NHS
King's College Hospital
NHS Foundation Trust

AGENDA

Meeting	Board of Directors
Time of meeting	09:30 – 11:30
Date of meeting	Thursday 29 September 2022
Meeting Room	The Board Room, Hambleden Wing, Denmark Hill

No	Agenda item	Lead	Format	Purpose	Time
	STANDING ITEMS				
1	Apologies for absence	Chair	Verbal	Information	**09.30**
2	Declarations of Interest	Chair	Verbal	Information	
3	Chair's Actions	Chair	Verbal	Approval	
4	Minutes of the Meeting held 16 June 2022	Chair	Enclosure	Approval	
5	Patient Story	Chief Nurse	Verbal	Discussion	**09.35**
	PERFORMANCE & STRATEGY				
6	Report from the Chief Executive	Chief Executive	Enclosure	Discussion	**09.55**
6.1	Integrated Performance Report	Site CEOs	Enclosure	Assurance	
6.2	Finance Performance Report	Chief Finance Officer	Enclosure	Assurance	
	QUALITY & SAFETY				
7	Freedom to Speak Up Annual Report	Chief Nurse	Enclosure	Assurance	**10.35**
8	Safe Nurse Staffing Report	Chief Nurse	Enclosure	Assurance	**10.55**
	GOVERNANCE & ASSURANCE				
9	Board Assurance Framework – Q1	Acting Dir of Corporate Affairs	Enclosure	Approval	**11.15**
10	Council of Governors' Update	Lead Governor	Verbal	Information	**11.20**
Items for information– not scheduled for discussion unless notified in advance					
11	Safeguarding Children Annual Report 2021/2	Chief Nurse	Enc	Assurance	
12	Infection Prevention and Control (HCAI) Annual Report 2021/2	Chief Nurse	Enc	Assurance	
14	Board Committee – Highlight Reports	Committee Chairs	Enclosure	Assurance	
	OTHER				
15	Any other business	Chair	Verbal	Information	**11.25**
	DATE OF NEXT MEETING				
16	**The next public Trust Board meeting will be held on Thursday 08 December 2022 at 15:30**				

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

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

Tab 4 Minutes of the meeting held on 16th of June 2022

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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 16 June 2022, by MS Teams.

Members:

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

In attendance:

Siobhan Coldwell	Associate Director, Corporate Governance (minutes)
Funmi Onamusi	Director of Equality, Diversity and Inclusion
Chris Rolfe	Director of Communications
Sophie Whelan	Director of Corporate Affairs
Debbie Hutchinson	Director of Nursing (PRUH and South Sites)
Mr Ranjeev Bhangoo	Clinical Director, Neurosciences
Tracey MacCormack	Director of Midwifery
Dr Lisa Long	Deputy Clinical Director (Women's Health)
Members of the Council of Governors	
Members of the Public	

Apologies:

Prof Richard Trembath	Non-Executive Director
Steve Weiner	Non-Executive Director

Subject	**Action**

022/015 **Welcome and apologies**

Apologies for absence were received from Prof Richard Trembath and Steve Weiner.

022/016 **Declarations of Interest**

None.

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King's College Hospital NHS

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Subject	**Action**

022/017 **Chair's Actions**

There were no Chair's Actions to report.

022/018 **Minutes of the last meeting**

The minutes of the meeting held on 10th March 2022 were agreed.

022/019 **Staff Story**

Mark Preston, Chief People Officer, introduced Debbie Hutchinson and Mr Ranjeev Bhangoo. Ms Hutchinson and Mr Bhangoo spoke about their and their teams' experience of working through COVID-19 and how it changed over successive waves. Teams rose to the challenge of treating a new and unknown disease with new ways of working and also managed to delivery core specialty services. Both speakers described the impact of repeated waves on their staff and the importance of caring for colleagues.

