility for departmental bulletins, broadcasts and events;
- A more streamlined and clearer approval process with NHSE/I including information referral and patient death management;
- Could have done more external communications on social medial, local communities, health and well-being boards, local radio;

7.4.6 Business Intelligence Unit (BIU)

BIU played a pivotal role during the pandemic, providing meaningful qualitative intelligence that enabled and underpinned our operational response to COVID-19. The BIU undertook detailed forecasting of anticipated COVID-19 bed demand in early March, which accurately forecast both peak demand volume by bed type and peak demand dates. This modelling was self-learning and continually adapted to changes in base assumptions. i.e. daily changes in observed length of stay exceeding global benchmarks automatically updated the forecast bed need.

This early modelling ensured the Trust could enact appropriate cessation of elective activity in mid-March based on a clear forecast of maximum COVID-19 demand from 6th April 2020. During the period of heighted COVID-19 demand this modelling provided a platform to issue daily email updates at 7am to the Trust senior leadership which detailed current and forecast bed demand, alongside admission and discharge profiles. These updates informed daily review meetings with incumbent site CEOs and allowed accurate assessment and response to respond accurately to both COVID-19 and non-COVID-19 demand.

In addition to accurate demand modelling, the Business Intelligence Unit rapidly deployed a suite of live reporting to support the organisational response to COVID-19 to show demand and activity profiles inclusive of G&A to ICU step up/down, testing volumes and turnaround, decease progression mapping, outcomes including mortality, etc.

There were challenges with Regional model understanding of the likely disease progression and associated bed requirement. Significant time and resource was expended during critical phases of the COVID-19 demand cycle on engagement with the NHSI/E regional team and their agents in attempting to support regional modelling. In the early stages of the decease progression cycle this lack of Regional understanding resulted in instruction not to cease elective admissions until 15th April. If the Trust had adhered to this instruction the pressure on G&A beds at modelled/actual peak (6th April) would have significantly exceeded available beds.

7.4.7 Capital Estates and Facilities

The team found quick decision making and prioritisation through silver and gold, alongside the reduced level of financial governance enabled agility and responsiveness. Opportunities were maximised to access areas with long outstanding maintenance and refurbishment works (theatres, recovery suite, RDL, Annie Zunz, Kinnier Wilson, Jack Steinberg, Murray Faulkner). The supply chain were very responsive and supported delivery at pace (e.g. mobile sinks, Arctic, City &Kent, JF Jones, Graham's). The PFI companies were supportive and flexible during the pandemic – this enabled changes to me made to the building and infrastructure without the normal hurdles and time delays.

Challenges were experienced around:

- Infection Prevention Control - better clarity of IPC guidance required even if it might change with future national guidelines;
- Main soft services provider at the PRUH struggled to deal with the staff shortages;
- Need to be more joined up and strategic around deep cleaning needs (to reduce costs and penalties for late-notice);
- Clarity around working from home for operational team members. Conflicting messages from Government and the Trust as to which roles should work from home;

Learning points have been identified as:

- Reconfiguring the estate at speed demonstrated that people are needed who both know the estate and what it is capable of and are also embedded with the clinical teams. This expertise is limited at present;
- The collaboration with GSTT worked well during the crisis and is now embedded practice;
- A huge success was the ability to divide the oxygen network to give greater supply and also to enhance oxygen supply to some wards at very quick timelines. This was only possible due to the expertise hired into the Trust and that the infrastructure was capable of it. However the infrastructure needs significant investment to make it better suited to a pandemic situation;
- Review of processes surrounding the opening and subsequent closure of the Critical Care Unit;

7.5 Summary of learning from the organisational response

	Learning points
What went well?	- Strong Silver Control function and well-functioning Control rooms at both sites. - Strong 'meetings rhythm' established with decision-making routed increasingly rigorously through appropriate levels. - Establishment of strong, multidisciplinary COVID-19 Tactical PMO providing clear direction, rigour, visibility and assurance of response plans in place. - Strengthening of PMO and Command structure through KHP redeployments - Mobilised Information Co-ordinator support rapidly – "fast track" for key people from Corporate teams to understand the challenges, identify gaps and tasks for the PMO. - Evolved effective risk management processes in a very challenging situation where multiple risks could not be mitigated to the extent that would be seen as acceptable in BAU. - Success of internal communications keeping our people informed. - PHE guidance was followed at all times - Executive team managed weekends well - for next time, more formal agreement around weekend presence would be beneficial.
What could have been better?	- Switch from BAU to Command Control with decision-making routed rigorously through Silver proved challenging at first at DH – partly reflecting previously observed weaknesses in governance and decision-making. - Didn't achieve a good understanding among executives of the implications of the switch to Command and Control (C&C) from normal working. A better shared understanding of the switch to C&C from normal working would be helpful next time. We should ensure clarity on this by rehearsing the role of senior leaders in a crisis/incident in advance with people. - COVID-19 Tactical workstreams had strong Denmark Hill focus, partly reflecting challenges and PRUH self-sufficiency, but more pro-active gap analysis could have been undertaken. - Info Co-ordinator support originally established only for DH – though subsequently extended to PRUH. - Care Group teams and Ops leaders not always well used if they were outside the command structure, especially once elective work had been stopped. SMs and GMs reported being under-utilised. - Earlier and more consistent approach to risk identification and management - Communication to the rest of the organisation in a fast-changing environment was very challenging (e.g. rapidly evolving guidance, decisions re ward moves) - Disconnect between KFM and Silver/ Gold Command meant a lack of visibility on what was being procured, and in what number. - Slow to adopt social distancing in wellbeing hubs and command centre meetings - Changes to guidance/ policy etc. agreed by GOLD/ SILVER were not always communicated and implemented consistently e.g. restarting clinics.

7.6 Organisational response - preparation for future surges

What do we need to do	- **Governance:** o Establish COVID-19 Board Subcommittee again.	**Responsible Executive:**

for future surges?	○ Consider the need for additional governance and oversight above the command structure, i.e. SOG, and its membership ensuring inclusivity and consistency. ○ Improved audit and process control – nominate an individual to undertake on behalf of the organisation ○ Improve ability to understand risk and processes of risk management across the organisation. ○ Business continuity plans – revisit and tailor to differing levels of response	Executive Director of Integrated Governance
	- **Incident management:** ○ Clarity on command structure, when to step it up/ down, roles and responsibilities; ○ Single Silver and Gold command meetings; ○ Integrate BAU running of the site better, regular Gold and Ops meetings, or run separate BAU and COVID-19 major incidents; ○ Control room meeting structure, decisions and actions – consider dedicated room set up, better communication and follow up of actions and decisions made; ○ Increase clinical representation within the command structure; ○ Consider partner representation at Gold, e.g. local authorities, SLaM, other trusts etc. ○ Better integration of KFM to command structure. - **Executive team roles and responsibilities:** ○ Define who does what, and who needs to attend which forums for what purpose ○ Regular informal catch ups ○ Depending on the level of incident response required, create a prioritised list of key strategic matters that should continue to be led by those not required in the surge management; - **Resilience.** Consider critical roles and identify the 'shadow team' for incident management and Executives to ensure resilience and a sustainable workload over long periods of time. - **Handling changes to national policy and guidance**. Clear communication for changes in national guidance/ policy. Establish a mechanism for monitoring implementation and compliance.	**Responsible Executive:** Chief Executive
	- **Communications.** ○ Clarity on production responsibility for departmental bulletins, broadcasts and events; ○ A more streamlined and clearer approval process with NHSE/I including information referral and patient death management;	**Responsible Executive:** Chief People Officer

	o More external communications on social medial, local communities, health and wellbeing boards, local radio; o Ensure communications reach all staff, including sub-contractors.	
	- **Social distancing.** For staff and patients from the outset. - **Infection Prevention Control.** Clearer guidelines, clear plans, structured follow up.	**Responsible Executive:** Chief Nurse
	- **Surge 2 planning**. o Create a surge 2 response plan o Create an updated pandemic plan o Rehearse our response to a second surge in detail so that we know what we are going to do before we have to do it. Design multiple elements in advance. o Train more people to be able to run the control room and command response – review emergency personnel at PRUH; - **BAU planning.** Working assumption that BAU will run alongside any future surges. Plan in detail for clear scenarios in terms of what can be delivered at different levels of surge (e.g. 25%, 50%, 100% of elective and diagnostic workload)	**Responsible Executives:** Site Chief Executives
	- **Finances.** Understanding how and why expenditure has changed compared to the previous month(s) and the impact of operational changes on the underlying position.	**Responsible Executive:** Chief Financial Officer

Learning through partnership

8 Learning from our partnership and system working

During the height of the COVID-19 outbreak, engagement with the wider South East London system has been critical. There was considerable cooperation between the three acute providers. For example, critical care beds were managed on a network basis across the six sites (St Thomas', Guy's, Denmark Hill, PRUH, Lewisham and Queen Elizabeth, Woolwich) with a dedicated retrieval team moving patients between critical care units to ensure the Trust were able to care for everyone who needed specialist support. The Trust also worked closely with King's Health Partners (KHP) during this time. On a very practical level, the KHP staff passport enabled individuals to move between organisations and to be redeployed to the areas of greatest need. KHP colleagues have also provided support and capacity on COVID-19 testing and to corporate areas within the Trust, such as PMO creation and support within the Chief Executive's Office.

There has also been a step-change in system working with community providers (most notably with Guy's and St.Thomas NHS Foundation Trust for Denmark Hill and Bromley Healthcare for PRUH/ South Sites). This work has focused on ensuring that patients are supported to remain at home wherever possible and only come to hospital where the benefit outweighs the risk. The COVID-19 response has also been supported by mental health partner organisations, SLaM and Oxleas. SLaM has also operated a Clinical Assessment Unit on the Maudsley site which diverted patients with no physical health problems from the Denmark Hill Emergency Department. Through One Bromley, Oxleas supported a holistic response to keeping patients in community settings wherever possible which helped reduce the pressure on PRUH.

Prior to the pandemic there had been some history of providers working together e.g. provider productivity programme, including the pathology network, but this tended to be limited in scope and focused on specific projects. The pandemic and its early recovery phase meant that the operational survival of all 3 providers was interlinked and co-dependent. This led to real and lasting areas of collaboration especially around the management of critical care beds and looking after patients waiting for elective care.

Key achievements in system working:

- **Collaboration** – COVID-19 accelerated working together, as a sector, across the CCG, healthcare organisations, local government;
- Ability to act **at pace** – for example delivery models changed, CCU capacity was increased, discharge arrangements enhanced;
- **Local** responses – where organisations arranged local responses these were better and more effective.

8.1 SEL CCG feedback

King's engaged well with the system level response at an early stage with good support from a strategic level. There was an early establishment of the ICC which allowed for good lines of communication. Julie Lowe, seconded from the ICS to be Director of Partnerships, provided an excellent link between King's and the rest of the SEL system, including taking a SEL leadership role in certain areas of work, especially for recovery (such as elective care). The three acute trusts worked well together to ensure a consistency of approach, for example in messages to patients.

The King's virology team (led by Dr Mark Zuckerman) and pathology lab (including senior Viapath colleagues) were spectacularly supportive in helping with COVID-19 testing beyond the hospital. They enabled all staff and residents of care homes in Bromley, Southwark and Lambeth to be tested before the national system was up and running. This enhanced testing approach is still in place and helped SEL to be a step ahead in protecting the local populations.

The Trust supported the SEL system by engaging with the daily system calls, ensuring consistent communications and policies and providing mutual aid, for example, providing some PPE from the PRUH to community and OOH partners (so that patients could be safely discharged).

Would could have gone better?
There was an over-reliance on certain individuals, particularly in the early stages (this is not a KCH-only issue and was apparent across all organisations).

What must we do next time?
Continue with the ongoing support and engagement in the SEL system, ensure robust control and staffing arrangements for both sites are in place to reduce over reliance on individuals. More devolved leadership might need to be considered in the future.

Review swabbing run timings and the number of available COVID-19 bed capacity to manage current and expected demand for winter. Look at whether the lab capacity could be further expanded.

8.2 Integrated Care System feedback

It is recognised that KCH played an active and important role in collaboration across the ICS, and with commissioners. Some of the areas identified for improvement in future surges are:

- Single focus on COVID-19 – this has left us with problems, need to balance COVID-19 with everything else;
- Collaborative working across sectors could improve – e.g. with primary care, community care;
- Command structure and incident response needs to be more managed and sustainable for winter – plan for realistic scenario's;
- Reconsider governance structure – what meetings did we stop that had no value and shouldn't be started again?
- Systematise data returns – there was a lack of specificity, similar requests and very short timescales. Work with the region to define data/ information required, perhaps APC co-ordinate;

8.3 Learning from elsewhere

In addition to the learning from our own organisation, we have also undertaken an initial review of lessons learned across the wider health community in SE London. The following points are highlighted:

Regional learning from Covid-19: Emergency Care Improvement Support Team, Healthy London Partnership

The team contacted 9 operational Emergency Care leads at Trusts across London & requested a meeting to review Covid-19 learning. These conversations identified the following Critical Success Factors as being key to their response.

Critical Success Factors	Identified by no. of Trusts

1.	**Removing organisational barriers** — *Reduction in bureaucracy, paperwork and disagreements regarding funding, removing organisational barriers*	8
2.	**Flexibility of estates and bed capacity** — *Ability to quickly alter and flex environments, and to use off site capacity*	7
3.	**Early senior decision making** — *Additional senior speciality decision makers at the front door, and enhanced consultant presence on the wards*	7
4.	**Workforce mobility** — *Increased seven day working across disciplines with additional staff available for longer*	7
5.	**Redirection to primary care** — *Ability to use a stricter redirection for walk-in attendees or closed, repurposing of UTC, redeployment of staff into primary care*	5
6.	**Having a single purpose** — *Single focus on the acute pathway and removal of inter-departmental or medical/surgical competition, establishing a common purpose*	4
7.	**Central command** — *Operating a gold/silver command centre to enable central decision making at pace with clinical involvement*	4
8.	**Rapid improvement cycles** — *Ability to trial rapid cycles of improvement on environmental constraints, pathways and workforce with rapid testing and review*	4
9.	**System working** — *External partners on site, enhanced relationships*	4
10.	**System responsiveness** — *Rapid flow out of hospital with improved full system responsiveness*	4
11.	**Enhanced mental health pathways** — *System working with mental health trust to trial all patients unless critically unwell being cared for in mental health establishment, with advanced nurse practitioners supporting for minor injuries*	1

SEL CCG performed an After Action Review of their first wave response and have identified the below areas of improvement:

- CCG plans and role cards generally focus on response to a big bang, short period incident, which made some role definitions unclear **–** A review of role definitions for extended incidents is required;
- Clarity is required on Central and Borough based roles and responsibilities – A clear Command Structure needs to be in place and communicated clearly;
- The engagement with Boroughs at the beginning of the incident was limited – A strategy to ensure clear communication and information sharing occurs in both directions between the Command team and the Boroughs to support full situational awareness;
- Resources were not brought into the structure early enough – Future plans should step up more staffing in the initial phase, with a view that it is easier to step down if not required;
- Logging of decisions in a timely and measured way – Use trained loggists as early as possible into the incident response;
- Team members and different teams being on different operating systems, made information sharing more protracted **–** The Office 365 rollout should rectify this and this group is to be prioritised for rollout;
- Logging decisions was asked for retrospectively**–** This should have been clear from the outset and a uniformed logging process adopted – An approach to logging needs to be clear ahead of a future wave;
- Resources were not brought into the structure early enough – SME's felt it would be easier to step down resources if not needed;
- SME's for workstreams were not identified early enough – Future plan to list an overall SME for each workstream and to list Borough Based assets for each Workstream;
- Pool of people utilised for the ICC limited – Need to scope additional resources across the entire SEL CCG;
- Workstream meetings were felt to be duplication of the report written by the SME's – Consideration in the future to circulation of the report weekly and ad-hoc update meetings for developments;

8.4 Other learning from partnership working

	Learning points
What went well?	- KCH visibility and influence in national agenda around COVID-19 testing in DHSC and PHE; overall the SEL response on COVID-19 testing was ahead of the game, with KCH Virology and KCH Viapath leading in this, supported by the early establishment of a KHP-led co-ordination mechanism. - Formalising establishment of the Acute Provider Collaborative (APC). - Effective working with HM Coroner on changes to death certification/ arrangements. - Silver and Gold links into SEL incident and regional incident generally worked well and ensured that key decisions were shared and discussed, and issues escalated between organisations. - Acting Director of Partnerships and Acting Deputy CEO roles gave additional executive bandwidth to engage and influence across SEL and London systems. - Local borough partnerships. KCH led in establishing internal flow hub (DH) and SPA (PRUH) arrangements to implement Hospital Discharge Arrangements and supporting arrangements e.g. daily system calls as well as prospective needs assessments to support capacity and discharge planning. - Working with SLaM. Aubrey Lewis ward made available, staffed with therapy-based model, facilitated step down and flow from Denmark Hill. - Close collaboration across providers and key networks rapidly established e.g. Critical care and patient transfers. - Established good links with SEL CAG and feed into/out of London CAG. - Mapped KCH clinical engagement in London & South London forums. - PMO Data Tactical Workstream established to log, channel & prioritise incoming template and SITREP requests.
What could have been better?	- Senior management time and bandwidth required to attend multiple local, SEL, London system meetings was a challenge. Meeting management did not always reflect the pace and urgency required in other elements of our response. - Proliferation of requests from NHS London and SEL. Difficult to manage and respond to because they were received at multiple 'touchpoints' across the organisation. - Co-ordination of multiple and evolving strands of work on COVID-19 testing, both internally and in the SEL system, has been very challenging. - The Nightingale set up was a huge achievement. However the commitment from NHS London to establish and subsequently retain the Nightingale model distracted (albeit necessarily) from being able to focus 100% on our own services (e.g. workforce, equipment etc.). - Much good data was available, but we didn't always use it as well as we could have. Need to ensure that the Trust is working from data and evidence, rather than anecdote. - If the APC had been more mature, it might have taken a more collective role in managing the response.

8.5 Partnerships - preparation for future surges

What do we need to do for future surges?	- **System-wide changes**. Implement changes system-wide, and use the APC to standardise approaches. Advance planning with partners on planning and monitoring of pathways. Need to be much sharper and clearer. E.g set up an APC COVID-19 planning group. Improve and strengthen support and resource for the APC. - **Influencing national and regional policy**. Consider potential to influence external bodies in particular: o NHS London, in managing their demands/ expectations. o Seeking to challenge the Nightingale solution. Whether might be better used for diagnostics or electives, than COVID-19 critical care. (Diagnostics use would help minimise harm.) o Approach to bed modelling and capacity planning.	**Responsible Executive:** Chief Executive
	- **Management of external information requests**. Systematise these, agree at region what is required – APC to co-ordinate?	**Responsible Executives:** Site Chief Executives

Recommendations and next steps

9 Recommendations and planning for future surges

This lessons learned process has shown overwhelmingly how well the Trust responded to the pandemic. In a time of crisis, unlike any other experienced in recent times, the Trust put patients and staff first, played a key role in the wider system response and significantly improved outcomes for patients by putting clinical innovations into practice quickly.

The table below combines all the learning from the clinical experiences, patient and staff feedback, organisational learning and the wider health and social system learning to create a comprehensive set of actions to be progressed in order to be well-prepared for any future surges in COVID-19.

What do we need to do for future surges?		Responsible Executives
Clinical preparation	- **Mortality monitoring**. Simple consistent system for daily reporting of deaths by Bereavement teams - **COVID-19 protocols**. Agree protocols/SOPs for treating suspected/ confirmed COVID-19 patients, based on learning from Wave 1. - **COVID-19 drugs policy.** Ongoing review of Wave 1 drugs policy to incorporate subsequent evidenced based findings on the treatment of COVID-19. Agree Drug Policy for the treatment of patients at start of Wave 2/major spikes. - **Visibility of the impact on non-COVID-19 activity.** Ongoing monitoring of key facts/ figures/backlog for non-COVID-19 patients so that the impact on other services is transparent. - **Decision support:** o Agree guidance for triage in principle across SE London ahead of any future surge. o Provide executive support for wider decision support measures and raise awareness about decision-support within KCH - Require transparent ethical guidance and good quality information sharing of hospital bed states with primary care and ambulance services to ensure clarity on who to send to hospital.	**Responsible Executive:** Chief Medical Officer
	- **Research.** o Plan redeployment of resource more carefully in light of retaining significant research portfolio; o Establish a research COVID-19 group and clarify where research portfolio sits and reports;	**Responsible Executive:** Executive Director for Clinical Strategy and Research
Caring for our patients & their families	- **COVID-19 testing**. Consistent and co-ordinated approach to testing and results reporting across SEL. To involve all Trusts and lab providers, with single point of contact for KCH. May need dedicated operational resource. - **Shielding**. Establish role to take responsibility for shielding for patients and staff, and the required communications required/ ongoing management.	**Responsible Executive:** Chief Nurse

	- **Next of kin information**. Need to review recording process and establish a consistent approach across the Trust.
	- **Visitor policy**. Review, make clearer and more consistent, communicated ability to be flexible depending on circumstances.
	- **Discharge process and pathways**:
	  o Discharge process needs senior oversight, in particular documenting the risk of discharging patients vs risk of them staying in hospital.
	  o Work with system partners to develop clear and appropriate post-discharge COVID-19 pathways focused on holistic needs assessment.
	- **Family and carer support**. Ensure consistent 'offer' of support and communication for all families and carers regardless of ward/location, during illness, at end of life and through bereavement. Consider extending service to non-COVID-19 patients.
	- **Patient property**. Review and update Trust policy in the light of recent learning.	

Looking after our staff	- **BAME staff**. Agree policy ahead of surge informed by Trust BAME group.
	- **Redeployment process**. Define more robust processes for managing staff redeployment, improving communications and clarity on line management and pastoral care. Recognise that some functions need to ring fence staff to enable them to function effectively during a future surge.
	- Developing a robust **workforce plan** e.g. for resourcing CCU
	- **Monitoring staff absence.** Testing/ tracking of staff absence needs to be more systematic.
	- Review our policies and governance to keep things simple and collate all in one place e.g. one pager guides -collected in a **People Pandemic Policy**
	- Clearly define the **King's 'One Team' –** including sub-contractors (e.g. KFM, Medirest, Huntley beds) to ensure they are involved/ included in relevant forums, decision making and communications
	- **Staff support offer**:
	  o clearly define what will be made available to staff and Executive responsibilities for distribution where applicable, e.g. hot meals, accommodation, parking, travel etc.
	  o Ensure consistency across sites
	  o Engage councils early to agree parking
		Responsible Executive: Chief People Officer

	- **PPE –** Plan availability of PPE, Fit testing training (and logging) and guidance on PPE usage	**Responsible Executive:** Chief Nurse

	- **Best use of technology and associated working practices.** The Trust should have sufficient and appropriate technology to:
	  o Support social distancing and provide COVID-19 secure work spaces on site;
	  o Enable staff who are shielding or don't need to work on site, to WFH effectively e.g. laptops/ VPN tokens;
		Responsible Executive: Chief Digital Information Officer

	○ Encourage new ways of working to support staff who are WFH and ensure communication and connection is maintained; ○ Virtual meetings and virtual clinics by default, with appropriate guidance to support sustained usage;	
Organisational Learning	- **Governance:** ○ Establish COVID-19 Board Subcommittee again. ○ Consider the need for additional governance and oversight above the command structure, ie SOG, and its membership ensuring inclusivity and consistency. ○ Improved audit and process control – agree a nominated individual to undertake on behalf of the organisation ○ Improve ability to understand risk and processes of risk management across the organisation. ○ Business continuity plans – revisit and tailor to differing levels of response	**Responsible Executive:** Executive Director of Integrated Governance
	- **Incident management:** ○ Clarity on command structure, when to step it up/ down, roles and responsibilities; ○ Single Silver and Gold command meetings; ○ Integrate BAU running of the site better, regular Gold and Ops meetings, or run separate BAU and COVID-19 major incidents; ○ Control room meeting structure, decisions and actions – consider dedicated room set up, better communication and follow up of actions and decisions made; ○ Increase clinical representation within the command structure; ○ Consider partner representation at Gold, e.g. local authorities, SLaM, other trusts etc. ○ Better integration of KFM to command structure. - **Executive team roles and responsibilities:** ○ Define who does what, and who needs to attend which forums for what purpose ○ Regular informal catch ups ○ Depending on the level of incident response required, create a prioritised list of key strategic matters that should continue to be led by those not required in the surge management; - **Resilience.** Consider critical roles and identify the 'shadow team' for incident management and Executives to ensure resilience and a sustainable workload over long periods of time. - **Handling changes to national policy and guidance**. Clear communication for changes in national guidance/ policy. Establish a mechanism for monitoring implementation and compliance.	**Responsible Executive:** Chief Executive
	- **Communications:** ○ Clarity on production responsibility for departmental bulletins, broadcasts and events; ○ A more streamlined and clearer approval process with NHSE/I including information referral and patient death management;	**Responsible Executive:** Chief People Officer

	○ More external communications on social medial, local communities, health and wellbeing boards, local radio; ○ Ensure communications reach all staff, including sub-contractors;	
	- **Social distancing.** For staff and patients from the outset. - **Infection Prevention Control.** Clearer guidelines, clear plans, structured follow up.	**Responsible Executive:** Chief Nurse
	- **Surge 2 planning**. ○ Create a surge 2 response plan ○ Create and updated pandemic plan ○ Rehearse our response to a second surge in detail so that we know what we are going to do before we have to do it. Design multiple elements in advance. ○ Train more people to be able to run the control room and command response – review emergency personnel at PRUH; - **BAU planning.** Working assumption that BAU will run alongside any future surges. Plan in detail for clear scenarios in terms of what can be delivered at different levels of surge (e.g. 25%, 50%, 100% of elective and diagnostic workload)	**Responsible Executives:** Site Chief Executives
	Finances. Understanding how and why expenditure has changed compared to the previous month(s) and the impact of operational changes on the underlying position.	**Responsible Executive:** Chief Financial Officer
Learning through partnership	- **System-wide changes**. Implement changes system wide, and use the APC to standardise approaches. Advance planning with partners on planning and monitoring of pathways. Need to be much sharper and clearer. e.g. set up an APC COVID-19 planning group. Improve and strengthen support and resource for the APC. - **Influencing national and regional policy**. Consider potential to influence external bodies in particular: ○ NHS London, in managing their demands/ expectations. ○ Seeking to challenge the Nightingale solution. Whether might be better used for diagnostics or electives, than COVID-19 critical care. (Diagnostics use would help minimise harm.) ○ Approach to bed modelling and capacity planning.	**Responsible Executive:** Chief Executive
	- **Management of external information requests**. Systematise these, agree at region what is required – APC to co-ordinate?	**Responsible Executives:** Site Chief Executives

5.2

30.09.20

King's College Hospital
NHS Foundation Trust

FINANCE AND COMMERCIAL COMMITTEE, 24 SEPTEMBER, 2020
BRIEF SUMMARY OF DISCUSSIONS

Subsidiaries Update

KFM reported a positive financial position and was on trajectory to achieve its year end budget forecast. Andy Lockwood and the team at KFM were thanked for their valuable support during the Covid response

Month 5 Finance Report

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, with the exception of writing off any bad debt from prior years. 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.

For the first 5 months the Trust recorded a £20.1m retrospective top up income to achieve breakeven. In line with updated Financial Guidance, bad debt write off (£1.3m YTD) from prior years will not be funded via the retrospective top up. Adjusting for the retrospective top up expected of £2.5m for M05, the Trust will be reporting a YTD deficit of £1.3m.

Phase 3 Framework and Forecast

The current financial arrangements for months 1-6 comprised nationally-set block contracts between NHSE providers and commissioners to support delivery of breakeven positions. These block contracts were based on month 7-10 income and expenditure from 2019/20. The Trust had received retrospective tops ups to ensure a break-even position year to date. Retrospective top up payments will no longer exist from October and funding envelopes have been made available to each system for the period from October 2020 to March 2021, including resources to meet the additional costs of COVID-19 response and recovery

There was a discussion about the Trust becoming part of a SE London recovery programme. This would provide some benefits to the Trust but there would also be a requirement to contribute as needed to any financial challenges which arise.

Capital plan update

The CFO presented this update. The Committee discussed the challenges around the investment of funds. The Trust remained significantly behind plan with the majority of the spend forecasted to increase in Q3/4. The Committee discussed a potential £10m underspend. Should this materialise, KE had agreed allocating the funds to endoscopy at the PRUH and theatres at the Orpington. There were potentially other projects but these were not strategic or operational priorities.

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King's College Hospital
NHS Foundation Trust

FINANCE AND COMMERCIAL COMMITTEE, 26 NOVEMBER, 2020
BRIEF SUMMARY OF DISCUSSIONS

IN YEAR FINANCIAL REPORTING

Month 7 Finance Report - For the first 6 months of 2020 /21 the Trust was provided with retrospective top up funding to help the Trust reach a broadly breakeven position. For months 7 -12, the Trust's funding arrangements have moved to a system block with the Trust receiving a block income of £107.6 m each month until the end of this financial year. This includes a system top of £15 m each month and £ 5 m COVID top up each month. This income is sufficient for the Trust to achieve breakeven for the last 6 months of the year based on the month 5 forecast submitted to the ICS.

Key movements compared to last month is employee operating expenses (pay) (£2.0m, £1.7 m was allocated for medical pay awards last month) and reduction in drugs spend this month compared to previous months.

However, the Trust is currently reporting a breakeven position YTD.

Finance system implementation - Following a detailed implementation process of the Oracle Cloud system, the Trust went live with the new system on 1st October 2020, and has now completed its first month end reporting cycle on the Oracle system. All was progressing well.

Capital Plan Update - The internal capital programme is forecasting to spend £42m against the funding envelope of £52.8m. Although certain elements of funding are ring-fenced there still remains a significant underspend (£10.9m) which has been repurposed on other strategic projects. There was also a discussion on the need to increase capacity to successfully take forward planned investment.

USE OF RESOURCES

Greening King's - The NHS has recently committed to becoming "net zero" in terms of the NHS carbon footprint by 2040 and the NHS carbon footprint "plus" by 2045 (with an 80% reduction a decade earlier). The NHS Carbon footprint plus includes the wider supply chain as well as staff, patient and visitor travel. In broad terms the NHS Carbon footprint is 25%, with patient, visitor and staff travel being 10% and the wider supply chain (e.g. medicines and medical equipment) the remainder.

The Trust lagged behind its counterparts on the green agenda and this was also seen as a good forum to increase engagement with staff.

It was proposed that the governance around this be formalised. A Sustainability Committee has been proposed. The CFO would be the executive lead and a NED lead would be identified. The hope is to set up the committee within the coming months.

A team is being recruited to achieve progress in key areas that are most relevant to King's.

SUBSIDIARIES

King's Facilities Management (KFM) – The Managing Director updated on an overall, good financial position. KFM was on budget or possibly better. Some key points to note:

- KFM Digital Automation progressing
- There are some issues within outpatients pharmacy location
- Some progress on electronic prescribing adoption (increased from 60% to 72%)
- Outpatients pharmacy stock controls reviewed and an improvement plan was in place
- Intense work on vaccination programme logistics and storage.
- KCH contract expiry in June 2021 was causing challenges with suppliers, employees (recruitment and retention) and potential partners.

The Customer satisfaction survey reflected a good level of satisfaction in the services provided by KFM.

King's College Hospital
NHS Foundation Trust

Report to:	**Board**
Date of meeting:	**10th December 2020**
Subject:	**Month 7 Finance Report**
Author:	**Rachael Wood (Director FMI&A)**
Executive Sponsor	**Lorcan Woods (CFO)**
History:	**Finance and Commercial Committee 26 November 2020** **KE 16 November 2020**
Status:	**For Discussion**

Executive Summary

For the first 6 months of 2020/21 the Trust was provided with retrospective top up funding to help the Trust reach a broadly break even position. For months 7-12, the Trusts funding arrangements have moved to a system block with the Trust receiving a block income of £107.6m each month until the end of this financial year. This includes a system top of £15m and a £5m COVID top up each month. This income is sufficient for the Trust to achieve breakeven for the last 6 months of the year based on the month 5 forecast submitted to the ICS.

For month 7, the Trust recorded a surplus of £0.3m which is £1.6m better than FOT for month 7 (£1.3m deficit).

Key movements compared to last month is employee operating expenses (pay) (£2.0m, £1.7m was allocated for medical pay awards last month) and reduction in drugs spend this month compared to previous months (£1.0m).

However, the Trust is currently reporting a breakeven position YTD.

The favourable variance to Month 5 ICS forecast (£1.6m) is driven by:

- £0.6m favourable movement in income relating to release of prior year provisions no longer required.
- £0.3m favourable change in employee expenses (pay) with reductions mainly across bank & agency spend largely in admin & clerical.
- £0.5m improvement against FOT in other operating expenses (non-pay). This is driven by a reduction in drug spend this month.

Pay is £38.2m more than the 19/20 YTD figure (only £10m relates to inflation and c£6.0m relates to COVID). This is an area the Trust will need to control in light of wave 2 COVID operational pressures and a number of service developments are implemented over the next few months.

Please note as this is the first month of reporting from a new finance system there are some changes to how the information will be reported going forward. The main change you will notice is a change in terminology which is explained in the report but now allows us the opportunity to align our reporting with NHSE/I. For this month we have adopted reporting at a very high-level as work is being undertaken to develop a more detailed reporting suite from next month in light of the changes in the Trust structure.

Action Required

The Board is asked to note the Month 7 results outlined in this paper.

Key implications

Legal:	
Financial:	The Trust entered 2020/21 with an underlying deficit of c.£150m and a LTP commitment of a year on year deficit reduction of c£10-15m a year over the next 5 years.
Assurance:	
Clinical:	
Equality & Diversity:	
Performance:	
Strategy:	Financial sustainability is core to the Trust's strategy.
Workforce:	
Estates:	
Reputation:	The Trust's improved financial performance in 19/20 has enhanced its reputation and enabled the Trust to gain credibility both with SEL partners and NHSI/E.

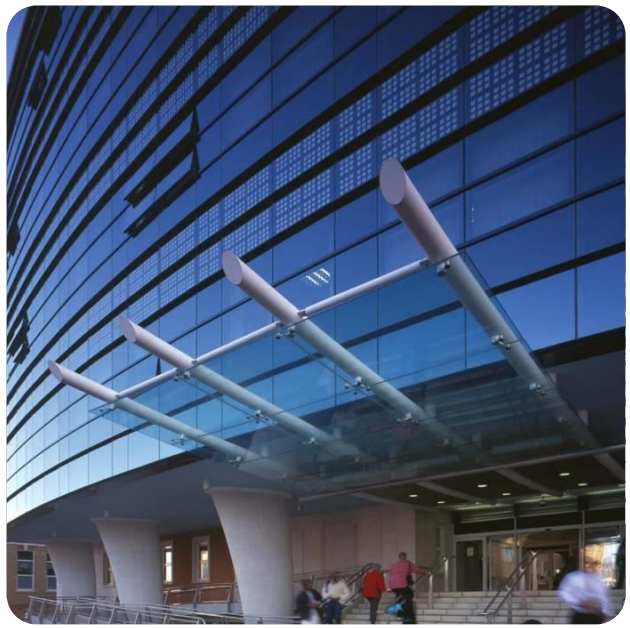
Main report

See appendix 1

Month 07 Finance Report

Trust Board

10th December 2020



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Contents

Summary of Year to Date Financial Position – M07

As at month 7, the Trust has recorded an operating surplus of £0.3m in-month and £0.1m YTD. This is £1.6m better than M7-12 Plan submitted to NHSI (£1.3m deficit).

Trust Summary M07	Annual	Last 3 Months			Current Month			Year to Date		
Category	Budget	Jul	Aug	Sept	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Operating Income	1,214.7	118.6	117.0	127.0	101.4	119.1	17.7	707.4	835.0	127.7
Employee Operating Expenses	(756.0)	(64.4)	(64.6)	(67.6)	(55.2)	(65.6)	(10.3)	(443.5)	(456.7)	(13.2)
Operating Expenses Excluding Employee Expenses	(603.6)	(52.0)	(51.6)	(60.5)	(58.1)	(53.1)	5.0	(359.6)	(370.4)	(10.8)
Non Operating Expenses	(33.0)	(4.4)	(4.1)	0.3	(2.8)	(2.2)	0.5	(19.3)	(22.2)	(3.0)
Trust Total	**(178.0)**	**(2.1)**	**(3.4)**	**(0.8)**	**(14.7)**	**(1.8)**	**12.9**	**(115.1)**	**(14.3)**	**100.7**
Less Impairement, Donated Income etc	(22.9)	(2.1)	(2.1)	(2.1)	(1.9)	(2.1)	(0.2)	(13.3)	(14.5)	(1.2)
Adjusted Trust Total	**(155.1)**	**(0.0)**	**(1.3)**	**1.2**	**(12.8)**	**0.3**	**13.1**	**(101.8)**	**0.1**	**101.9**

*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.

**Please note this is the first month of reporting from a new Finance System. The main change is in terminology that is now in line with NHSI reporting; operating income (income), employee operating expenses (pay), operating expenses excluding employee expenses (non-pay), and non operating expenses (financing). The report is very high-level this month as a new reporting suite is being developed for next month.

For the first 6 months of 2020/21 the Trust was provided with retrospective top up funding to help the Trust reach a broadly break even position. For months 7-12, the Trusts funding arrangements have moved to a system block with the Trust receiving a block income of £107.6m each month until the end of this financial year. This includes a system top of £15m each month and £5m COVID top up each month. This income is sufficient for the Trust to achieve breakeven for the last 6 months of the year based on the month 5 forecast submitted to the ICS.

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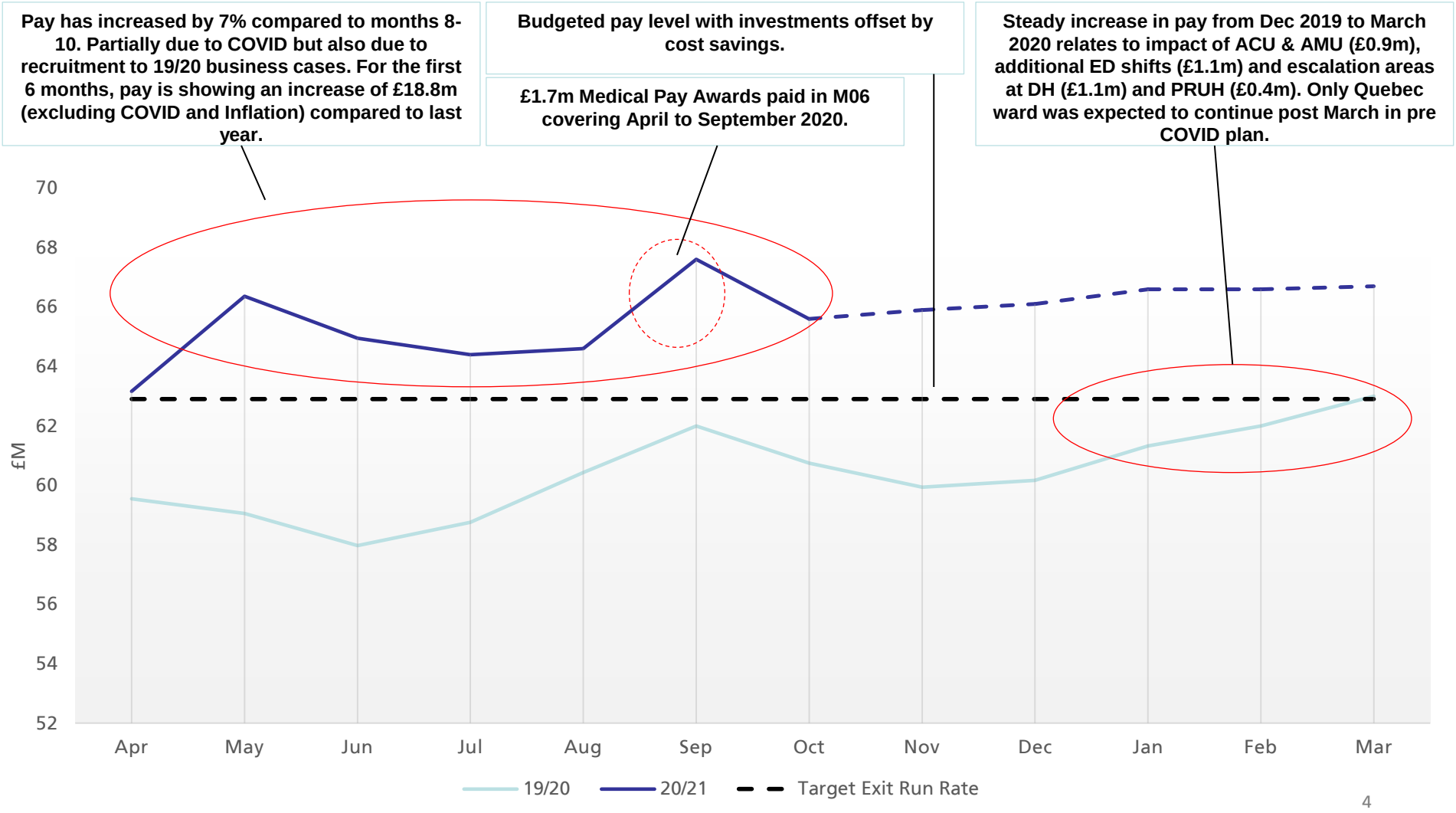
Year to Date - Pay run rate

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 £756m. In order to achieve the Trust's objective, the Trust is going to need to reduce it's monthly pay bill by c.£5.3m to an exit monthly run rate of £59.9m, representing a 8.2% reduction on current spend.