The Chief Executive thanked them for their presentations and for the contribution they and their teams made during a difficult time, particularly as many staff had to balance their personal family commitments alongside responding to a new, unknown and devastating pandemic. The speed, skill, enthusiasm and commitment with which clinical colleagues moved to new ways of working was impressive. He reflected that the Board needs to recognise the impact of COVID-19 is still being felt and for many staff it has been very challenging. The Chair concluded the discussion by recognising the massive contribution staff made to protecting the local population. They put themselves at risk and made all efforts to ensure that treatment and research continued as far as possible. The Board recognised that the response came at a cost and that it was important that the Board bears witness to the lived experience of staff.

022/020 **The Report from the Chief Executive (including the Integrated Performance Report and the Finance Report)**

The Board received a report from the Chief Executive, which highlighted a number of key developments since the Board last met. Professor Kay noted the pressures on the NHS were significant and KCH was no different. Urgent care activity had been higher than anticipated as had COVID numbers.

The Board noted there had been two "never events" since the Board met. One involved a retained swab and the second involved a misplaced naso-gastric tube. Both are being investigated fully. Preparations are underway to implement the new patient safety incident review framework. Complaints performance has stabilised, with a focus on overdue complaints. A new head of service has been recruited. Other work includes ensuring the patient voice is heard and working with the EDI team to be more responsive to diversity issues. The Board noted the CQC had carried out an unannounced inspection of dental services and their report made no mandatory recommendations.

In respect of operational performance, the Board heard that attendances to the Trust's emergency departments have been at record levels which has been difficult to manage. COVID-19 levels have remained relatively high, and there have been high levels of COVID-19 related staff absence. The Board received assurance that the Trust was prepared for the planned train and tube strikes. Contingency plans are in place with partners and the impact on staff had been assessed. Hotel accommodation was being secured where needed. The Trust is encouraging patients to attend

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appointments if they can, but will reschedule if this is not possible. In respect of Monkeypox, the Trust has seen a small number of cases.

Ambulance handovers are monitored on a daily basis. The PRUH had been very challenged but was one of the most improved sites in London in recent weeks. There were 4-6 ambulances waiting over 30 minutes on most days, but there was confidence that pressures are being managed across the system.

In respect of planned care, there are approximately 81k patients waiting for treatment. This is an increase of c5k since Feb 2022. Fourteen thousand patients are waiting for an operation. Over 95% this cohort have been clinically assessed and prioritised in line with clinical need. Year to date from April 2022, the Trust is meeting its elective trajectory, although is slightly behind on inpatient activity. There has been a single 104 week breach, but this patient has now been scheduled.

The Board noted that the Acute Provider Collaborative (APC) continues to mature, particularly in respect of collaboration on elective recovery. The Integrated Care Board will become statutory on 1st July and partner member appointments have been confirmed.

In relation to cancer, the Trust is exceeding the two week referral target and meeting the 28 day target. However, 62 day performance is subject to enhanced oversight at Executive level as it is below target and has been for some time.

The Board discussed the increase in ED numbers and whether similar patterns were being seen elsewhere. The reasons for the increase are multi-factorial and include access to primary care. The Integrated Care System (ICS) is focused on addressing access, to reduce pressure on EDs across the system and a new national Director of Primary Care has been appointed at NHSI/E. The Trust is also working with colleagues at South London and the Maudsley and the Metropolitan Police to develop alternative pathways for patients with mental health and behavioural issues.

The Board discussed ambulance handover and concerns about data validation. The Board agreed that a detailed report outlining the issues and the impact on Trust performance should be considered by the next Quality, People and Performance Committee. The Board noted that performance is monitored on a daily basis and it is important that the Trust makes every effort to ensure ambulances are kept in circulation.

Site CEOs

In respect of financial performance, the Trust reported a small surplus in 2021/22 and delivered capital budget of £90m including investment in a new electronic patient record programme (EPIC). The annual audit is under way but no significant changes are expected. The value for money (VFM) element of the audit has been completed and the outcome was positive, with no key recommendations. A number of areas for improvement have been identified and these have been accepted by the Audit Committee. The 2021/22 Head of Internal Audit Opinion is "significant assurance with minor improvements needed" which is an improvement on the previous year, and is the first time the Trust has achieved an 'amber/green' rating in 10 years.

The Board has agreed a balanced but stretching 2022/23 financial plan. On the capital plan, the Board welcomed an external funding award to expand neo-natal intensive care units on both sites.

The Chief People Officer highlighted three issues to the Board. The People and Culture Plan has been launched. The plan aims to move to a more empowered and engaged staffing model that supports staff to realise their career ambitions and supports staff wellbeing. The Executive is keen that staff are involved in the delivery The Trust is very aware of the cost of living crisis on staff and has reviewed its offer to

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staff. A number of changes are being made. The exercise has been a co-production with staff. The Trust is also the Charity to develop additional support. The Trust has been shortlisted for two HPMA awards, for the thank you campaign and in relation to an e-rostering programme.

The Director of Equality Diversity and Inclusion highlighted the launch of the EDI Roadmap to Inclusion in May. There was good Board Member support during the launch and good engagement with staff, patients and community. The staff networks have grown significantly over the past year and they are increasingly being used as a route to raise concerns.

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

Annual Staff Survey 2021

The Board considered the results of the 2021 Staff Survey. The survey was conducted in the October/November 2021 and the results were received in March 2021. The Trust response rate was 38% which compares poorly to other London/Shelford Trusts. The survey measures the NHS People Commitment, engagement and morale.

The Trust engagement score has fallen slightly albeit less than in other Trusts. This reflects the impact of COVID-19 and underlines the need for the recently launched people and culture plan. More generally, the Trust's results do not compare well except for learning. The Workforce Race Equality Scheme scores have improved, which provides a good starting point for the Roadmap. Workforce Disability Scheme scores are more mixed and more thought is needed about how to improve this.

All care groups and teams have been asked to identify priorities for their team and plans are being worked through. There will be a Brilliant People week in September, highlighting achievements. A number of corporate actions are in place including improving support for staff with musculoskeletal problems. Targeted analysis is also underway understand low response rates, with a view to driving improved response rates over coming years. Staff need confidence that that the Trust is taking the survey results seriously and acting on them. A new People and Culture is in place, with staff involvement that will provide feedback on effectiveness of initiatives.

The Board **NOTED** the report and endorsed the approach being taken to deliver improvements in partnership with staff.

022/021   **Maternity Services - Ockenden Recommendations and Maternity Staffing**

The Board received a presentation from the Chief Nurse and Executive Director of Midwifery, which outlined how the Trust has responded to the recommendations made in the Ockenden Report (published Dec 2020) and how the Trust complies with the NHS Resolution CNST framework. All maternity services are required to work towards meeting the standards set out in the report.

Sue Slipman commented as the Board's Maternity Champion that there has been significant improvement in governance of maternity services since she assumed the role in 2021.

The Board noted that through QPPC there has been good oversight and the Board can be assured that progress is being made. A Maternal Medicine Network is being established across SEL and is working effectively.

The Board **NOTED** the presentation.

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022/022   Safer Staffing Report

The Board received the quarterly review of nurse staffing levels from the Chief Nurse. Vacancy rates have increased, in part due to an increased establishment. There are a number of areas with a vacancy rate of over 20%, including Paediatrics. A number of learning events are being held to understand why turnover has increased. The Trust is concerned but 60 Newly Qualified nurses will be starting in September as well as 122 international nurses.

The Board **NOTED** the report, particularly the emerging paediatric issues.

022/023   Annual Complaints Report

The Board considered the Annual Complaints Report 2021/2, noting the year had been challenging. There is recognition that a refreshed approach is needed. There has been a significant increase in PALs inquires and additional support has been recruited. The levels of in-patient concerns at the Denmark Hill site have decreased. This is through to be an indication that the outstanding care programme has been successful, Outpatient and ED complaints have increased marginally compared to the previous year. There is more to do at the PRUH, and the outstanding care programme will be used to target areas where complaints are higher. Positively the number of complaints related to ED, outpatients and maternity have decreased at that site. Improving communication is a priority in the quality account for 2022/23, as well as the values and behaviour focus with the people and culture strategy.