Cash Flow & Revenue Support - Debtors and Creditors

Cash Position (Trust)	Cash Balance Forecast (31 October 2020)	Actual (31 October 2020)	Variance (Act - Fcast)
	£119.78m	£178.31m	£58.53m (F)

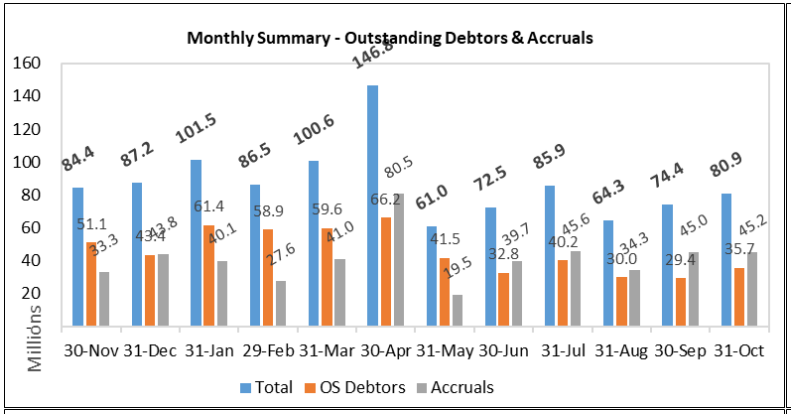
Trust's Borrowings	31 March 2020	30 September 2020	31 October 2020
Revenue Working Capital	(£641m)	(£0m)	(£0m)
Capital borrowings	(£145m)	(£49m)	(£49m)
PFI, Finance Leases & other borrowings	(£174m)	(£172m)	(£172m)
TOTAL	**(£960m)**	**(£221m)**	**(£221m)**

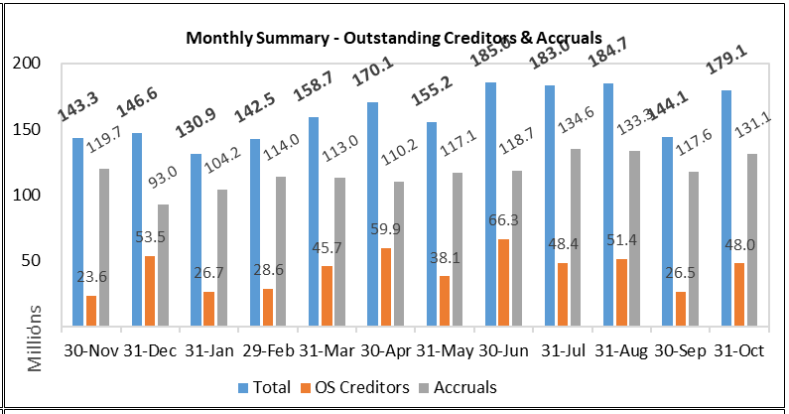
Outstanding Debtors	31 March 2020	30 September 2020	31 October 2020
	£110.6m	£74.4m	£80.9m
Debtor Days	32.4 Days	18.7 Days	20.3 Days

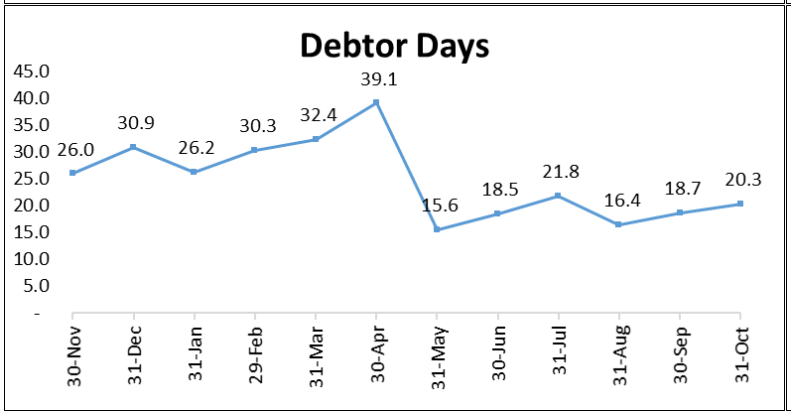
Outstanding Creditors	31 March 2020	30 September 2020	31 October 2020
	(£158.7m)	(£144.1m)	(£179.1m)
Creditor Days	101.8 Days	81.7 Days	101.5 Days

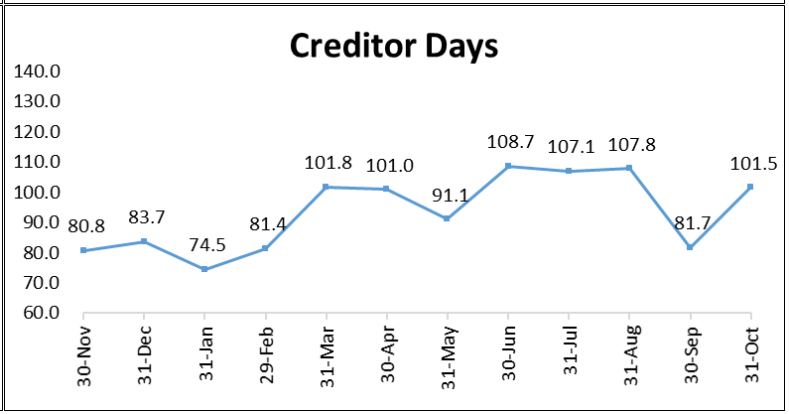
- Cash balance at 31 October 2020 is £178.3m, £58.5m favourable compared to forecast. The higher than average cash balance results from the special payment arrangements in place for the Covid-19 response.
- Cash funding has not been required in 20/21 due to the funding arrangements in place as a result of Covid-19 and monthly income being received in advance.
- Planned cash balances reflect the expectation that a minimum cash balance of £3m will be held, but due to timing of receipts and payments actual balances will fluctuate throughout the month.
- Interim revenue loans, including working capital facilities and interim capital debt at 31 March 2020 were converted to PDC in August 2020.
- Future revenue support will be available for exceptional short-term cash flow requirements and longer-term revenue support for providers in financial distress. This support will be provided as PDC which does not require principal repayment but carries a dividend payable at the current PDC rate. This reflects the opportunity cost to the taxpayer of diverting finance to unplanned cash requirements.

Debtors and Creditors Summary









Highlights for the period:

- Oct 20 Debtor days are 20.3 days (18.7 Days – Sep 20), favourable compared to previous month due to increased outstanding NHS debt and increased non-NHS accruals.
- Outstanding Debtors at 31 Oct are £80.9m (£74.4m – Sep 20) which includes £45.2m of accruals (£44.9m – Sep 20).
- Oct 20 Creditors days are 101.5 days (81.7 Days – Sep 20), adverse compared to previous month due to an increase in both NHS and Non-NHS accruals.
- Outstanding Creditors at 31 Oct are £179.1m (£144.1m – Sep 20) which includes £131.1m of accruals (£117.6m – Sep 20).

Planned activity for next period:

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

Appendices

KFM – I&E & Summary of Year to Date Financial Position M07

KFM	In Month Actuals	YTD Actual	Narrative
(A) Revenue	**14,167,766**	**92,978,509**	**In - Month**: Contract income is based on fixed annualised income of £122m and 2019/20 CCN's of £6m. Covid cost were absorbed in month.
Core Activity Revenue	10,684,177	74,373,682	
Other Income	15,979	52,479	
COVID Revenue	(14,802)	5,136,667	
Pharmacy Revenue	2,165,130	11,241,945	
External Trading	1,317,283	2,173,736	
(B) KCH Core Activity Non Pay (where non-COVID can be segregated)	**8,238,094**	**43,666,431**	
Medical Supplies	4,090,108	19,676,901	**In-Month**: Business as usual non-pay spend in month was of £8.2m (Sept 2020 non-pay £6.5m), Covid non-pay of £121k (Sept 2020 £7,450k).
Medical Equipment	1,769,019	9,901,006	
Medical Prostheses	844,202	4,126,727	
Building Engineering	176,390	680,600	
Dressings	238,480	1,667,480	
Dental Optical Equipment	180,246	900,870	
Chemicals Reagents	148,608	758,699	
Office Equipment	9,111	560,138	
Patient Appliances	87,310	489,075	
Laboratory Equipment Services	82,928	608,397	
Diagnostic Imaging	55,726	448,757	
Bedding Linen Textiles	161,170	897,411	
Non-Pay Managed Services	230,186	1,439,190	
Subtotal Other Non Pay	164,610	1,511,181	
Staff Clothing	16,350	9,724,768	
Pharmaceuticals Products	2,217,277	11,379,658	
New Business COGS	1,275,312	1,766,421	
Hotel Services	6,880	434,396	
Carriage	18	42	
Patients Clothing Footwear	17,264	149,329	
Staff Patient Consulting	48,963	310,941	
Provisions	25,420	166,642	
Furniture Fittings	48,854	489,167	
Transportation	6,708	42,301	
Hardware Crockery	3,898	22,751	
Unallocated Cost	(7,907)	(283,491)	
(C) COVID Expenditure (where segregated)	**168,656**	**15,336,563**	
COVID Non-Pay	120,829	15,018,276	
COVID Pay Costs (approved)	47,827	318,287	
D) KFM Expenditure	**6,006,481**	**29,875,529**	The in-month spend also includes £1,275k cost of goods sold for new business which generated a contribution of £23k in month.
Trust Services Recharge-Core	1,016,714	6,491,818	
Trust Services Recharge-Pharmacy	28,274	187,141	
Interest	89,791	618,161	
KFM Expenditure	4,871,702	22,578,409	
Net Profit/(Loss)	**(£245,465)**	**4,099,986**	

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

Category	Sub-Category	Apr	May	Jun	Jul	Aug	Sept	Oct
NHS Clinical Contract Income	Clinical Commissioning Groups	47,871	48,667	48,348	47,888	50,037	47,894	68,866
	Local Authorities	179	428	303	303	274	289	306
	NHS England	55,052	55,766	55,418	55,412	55,412	55,412	39,422
	NHS Other (Including Public Health England)	89	89	89	89	565	413	388
NHS Clinical Contract Income Total		103,191	104,950	104,158	103,693	106,287	104,008	108,983
Other NHS Clinical Income	NHS Foundation Trusts	13	(71)	6	5	3	(8)	1
	NHS Trusts	58	53	34	82	49	113	91
Other NHS Clinical Income Total		71	(18)	40	87	52	105	92
Private Patient & Overseas Income	Non NHS: Private Patients	606	357	387	661	916	396	337
	Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	274	378	668	395	564	573	438
Private Patient & Overseas Income Total		880	735	1,055	1,056	1,480	969	775
Other Non-NHS Clinical Income	Injury Cost Recovery Scheme	343	307	370	265	283	246	323
Other Non-NHS Clinical Income Total		343	307	370	265	283	246	323
Operating Income From Patient Care Activities Total		**104,485**	**105,974**	**105,623**	**105,101**	**108,103**	**105,329**	**110,173**
Other Operating income	Cash Donations / Grants For The Purchase Of Capital Assets	630	(630)	()	17	(28)	()	25
	Charitable and Other Contributions To Expenditure	(36)	15	()	53	3	3	24
	Education and Training	3,420	3,874	4,239	4,185	2,809	1,370	3,206
	Income In Respect Of Employee Benefits Accounted On A Gross Basis	376	955	526	568	1,103	658	994
	Non-Patient Care Services To Other Non Wga Bodies	173	331	298	316	190	178	243
	Other (Operating Income)	1,372	10,673	4,283	7,051	3,109	17,949	3,570
	Rental Revenue From Operating Leases	80	80	80	87	74	69	79
	Research and Development	2,345	1,214	2,889	1,254	1,614	1,468	801
Other Operating income Total		8,361	16,511	12,315	13,531	8,874	21,695	8,942
Other Operating Income Total		**8,361**	**16,511**	**12,315**	**13,531**	**8,874**	**21,695**	**8,942**
Total		**112,845**	**122,486**	**117,938**	**118,632**	**116,977**	**127,024**	**119,115**

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

Pay Type	Category	Sub-Category	Apr	May	Jun	Jul	Aug	Sept	Oct
Staff and Executive Directors Costs	Admin and Clerical	Agency / Contract	(146)	(138)	(172)	(118)	(186)	(227)	(16)
		Bank Staff	(280)	(445)	(346)	(290)	(283)	(529)	(62)
		Substantive Staff	(9,318)	(9,058)	(9,464)	(9,370)	(10,090)	(9,862)	(9,544)
	Admin and Clerical Total		(9,744)	(9,642)	(9,981)	(9,778)	(10,560)	(10,618)	(9,622)
	Medical Staff	Agency / Contract	(498)	(519)	(365)	(459)	(488)	(716)	(882)
		Bank Staff	(988)	(1,901)	(840)	(1,511)	(1,380)	(1,364)	(2,059)
		Substantive Staff	(18,498)	(19,292)	(18,421)	(18,289)	(18,365)	(20,451)	(18,330)
	Medical Staff Total		(19,984)	(21,712)	(19,626)	(20,258)	(20,233)	(22,531)	(21,271)
	Nursing staff	Agency / Contract	(567)	(511)	(501)	(760)	(677)	(903)	(930)
		Bank Staff	(3,003)	(2,777)	(2,615)	(2,258)	(2,806)	(3,298)	(3,107)
		Substantive Staff	(22,057)	(22,827)	(23,759)	(23,071)	(22,366)	(21,987)	(22,709)
	Nursing staff Total		(25,628)	(26,116)	(26,875)	(26,089)	(25,849)	(26,188)	(26,746)
	Other Staff	Agency / Contract	(456)	(628)	(346)	(409)	(198)	(299)	(170)
		Bank Staff	(117)	(235)	(176)	(229)	(205)	(266)	(98)
		Substantive Staff	(7,216)	(8,011)	(7,925)	(7,583)	(7,573)	(7,715)	(7,637)
	Other Staff Total		(7,789)	(8,873)	(8,448)	(8,221)	(7,976)	(8,280)	(7,905)
Staff and Executive Directors Costs Total			**(63,144)**	**(66,344)**	**(64,930)**	**(64,346)**	**(64,617)**	**(67,618)**	**(65,544)**
Other (Please Provide Explanation)	Admin and Clerical	Substantive Staff (Apprentices)	(21)	(21)	(21)	(19)	(18)	(15)	(28)
Other (Please Provide Explanation) Total			**(21)**	**(21)**	**(21)**	**(19)**	**(18)**	**(15)**	**(28)**
Total			**(63,165)**	**(66,365)**	**(64,951)**	**(64,365)**	**(64,634)**	**(67,633)**	**(65,572)**

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

Category	Sub-Category	Apr	May	Jun	Jul	Aug	Sept	Oct
Drugs	Drugs Costs (Drug Inventory Consumed and Purchase Of Non-Inventory Drugs)	(12,587)	(10,307)	(11,452)	(13,333)	(12,015)	(13,129)	(12,738)
Drugs Total		(12,587)	(10,307)	(11,452)	(13,333)	(12,015)	(13,129)	(12,738)
Clinical Supplies	Supplies and Services - Clinical (Excluding Drugs Costs)	(1,634)	(518)	(1,122)	(973)	(1,086)	(1,106)	(916)
Clinical Supplies Total		(1,634)	(518)	(1,122)	(973)	(1,086)	(1,106)	(916)
Other Non-Pay	Audit Fees and Other Auditor Remuneration	(26)	(26)	(39)	(31)	(9)	(26)	(26)
	Education and Training - Non-Staff	(195)	(205)	(208)	(165)	(176)	(130)	(150)
	Establishment	(847)	(631)	(793)	(652)	(596)	(726)	(576)
	Increase/(Decrease) In Impairment Of Receivables	(273)	(604)	(385)	(538)	(390)	(426)	(576)
	Other	(5,004)	(5,594)	(5,639)	(522)	4,063	(7,661)	313
	Premises - Business Rates Payable To Local Authorities	(450)	(460)	(466)	(451)	(451)	(466)	(451)
	Premises - Other	(2,294)	(2,879)	(2,580)	(4,763)	(3,022)	(2,721)	(2,631)
	Supplies and Services - General	(177)	(115)	(130)	(96)	(135)	(86)	(83)
	Transport	(825)	(1,014)	(967)	(770)	(608)	(1,477)	(809)
Other Non-Pay Total		(10,092)	(11,528)	(11,207)	(7,987)	(1,324)	(13,718)	(4,989)
Capital	Depreciation	(2,197)	(2,453)	(2,400)	(2,354)	(2,360)	(2,366)	(2,381)
	Increase/(Decrease) In Impairment Of Receivables	()	(4,000)	(2,000)	(2,000)	(2,000)	(2,000)	(2,000)
Capital Total		(2,197)	(6,453)	(4,400)	(4,354)	(4,360)	(4,366)	(4,381)
External Services	Clinical Negligence	(4,549)	(4,597)	(4,573)	(4,573)	(4,573)	(4,573)	(4,573)
	Consultancy	(297)	(559)	13	(222)	(46)	(489)	(481)
	Premises - Other	(2,988)	(1,836)	(3,207)	(5,034)	(12,609)	(7,513)	(9,074)
	Purchase Of Healthcare From NHS Bodies	(1,186)	(1,230)	(1,298)	(1,298)	(1,208)	(1,210)	(1,147)
	Purchase Of Healthcare From Non-NHS Bodies	(13,997)	(14,772)	(14,204)	(13,795)	(14,171)	(14,316)	(15,128)
External Services Total		(23,017)	(22,993)	(23,269)	(24,922)	(32,607)	(28,101)	(30,402)
Other*	Education and Training - Non-Staff	()	()	()	()	()	()	(4)
	Other	()	()	()	()	()	()	(70)
	Premises - Other	()	()	()	()	()	()	(81)
	Supplies and Services - Clinical (Excluding Drugs Costs)	()	()	()	()	()	()	(16)
	Supplies and Services - General	()	()	()	()	()	()	(2)
Other Total		()	()	()	()	()	()	(174)
Operating Expenses Excluding Employee Expenses Total		**(49,527)**	**(51,800)**	**(51,450)**	**(52,056)**	**(51,392)**	**(60,419)**	**(53,599)**
Total		**(49,527)**	**(51,800)**	**(51,450)**	**(52,056)**	**(51,592)**	**(60,519)**	**(53,099)**

Other* contains actuals that need to be reclassified following implementation of a new system. Work is being undertaken to review this.

Other Non-Pay contains c£8m PPE costs in September.

King's College Hospital
NHS Foundation Trust

SUMMARY OF KEY DISCUSSIONS

RISK AND GOVERNANCE COMMITTEE MEETING
Wednesday 23rd September 2020

1. NICE Compliance – Review

When guidance is published, the Trust undertakes targeted dissemination to identified relevant specialty NICE leads. The leads carry out an initial assessment to review its relevance to the Trust and the current implementation status. Where the guidance requires alteration in KCH current practice, the Patient Outcomes Team seeks regular progress updates from the relevant specialties. Implementation evidence is noted where it is available and the Patient Outcomes Team keeps a record of this information in the Trust's NICE Register.

More stringent controls on compliance existed in the past. A number of recommendations are outlined in the report which include clarifying reporting and accountability structures for NICE implementation, identification of a training budget to support clinical audit training that includes audit of adherence to NICE and a business case for procurement of new Electronic Health Record system. The proposal for improvement includes performance monitoring, training for Care Groups and local accountability meetings. The group agreed that the development of a compliance improvement plan should be prioritised and should be clinically led.

2. Risk Management Update

Corporate Risk Register
The Committee reviewed the open risks on the Corporate Risk Register and the following updates were received.

- **Missed or delayed diagnosis resulting from failure to review and act on completed diagnostic results.**
  The Acting Chief Medical Officer informed the Committee that the EPR acknowledgement is now fully rolled out on both sites. The Team are planning a repeat audit of risk instances relating to results acknowledgement, which should reduce the risk rating from 12 to 8.