The Board discussed the systemic and cultural issues that need to be addressed, noting that the incoming head of complaints will also be refreshing the processes in place. The Board noted that the Chief Nurse has split the function deliberately and is expecting PALS to manage down complaints by proactively promoting early resolution.

The Board **APPROVED** the report.

022/024   Remuneration and Appointments Committee – Terms of Reference

The Board received the revised terms of reference for the Remuneration and Appointments Committee, noting the updated roles and responsibilities particularly in relation to succession planning.

The Board **APPROVED** the revised terms of reference.

022/025   Board Assurance Framework

The Director of Corporate Affairs presented the revised Board Assurance Framework. The key change is the proposed reduction in risk score for recruitment and retention given that Vaccines as a Condition of Deployment is no longer a significant risk.

The Board **APPROVED** the report.

022/026   Report from the Governors

Jane Allberry, Lead Governor, thanked staff on behalf of governors given the challenges they have faced over the past 2 years. The Governors remain concerned about the backlog of elective care and urgent care pressures and, whilst accepting COVID-19 remains a concern, highlighted the importance of good quality communication to patients. Learning from incidents and complaints remains a priority. Governors have discussed the financial challenges facing the Trust and are concerned about the deliverability of the Cost Improvement Programme.

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022/027 **For Information**

The following items were received for information:

- Register of Documents signed under Seal 2021/22
- Committee Highlight Reports:
    - Audit Committee April 2022
    - Finance and Commercial Committee May 2022
    - Quality, People and Performance Committee May 2022
    - Strategy, Research and Partnership May 2022.

022/028 **Any Other Business**

The Chair noted that Sue Slipman will be retiring from the Board in July 2022. Sue has been a Non-Executive Director at King's for 10 years and has been an important point of continuity, as well as being part of the team that has helped King's recover. The Chair thanked her on behalf of the Board, adding that he was grateful for her support as Deputy Chair.

022/029 **Date of the Next Meeting**

3.30pm 15th September 2022

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Tab 6 Report from the Chief Executive

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Meeting:	Board of Directors	Date of meeting:	29th September 2022
Report title:	Report from the Chief Executive	Item:	6
Author:	Siobhan Coldwell	Enclosure:	
Executive sponsor:	Professor Clive Kay, Chief Executive Officer		
Report history:	n/a		

Purpose of the report
This paper outlines the key developments and occurrences since the last Board meeting held on 16th June that the Chief Executive wishes to discuss with the Board of Directors.

Board/ Committee action required (please tick)

Decision/ Approval		Discussion	✓	Assurance	✓	Information	✓

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

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

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

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

Tab 6 Report from the Chief Executive

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Person- centred	Sustainability		
Digitally- enabled	Team King's		

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

Tab 6 Report from the Chief Executive

King's College Hospital NHS Foundation Trust:

Report from the Chief Executive Officer

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2. Patient Safety, Quality Governance, Preventing Future Deaths and Patient Experience

3. Operational Performance

4. Financial Performance (Month 4)

5. Workforce Update

6. Equality, Diversity and Inclusion

7. Board Committee Meetings

8. Good News Stories

Appendix 1 – Consultant Appointments

Tab 6 Report from the Chief Executive

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1   Introduction

1.1   This paper outlines the key developments and occurrences since the last Board meeting on 16th June 2022 that the Chief Executive Officer (CEO) wishes to discuss with the Board of Directors.

1.2   There is no doubt that the summer months have been extremely challenging. Operational demand and activity (both non-elective and elective) has been very high, exacerbated by COVID-19 and the impact of the heatwave. The Trust has continued to work hard to recover its elective position. Demand for urgent and emergency care has been very significant and this continues to impact on our ability to meet the four hour Emergency Care Standard.

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

2   Patient Safety, Quality Governance, Preventing Future Deaths and Patient Experience

Patient Safety

2.1   The new national Patient Safety Incident Response Framework (PSIRF) was published on 16 August 2022. This represents a generational shift in the way the NHS responds to patient safety incidents. NHS England has asked all Trusts to begin the implementation process from September onwards with the aim of completing the transition by Autumn 2023.

2.2   Organisations are required to develop and publish their own patient safety incident response policy and plan. King's already put in place preparatory arrangements to support the transition to PSIRF including the identification of alternative approaches to investigations such as After Action Reviews, thematic analyses and observational studies.

2.3   The Safety Culture preparatory work with Professor Dekker's team occurred in July 2022 with observation of clinical teams and discussions with leaders to understand work done at the '*coal face'.*

2.4   Work continues to support the Care Groups to manage open incidents with a focus on ensuring that patient safety risks are understood and actioned. Weekly Amber Thematic Review Panel meetings are in place to review and make recommendations for action. A Standard Operating Protocol to support the management of Patient Safety Incidents linked to Thematic Reviews has been developed and approved in August 2022.

2.5   The Safety Case Project, supported by the Patient Safety Team, continues with those Care Groups noted to have higher volumes of overdue investigations. This includes PRUH General Medicine and Adult Medicine Care Groups. In Maternity Services work has focussed on a thematic HSIB action plan.

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Quality Governance

2.6   Between July and August 2022, the Trust had 5 unannounced CQC inspections relating to two services (Medicine and Maternity) across three hospital sites. This included:

- Three wards (two medical wards and one Neuro-rehabilitation ward) at Orpington Hospital on 11 July 2022
- Three medical wards at PRUH on 1 August 2022
- Maternity services at Denmark Hill on 1 and 2 August 2022 (with a re-visit on 11 August 2022)
- Maternity services at PRUH on 8 and 9 August 2022.

2.7   Following the inspection at Orpington on 11 July 2022, the CQC published the final inspection report on 9 September 2022. The overall rating of the hospital was downgraded to Requires Improvement, with the 'Caring' domain rated as Inadequate and the 'Safe' domain rated as Requires Improvement. The other CQC domains were not rated in the report. The inspection report is now available for anyone to view, and we shared the inspection report – and our plan for improvement – with staff and key stakeholders.

2.8   The CQC carried out an unannounced focused inspection visit to the medical wards at the PRUH on 1 August 2022. The initial written feedback from the CQC was positive overall. Several areas of good practice were identified including a positive work culture with enthusiastic and caring staff, detailed handovers, good medication management and positive feedback from patients regarding their care and treatment.

2.9   Some areas for improvement were identified in relation to effective communication with patients, infection control and staffing. The Trust expects to receive the draft report from the CQC in due course. A preliminary action plan is being developed to ensure that any immediate risks are managed and that progress is being made ahead of receipt of the report.

2.10   The CQC also carried out a series of unannounced focused inspection visits to Maternity services at DH on 1 and 2 August 2022 and PRUH on 8 and 9 August 2022. The CQC provided initial written feedback following the DH inspection, which included identifying some areas of significant concern and a number of areas for rapid improvement. In response to the CQC's findings, the Trust has created a detailed improvement action plan, and remains in weekly contact with the CQC. The Trust has not received written feedback on PRUH Maternity.

2.11   On 11 August 2022, the CQC Inspectors returned to Maternity Services at DH to assure themselves that the actions described in correspondence were being implemented in practice. No further concerns were raised by the CQC following this visit.

2.12   To ensure we are providing essential standards of care across the organisation, the Trust has launched a new programme called 'Strong Roots, Quality Care'. This programme is designed to ensure staff have the necessary support and information to provide the high quality care we expect for all of our patients.

Preventing Future Deaths (PFD) Reports

2.13   The Trust has received one Preventing Future Deaths report in the preceding quarter. This relates to the care of an 80 year old who received nursing care and support in a residential home. He also attended the diabetic foot clinic on a weekly or fortnightly

Tab 6 Report from the Chief Executive

basis until early 2020 when the frequency of visits became monthly. His wound was not inspected by the visiting GP in April 2020 before LB tested positive for COVID-19. He was eventually admitted to hospital where his wound was found to be necrotic and gangrenous. He was unfit for surgery and died.