- **ID 542: Lack of endoscopy capacity could impact on national waiting time targets and lead to possible missed cancers**
  The Site Chief Executive for PRUH & the South Sites informed the Committee that the planned mitigation for the Endoscopy Service has been updated on system by the Care Groups. The full business case will be going to KE and to the Board.

- **ID 1178: Inadequate assessment, placement or treatment of patients exhibiting challenging behaviour or mental health issues**
  The Chief Nurse informed the Committee that work has commenced around secure rooms and escalation. The mitigation will be reflected on Datix now that the team have been trained on how to use it.

- **ID 2919: Failure to recognise the deteriorating patient**
  The Chief Nurse notified the Committee that patients are having to wait in resuscitation areas for far too long. The Chief Nurse, Acting Medical Director and the Site Chief Executive for Denmark Hill, will be supporting a clinical and operational piece of work in this area.

- **ID 3865: Risk of harm to staff from violence and aggression and bullying from patients/relatives**
  The Chief Nurse gave an update about the work that has taken place around violence and aggression. The work is having a positive effect on the levels on violence and aggression. Again, the mitigation will be updated on the system.

- **ID 3866: Risk to clinical treatment due to medical staffing vacancies across a number of specialties**
  The Acting Chief People Officer explained that the action was raised roughly two and a half years ago due to the high vacancy rate at the PRUH. The rate has now significantly improved to 10.5%. The team awaits Datix training in order to update the system. The recommendation is that the rating is changed from 12 to 6. The Acting Chief People Officer to discuss the formal process of removing risks from the register with the Executive Director of Integrated Governance outside of the meeting.

- **ID 3942: Risk of bullying and harassment identified through poor staff survey results**
  A significant update on the mitigation will be entered on Datix, which includes the OD Programme, the Health & Wellbeing work and the EDI Programme.

- **ID 3943: Risk of meeting financial recovery targets**
  The risk is to be updated to reflect the change in financial arrangements during the COVID-19 pandemic. The risk relates to the financial risks pre-COVID.

- **ID 4191: Potential failure of plant, machinery and equipment**
  The Chief Financial Officer informed the Committee that the Estates team has a compliance manager to regularly review and update risks.

- **ID 4340: Fraud, Bribery and Corruption**
  The Chief Financial Officer updated the Committee on this long-standing risk. The risk and mitigation will be completed in more detail.

- **ID 4524: COVID19 - Critical Care Unit 2 (CCU2) Not Meeting Fire Safety Regulations**
  Datix has been updated appropriately with the planned mitigation.

Risk Management Guidelines
The guidance document sets out to describe the process of identifying, recording and managing risks. The Committee agreed that the guidelines should include the procedure for closing a risk and removing it from the register and also make clear that Clinical Directors are accountable for risks scoring below 12; the responsibility for risks scoring higher resting with the Site Executives and Executive Team.

Care Group Governance Terms of Reference and Standing Agenda
The group agreed that the proposed agenda and terms of reference should be revised to take into account the time restraints on Clinicians.

3. Duty of Candour Exception Report – September 2020

The Committee received and noted the Duty of Candour compliance update. Improvement in compliance is still required. Dates for training will be advertised and sent directly to all Governance and Clinical leads, Site CEOs and the Care Group Clinical Directors.

The Site Chief Executive for PRUH & South Sites informed the Committee that since this area has been included in the performance reviews for Care Groups last month, compliance has

improved by 15%. By the end of the year, the Clinical Directors will have been in post for three months. The plan is to attain 100% compliance in duty of candour by the end of the year.

King's College Hospital
NHS Foundation Trust

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King's College Hospital
NHS Foundation Trust

Report to:	Board of Directors
Date of meeting:	10th December 2020
Subject:	Board Assurance Framework
Author(s):	Siobhan Coldwell, Trust Secretary
Presented by:	Siobhan Coldwell, Trust Secretary
Sponsor:	Prof C Kay, Chief Executive
History:	Audit Committee and Risk and Governance Committee Quality, People and Performance Committee and Finance and Commercial Committee
Status:	For discussion

Summary of Report

Assurance goes to the heart of the work of board of directors. The provision of healthcare involves risk and being assured is a major factor in successfully controlling risk.

The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board's strategic objectives. It is an essential tool for boards.

The BAF is presented to the Board on a quarterly basis, and should form the basis of the Board's workplan throughout the year. It is important that each of the Board's committees reviews the BAF in the context of their committee's remit. The key risks outlined in the BAF (as attached) are, in the view of the Board's committees, the greatest threat to the Trust achieving its objectives. Whilst there has been very little change to the corporate risk register in recent months, the relevant committees have discussed the following points:

- There are a number of work programmes in place that when delivered will provide the Board with assurance that risks associated with people and culture will be effectively mitigated.
- Whilst Trust operational performance is below target, there is robust executive oversight as well as system collaboration. Post-COVID recovery plans are in place.
- There are a number of gaps in assurance in respect of patient safety, which are being managed through the Quality, People and Performance Committee but patient outcomes remain good.
- Whilst the 2020/21 Capital Programme is funded, there is a risk to delivery due to a lack of programme capacity. External support is in place to manage down the risk.

2. Action required

The Board is asked to:

- Consider the content of the BAF as presented, and provide comment as necessary.

Key implications

Legal:	Any risks relating to the Trust's statutory requirements will be highlighted by the BAF.
Financial:	Risks to achieving the Trust's financial objectives are addressed in the BAF.

Assurance:	An effective BAF will provide the Board with assurance that the risks to the Trust achieving its strategic objectives are being effectively managed.
Clinical:	Risks to achieving the Trust's clinical and quality objectives are addressed in the BAF.
Equality & Diversity:	Risks to achieving the Trust's EDI objectives are addressed in the BAF.
Performance:	Risks to achieving the Trust's constitutional and other performance targets are addressed in the BAF.
Strategy:	Risks to achieving the Trust's strategic objectives are addressed in the BAF.
Workforce:	Risks to achieving the Trust's workforce objectives are addressed in the BAF.
Estates:	Risks to the estate are addressed in the BAF
Reputation:	Ensuring risk is effectively managed with enable the Trust to protect its reputation more effectively.
Other:(please specify)	

Attached:
BAF

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

DOMAIN	OBJECTIVE	MEASUREMENT
People and culture - We care about each other We are inclusive, empowered and engaged	• Deliver embedded and comprehensive health and wellbeing programme – including staff support, personal development and leadership development • Learn from our staff and best practice to drive inclusivity and equality and tackle prejudice in all forms – aiming for King's to be an exemplar in this field • Develop and nurture a culture where our shared values are consistently celebrated and demonstrated every day • Implement and embed the new clinically led, site based group model	• *Plans and programmes in place for bullets1 to 3, with clear metrics for achievement, including engagement and embedding, by April 2021* • *Model established*
Clinical care - We care about our patients and their families	• Develop and deliver post COVID recovery trajectories for elective, emergent and diagnostic needs of our patients, working with system partners • Develop and deliver agile and responsive winter and surge plans, working with system partners • Embed a culture of continuous quality improvement, learning from and listening to our patients and their families	• *Recovery trajectories in place and achieved* • *Winter and surge plans in place, achieve 90% performance*
Collaboration & partnership - We collaborate with our partners	• Work within the SE London ICS Acute Provider Collaborative to deliver our clinical care objectives • Develop our clinical strategy, with GSTT and other system partners • Deliver the Pathology collaborative	• *APC established & contributing to our clinical care objectives* • *Clinical strategy and Pathology collaborative developed and delivered*

Research, innovation and education - We are curious	• Maintain our position as a leader in delivery of COVID and non-COVID research, with KCL colleagues • Develop PRUH as a research active site, increasing participation and improving equity of access	• *Trials open & no of participants, overall and across sites*
Enablers - We can do	• Deliver our 2020/21 control total and invest in our estate to deliver our key needs as a Trust and system • Progress the FBC & mobilisation for an integrated EHR with GSTT • Deliver key capital schemes, including backlog & infrastructure, to capital plan	• *FY Outturn 2020/21* • *EHR BC agreed, mobilisation under way* • *Schemes delivered*

<table>
<tr><th>DOMAIN</th><th colspan="2">OBJECTIVE</th><th>MEASUREMENT</th></tr>
<tr><td>People and culture -
We care about each other
We are inclusive, empowered and engaged</td><td colspan="2">• Deliver embedded and comprehensive health and wellbeing programme – including staff support, personal development and leadership development
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• Develop and nurture a culture where our shared values are consistently celebrated and demonstrated every day
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• Model established</td></tr>
<tr><td rowspan="2">EXECUTIVE LEAD:
Louise Clark, Acting Chief People Officer</td><td colspan="2" rowspan="2">ASSURING COMMITTEE:
Quality, People and Performance Committee

RISK APPETITE: Moderate</td><td>Assurance Level:</td></tr>
<tr><td>Rationale:
Targets off track, funding in place for health and wellbeing, new care group model in place with Clinical Director appointments complete. New People and Culture Strategy being developed at pace. EDI plans developing. .</td></tr>
<tr><td rowspan="5">Key performance indicators</td><td>Target</td><td>Current (M7)</td><td rowspan="5">Routine Sources of Information
Workforce data
Safer staffing levels (nursing/medical)
FSUG reporting
Appraisal levels
Stat/man training
Duty of Candour Bullying and harassment data
Sickness levels (including long term sickness)</td></tr>
<tr><td>Vacancy rate at 8%</td><td>14.19%↔</td></tr>
<tr><td>Statutory & Mandatory Training at 90%</td><td>84.18%↑ (improving)</td></tr>
<tr><td>Sickness rate at 3.5%</td><td>3.71% ↑ (deteriorating)</td></tr>
<tr><td>Appraisal rate at 90%</td><td>70.55%↑ (Improving)</td></tr>
</table>

High level controls	Gaps in Controls	Positive Assurance	Negative Assurance	Gaps in Assurance
Workforce Plan 2019/20 HR Policies and process Recruitment safeguards A2E processes Divisional management VAP/WAP Staff survey WRES Bullying and Harassment policy and procedures Relationship Policy Internal communication and engagement	Inconsistent leadership and line management Staff survey data (timeliness and completion rates) .	Freedom to Speak Up referrals Staff Survey data Workforce metrics reviewed at QPPC, KE External reviews by HEE and Royal Colleges. Oversight of HWB programme through KE. Comparator benchmarking through Shelford. Weekly monitoring of use of bank/agency. COVID-19 staff risk assessment	Workforce metrics reviewed at QPPC, KE External reviews by HEE and Royal Colleges. Oversight of HWB programme through KE. Comparator benchmarking through Shelford. Weekly monitoring of use of bank/agency.	Site/Care Group reviews not in place. Inconsistent leadership. EDI programme nascent in development. HWB programme currently unfunded. Timetable and delivery plan for the site based group model not agreed.

	Principle Risk (s)	Impact	Risk Rating				Component risks	
			Initial	Current	Target	Direction of Travel	Number	Highest
3942	Low staff morale caused by bullying and harassment, poor staff engagement, limited health and well-being and poor leadership.	Poor engagement, increased turnover, potential impact Trust's ability to drive performance and quality improvements. Inability to attract and retain high quality staff.	16	16	8	↔	22	16
3865	Risk that staff will be verbally or physically assaulted in clinical settings due to the patient condition and increased numbers of patients arriving with mental health conditions. Impacts on morale and on the ability to treat patients effectively.	Poor engagement, increased turnover, potential impact Trust's ability to drive performance and quality improvements. Inability to attract and retain high quality staff.	12	16	12	↔		

ACTION PLANNED TO MITIGATE RISK

Objective	**1**	Low staff morale caused by bullying and harassment, poor staff engagement, limited health and well-being and poor leadership.						
No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
1	Investment from the King's Charity to support staff well-being.	LC	June 2020	TBC		Ongoing	Work is ongoing with the Charity to identify programmes that are suitable for Charity Funding.	KE papers
2	Leadership programme in place	LC	April 2019			Complete		KE papers
3	Health and Wellbeing programme being implemented.	LC	Feb 2020	TBC		Ongoing	Business case agreed by Investment Board. 2020. New hub sites identified.	Investment Board.
4	New People and Culture Strategy in development	LC	Oct 2020	March 2021			Work ongoing to test priorities and develop workplans. People and Culture Committee established.	
5	Values Update	LC	Oct 2020	March 2021 for launch			Approach agreed by Board. Values Champions identified and training underway.	People and Culture Committee
6	EDI Delivery Plan	CE	Sept 2020	March 2021			Plan in place	QPP/KE
7	Care Group Leadership Programme	LC	Nov 2020	March 2021			Support for clinical leaders is underway.	
Objective	**2**	Risk that staff will be verbally or physically assaulted in clinical settings due to the patient condition and increased numbers of patients arriving with mental health conditions. Impacts on morale and on the ability to treat patients effectively.						
1	Violence and aggression reduction programme being developed.	NR/JH	Nov 2019	TBC		Ongoing	Programme update to be given to QPP at December meeting.	

DOMAIN	OBJECTIVE	MEASUREMENT
Clinical care - We care about our patients and their families	• Develop and deliver post COVID recovery trajectories for elective, emergent and diagnostic needs of our patients, working with system partners • Develop and deliver agile and responsive winter and surge plans, working with system partners	• *Recovery trajectories in place and achieved* • *Winter and surge plans in place, achieve 90% performance*
EXECUTIVE LEAD: SITE CEOS	**ASSURING COMMITTEE:** Quality, People and Performance Committee **RISK APPETITE**: Minimal	***Assurance Level:*** ***Rationale:*** Constitutional targets off-track as are recovery trajectories. Capacity to meet demand remains a concern.

Key performance indicators	Target (constitutional targets)	Current (M7)	Routine Sources of Information
	RTT: 52 week Breaches – 0 RTT: 18 Week Referrals -	**3568↑ (deteriorated)** **64.28% (improved)**	BIU – Daily/weekly/Monthly data returns, performance dashboards
	ECS – 95%	**81.51%↓ (deteriorated)**	
	Diagnostics <1%	**21.59%↓ (improved)**	
	Cancer: 62 days – GP Referral – 85%	**76.84% ↑(improved)**	
	Cancer: 62 days – Screening referral – 90%	**90%**	
	Cancer: 2 week waits (GP referral) – 93%	**90.28%↑(improved)**	

High level controls	Gaps in Controls	Positive Assurance	Negative Assurance	Gaps in Assurance
Reset and Recovery programme Performance Recovery Programmes Detailed oversight in place Policies in place to ensure efficient service management	Cultures and behaviours Staff capacity and capability Integrated IT systems that drive efficiency and productivity Inability to effectively manage demand	Plans have been submitted to the centre to achieve recovery trajectories. Additional Capacity in place to help meet demand.	Metrics reviewed at QPPC, KE, and internal governance. External oversight by sector/region	Site/Care Group reviews not in place. Inconsistent leadership.

	Principle Risk (s)	Impact	Risk Rating				Component risks	
			Initial	Current	Target	Direction of Travel	Number	Highest
270	Risk of breaching key RTT targets as a result of a demand and capacity mismatch and ineffective management of PTL and patient pathways.	Patient harm, patient experience and outcomes	12	12	8	↔	51	20
3941	Risk of harm from delays to assess in ED	There is a risk that patients could have an assessment and treatment delay or leave without being assessed due to the long waiting times in EDs caused by increased attendances, lack of engagement with specialties, to review and lack of space within the department. This will also impact on the Trust compliance with the 4 hour standard.	16	20	5	↔		
209	Missed or delayed diagnosis resulting from failure to review and act on completed diagnostic results	There is a risk of harm to patients due to missed or delayed diagnosis resulting from failure to review and act on completed diagnostic results.	16	12	8	↔		
4450	COVID19 - Risk to the Recovery of service delivery following COVID-19	There is a risk that recovery following COVID19 will be difficult to achieve due to challenges in resources, planning and multiple priorities, lack of application of risk management processes as part of planning, different workstreams that will lead on different decision making without a coordinated and organisational approach which may significantly impact other areas and therefore could lead to harm/service delivery failure.	15	12	9	↑		

ACTION BEING TAKEN TO MITIGATE RISKS

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
	Modernising Medicine	JL/JL	May 2020	2023			Programmes are at different stages at both sites but are reporting fortnightly to R&R Board	Reset and Recovery papers.
	Theatres Improvement Programme	JLow	June 2020	Jan2020 (Recovery)			Phased theatre reopening and the short –term allocation of capacity.	Reset and Recovery papers.
	Critical Care Optimisation	TB	June 2020				Planning for COVID Wave 2 underway and Jack Steinberg successfully recommissioned. Decant from CCU2 achieved.	Reset and Recovery papers.
	Elective Waiting List Recovery	JLow	June 2020	March 2021			Pathways being approved and tested. Ongoing discussions with partners to optimize capacity across SEL.	Reset and Recovery papers.
	Outpatients Transformation	JLof	June 2020				Proposal for centralised model developed and submitted to Outpatients Board for discussion. Decision required on options for digitisation.	Reset and Recovery papers.
	Winter planning (including Exiting EU planning)	JLow	July 2020	Oct 2020		October 2020	Winter plans agreed and resourced.	KE papers

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Prof N Ranger</td><td colspan="2" rowspan="2">ASSURING COMMITTEE:
Quality, People and Performance Committee

RISK APPETITE: minimal</td><td>Assurance Level:</td></tr>
<tr><td>Rationale: Patients outcomes are good and HCAI data is generally positive. A number of reports presented to the most recent QPP including patient safety and duty of candour provide partial assurance.</td></tr>
<tr><td>Key performance indicators</td><td>Targets:
SHIMI >100
HCAI: MRSA
HCAI: VRE 40
HCAI: ECOLI – 67
HCAI: C-diff – 57
Friends and Family Test</td><td>Current (M7)
96 ↓
4↑
51
52
48
95.3% October 2020</td><td>Routine Sources of Information
BIU – quality data
Ward to board reporting and the committee structures
Patient experience report
Risk management report
CQC compliance reporting
Safeguarding reports
Friends and Family Test
Patient Survey Dashboards
Quality elements of the Integrated Dashboard
National reports
Infection incidence data</td></tr>
</table>

High level controls	Gaps in Controls	Positive Assurance	Negative Assurance	Gaps in Assurance
Quality dashboard (IPR) Sub-Committees of the Quality Committee National Audit Programme Performance Recovery Plans Policy and procedure related to the management of precursor incidents (e.g. incidents/claims/complaints) Risk management strategy CQC steering group CQC compliance action plan Workforce development plans External reviews (CQC, HEE, MRHA etc) Complaint's process/PALS	Lack of real time reporting of quality information Low compliance with risk register requirements No quality strategy in place.	Patient Outcomes data (QPP reports) (2020 Q1) RCP inspections Infection control data (M4 IPR) Quality Account	Corporate risk register review Board Visibility Update Duty of Candor compliance Infection control data FTSU annual report Patient experience report Safeguarding report (s) High priority audit plan Maternity Report Health and Safety Report External inspection/Review and benchmarking data Quality governance has been on pause as a result of COVID 19 but is now restarting. Complaints backlog	Risk and governance resources at care group level.

	Principle Risk (s)	Impact	Risk Rating				Component risks	
			Initial	Current	Target	Direction of Travel	Number	Highest
2919	Failure to recognise deteriorating patients.	Failure to recognise the deteriorating patient or failure to follow appropriate escalation process could lead to serious patient harm.	16	16	8	↔	51	20
1178	Inadequate assessment, placement or treatment of patients exhibiting challenging behaviour or mental health issues	There is a risk that patients with mental health conditions could abscond or self-harm due to them having to wait in accident and emergency or other clinical areas for extended periods of time caused by A&E waiting times or limited mental health services such as CAMHS beds and delays to psychiatric assessment. This links to a number of risks across the organisation - 1178,3268,2333,3209	20	15	5	↔		
4056	Risk of multi-drug resistant infection and transmission to susceptible patients.	There is a risk of harm from multi drug resistant infections due to immuno-suppressed patients on wards, limited isolation facilities and environmental conditions within the whole Trust. This could impact on patient safety, patient flow and trust reputation. Linked risk 3518.	16	12	8	↔		

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
1	Patient experience Improvement Programme	NR	May 2020	2021			Programmes are reporting fortnightly to R&R Board. Updates reported quarterly to QPP	Reset and Recovery papers.
2	Mental Health Strategy Implementation	NR	Ongoing	Ongoing			Implementation of the Strategy being led through the Mental Health Board. Proposals for establishing a virtual Mental Health Care Group being considered by KE.	MH Board papers.
3	Professional Clinical Practice Improvement	LP	June 2020				Planning for COVID Wave 2 underway and Jack Steinberg successfully recommissioned. Decant from CCU2 achieved.	Reset and Recovery papers.
4	Deteriorating Patients Programme	NR	July 2020	Ongoing				

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
	Infection Prevention and Control Improvement.	NR	Aug 2020	Ongoing			New senior appointments have been made and Surveillance has been moved into IPC. A review of the IPC team is underway and an awayday is in place in January 2021 to reset the ambition and strategy.	Appointments made.

DOMAIN	OBJECTIVE	MEASUREMENT
Collaboration & partnership - We collaborate with our partners	• Work within the SE London ICS Acute Provider Collaborative to deliver our clinical care objectives • Develop our clinical strategy, with GSTT and other system partners • Deliver the Pathology collaborative	• *APC established & contributing to our clinical care objectives* • *Clinical strategy and Pathology collaborative developed and delivered*
EXECUTIVE LEAD: Prof Jules Wendon/ Jackie Parrott	**ASSURING COMMITTEE:** Strategy, Research and Partnership **Risk Appetite:** significant	***Assurance Level:*** ***Rationale:*** *Pathology procurement is now complete and governance is being established. Transition plans are being finalised to ensure no service interruption. Partnership arrangements are becoming established with the development of the APC and changing roles and accountabilities across the sector.*
Key performance indicators	**N/A**	**Routine Sources of information:** Regular KE Updates Papers to Strategy, Research and Partnership Committee Committee in Common reports.

High level controls	Gaps in Controls	Positive Assurance	Negative Assurance	Gaps in Assurance
Procurement governance in place Pathology Board APC MOU MOU/contracts with private/independent providers. Clinical Networks in place. Recover plans in place for all partnerships including KCL	Lack of real time reporting.	APC papers Pathology Board APC Committee in Common Pathology full business case.		Implementation plan for new pathology provider not yet in place, with risk to continuity of service. APC and system plans are emergent

There are currently no risks on the corporate risk register.

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
	Pathology Programme	JW	Ongoing	September 2021			Meetings in place. Governance Frameworks	Board Papers.
	Acute Provider Collaborative	CK	Ongoing	Ongoing			Acute provider collaborative now operating and Committee in Common is now operational. Collaboration and risk share in place. Medium term mission to be agreed in light of announcements from NHSE/I.	Committee in Common

DOMAIN	OBJECTIVE	MEASUREMENT
Research, innovation and education - We are curious	• Maintain our position as a leader in delivery of COVID and non-COVID research, with KCL colleagues • Develop PRUH as a research active site, increasing participation and improving equity of access	• *Trials open & no of participants, overall and across sites*
EXECUTIVE LEAD: **Prof Jules Wendon**	**ASSURING COMMITTEE:** Strategy, Research and Partnership Risk Appetite: significant	*Assurance Level:* *Rationale: The Trust performs well on research and innovation when compared to others. Governance is in place and is currently operational. There are plans in place for improved scrutiny of education, but HEE feedback has been mixed in recent years.*
Key performance indicators	**Tbc**	**Routine Sources of information:** Research and Innovation Committee papers Publications Funding agreements and monitoring information. Education reports to Board Committee

High level controls	Gaps in Controls	Positive Assurance	Negative Assurance	Gaps in Assurance
Research Governance Research and Innovation Strategy Research business units in place that do governance and tracking of research programmes. Monitoring against Objectives. Regular meetings of R&I Directors including clinical and operational leads.		Research and Innovation Committee reporting structures. External review bodies including MIHR, CRN, ARC HEE inspections	HEE feedback	

There are currently no risks on the corporate risk register.

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
	Research governance meetings in place	JW	Ongoing	Ongoing			Meetings in place. Research Updates Provided to SRP on a regular basis.	R&I Committee papers.
	Formalising reporting of clinical education to committee	LC/NR	Ongoing	Ongoing			Medical Education report going to SPR Committee on 9th September. Nursing scheduled for November.	Strategy, Research and Partnership committee.

DOMAIN	OBJECTIVE	MEASUREMENT
Enablers - We can do	• Deliver our 2020/21 control total and invest in our estate to deliver our key needs as a Trust and system • Progress the FBC & mobilisation for an integrated EHR with GSTT • Deliver key capital schemes, including backlog & infrastructure, to capital plan	• *FY Outturn 2020/21* • *EHR BC agreed, mobilisation under way* • *Schemes delivered*
EXECUTIVE LEAD: **Lorcan Woods** **Beverley Bryant**	**ASSURING COMMITTEES**: FCC/Major Projects **Risk Appetite**: Moderate	***Assurance Level:*** ***Rationale:*** *Financial control has improved in recent years, as evidenced by IA reviews in 20020/19. However, the Trust is currently running a deficit, and requests for investment outweigh the budget available. Capital and estates maintenance concerns are considerable, although funding is available. Programme management capacity remains a risk.*

Key performance indicators	Targets:	Current (M7)	Routine Sources of Information
	Reduction in deficit	**In-month budget surplus £0.3m** **YTD deficit: £37m**	Monthly finance out-turn Regular budget forecast reports CCU update report Estates compliance update report KFM dashboard Internal Audit Reports

High level controls	Gaps in Controls	Positive Assurance	Negative Assurance	Gaps in Assurance
New financial management system. Monthly FOMs Monthly executive finance oversight Bi-monthly FCC Integrated financial and activity planning SFIs and Scheme of Delegation Investment Board process Budget manager training Estates compliance programme CCU oversight Budget forecast process. KFM contract management Estates Maintenance Programme Debt Management Policy Weekly monitoring report (Bank and Agency)	Cultures and behaviours Lack of capital funding Contract management approach is not mature. Outdated finance system Gap in the CIP programme Financial reporting tools require improvement and managers need training.	Monthly finance out-turn Regular budget forecast reports CCU update report Estates compliance update report KFM dashboard Internal Audit Reports Financial principles for 2020/21 in place. Funding for 2020/21 agreed.	Budget out-turns continue to show deficit for the year. Pay expenditure remains high. Investment Board cases outweigh budget available. No Cost Improvement Programme in Place. Care group restructure	Changes needed in current financial oversight model once care groups are in place.

Principal Risk(s)	Potential consequences	Risk Rating				Component risks	
		Initial	Current	target	Direction of travel	Number	Highest Current
Risk of non-delivery through failure to meet income targets or to maintain/reduce current expenditure.	Risk of fines, reputational risk	20	8	8	Static	130	20
Potential failure of plant, machinery and equipment	There is a risk of harm to patients, staff and visitors and non-compliance to the Health and Safety at work act 1974 caused by sub optimal management and assurance of the estates infrastructure and fabric. There are limited records and evidence of planned maintenance for essential services resulting in potential failure of fire systems, plant, machinery and equipment. This could also impact on legislation and operational delivery.	20	20	10	static		

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
	Adoption of financial principles 2020/21	LW		Ongoing			Principles have been agreed and implementation is ongoing.	Committee papers.
	Reinstatement of financial oversight meetings	RW		Ongoing			Care group accountability principles have been agreed and meetings will be in place shortly.	Committee papers.
	Estates Compliance Programme	LW		Ongoing			Programme of work is in place with regular Executive-led oversight.	Committee papers.

No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
	Capital Programme	LW		Ongoing	Amber Red		Programme Capacity and Capability has been identified as a potential risk to delivery. Additional Support has been agreed with GSTT.	KE papers
	Implementation of a new finance system.	LW		Complete			The system has been implemented and the Trust has done a month-end close. The management information is developing and further training is needed so that managers are able to make best use of the information available.	KE papers.
	EHR business case in development	BB		Oct 2020			COMPLETE.	Committee papers.

Appendix : Board Assurance Framework Legend	
Descriptors	
Principal Risk	What could prevent the Strategic Objective from being achieved?
High Level Controls	What controls/systems do we have in place to assist secure delivery of the objectives?
Gaps in Controls	Are there any gaps in the effectiveness of controls or systems?
Sources of	Where can we gain evidence in relation to the effectiveness of the
Positive Assurance	What evidence have we of progress towards or achievement of our strategic objective?
Negative Assurance	What evidence have we of progress towards our strategic objectives being compromised?
Gaps in Assurance	Where can we improve the evidence about the effectiveness of one or more of the key controls/systems which we are relying on?
Rationale for assurance level	a description of the reason for the decision in relation to assurance level agreed by the assuring committee
Risk Appetite	The level of risk the organisation is prepared to tolerate in relation to the secure delivery of each individual strategic objective

Defining risk appetite		
0	Avoid	Avoidance of risk is a key organisational objective
1	Minimal	(as little as reasonable possible) preference for ultra- safe delivery options that have a low degree of inherent risk
2	Moderate	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward, within the constraints of the regulatory environment.
3	Significant	Eager to be innovative and to choose options offering potentially higher business rewards
4	Great	Confident in setting high levels

Levels of assurance		
little or no assurance	Low. No evidence of necessary structure/processes supporting mitigation of risk associated with the achievement of strategic objective	Risk
Partial assurance	Limited evidence of necessary structure/processes mitigation of risk associated with the achievement of strategic objective	Risk
Good assurance	Range of structures and processes in place supporting mitigation of risk associated with the achievement of strategic objective available and used by the organisation	Opportunities for change and improvement

Risk Appetite Statement

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

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

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

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

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

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

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

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

The Board has greatest appetite in seeking strategic transformation of healthcare across South East London, as well as developing wider effective partnerships, alliances and commercial ventures where positive gains can be anticipated, providing they are done so within the regulatory environment in which we operate.

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

Risk Scoring Matrix

CONSEQUENCE TABLE: GUIDANCE ONLY – USE ONLY THE MOST APPROPRIATE ATTRIBUTES

	ATTRIBUTE	Negligible	Minor	Moderate	Major	Extreme
PEOPLE	**Patient safety**	No obvious injury/harm	Minor non-permanent injury/harm. Increase in length of hospital stay by 1-3 days.	Semi–permanent injury/harm (up to 1 year,) e.g.: • Medication error due to wrong drug, wrong patient, wrong dose, wrong route, wrong time/omission, wrong frequency, wrong diluent or wrong infusion volume/rate • Adverse drug/blood reaction e.g. any untoward reaction to the blood transfused or correct drug administered such as allergic/anaphylactic reactions, skin rash, nausea and vomiting, etc. • Equipment failure e.g. cylinder runs out of oxygen while transporting patient; laser or diathermy burns; etc. • Patient falls e.g. from bed, stretcher, chair, toilet, etc. • Adverse outcome of procedure, e.g. perforation of bowel following peritoneal dialysis catheter insertion	Incidents involving major permanent injury/harm or any of the following: • Infant Abduction • Infant Discharged to Wrong Family • Mismatch (Haemolytic) Blood Transfusion • Rape or serious assault • Surgery on Wrong Patient or Wrong Body Part • Wrong radiological or laboratory results causing wrong treatment or procedure being carried out when it is not necessary or may even cause morbidity to the patient	Death e.g.: • Death resulting from 'medical error' • Death following adverse outcome of procedure • Any fatal cardiac or respiratory arrest that occurs intra-operative or in recovery room Any event that impacts on a large number of patients.
	Clinical effectiveness	No significant impact on clinical outcome	Minor impact on clinical outcome, readily resolvable	Unsatisfactory clinical outcome related to poor treatment/care resulting in short term effects (less than 1 week).	Unsatisfactory clinical outcome related to poor treatment/care resulting in long term effects, less than 10 patients affected.	Unsatisfactory clinical outcome related to poor treatment/care resulting in long term effects, more than 10 patients affected.
	Patient experience	No significant impact on patient experience	Unsatisfactory patient experience related to treatment/care given, e.g. inadequate information or not being treated with honesty, dignity and respect - readily resolvable.	Unsatisfactory patient experience related to poor treatment/care resulting in short term effects (less than 1 week).	Unsatisfactory patient experience related to poor treatment/care resulting in long term effects, less than 10 patients affected.	Unsatisfactory patient experience related to poor treatment/care resulting in long term effects, more than 10 patients affected.
	Staff safety	No harm. Injury/ill health resulting in less than 7	Short term / non permanent injury/ill health. > 7 days to 1 month absence from work.	Medical treatment required, i.e. fracture, penetrating eye injury. > 1 month absence from work.	Permanent or extensive injury/ ill health / permanent disability or loss of limb.	Death

		days absence from work.	(RIDDOR reportable)	(RIDDOR reportable)	(RIDDOR reportable)	
	Staff morale	No significant impact on staff morale	Minor short-term staff discontent – readily resolvable	Moderate staff discontent causing short term staff turnover	Major staff discontent causing some short-medium term staff turnover	Extreme, prolonged staff discontent resulting in high staff turnover
	Public safety	No significant impact on public (e.g. visitor) safety	Minor non-permanent injury or ill health	Semi-permanent injury or ill health (up to 1 year)	Major permanent injury or ill health	Death

	ATTRIBUTE	Negligible	Minor	Moderate	Major	Extreme
ORGANISATION	**Objectives**	No significant impact	Minor impact on objectives.	Moderate impact on objectives	Gross failure to meet some of key objectives.	Gross failure to meet most or all of key objectives.
	Compliance e.g. standards, policies/protocols, targets, contracts, etc.)	No significant non-compliance	Single failure to meet internal standards or follow protocol. Minor recommendations that can be easily addressed by local management	Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Important recommendations that can be addressed with an appropriate management action plan.	Gross failure to meet external standards. Repeated failure to meet national norms and standards/regulations.
	Service impact	Insignificant interruption of service(s) which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service(s) with minor impact on patient care	Some disruption to service(s) provision with unacceptable short-term impact on patient care. Temporary loss of ability to provide service(s).	Sustained loss of service which has serious impact on patient care resulting in major contingency plans being involved.	Permanent loss of core service or facility.
	Information governance	No significant breach of data confidentiality	*Potentially* serious breach of data confidentiality	Serious breach of data confidentiality with up to 100 people affected.	Serious breach of data confidentiality involving either particular sensitivity (e.g.	Serious breach of data confidentiality with potential for ID theft or over 1000 people affected.

					sexual health) or up to 1000 people affected.	
	Adverse publicity/ reputation	No significant adverse publicity or impact on reputation	Local media coverage – short term Some public concern. Minor effect on staff morale/public attitudes	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Review/investigation necessary.	National media/adverse publicity. Public confidence in King's seriously undermined. Use of resources questioned. Need to report to SHA/Monitor etc.	Total loss of public confidence. Political intervention.
	Finance	Small loss, e.g. <£1K	Minor loss, e.g. <£100k	Moderate loss, e.g. <£1m	Major loss, e.g. £1M-£10M	> £10M
ENVIRONMENT	**Environmental impact**	No significant damage to environment	Short-term minor pollutant release to air or water. Non-damaging. Includes noise and fire pollution.	Short-term minor pollutant release to air or water on-site causing some non-lasting damage	Major spill of toxic/hazardous substance(s) with potential to seriously affect people, animals and/or plants life	Major spill of toxic/hazardous substance(s) causing harm/damage to people, animals and/or plant life

	LIKELIHOOD		
	Actual frequency	**Will occur:**	**Probability**
Almost certain	Will occur given existing controls	Daily	> 90%
Likely	Will probably occur given existing controls	Weekly	50% - 90%
Possible	Could occur given existing controls	Monthly	10% - 50%
Unlikely	Not expected to occur, except for in exceptional circumstances, given existing controls	Once a year	1% - 10%
Rare	Not expected to occur given existing controls	Once in >2 years	> 1%

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

Minutes of the Finance and Performance Committee Meeting held on Thursday 24 September at 9.00am, via MS teams videoconference

Present:

Sue Slipman	Non-Executive Director (Chair)
Prof Richard Trembath	Non-Executive Director
Akhter Mateen	Non-Executive Director
Professor Clive Kay	Chief Executive
Caroline White	Executive Director, Integrated Governance
Lorcan Woods	Chief Financial Officer (CFO)
Julie Lowe	Interim Site CEO, DH
Jonathan Lofthouse	Site Chief Exec, PRUH and south sites
Dr Leonie Penna	Acting Chief Medical Officer
Prof Nicola Ranger	Chief Nurse and Executive Director of Midwifery

In attendance:

Nina Martin	Assistant Board Secretary (minutes)
Lauren Gable	Dir of Commercial & Contracting
Siobhan Coldwell	Trust Secretary and Head of Governance
Rachael Wood	Dir Financial Management, Information and Analysis
Paul Cosh	Governor Observer
Carole Olding	Governor Observer
Vimala Jayaraman	Director of Finance and Commercial, KFM, *part*
Andy Lockwood	Managing Director, KFM, *part*

Apologies:

Sir Hugh Taylor	Trust Chair
Steve Weiner	Non-Executive Director
Beverley Bryant	Chief Digital Information Officer/SIRO

Item	Subject	Action

020/61 Introductions and Apologies for Absence
All introductions were made and apologies noted.

020/62 Declarations of Interest
Lorcan Woods (CFO) is a director of KFM, KCS and Viapath.

020/63 Chair's Action
No Chair's action was reported.

Item	Subject	Action
020/64	**Minutes of previous meeting - 23 July 2020** The minutes of the previous meeting was agreed subject to including a post meeting note that the pathology business case had been brought to the 10 September Private Board and had been agreed.	
020/65	**Matters Arising and Action tracker** **Item 020/52 – Med Tech JV –** The Committee asked for a description and review of the JV's governance review as early as possible. The Chief Executive informed that SLAM was now proceeding as part of the JV. SLAM's involvement will be confirmed at a meeting of the partners in mid-October. **Action: – Provide an update on the role and involvement of SLAM in the JV at the November Committee**	**J Wendon/B Bryant/L Woods**
	Item 020/56 – Pathology Business case -The Committee noted that this had been brought to the 10 September Private Board and a post meeting note to reflect this would be added to the 23 July minutes. **This had already been recorded under closed items in the circulated action tracker of the meeting papers.**	
	Item 020/36 - **KFM KPIs** - The Committee heard that a review of the KPIs remains ongoing. These had been drafted and should be agreed at the Contract meeting taking place today.	
	Action: The agreed KFM KPIs to be circulated ahead of the November Committee.	**Dir, Commercial and Contracting**
	SUBSIDIARIES	
020/66	**King's Commercial Services (KCS) – Financial performance as at August 2020** ***INFORMATION REDACTED – COMMERCIAL IN CONFIDENCE***	
020/67	**<u>King's Facilities Management (KFM)</u>** The Committee noted the progress update and the following were highlighted: • A positive financial position was reported and the subsidiary was on trajectory to achieve its year end budget forecast. • Most of the KPMG Governance actions were green RAG rated. The two amber rated included the supplier contract performance targets (KPIs). The Committee heard that work was ongoing to review and agree the latest set of KPIs by end of September. The KFM internal governance review in anticipation of external business expansion would go forward once required. The review the Committee heard would be a two stage exercise. A formal process to evaluate new business opportunities was scheduled to start in October. Further updates included: • KFM's accounts were filed on 14 August. This year's accounts preparation process was smoother than last year. There had been learning from the process and some actions for KCH and KFM to	

Item	Subject	Action

be implemented. KFM had received a positive rating from KPMG on financial governance during Covid.

- KCH bed inventory management was on target to go live in October.
- Business development conversations were ongoing with St Georges and NHSSCL. .
- KFM's joint press release with Microsoft had generated a good deal of interest.
- The imminent June 2021 core contract end was raising concerns with suppliers, employees and potential partners. To provide assurance of business continuity, contract extension was proposed as a renegotiation of the core contract could take months to complete. Support from KCH executive to take this forward was needed. Given the size of the contract, a business case would need to go to the Investment Board and then to FCC for approval.

The Committee noted the agreed reserved matters.

KFM sought approval of the procurement waiver for the supply of clinical staff by the Hurley Group for the Urgent Care Centre. Approval was needed to issue a waiver to Hurley for contract extension to 30th June 2022. This had been reviewed by KCH KFM senior executives

The Committee approved the waiver.

The Chief Executive and Committee expressed thanks to Andy Lockwood and the team at KFM team for their valuable contribution during the COVID response.

IN-YEAR FINANCIAL REPORTING

020/68 Month 5 Finance Report

The Committee noted the update. 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, with the exception of writing off any bad debt from prior years. 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.

For the first 5 months the Trust recorded a £20.1m retrospective top up income to achieve breakeven. In line with updated Financial Guidance, bad debt write off (£1.3m YTD) from prior years will not be funded via the retrospective top up. Adjusting for the retrospective top up expected of £2.5m for M05, the Trust will be reporting a YTD deficit of £1.3m.

Pay remains a challenge and the Trust was an outlier in London This was partly driven by a spike in the use of agency staff. Agency staff costs were high during COVID as staff were ill or shielding and, after the peak, deferred leave was taken. However, 500 overseas nurses are in the (recruitment) pipeline. To re-establish grip, robust controls were in place. Nursing establishment weekly review meetings are held. Finance

Item	Subject	Action

business partners continue to work care groups to support the tracing and tracking of pay spend. The Chief Nurse added that nursing spend was monitored very carefully to support the delivery of savings.