The inquest concluded that LB died of mixed natural causes but it could not be determined whether better supervision and management of his wound (if possible), would have led to a different outcome. Whilst no Trust witnesses were called – as may have been expected if there were concerns regarding care provided by King's – the Coroner issued a PFD to the Trust (as well as the GP and care home). The Trust issued its response to the PFD at the end of September.

Patient experience

2.14   Following a period of brief deterioration, performance in relation to the timeliness of complaint responses has improved significantly in the preceding quarter with 151 complaints responded to within a 6-weeks' period.

2.15   The newly introduced Wheelshare scheme celebrated 1,000th free wheelchair hire with one patient describing '*It was such a help in being able to get to the Ward we were visiting and so easy to understand. The provision of this service is a big improvement on how things were previously at King's'*.

2.16   The new patient entertainment portal continues to provide a welcome distraction for our patients. Between April 2022 and June 2022, the system had been accessed 370,073 times by 98,347 unique visitors with an additional 25,068 hours of entertainment provided via 574 loaned devices.

2.17   Working alongside King's College Hospital charity and colleagues in the Estates team, the Patient Experience Team led a patient involvement project to re-design the patient rooms across all children's wards to ensure that the new spaces meeting the needs of our patients and their parents and carers.

3   Operational Performance

3.1   The Trust continues to experience very high levels of demand on its services. During the months of June and July, Covid admissions increased significantly, peaking at 18 patients in critical care beds and a further 226 patients in adult general acute beds on 19th July. In parallel, cumulative A&E attendances (all types) to the end of July are 4.5% higher than the same period of last year. Consequently, general and acute bed occupancy was 97.5% across all Trust beds at the end of July compared to the NHS planning expectation of less than 92%. Similarly, at the end of July, The Foundation Trust had an adult critical care bed occupancy of 92.7% compared to an NHS planning expectation of 80.0%.

Elective Recovery

3.2   As part of ongoing elective recovery plans the Trust has delivered one of the biggest (volume and percentage) reductions in Referral to Treatment (RTT) waits in excess of 52 weeks in England, reducing from 6,812 in the aftermath of Covid Wave 1 to 809 at the end of July. This represents a reduction of 6,003 cases (88.1%).

3.3   The Trust ended July 2022 with only 1 patient exceeding a wait of 104 weeks on an RTT pathway, relating to a paediatric patient with complex social care needs. The Trust was in a position to treat the patient in advance of the 104 week breach date, but the patient's carers exercised their right to patient choice in agreeing a treatment

Tab 6 Report from the Chief Executive

date in August. Outside of this single instance of patient choice, the Trust has eliminated 104 week breaches and is on course to sustain this position throughout 22/23.

3.4 In addition to achieving the 104 week eradication milestone by the end of June 2022, the Trust is on course to deliver the eradication of patients waiting longer than 78 weeks by March 2023 and is ahead of the agreed delivery trajectories. However, this is set against increasing referral rates and growth in the <52 week element of the RTT waiting list. Set against sustained urgent care pressure, maintaining delivery of elective recovery targets represents a significant ongoing operational challenge through the second half of 22/23.

3.5 Diagnostic delivery continues to improve, with the Trust reporting a position of 5.06% at the end of July versus the target of <1%. This reflects a 7.25% improvement on the peak position of 12.31% reported in Aug-21. Recovery challenges are predominantly limited to Echocardiography and Radiology modalities and robust recovery plans are in place. These plans are being closely scrutinised by the King's Executive. Linked to the improvement in diagnostic access times the Trust is exceeding agreed Cancer treatment volumes, and is on course to deliver cancer backlog reduction expectations set by NHSI/E.

3.6 2022/23 funding of elective recovery is dependent on delivery of higher that 2019/20 baseline volume via a mechanism known as the Elective Recovery Fund (ERF). Compared to other he Trusts, King's benchmarks amongst the highest percentages of elective activity levels versus 19/20, with internal tracking showing a cumulative achievement of 100.5% at the end of July. The ERF mechanism is very complex and baselines volumes/values and assessment mechanisms are still being determined by the NHSI/E national team. The Trust continues to work proactively with the national team to ensure necessary adjustments to the 19/20 baseline are reflected in the assessment methodology to reflect activities (and associated values) that the Trust cannot replicate in 22/23 i.e. activity previously delivered via outsourcing contracts, change to counting and coding etc. Subject to the agreement of baseline adjustments, Trust compliance would increase by between 1 and 3%.