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. This will require continued central control of all investments.

020/69 Phase 3 Framework and Forecast

The Committee noted the report. The current financial arrangements for months 1-6 comprised nationally-set block contracts between NHSE providers and commissioners to support delivery of breakeven positions. These block contracts were based on month 7-10 income and expenditure from 2019/20. The Trust had received retrospective tops ups to ensure a break-even position year to date. Retrospective top up payments will no longer exist from October and funding envelopes have been made available to each system for the period from October 2020 to March 2021, including resources to meet the additional costs of COVID-19 response and recovery.

Ms Slipman updated that at the Committee in Common, assurance around a mechanism for the fair allocation of risk and reward across providers was raised. The Committee heard that while an appropriate mechanism would be helpful, the focus should be less on haggling with partners and more on how best to invest the funding from the devolved budgets to maximise benefits to patients, staff and communities served.

There was a discussion about the Trust becoming part of a SE London recovery programme. This would provide some benefits to the Trust but there would also be a requirement to contribute as needed to any financial challenges which arise.

The Committee heard that governance guidance was being prepared which should clarify the Trust's governance responsibility in the context of a system wide recovery programme. This would hopefully be available in a month's time.

020/70 Capital plan update

The CFO presented this update. The Committee discussed the challenges around the investment of funds. The Trust remained significantly behind plan with the majority of the spend forecasted to increase in Q3/4.

£3.3m had been confirmed for imaging replacement for this and the following year. Funding for the reconfiguration of the PRUH had been approved but there were concerns around time constraints as some of the investments would require business cases to be prepared and approved.

Funding was available for critical care surge at the PRUH. Proposed schemes included reconfiguration of the waiting room areas to support

Item	Subject	Action
	social distancing as well as additional rooms for mental health and frailty services. The work will involve removing and replacing temporary rooms and for which planning applications would need to be made and approved. It was unlikely that this would all be finalised by February. The Committee discussed a potential £10m underspend. Should this materialise, KE had agreed allocating the funds to endoscopy at the PRUH and theatres at the Orpington. There were potentially other projects but these were not as were not strategic or operational priorities. The endoscopy business should be ready in the next 6-7 days but the case for the Orpington may take longer. **Action: Update on infrastructure/estate management to come to the next committee. This should address backlog, priorities and back up area for spend.**	**L Woods**
020/71	**VIAPATH** The CFO provided a brief oral update to the Committee The Viapath contract was due to expire on 30 September 2020 and an extension was requested. Financially, the first three months performance was poor and NHS activity had stopped. Third party revenue had presented a better position. It was reported that Viapath was testing all staff for COVID and 99% of the results were returned within 24 hours. There were some breaches of service KPIs relating to social distancing in the labs. There had been good staff engagement on the provider change process. Staff gave positive feedback about the communications received during covid and there were more positive than negative feedback about Synlab taking over the service. A presentation on the findings from staff engagement can be shared with the Committee if required.	
020/72	**ANY OTHER BUSINESS** The patient governor observer queried the Trust's approach to ensure the highest possible uptake of flu vaccination for staff and their families. The Trust's campaign had begun and the drive was to achieve above last year's 80% uptake. The Chief Nurse clarified the campaign was targeting Trust employees. Their families could access the vaccine at their local GPs.	
020/73	**DATE OF NEXT MEETING** Thursday 26 November 2020 (09:00-11:00) via MS Teams	

King's College Hospital NHS Foundation Trust

Quality, People and Performance Committee

Minutes of the Quality, People and Performance Committee (QPPC) meeting
Thursday 1st October 2020 at **09:30am – 13:15pm**
MS Teams, Video Conference

Present:

Nicholas Campbell-Watts	Non – Executive Director (Chair for this meeting)
Louise Clark	Acting Chief People Officer
Clive Kay	Chief Executive Officer
Jonathan Lofthouse	Site Chief Executive Officer, PRUH & South Sites
Julie Lowe	Interim Site Chief Executive, DH
Leonie Penna	Acting Chief Medical Officer
Nicola Ranger	Chief Nurse & Executive Director of Midwifery
Caroline White	Executive Director of Integrated Governance

In attendance:

Siobhan Coldwell	Trust Secretary & Head of Corporate Governance
Steve Weiner	Non-Executive Director
Claudette Elliott	Director of Equality, Diversity and Inclusion
Samantha Gradwell	Head of Patient Safety
Adam Creeggan	Director of Planning and Performance
Kirsty Alexander	Patient Governor (Observer)
Victoria Silvester	Southwark Governor (Observer)
Sultana Akther	Corporate Governance Officer (Minutes)

Part Meeting:

Professor Julia Wendon	Executive Director for Clinical Strategy & Research
Ed Glucksman	Emergency Medicine Consultant/Clinical Director for Medicine
Roger Fernandes	Chief Pharmacist

Apologies:

Professor Jon Cohen	Non - Executive Director (Chair)
Sir Hugh Taylor	Trust Chairman
Professor Ghulam Mufti	Non - Executive Director

Item	Subject	Action

20/93 Apologies

Apologies for absences were received from Prof Jon Cohen, Prof Ghulam Mufti and Hugh Taylor. The meeting was chaired by Nicholas Campbell-Watts (Non-Executive Director).

20/94 Declaration of Interests

There were no declaration of interests.

20/95 Chair's Action

There were no actions for the Chair.

20/96 Minutes of Previous Meetings

The Committee noted the minutes of the previous meeting held on 30.07.2020 and accepted them as an accurate record of the meeting.

20/97 Action Tracker/Matters Arising

Action Tracker

The action tracker was noted, with no additional questions raised on the actions completed during this period.

Matters Arising

On the Day Theatre Cancellations Delivery Update - A summary was provided of progress against the actions presented at the last meeting regarding 'on the day and before day' theatre cancellations. Restart dates were unclear due to the state of the recovery programme and work was being undertaken in Reset and Recovery in terms of theatre productivity and considering alternative models for pre-operative assessments. A formal report will be tabled at Q4 to reflect the normalised population state that would allow comprehensive data interpretations of improvement and transformation, after restart dates are confirmed.

The Committee discussed the following:

- Possibility of offering 48 hours' notice to patients prior to the appointment. Individual reasons for cancellations were captured in varying categories, pre-well calls ahead of the surgery date were resourced; this process would continue whilst improving the system.
- Calling patients 2 days prior to surgery was too late to arrange a replacement surgery due to delays in Covid-19 swabs. There was progress with rapid swabbing which creates a potential to substitute.
- With regard to patients who cannot be swabbed, semi clean pathways, where it is safe to do so, were available. The NHSE public information campaign would have some impact in disseminating messaging that the risk of missing significant operations was far greater than the risk of Covid-19.
- The Southeast London ICS was writing to various politicians with regard to the surgical hubs and working on a messaging campaign. It was noted the reduction in DNAs was levelling off and increasing and last minute cancellation figures were also increasing. This was being considered across the board.
- Between the 29 June and 21 September, 573 operative procedure were cancelled at the PRUH and South Sites.

The Committee was informed of new two-way communication through the outpatient portal, which would go live on 3rd November. This would cover all of the modality services and would foster better control of the slot check and challenge process through the wider technology platform.

The Committee agreed on the following actions to be circulated before the next meeting:

1. An equality impact assessment to be conducted on electives recovery. **J Lowe/C Elliott**
2. Information with regard to DNA last minute cancellations across the modality spectrum to be circulated addressing the plans to mitigate the adverse position and the potential impact on patients. **J Lowe & J Lofthouse**
3. The communication which would go out with regard to the ICS regional issues. **C Kay**
4. Reassurance piece on minimising hospital acquired infection for patients. **N Ranger**

SUMMARY OF KEY ISSUES: QUALITY, PEOPLE AND PERFORMANCE

20/98 Highlight Report – Topics of Note

The Committee noted the paper.

PERFORMANCE

20/99 Integrated Performance Summary Report

An update was provided on the operational aspects of the Trust. To support the new organisational model the report was split between DH and the PRUH and South sites. The core points were highlighted:

1. RTT recovery and 52 week position – the Trust continues to manage under 3500 over 52 week waiting patients across ophthalmology, general surgery and trauma and orthopaedics. All three services are also discussed in SEL as part of APC deliverable and recovery hubs. At the close of the financial year, KCH had a substantial PTL with patients at 48, 49 and 50 weeks, which created a backlog as operations were ceased due to the Covid-19 response. It was anticipated that in the current model, the 52 week waiting backlog could be formally cleared by May/June 2021.
2. All of King's operative theatres were operational ahead of the calculated timelines.
3. There was a need to agree an approach to deal with the 52 week breach. The issues related to quality and the risk where the patient is harmed as a result of the length of time they are waiting and potentially if demand is greater than the capacity to treat.
4. In terms of the diagnostic element of pathway, the standard is 6 weeks, and this was improving on a weekly basis and was supported by a substantial volume of outsourced activity, across the metric of diagnostics, to partner providers to allow the Trust to recover those positions.
5. Ahead of the MPC meeting, a business case for a substantial investment in endoscopy at PRUH would be presented to KE. The report to MPC would address the radiology risks.
6. Outpatient activity both face to face and virtual, continued to improve, though were behind on the original pathway plans due to IT configuration being paused. Aspects of outpatients' improvement plans would go live in November.
7. There were still challenges on ED performance across both sites and there was a lowering of emergency care standard performance which was related to Covid-19 swabbing. The winter investment plan had been signed off.

The Chief Nurse and Executive Director of Midwifery acknowledged incorrect public information had been provided at the Public Board and reiterated that the Trust had 0 MRSA at the end of last year but there were 3 MRSA so far this year.

Action: A report on the work streams on emergency care standards and urgent care in general to be presented at the next meeting. The implication of the new standards would need to be addressed. The Site Chief Executive to amend the format of the report to make scrutiny clearer for the Board. **J Lowe & J Lofthouse**

PEOPLE

20/100 Workforce Metrics

The Committee noted the Workforce Performance report which was currently in development form and in the coming months would be site based as opposed to divisional based to reflect the new organisation model. The following points were highlighted:

- There had been significant impact from the increase in the establishment since April 2020. The reduced recruitment activity and increase in the number of posts in the establishment had impacted the vacancy rate.
- Vacancy rate trajectory would take into account turnover and recruitment predictions based on activity from last year and this year. The first large virtual HCA recruitment days were being hosted.
- Photography for a large scale national Nursing, Midwifery and HCA recruitment campaign was planned for the end of September.
- There had been a reduction in voluntary turnover in month 4 and a further reduction in month 5 to 12.55% and remains below the target. There were 41 leavers with less than 6 months service, 80% of these were short-term Covid-19 contracts.
- There was a reduction in sickness absence in month 4 and a further reduction in month 5 down to 3.46%, which was the lowest sickness absence rate in 12 months and was below the Trust target.
- Statutory and mandatory training was paused as a result of Covid-19 and the Trust compliance rate was below target at 82.94%. This was set to be improved with the establishment of a Workforce task and finish group to increase compliance in key areas.
- Safeguarding was being offered as a blended learning approach. The modelling suggested the need for 400 episodes of training to become compliant and this was programmed in and performance should increase over the coming months.
- Appraisal and job planning remains low, work with the divisions was ongoing to increase numbers and further communication regarding job planning would follow.
- One of the key priorities of E-rostering was to reduce the number of overpayments and the main way to do this was to finalise a health roster at the end of the month where the manager signs off work completed.

20/101 Guardian of Safe Working Report

An update was provided on the Guardian of Safe Working. The report covers quarter 1 plus March which is the period in response to the Covid-19 pandemic.

Fewer Exception Reports (ER) had been submitted than in the usual pattern of work (1/3 of the usual ER). Only one ER submitted during this period was considered a safety concern. Almost all of the ERs related to hours and rest, this was a result of service pressures rather than mixed schedule education activities. A common trend nationally is that where compensation is agreed and awarded, the proportion of agreements relating to payment is approximately 80% of the decisions. This reflects the pressures from rota gaps.

The Committee was informed that the report would be adapted to reflect site based care groups from quarter 3, as part of the new organisational structure. A rota validation exercise was undertaken post Covid-19 to ensure that rotas that had been suspended during Covid-19, remain complaint. There are currently 14 rotas that are raising compliance queries, 8% of rotas have questions about contract compliance and these are being worked through. Compliance issues are raised from one or a series of exception reports where the problems are more systemic. Despite the pressures of Covid-19 and the disruption from redeployment, 99% of work schedules were sent out to junior doctors 8 weeks prior to commencement in August.

An ED consultant from the PRUH had been appointed as the PRUH/South Site Guardian of Safe Working and will focus on the issues regarding contact compliance at the PRUH.

The Committee discussed fines and it was noted that there were relatively low value from fines and due to disruptions from Covid-19, no fines were applied during this period. The new framework changed the contracts terms and conditions to incorporate additional categories of fineable features. An exception report which may indicate a fine is checked to see if it fits any of the fineable breaches in the contact and the fine is levied. The doctor and guardian are receive a portion of the fine. The budget is designed to improve the working environment of the junior doctor. The distribution of any fines results from the decisions at the Junior Doctors' Forum which meets quarterly.

20/102 Freedom to Speak Up Guardian Report

The Freedom to Speak Up Guardian report highlighted the progress made in the FTSU agenda. A full-time appointment had been made to the Guardian post. Work on the Board Self Review Tool had been undertaken to evaluate the position and the improvement plan. The Board FTSU training would be scheduled. A strategy is being drafted to demonstrate the Trust's commitment to speaking up. The terms of reference for a working group to support FTSU was being looked at. This would feed into the People and Culture Committee that is being established, bringing various organisational development strands together. The following points were highlighted:

- Bullying and harassment appeared to be the predominant reason for contact with the FTSU Guardian and nursing was the highest reporting professional group under FTSU.
- October is National FTSU Month. There would be high levels of activity by the Guardian undertaking ward visits and walking the floor with Executive and Non-Executive Directors to promote the FTSU agenda and showing leadership support.
- The Communications team would be maintaining a campaign to increase FTSU awareness and engagement which would have an impact on the FTSU index.
- The Guardian will work closely with the employee relations and Equality and Diversity Leads to address the disproportionate number of BAME staff who go through the process and to ensure that the service is inclusive and accessible to all staff. The aim is to triangulate data with the incidents, PALS/complaints and other quality data. The weekly safety hubs should see an impact from the investment.
- King's FTSU Guardian recently appointed to be Deputy Chair of the regional southeast London FTSU network helping to raise profile.

The Committee agreed it would be helpful to undertake further analysis to detail the proportion (%) as well as numbers of the workforce reporting groups. This was to be included in future Freedom to Speak Up Guardian reports. **C White**

20/103 Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) Results

The Director of Equality, Diversity and Inclusion provided an update. The Trust's 2020 results for the WRES indicated improvements in 6 areas with a worsening in one area focusing on disciplinary. The WDES was new and further work was required to encourage the workforce to declare their disabilities and to understand their inability to conduct work and rectify this.

The Committee noted the following:

- A mid-year assessment of the data for both the WRES and WDES would be undertaken to ensure the Trust is on the right track for next year.
- The WRES and WDES had been submitted nationally, these would be worked on internally to formulate a plan and published by 31 October. Following this,

national data collection and analysis would be published to enable comparison with other organisations regionally and nationally.
- The next Board Development session would look into the Trust's vision and how to engage with staff to create a culture which addresses the challenges in the organisation.

20/104 Employee Relations Update

The Acting Chief People Officer provided an update on the review of all 2019-2020 data of non-medical cases, the following was discussed:
- There had been 120 cases over the last 12 months. 58% of all employees entering the disciplinary process were BAME who accounted for a disproportionate number of cases.
- 50% resulted in informal action or had no case to answer. There has been focus recently on a new employee relations model that advocates early resolution.
- A pre-investigation checklist had been introduced where all mangers review with the employee relations teams whether a disciplinary process is appropriate and proportionate.
- The Central Investigations team had been set up to free up managers' time and speed up the time taken to complete an investigation.

The Committee was informed there had been positive early output, the data would be run for the first 6 months to monitor any response and change. The following was discussed:
- There had been engagement with the manager and pre-investigation checklist to understand the motivations for going through a formal disciplinary process.
- There were questions regarding what the Trust was aiming to achieve in resolving cases informally to stop commencing the formal disciplinary procedure, how the Trust would achieve this and reasonable timescales.
- The Committee sought data in relation to BAME staff to draw comparisons. The overall aim was to reduce any disproportionate impact so there was an equal likelihood of going through a disciplinary process and then looking at the target around early resolution.
- The ambition was to have a fair and equitable approach to disciplinary issues and work with managers who are responsible for spotting issues and deal with these early.
- Communication with and training for managers so they understand the process and the support structures in place, was paramount. The NHS People Plan had a target of eliminating the ethnicity gap when entering into a formal disciplinary process, this would be the headline.
- The Committee noted the positive narrative and change to the approach to employee relations.

Action: The Acting Chief People Officer to address the targets around eliminating the ethnicity gap, early resolution and looking at the percentage of cases that go through a formal disciplinary process and result in no case to answer or are resolved informally in relation to ethnicity. This would be presented with the 6 months review to the next meeting. **L Clark**

QUALITY

20/105 Patient Safety Update- Quarter 2

The Committee noted the Patient Safety update report. The key developments were discussed:
- The Patient Safety team had been realigned with the new Trust Care Group structure and they had aligned themselves to different specialties.

- There were 224 amber reports for moderate harm and most of these were overdue. Work was being developed with nursing to reduce the numbers and take thematic approaches to this.
- There has been a reduction in serious incidents reports, a likely result of Covid-19 and annual leave.
- There had been one Never Event reported in ophthalmology which involved confusion over two patients who shared the same first and last name and the same date of birth.
- There are 103 overdue serious incidents, 33 are in draft state.
- It was pointed out that reasonably drafted reports with the correct methodology were being submitted. This was a result of the training and development with the PSMs.
- An interim appointment had been made for a 3 month period to focus on the SIs and lead on reducing the backlog.
- The PSMs would also be focusing on the SIs as well as DoC as they would no longer be leading any investigations until the backlog is cleared.
- The aim was to clear the backlog with 3 months by which time it was expected there would be less than 5 serious incidents overdue.

Historically the governance leads (consultants) and clinicians were responsible for reporting serious incidents. This had been changed to include matrons and senior nursing staff to sort the backlog. The Committee recognised the need to find a more productive way to support drafting of the reports, with clinicians' responsible for the decision making and overview, rather than reporting writing. This would focus on having a broader range of staff trained to draft serious incidents reports. The organisation would need to commit to have protected time to complete investigations. The CCGs feedback was that the quality of investigations had been good.

The Committee noted the Patient Safety Incident Response Framework and the Trust's response plan. The aim was to improve the safety of care for patients and families and focus on developing systems to continually improve quality and efficiency. The following was highlighted:

- Guidelines on responding to incidents would need to be ready by Spring 2022 when the Trust would be implementing the new framework.
- There will be changes to investigations where the standard would dictate there must be a qualified investigator on every investigation and would need to have completed the Root Cause Analysis training.
- Organisations and providers would sign off their own incident reports and this would require training on the understanding the standards.
- With regard to the incident reporting, a review of previous past incident data from the last 3 – 5 years would need to be undertaken to identify the incidents representing significant risks. The intention is that there would be a significant reduction of high level investigations to use resources more for improvements.
- The Just Culture guide superseded the Incident Decision Tree, this should be trust wide and embedded in Trust policy and adhered to.
- The new patient safety syllabus is being led by Heath Education England in conjunction with the Academy of Medical Royal Colleges, and would be providing patient safety training in the NHS and targeting clinical and non-clinical staff, the voluntary sector and social care. There were no guidelines as to when this would be implemented.
- The Improvement Team would be bought in to demonstrate improvement, looking at outcomes, incidents and reduction of harm levels.

20/106 Infection Prevention Control (HCAI) - Annual Report

An update was provided on the Infection Prevention Control annual report which covers the period 1st April 2019 to 31st March 2020. Next year's annual report would give more detail on Covid-19.
The following points were highlighted:

- The PRUH team had worked extremely hard to ensure a reduction in Norovirus outbreaks.
- The estates were being managed to help with infection control as well as focusing on good infection control practice and good management of antibiotics. CPE remains a challenge, which is environmental and difficult as it is in the structure of the wards/department. Work would be undertaken with the Estates Team to refurbish and improve rooms, particularly on liver wards.
- There was more focus on water management and the ventilation systems, a new lead for infection control for nursing had been appointed as well as a microbiologist to strengthen the team.

The Chief Nurse and Executive Director of Midwifery identified the areas in the major works programme which addressed infection control. The relationship between KFM and infection control and estates had been unclear. It was therefore important to ensure that estates decisions link back to infection control.

With regard to the Flu campaign there was 81% compliance last year, the expectation and demand would be higher this year. Currently, there were not yet enough vaccines in southeast London for all staff and vulnerable groups and there were discussions regarding how quickly those not in priority groups could be vaccinated.

20/107 CQC Response & Action Plan Update

The Executive Team agreed a new CQC reporting structure. There would be operational management and assurance on CQC compliance that would fit into an existing committee or new committee to track progress. An operational group with the Executive team had been put place.

The key developments include the following:

- The emergency department action plans for DH and the PRUH were submitted and there were improvements.
- There was concern regarding the CQC inspection. There would be targeted inspections in the emergency department and dental, assessing well led reviews and safety governance. The disadvantage of a targeted inspection was that it would not necessarily encompass a narrative on the larger-scale issues of improvement and transformation across the Trust. Going forward the CQC would look at actions with regard to the framework including engagement with staff. The improvements in the FFT response and recommendation rate for both the PRUH and DH site had almost doubled from last year.
- An overview of the well-led preparation, each Executives was being assigned key domains to focus on with ongoing activity to ensure progress and be ready for an inspection.
- Although it was unlikely that a QCQ inspection would take place should Covid-19 cases rise, it was important for the Trust to be prepared and ready with a governance structure, management of mandatory training and management of SI backlogs by Christmas.
- This was an opportunity for the care groups and each site leadership team to work together to build a plan on the achievements, the improvements and challenges and capture this in the Trusts' narrative around the areas of concern and the actions to address these.

20/108 Patient Experience Report

The Committee was informed that patient experience and engagement with patients and the local community needed further improvement. This was a work in progress and a patient experience strategy needed to be established.

The Committee noted current activities, work on the local surveys, there was a great deal of focus on food, nutrition and hydration. The Trust was below the national average with regard to meal time and support for patients. There would be more engagement with Medirest to help resolve nutritional and hydration challenges.

A huge amount of work was being undertaken to improve the Help Desk function including customer care training for non-clinical staff. Improving emotional support for patients by promoting the chaplaincy service and ensuring better transparency.

20/109 Maternity Service Briefing

The Chief Nurse and Executive Director of Midwifery provided an update on the Maternity Service. There has been a lot of pushback with regard to women attending scans and partners not being allowed to accompany them, the system had changed and partners were now permitted.

Maternity governance and assurance work required improvement. Work was ongoing with regard to culture in the Maternity department. It was felt that the maternity briefing needed to be strengthened and reviewed alongside strengthening the Maternity Board.

The current visitor guidance on the website was unclear and required clarity. This would be reviewed.

Action: The Chief Nurse and Executive Director of Midwifery to feedback on the work streams of the Maternity Board at the next meeting. N Ranger

20/110 Neuropathology Serious Incident & External Audit - Final Report

The Executive Director of Clinical Strategy and Research provided an update on the current state of outstanding actions relating to previously reported Human Tissue Authority Neuropathology breach. There had been three incidents within neuropathology where tissue was unaccounted for.

The Committee noted that a considerable amount of work had been undertaken as a result of the incidents. The HTA reportable incidents had been closed off with the HTA and they were content with the actions taken. In addition, the laboratory CAPA Plan would be completed, this included an internal audit of the Cellular Pathology services across the Trust and addressed the SOPs and the actions taken in respect of this. An external review was also undertaken by the Professor of Pathology from Barts, along with the Laboratory Manager, which identified the following improvements:

- Standard Operating Procedures (SOPs) are being followed accurately.
- Practise around SOPs had been revised particularly with regard to tracking systems and electronic/paper logs.
- Organ storage in neuropathology and the mortuary is more strictly supervised with frequent audits taking place.
- There is no longer movement of organs between the KCH units (mortuary, neuropathology and the IOP brain bank).
- Acceptance and release procedures had been revised, training and competency scrutiny and documentation is more stringent.

A number of ongoing issues needed to be addressed. Communication between KCH departments and outside bodies needed improvement. There was a plan to keep the three main work streams separate in order to avoid unnecessary transfer of organs across sites and the associated risk of misplacement.

The Committee noted that the learning and change had been positive in terms of improving departmental procedures. The ongoing internal audit process to monitor compliance with new standards was essential and would be overseen by the HTA Committee. A review would be presented to QPPC on a regular basis. **J Wendon**

20/111 Medicines Safety Report

The Chief Pharmacist presented the Medicines Safety Report and the following was noted:

- The Trust's Medication Safety Committees and work streams looked at improving the safe use of medicines through engaging clinical staff in the medication safety agenda, identifying, monitoring and mitigating the risks.
- Overall, the Trust's rate of medicine incident reporting was better than the national average with a median of 6.7 per 1000 bed days compared with the national median of 4.3. The proportion of incident reporting resulting in harm had improved from 11.2% to 10.2%. There was underreporting of medication incidents in the clinical areas of theatres, dental and maternity, these would need to be targeted to drive better reporting.
- There was an increase in the proportion of no harm and near miss reporting to 90%, these were in relation to the prescribing, administration and preparation of medicines; this mirrored national averages.
- The key areas of medication risks at the Trust matched the national risks and the National Medication Safety team were aware of these.
- The Never Event in 2019 related to the unintentional connection to air instead of oxygen. This was part of the SL alert which is being investigated by the Medical Gas Committee and signed off. The actions generated from the alert have also been signed off and closed.
- The serious incidents in 2019 were all closed off, the two serious incidents in 2020 were currently being managed.

The Committee noted the monitoring safer injectable metrics, which was a Purchasing for Safety initiative. This was reviewed monthly to ensure the clinical procurement of the correct medicines and purchase of the right category of medicines to make it safer for patients.

There has been a huge amount of learning from the Covid-19 pandemic, including production of ready to use pre-filled syringes for all critical care units, procurement of a new aseptic porta cabin, preparation of clinical trials for the expanded ICU beds, increased stock supplies for different surge areas and ready to use controlled drugs. The Trust was getting ready for medicine optimisation and safety. There was discussion regarding the moving of drugs from the hospital to shielding patients' homes. This created more opportunities in terms of outpatient workstreams to co-ordinate more clinical time and a rigorous process with home care delivery companies.

In terms of future plans, the intention was to improve data use for medical safety, the medication safety scorecard had been tested and was ready to implement, and care groups were required to report into the Medication Safety Committee. Assurance was given that the Trust has a good handle on medical safety.

20/112 Safety Alerts Report

The processes in place for the management of the Safety Alerts were being reviewed to ensure a more robust mechanism for disseminating and monitoring. Further work was being undertaken to look at monitoring the alerts and the systems and processes applied for risk management were being considered for this.

The Committee noted the following data which is on the DH website:

- The compliance for acknowledgment of alerts was good over the last 12 months. With regard to compliance for completing and meeting the deadline, 3 were non-compliant out of 65:
  1. Oxygen use during the Covid-19 response, an executive decision was made to await further information.
  2. Closed one day late, as further assurance was sought for robustness.
  3. Coin batteries in infant/children's hearing devices as this was not thought to be applicable to King's and there was a delay in getting assurance of this.
- The safety alerts were being acknowledged and responded to in a timely manner, however further work was required to give robust assurance that the alerts were being escalated and the right people have oversight. The team was looking to increase resourcing for this.

There were 41 alerts open on Datix, but fewer open on the DH website. This was a result of alerts being kept open longer on Datix to allow for further extra measures to be undertaken to ensure robust compliance.

20/113 Complaints – Annual Report

The Committee received and noted the Complaints annual Report. There had been a decrease in the number of complaints reported. During the Covid-19 pandemic, complaints had been inappropriately recorded due to some complaints that had been provided in writing, which should have been recorded as formal complaints, and were classed as informal. The process has been changed and the expectation was that there would be a rise in complaints in next year's report.

The end of year performance of 44% of complaints responded to within 25 days was not good. There is no requirement in the National Health Service Complaints 2009 regulation to have a number of days to respond to a complaint. Further work was being undertaken to look at how to improve the quality of the complaints responses and investigations and training would be rolled out on how to better manage the complaints investigations.

The Committee agreed there needed to be more consideration on how the site leadership teams and the Care Groups manage the process of recognition, apology and reassurance that incidents would not reoccur. Complaint resolution was part of the Trust's improvement and values and culture work.

20/114 Duty of Candour Compliance Update

The Committed noted the Duty of Candour Compliance report which indicated a decline in compliance over the last few months.

- Initial conversation compliance - there was a reasonable level of compliance from networked care for initial conversations at 90% in July and 71% in August, for other areas compliance had dropped.
- Follow up letter compliance – this was generally poor however networked care was doing well achieving 87.5% in July and 75% in August. Corporate, UPACS and PRUH had lower compliance numbers.
- Networked care has been able to consistently maintain a reasonable level of compliance for verbal Duty of Candour.

- Feedback from PSMs indicated it has been challenging to obtain information from some clinical staff where duty of candour applies.
- Staff training had developed and would be delivered; 2 sessions per week which would be focused and specific. Communications would be circulated to remind Site/Care Groups of for achieving full compliance with DoC.
- Implementation of the escalation process is within 10 days. If the DoC is not completed locally within 5 days it is escalated to the clinical director, service manager and Head of Nursing for the Care Group. If this is not achieved then it requires action from Site Executives (from day 7). It was agreed that if DoC was not completed within 5 days, a senior named individual should deal with the escalation to avoid delay and to improve the escalation process.
- A guide is being produced in relation to the initial conversations, the DoC policy has been redrafted and requires KE review and approval.
- BIU have made the relevant changes to the dashboards so that the data can be provided to both sites, King's Executive and other committees.
- At the PRUH and South sites, DoC was embedded in the performance review and compliance had started to increase in the last 2 months.

20/115 NICE Compliance Review

The Committee received and noted the NICE Compliance Review. The report indicated that the Trust's completeness of the initial assessments was good. However the completeness of implementation required improvement. There were a number of challenges with clinical audit, verifiable evidence of implementation would be gathered to strengthen the assurance processes.

Action: An action/implementation plan would be presented to KE and thereafter would be presented at the next QPPC meeting. **C White**

GOVERNANCE

20/116 Risk Register

The Committee reviewed the risks relevant to its remit. There have been challenges with the risk register and risk management and it is currently on an improvement trajectory to progress information on gaps in assurance and gaps in controls and how assured the Trust is in ensuring effective controls are in place.

The Committee noted the risk addendum. There were two required tasks, improving the Datix, delivering to teams to update the risks and ensuring the Executives understand their risks. Training on risk management and risk register was prevalent now across the organisation. It was agreed that the risks needed to be consolidated and actions and mitigation required updating, so that the Board can clearly view and understand the work being done to manage the risks. This was to be addressed at the Board Development session on 15 October. The Committee agreed it should hold senior leaders to account to deliver the risk register and the Executive Director of Integrated Governance would meet with the Chair to discuss this further. **C White**

FOR INFORMATION

20/117 Sub-Committee Minutes

The Committee noted the minutes of:

- Health & Safety Committee
- Medication Safety Committee

20/118 ANY OTHER BUSINESS

No other business items were discussed.

DATE OF NEXT MEETING

Thursday 3rd December, 2020, 09:30am – 3:00pm

King's College Hospital NHS Foundation Trust

Major Projects Committee Meeting

Draft Minutes of the part one meeting held on **Thursday 23rd July 2020 11.30am**
MS Teams/Video Conference

Present:

Sir Hugh Taylor	Trust Chairman (Chair)
Akhter Mateen	Non-Executive Director
Steve Weiner	Non-Executive Director GSTT/KCH
Prof Clive Kay	Chief Executive Officer
John Palmer	Site CEO, DH and Deputy Group Chief Executive
Jonathan Lofthouse	Site Chief Executive, PRUH and South Sites
Beverley Bryant	Chief Digital Information Officer (Joint GSTT)
Caroline White	Executive Director of Integrated Governance
Lorcan Woods	Chief Finance Officer

In attendance:

Phil Mitchell	Director of Capital, Estates and Facilities
Jackie Parrott	Chief Strategy Officer (Joint GSTT)
Prof Jules Wendon	Executive Director for Clinical Strategy & Research (Joint GSTT)
Prof Richard Trembath	Non-Executive Director
Devendra Singh Banker	Public Governor – Bromley
Marcus Ward	Public Governor Lambeth
Siobhan Coldwell	Trust Secretary
Sultana Akther	Corporate Governance Officer (Minutes)

Apologies: None

Item	Subject	Action
20/01	**WELCOME AND APOLOGIES**	
	The Chair welcomed the Committee. No apologies were received.	
20/02	**DECLARATION OF INTERESTS**	
	There were no declaration of interests.	
20/03	**CHAIR'S ACTIONS**	
	There were no Chair's actions to report.	
20/04	**MINUTES OF THE PREVIOUS MEETING ON 30th January 2020.**	
	The Committee approved the minutes as an accurate record of the meeting held on 30th January 2020.	
20/05	**MATTERS ARISING/ACION TRACKER**	
	The matters arising were taken as read.	

20/06 DIGITAL UPDATE - INTEGRATED EHR

The EHR transformation programme formed part of the 'Kings Recovery' to provide a digitisation plan which links into the southeast London-wide and the national strategy.

The Committee was asked to consider the following two options for integrated EHR at Kings:

1) Leverage the GSTT procurement and leadership teams and move forward with a full business case for the implementation of Epic on the same instance as GSTT. This would effectively drive a clinical merger between the two organisations.
2) Develop a full business case to complete the implementation of the AllScripts EPR platform, which would replace PAS.

The Committee discussed the following issues:

- Extensive analysis was carried out to obtain robust costing on both the Epic and AllScripts options.
- The economic case for the Epic EHR implementation with GSTT was more expensive. The AllScripts option was therefore favourable.
- The current Kings Transformation team was excluded from the case.
- Both options included the full digitisation of medical records across all sites, building on the successful digitisation and removal of paper records at QMS MSK service.
- Further work was required to present the benefits of each option. The general view was that the Epic EHR would provide greater benefits especially in relation to the Academic Health Network and data ambitions for joining up with southeast London Trusts.
- The clinical and operational teams would be involved in the design and configuration of the software from the outset in the Epic implementation. It was noted that the executional risks would need to be weighed.
- The ICS would endorse either option and acknowledged the need for the transformation.
- There were issues with regard to timing in the current Covid-19 climate and the CCU project.
- A decision to determine the strategic intent was sought to initiate an exercise for full clinical-buy in. This would include the groundwork, recruitment of people with experience and understanding of Kings, the full business development and securing funding from the Centre.

The Committee endorsed the Epic option in terms of the delivery opportunities offered and progressive working. A full business case would be targeted for 30th September 2020. It would address the potential of a single instance EPR across the boundaries of Kings and GSTT and incorporate the PRUH and some aspects of the South Sites.

Action: The Committee agreed that Executive prioritisation and solidarity was essential. The Trust would need to make a definitive decision, take a tactical approach on the preferred position and reiterate the benefits in order to receive funding from the Centre to achieve the transformation. **All**

Action: The clinical benefits of the Epic option would be considered further to drive a stronger business case to be submitted. **BB & LW**

20/07 CAPITAL PRGRAMME UPDATE

The 2020/21 capital expenditure plan indicated that a significant proportion of the £42.2m of capital funding was committed towards the CCU build. The Trust

would spend less in 2020/21 due to tailwinds in the capital spend. Retention of the full amount of the capital budget would allow this to be redeployed into replacing medical equipment and the ICT. The Capital team were able to achieve 3 times more in terms of different capital refurbishments and the speed of the work completed. The difficulty of estate projects spending was stressed, and the potential to do more provided there were more capabilities with the right people who could be deployed.

A series of processes with the Centre indicated that funding would be reimbursed for Jack Steinburg CCU and the medical equipment imaging piece (95% would be reimbursed). London would receive a reasonable percentage of the critical infrastructure funding that was pledged.

The Committee was informed of the internal prioritisation of capital projects. The following points were highlighted:

- A clinical reconfiguration group which involves the Executive and clinical input meets weekly to address the areas of focus.
- Over the last 3 months, reprioritisation has paid dividends particularly in relation to theatres, recovery areas, Jack Steinberg CCU and some minor ward refurbishments, including adding negative pressure rooms with increased air handling/air capacity.
- There were concerns in relation to the capital projects team and the difficulty in attracting the right calibre candidates. Collective working with GSTT to potentially redeploy staff to KCH was being undertaken.
- The potential high scale capital need for estates over the next 3 years at the PRUH and south sites includes the emerging scheme for major endoscopy development. The Capital teams were sharing collective Executive viewpoints.
- Although the first draft of the plan focused on Denmark Hill, there had been efforts on the feasibility studies on future developments of the PRUH and how this would be incorporated into the overall plan.

The Committee was updated on the Unit 6 work for Haematology for outpatients. The work had restarted post Covid-19 and the design would be finalised within the next 1-2 months, this would be followed by either a tender or appointments process. A perspective would be taken on the state of the construction market for the tender process and understanding whether there was a risk in a direct appointment onto the P22 framework.

A review of the projects post Covid-19 was carried out to ensure that all the elements were still required. As there was a greater need for space in the Trust, consideration was being given to the construction of further floors in addition to converting the current two floors in Unit 6.

20/08 ESTATES COMPLIANCE UPDATE

The Committee received and noted the estates compliance report, which summarised the progress made in implementing the action plan. The review is conducted on a bi-monthly basis with the clinicians. The following points were highlighted:

- The Capitec audit of the Denmark Hill and Orpington estates identified the extreme risks where progress had stalled. These were the main areas of focus and it was suggested that establishing a timescale would be helpful to understand the length of time required to rectify the issues.
- Progress had been made on the fire risk assessments, the July report would indicate 87% completion (over 400 FRAs). The Trust was on target to complete 510 risk assessments by the end of August.

- The Fire Evacuations plans had recommenced with support from key clinical teams and had remained the same for the last 3 months due to plans being paused during the Covid peak.
- The Board had raised serious concerns last year regarding the fire evacuation plans and the process was due for completion by the end of 2020. However, the completion date was brought forward to July 2020. The Committee was informed that this was now unachievable.
  Action: The Chief Finance Officer would report this back to the QPPC.
- Electrical Systems – electrical wiring testing takes into account 20% of the estates each year and is on target. **LW**
- The Asbestos Risk Assessments was underway had had progressed well.
- The Window Risk Assesments were completed across the full estate at Denmark Hill.
- The Water Risk Assessments were progressing well with improved water testing, flushing and descaling across the whole estate and this linked in with the Pseudomonas and Scalding Risk Assessments.
- With the new collaboration between the KCH and GSTT, information from tests were shared with the Compliance teams and CEF. Areas that were closed were revisited to reassess the flushing records to ensure that flushing was taking place 2-3 times a week. Additionally, where clinical staff were wearing PPE and the sinks that would have normally been used were identified as low usage areas, these were now being flushed.
- The Asset Verification programme commenced prior to Covid-19 and the dental building was completed. However, there was concern that the gas supply would be disconnected following the discovery of a gas pipe under the porch area. Remediate action was taken to re-route the gas supply to the day-surgery unit for the dental building without interruption. This was now compliant.
- KCH was working in conjunction with GSTT to ensure that the same principles and methodology was being followed to be able to compare PPM.
- The Datix reports had decreased significantly from 1000 to 60 open reports.
- It was noted that progress was being tackled against the plan.

The Committee acknowledged and emphasised the importance of retaining the subject matter experts who were appointed to identify the significant challenges and resolutions to these. The Committee was reassured that the Compliance team regularly feeds into the Health & Safety Committee, which had enhanced its efforts in the process.

Action: The Committee agreed that a number of long-term risks would be included into the risk register, where the the mitigations/gaps and actions plans would be monitored going forward. **All**

20/09 FOR INFORMATION

Covid-19 Sub-Committee meeting summary

The Committee received and noted the Covid-19 Sub-Committee meeting summary.

20/10 ANY OTHER BUSINESS

There was no other business to discuss.