Urgent & Emergency Care

3.7 Set against the sustained attendance demand outlined above, compliance against the 4 hour Emergency Care Standard for patients to be admitted, transferred or discharged within 4 hours of arrival at A&E was 58.27% for the month of July. In the last week of July 2022, 65 ambulance handovers were delayed by more than 60 minutes which is below the average weekly number of 68 breaches for the previous 4 weeks. In the same period 206 ambulance delays of between 30-60 minutes occurred which is also below the weekly average for the previous 4 weeks. Over the course of the summer, robust escalation processes have been established to ensure that any ambulance handover delays are both minimised, and resolved as quickly as possible.

3.8 Alongside South East London provider partners Guy's and St Thomas' NHS Foundation Trust, and Lewisham and Greenwich NHS Trust, KCH experiences ongoing challenges in the discharge of patients who no longer met criteria to reside (LOS 14+ days). The July 4 week average was 13.5% of acute beds occupied, of whom 69.8% of patients are waiting for a nursing home or community hospital/rehabilitation bed. The Trust has a well-developed action plan for improvement and continues to work proactively with wider health and social care partners to improve timely discharge from hospital.

Tab 6 Report from the Chief Executive

4   Financial Performance (Month 4)

4.1   As at month 4, the Trust has reported a year to date deficit of £19.6m against a breakeven plan.

4.2   The Trust plan includes £35m of cost improvement (£23.3m pay and £11.7m non-pay) and £20m of income improvement above block contracts. These improvement plans are included on a flat-phased basis in the plan (£4.5m a month) but delivery is likely to be back-weighted. In order to deliver the updated breakeven plan for the year (previously a £52m deficit), it is important that the Trust now starts to deliver these improvement targets.

4.3   The King's plan, in line with national assumptions for minimal COVID-19, assumed for 50 COVID-19 beds and normalised staff sickness. As highlighted above, during the last three months King's has had on average more than 200 COVID-19 inpatients, as well as 30 additional beds out of action due to the Infection Prevention and Control (IPC) requirements relating to these patients, and staff sickness absence which is 3% above anticipated levels. Not only has this resulted in significant incremental costs, but also hampered the Trust's ability to over perform on ERF. At month 4 it is estimated the direct impact of excess COVID-19 patients is c£10m.

4.4   The Trust has identified £31.5m of schemes against the £55m Cost Improvement Programme (CIP) target. Only £17.8m of these savings are assessed to be fully deliverable, and currently the £31.5m is divided as £13.3m recurrent and £18.2m non-recurrent.

4.5   The month end Trust Cash balance at 31 July 2022 was £67m. The reducing cash balance from December 2021 is primarily due to the payment of trade creditors to improve the Trust's performance against the Better Payment Practice Code.

4.6   Cash balances are forecast to continue to decrease over the next 3 months and the Trust is in discussions with NHSEI around both capital and revenue cash funding going forward.

4.7   The expectation is that the Trust maintains a minimum cash balance of £3m. Due to timing of receipts and payments, actual balances will fluctuate throughout the month.

Tab 6 Report from the Chief Executive

5   Workforce Update

King's Annual Star Awards

5.1   The Trust's annual Star Awards ceremony will take place on 24 November 2022. This is the first time we have been able to hold the event in three years. I am very much looking forward to recognising and celebrating the achievements of our brilliant people.

5.2   There are ten staff awards categories, seven with a focus on our values and BOLD strategy, a Chairman's award and a Chief Executive's award, and one category which will be voted on by the public. The nominations opened on 15 August and close on 16 September. To date, there has been a tremendous response in terms of nominations.

In House Bank

5.3   The Trust's new in-house Staff Bank went 'live' on 8 August for junior doctors. Other medical grades were added on 22 August. Other staff groups will be moved across on 26 September. We have partnered with a company called Patchwork to provide the technology platform.