DATE OF NEXT MPC MEETING

Thursday 22nd October 2020, 9.00am – 11.00am

King's College Hospital NHS Foundation Trust – Strategy, Research and Partnership Committee

Minutes of the Finance and Performance Committee Meeting held on Thursday 10 September 2020 via MS Teams

Present:

Sir Hugh Taylor	Trust Chair (Chair)
Prof Richard Trembath	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Sue Slipman	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Clive Kay	Chief Executive Officer
Prof Jules Wendon	Executive Medical Director, Clinical Strategy and Research
Louise Clark	Acting Chief People Officer (CPO)

In attendance:

Claudette Elliott	Acting Director of Equality, Diversity and Inclusion (EDI)
Jonathan Lofthouse	Site Chief Executive, PRUH, South Sites
Julie Lowe	Interim Site Chief Executive, DH
Jackie Parrott	Chief Strategy Officer
Nina Martin	Assistant Board Secretary (minutes)
Siobhan Coldwell	Trust Secretary

Apologies:

Steve Weiner	Non-Executive Director

Item	Subject	Action
020/17	**Introductions and Apologies for Absence** All introductions were made.	
020/18	**Declarations of Interest** There were no declarations of interest.	
020/19	**Chair's Action** There were no Chair's action.	
020/20	**Minutes and matters arising** The minutes of the 16 July meeting were approved. There were no matters arising.	
	PARTNERSHIP UPDATE	
020/21	**Specialist Commissioning Update (SPC)** The Chief Strategy Officer presented this update to the Committee. Joint working had accelerated at the start of the year but paused due to the pandemic. Work had since resumed on developing viable models for the devolution of specialised services commissioning to South London, to enable improved patient care and better value for money. The Operational Delivery	

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Networks (ODNs) established in south London, already support the work of a few specialist services and the programme aims to build on the learning from the ODNs.

The governance arrangements were being developed and were presently high level. The SPC budget was overspent so this posed a challenge. Initial IT concerns had been allayed as the onset and response to the pandemic had normalised virtual working via MS teams.

The Committee raised the approach to developing a risk sharing agreement across partners given the stretched finances. A proposal had been developed which was with NHSE for sign off and finance colleagues would be engaged to support the management of the risk process. The first area of priority was getting correct and robust governance arrangements in place.

As there was no precedent for the model, it was difficult to give a definitive date for completion and so the programme timelines remained fluid. The aim was to complete Phase 1 by November and then proceed with the options appraisals.

The Committee heard that patient and public engagement in the process was planned and would proceed once governance arrangements were formalised.

To avoid duplication and to better focus resources, the role of KHP and KCL in the process would need to be clarified. The possibility of duplication was recognised and so the programme would ensure alignment with the work of KHP to mitigate against this. The Committee stressed the importance of active and early engagement of these partners.

The Chief Executive queried whether there were plans to include paediatric oncology in the scope of the specialist commissioning work. This would need to be clarified but if included, the Royal Marsden would need to be engaged. It was noted that of all specialist services, oncology was the most constrained by geography.

020/22 **Royal Brompton**

The Committee noted the report from the Chief Strategy Officer. The GSTT/RBH merger will be a key focus for the Partnership over the next 6 months but cross-Partnership integration had an equally important and renewed focus as.Covid had exposed the needs in respiratory and critical care services.

Bids were coming in for the Partnership Transformation Fund. This was non-recurrent funding available for initiatives which demonstrate cross-Partnership clinical academic innovation, collaboration and value.

Public and Patient Engagement teams have been working on a joint GSTT/KCHFT/RB&HT proposal for patient, carer and public involvement activities in the aftermath of Covid, including work to understand changing behaviours and attitudes, understanding experiences of care and ensuring continual engagement activities and arts projects.

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The GSTT Charity had just approved the grant. KCH Charity were keen to support and their financial contribution was being discussed. The Royal Brompton Charity would also like to be involved but were as yet unsure when they could financially contribute.

There has been a positive development regarding the planned RB&HT-GSTT Merger in that NHSE has deemed this a material rather than a significant transaction. This means that Boards can self-certify and the pace of the work can accelerate.

The Committee welcomed the pace with this work emphasising the importance of not losing traction.

020/23 Acute Provider Collaborative (APC)

The Chief Executive and Interim Site Chief Executive (DH) presented the update. The expectations at ICS level was for trusts to get back to business as usual and push to get elective work on track before winter. To achieve this, KCH would need to manage elective activity on a system basis. The region attributed the high level of 52 waiters to the absence of collaborative elective strategy.

South east London elective performance lagged beyond London counterparts. The aim now was to build up APC resilience by increasing investment in resources. To this end, a temporary PMO lead would be recruited. There was also work to do to engage and bring together clinical leads to support the management of the elective cases. The Committee heard that Bernie Bluhm had been appointed the Interim Director of surgery at the APC and would have oversight of the elective surgery for the Collaborative.

APC partners will be working collaboratively on the Elective Recovery Programme to reduce the backlog. The Interim Site Chief Executive (DH) updated on the hub model to take this forward. This approach would focus on six high volume, low risk specialities where the risk of 52 waiters was higher in south east London than other patches in London.

020/24 Recovery and Reset

The Committee noted the report and the PRUH and DH Site Chief Executives updated the Committee on the key highlights. The main drivers for the recovery programme emerged from the coming together of the organisation during the Covid response. The programme was building on this energy and commitment to support longer term transformation.

A key challenge to be addressed by the programme was the backlog of 52 week waiters. Five thousand patients would need to be removed from the waiting list by March 2021. Harm reviews would be undertaken for patients waiting a year for their procedures.

Work to transform outpatients had already been underway pre-pandemic, but feedback from patients and CQC had shown that there was still work to be done. Part of the outpatient transformation work would see the introduction of a new system which would give patients alternative means to access the

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service. This new system will provide two-way reminder text messaging, standardised letters in a range of languages, 'read aloud' and/or reader friendly communication and a live chat function.

There was an update on the hub model designed to carry out high volume low risk procedures. These hubs would enable patients to be treated sooner, in a COVID secure manner, to ensure patients to not come to harm.

Mr Mateen observed that the integrated electronic health record could in the short term increase elective challenges. The Committee heard that was not due to go live until next summer.

The Committee asked for assurance around the engagement of clinicians in signposting patients to other providers for their procedures. In the past clinicians were unsupportive of this intervention with some actively advising patients against this. The Committee heard that the pandemic had seen an improvement in culture and behaviour with clinicians now more willing to engage.

The message to those patients being asked to use alternative providers would be carefully communicated. They would be assured that the service at King's was not being stopped but that further delay in treatment could lead to harm and so a Covid safe appointment has been made available at another provider location.

The Chair summarised that the main focus of work in phase 3 was to get elective activity back on trajectory. This was a formidable challenge and practical action plans needs to be developed and implemented.

020/25 **Trust annual objectives**

By March 2020, draft annual objectives that were aligned with the trust's Recovery and Sustainable Improvement Plan had been developed. As the Trust emerged from the first wave of the pandemic, the objectives had been revisited and revised. The objectives presented had been agreed by KE to provide a framework of priorities for work over the next few months.

The Committee queried the alignment of the objectives with Trust values. The values were a separate piece of work and the strategy team was working jointly with workforce colleagues to ensure alignment between the Trust's values and objectives.

Acting Director of Equality, Diversity and Inclusion (EDI) confirmed that there had been conversations around the values and proposed that once finalised a cover note is circulated along with the values so that staff understands their connection to the Trust objectives.

EDUCATION

020/26 **Medical Education update**

The Committee noted the update from the Director of Medical Education. Recent reports suggest that the Trust was providing good quality medical education and training, with high levels of student/trainee satisfaction. KCL medical school's National Students' Satisfaction score had increased from 64% in 2018 to 84% in 2020.

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The root cause of the training concerns expressed in the 2019 survey related to the high vacancy rate, and consequent rota planning challenges. These issues had been resolved through active local recruitment, and overseas recruitment through the MTI program. Action plans have been put in place to sustain the improvement.

In anticipation of a second wave of a Covid pandemic, virtual models would be developed to support remote access to learning modules. There was assurance that training would not be negatively impacted by a second wave.

With undergraduates back on site, there was the concern about the potential spread of the virus as this younger age group were less likely to heed social distancing rules. Professor Trembath added that this had been considered and KCL was working with NHS partners to implement a virus testing programme. Student have had risk assessment and were being closely monitored.

020/27 Any Other Business

No other business was highlighted.

020/28 Date of next meeting

The next meeting was scheduled for 5 November 2020, 9-11am.

King's College Hospital NHS Foundation Trust

Audit Committee – Minutes

Minutes of the meeting of the Audit Committee held on Thursday 17 September 2020 at 9.05am via MS Teams

Present:

Akhter Mateen	Non-Executive Director (Chair)
Sue Slipman	Non-Executive Director
Prof Jon Cohen	Non-Executive Director

In attendance:

Hugh Taylor	Trust Chair
Lorcan Woods	Chief Financial Officer
Caroline White	Executive Director of Integrated Governance
Dr Mairi Bell	Director of Financial Operations
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Nina Martin	Assistant Board Secretary *(Minutes)*
Jane Allberry	Lead Governor
Jonathan Gooding	External Audit (Deloitte)
Angus Fish	External Audit (Deloitte)
Neil Hewitson	Internal Audit (KPMG)
Charles Medley	Internal Audit (KPMG)
Alexander Barrington	Internal Audit (KPMG)

Apologies:

Steve Weiner	Non-Executive Director

Item	Subject	Action
	2. STANDING ITEMS	
020/88	**Welcome and Apologies** The Chair welcomed all to the meeting	
020/89	**Declarations of Interest** Lorcan Woods (CFO) – Director at KFM and KCS	
020/90	**Chair's Action** There were no Chair's action to report to the Committee.	
020/91	**Minutes of the Previous Meeting** The minutes of the meeting held on 11 June, 2020 were approved.	
020/92	**Action Tracker / Matters Arising** **Item 6.2** – **Recommendations to Risk and Governance Committee**– Pre-COVID, the Trust had been on trajectory with the implementation of recommendations. Due to the prioritising of the COVID response, the Risk and Governance meetings had paused which resulted in slippage with the recommendations. These meetings have resumed and the recommendations brought to the committee for ongoing monitoring.	

Item	Subject	Action

Item 3.1 – Referral of a complex overseas visitor fraud case – The internal investigating by way of lessons learnt was ongoing. The Committee will receive an update on the investigation and lessons learnt by the next committee.

All other items were either closed or on the meeting's agenda.

3. EXTERNAL ASSURANCE

020/93 Internal Audit (IA) Progress Report (incl Counter Fraud)

The Committee noted the summary of the internal audit work undertaken since the last Audit Committee and the proposed work plan ahead of the November Committee. The reviews of KCS governance, financial governance and control during Covid-19 as well as the review on estates safety and compliance was at the Committee for report.

The Counter fraud work was ongoing and presently there were three high priority recommendations. These included a number of complex cases from the overseas function. The Trust had a higher volume of counter fraud referrals compared to other Trusts. This was potentially driven by organisational size and could also be a reflection of the internal culture which was positive.

The case of a patient's stolen credit card highlighted issues around the security of patient property. This has been an ongoing concern over the years and there was a discussion on whether this should be escalated to the Board. The Committee heard that patient security had been discussed at the Quality, People and Performance Committee (QPPC) and was being addressed by the Chief Nurse. An assurance update from the Head of Security on the Trust's security systems would also be useful.

Action: The Chair proposed the progress report be colour coded going forward to support the monitoring of the referrals. The Auditors would take this forward. **KPMG**

020/94 Recommendation Tracker

Since the last Committee, the number of recommendations had increased from 45 to 76. Fourteen had since been implemented by management and of the 62, most were not yet due and 14 overdue. Two of these were high priority. These were risk management in care groups and group governance. Ahead of the next committee, 11 recommendations would be falling due with two being high priority.

IA updated that in following the implementation of recommendations, they used two sources of assurance. Sample checks were carried out as part of the annual reporting process. Additionally, high and medium recommendations were re-audited in the next year cycle of reviews.

Action: The auditors clarified the volume of overdue recommendations was driven by the Covid response and confirmed that a trend line would be added to the standard report going forward. **KPMG**

There were concerns expressed around the handover review. The Committee proposed more emphasis be placed on the content and quality of the handover notes. As there was now multiple points where handover occurs, there was the risk that the clinical quality and completeness of the forms could be impacted. The auditors clarified that the form review was a residual recommendation and had been part of a wider content quality review.

Item	Subject	Action

With regard to third party due diligence and the risk to the Trust of non-compliance, assurance was given that the SIRO was overseeing this process. IG breaches were recorded in the annual report. In 19/20 one breach was reported to ICO and no action was taken.

The Chair summarised that the volume of overdue recommendations was governance and resource driven and further observed a level of optimism around the implementation dates. This resulted in ongoing revisions and prolonging the implementation of the recommendations.

020/95 **KCS Governance**

This review had improved from an amber/red to an amber/green rating. The focus of the review was the subsidiary's strategy and governance arrangements. Strategically there were good frameworks in place but these would need to be revised as the business grows in complexity. A proactive approach to developing more structured arrangements should be taken in anticipation of business growth.

020/96 **Financial Control during COVID**

This received an amber-green rated. The Trust had maintained grip and control during pandemic. Positive performance in the areas of procurement, rigour around the retrospective reviews of business cases and IT readiness was noted.

The Chair queried whether a review of cyber security governance was planned to give assurance against phishing and ransomware which was an area of concern across the wider NHS.

Action: A discussion on the Trust's approach to Cyber security to be brought to the Board and the next Audit Committee. **Trust Sec**

020/97 **<u>Estate safety and compliance</u>**

This review was amber/red rated which was in alignment with management expectations having been preceded by a Capitec audit that identified serious control issues. A number of high priority recommendations came out of this audit.

A key recommendation from the IA review was to undertake a root cause analysis following on from the Capitec audit. The CFO updated that a verbal analysis had taken place but had not been recorded or reported to the Board in a timely manner. The Committee stressed the importance of having this analysis completed and appropriately recorded.

Another high priority recommendation was around the completeness of asset monitoring. The validation of the asset register was progressing. The register included photos of the asset and their assigned numbers. The photos gave an idea of the condition of the asset. The governance around the upgrade or replacement of medical equipment was fairly robust and made through the Medical Equipment Committee however, the assurance framework for estates equipment was not as transparent and needs to be addressed.

The Committee noted the historical neglect of the management and under-resourcing of the Trust's estate function and the limited management support of junior staff. A Site Capital and Finance Director had recently been appointed but further resourcing was needed particularly within Capital.

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There was a discussion around the frequency of the review of the Trust's Emergency Preparedness and Response strategy. This should be a discussion for the Major Projects Committee.

020/98 Counter Fraud – Proactive private patient review

The Trust has a detailed policy containing extensive guidance on Private Patient treatment, however, this policy was outdated, and was not a reflection of present practice. The proactive IA review considered fraud risks associated with private patient practice such as consultants not declaring gifts and hospitality; inappropriate use of NHS resources for private care; utilising NHS time for private patients work and NHS patients being seen as private patients with a loss of income to the Trust.

A key issue flagged related to a number of patients falsely claiming right to treatment. The Trust requires private patients to pay a deposit ahead of any treatment being provided to lower the risk of payment fraud except where funded by organisations such as embassies. There was a discussion on the high level of debt of a specific embassy and possible actions to recoup payment.

An independent review of the private patient service had been commissioned last autumn and was finalised in March. This found good practice with identifying overseas patients but challenges in settlement of bills. If this was a routine occurrence, the reporting of lost income should come to the Financial and Commercial Committee.

The private patient service had been temporarily suspended due to the Covid-19 response and there was as yet no timescale confirmed for its resumption.

020/99 External Audit

Letter to governance leads – The Committee noted the letter from Deloitte on the KFM audit to those charged with governance.

Subsidiary audits progress updates - The subsidiary audits had been completed. The limitation of scope due to stock count was noted. The KCH audit was ongoing and was awaiting the finalisation of the tax computation to complete the audit. The auditors were awaiting the assessment and valuation of the PIC loan. If received on time, the audit would be finalised by the end of September but if delayed a November completion date was likely.

4. RISK AND RISK MANAGEMENT

020/100 Risk Management Implementation Plan update

The Executive Director, Integrated Governance highlighted the key issues of the implementation plan update. The resourcing of the risk function was a long standing issue and had been addressed in the KPMG review. There were 782 open risks recorded on Datix but the quality of the entries had yet to be validated. There was limited awareness by teams of which risks were appropriate for the register. A number of risks had been closed without appropriate governance and this would be discussed at the Risk and Governance Committee.

Risk management training remained a priority and was underway. Mandatory e-learning needs to roll out Trust wide, to support the embedding of risk management as business as usual in the Trust.

Item	Subject	Action

The Committee heard that the decision on resourcing would be discussed at executive level. There were competing resource needs at the moment but a collective discussion was needed to address the resource gaps so as not to repeat the issues faced within the Capital and Estates function. Performance management was another key area that needed to be addressed.

Given the strong overlap of risk management capability and incident management, the Committee proposed that these be addressed together in the executive response.

The risk management strategy once completed should link into incident management and feed into the BAF. The strategy should be at a granular level depicting how it feeds up the organisation and to the Board.

Action: ED Integrated Governance to bring an update to the Nov AC

020/101 Board Assurance Framework (BAF)

The Trust Secretary presented this update. This iteration has been updated to reflect the risks to the Trust's objectives but remains a work in progress. There was a Board development session planned for 15 October and the hope is to have the BAF on the agenda.

The Committee noted the importance of the BAF in driving discussion at the Committee and proposed a more active approach be taken to progress this tool. This could take the form of proactive engagement with relevant staff in the care groups and at executive level to identify key risks. Ongoing horizon and internal scanning as well as engaging with the incident reports would also support the identification of risks. These findings could then be collated for Board engagement and prioritisation.

Prof Cohen commented that a "post-COVID" world may not be a reality for some time and questioned its inclusion in the BAF and further proposed including research and education as an integral part of the framework

Action: The BAF will be further progressed after the October Board session and at the Nov AC the BAF will be reviewed and we will have a deep dive on 2/3 key risks, to be presented by the risk owners **Trust Sec**

FINANCE REPORTS

The Director of Financial Operations updated the Committee on these reports

020/102 Finance Metrics to July 2020

The Committee noted the report. The high level of manual processing was flagged. The implementation of the Finance and Pharmacy systems should reduce manual processing of invoices and thereby mitigate against errors. There needed to be better enforcement of the Trust's no PO no Pay policy as compliance had fallen.

The high level of aged debtors meant the Trust was not adequately recovering cash it's owed. The Committee discussed debt owed by the one embassy and agreed the need for to actively focus on recouping payment from overseas clients.

020/103 New Accounting System

The Committee noted the update. The Trust relies on two separate financial system to carry out financial operations, neither of which are fit for purpose. An alternative system

Item	Subject	Action

was identified as part of an existing consortium. The new system (Oracle) should go live on 1st October.

The project board has been addressing any identified risks to implementation to manage these before the go live date. Internal Audit was part of the project board team and supported the risk identification and assurance process. The biggest assurance required was the Trust's ability to order and pay suppliers without business interruption. Ahead of go live, staff would need to be trained and costs and expense codes amended. Oracle is a well-established system and used by a number of Trusts which provided some assurance. Internal behaviour change would need to be managed.

KCS/KCH Management would also be implementing oracle which would support better alignment when preparing accounts. .The Committee received assurance that future systems would be compatible and able to interface with oracle.

GOVERNANCE REPORTS

020/104 Standing Financial Instructions

The updates to the SFIs had been discussed at the Risk and Governance Committee and was at the Audit Committee for review before approval by the Board. Key updates included:

- Authorisation limits for procurement processes. This is aligned to a change in the approval hierarchy for the Trust's new finance system which is due to be implemented in October 2020.
- It has been noted that under current processes POs are often raised in response to individual invoices, rather than covering the agreed annual value of a service. In this case, the value approved is not seen at the appropriate level of authority within the organisation.
- Previously, no provision had been made for credit cards in the SFI. The Covid response amplified this gap. Credit card instructions along with the appropriate level of spend and responsible officer(s) was added to the SFIs.
- Specific additional guidance on the application of financial controls within Research and Development was also included, and specific delegation setting out ordering of pharmacy goods on the pharmacy system was proposed.

020/105 Waivers update

The Committee noted the report and proposed adding a trend line to the report going forward. The Committee queried the £1m waiver for Healthshare Ltd and heard that this was an independent provider of endoscopy services near the PRUH.

020/106 The Committee noted the other governance reports:

- 20/21 Workplan
- Terms of Reference
- Business of other Committees

020/107 Any other business

The frequency of the Trusts' major incident review was queried and the Committee heard that a review of the COVID response including lessons learnt would be reported to the October QPPC. The Committee proposed this report also be presented to both the Audit Committee and the Trust Board.

Item	Subject	Action
	There would be an offline update on the Trust's approach to disseminating the learning and lessons learnt from the COVID response review.	
020/108	**Date of next meeting** The next meeting was scheduled for Thursday 19 November, 2020, 9am via MS Teams.	