5.4   Bringing the Staff Bank in house is a significant development for the Trust. It will allow the Foundation Trust greater flexibility with our bank bookings, we will increase our fill rates and the new technology will improve the experience of both bank workers and managers.

2022/23 National Pay Award

5.5   The Government have accepted the recommendations of the national pay review bodies for the 2022/23 pay awards. For staff employed on Agenda for Change Terms and Conditions, they will receive a minimum uplift of £1,400 per annum. The lowest pay bands will receive the biggest percentage increases. There have been some adjustments to the £1,400 payment for staff in Band 6 and Band 7 to ensure they receive a minimum increase of 4%. Doctors and Dentists whose pay is not already subject to a multi-year pay deal, will receive a 4.5% increase.

5.6   All salary increases will be consolidated and pensionable and will be backdated to 1 April 2022. The FT expects to implement the pay award with back pay in the September 2022 pay run.

Recruitment

5.7   The Trust continues with extensive recruitment locally, nationally and internationally. Our vacancy rate has reduced from 16.35% in April to 15.42% in July. There have been 814 new starters during this period. The Trust headcount has increased significantly from 13,485 in July 2021 to 13,722 in July 2022, (an increase of 237 posts). The Trust's establishment has increased over this period from 14,779 to 15,375, (an increase of 596). Whilst recruitment remains positive, voluntary turnover has increased from 11.5% to 15.2% (July 2021 to July 2022).

5.8   Two King's recruitment initiatives have been shortlisted as finalists for awards. The 'Thank You' recruitment campaign has been shortlisted in the HPMA Awards for the HST Talent Acquisition Strategy of the Year category. In partnership with Resource Solutions, the Trust has been shortlisted for the Personnel Today Awards in the Innovation in Recruitment category for its Inclusivity Audit.

Tab 6 Report from the Chief Executive

Monkey Pox

5.9 The first recorded case of Monkey Pox exposure to Trust staff occurred on 27 May 2022. Eleven staff were contact-assessed by Occupational Health. All staff were referred for vaccination and required to isolate in line with national guidance.

5.10 The Occupational Health Team has to date contact-assessed 244 staff who have had significant exposure to patients with confirmed diagnoses of Monkey Pox or symptoms associated with the virus and is later confirmed.

5.11 19 staff assessed by Occupational Health have had to isolate from work for 21 days and undertake "active monitoring" of symptoms through the Occupational Health Team via email or telephone contact. A further 75 staff have continued to work on site and have been subject to "passive monitoring" which allows staff to self-monitor and report symptoms.

5.12 Four members of staff have received a confirmed Monkey Pox diagnosis and were required to isolate from the workplace for 21 days.

5.13 50 Trust staff members who were significantly exposed to Monkey Pox were referred for Post Exposure Vaccination at Guy's & St. Thomas' Hospital and were given the first of two doses of Imvanex Monkey Pox Vaccine.

5.14 66 staff members who work within our Sexual Health Clinics have been vaccinated due to their higher exposure risk.

5.15 There is now a limited number of vaccines for the London region. A new allocation will be made available in September.

Influenza and COVID-19 Vaccinations

5.16 We anticipate that we will be able to offer staff the annual influenza and second COVID-19 booster from late September. We expect staff will be able to choose to have the vaccines administered separately or together. Access will be through a combination of vaccinations clinics, pop up clinics and roaming vaccinators as per last year.

Staff Health and Wellbeing

5.17 The permanent wellbeing hub at Orpington Hospital opened on 19 August. I was delighted to join Gareth Bacon MP who formally opened the hub. We plan to open the PRUH hub by the end of the year. The Denmark Hill hub opened in June and has been very well received by staff.

5.18 The Trust Charity has generously supported the procurement of five Smart Fridges. These will provide nutritious, hot and cold food 24 hours per day at affordable prices for our staff. Feedback from the pilot in ED has been very positive.

5.19 We are taking a number of steps to support staff through the rising cost of living. The Foundation Trust already enables people to access a range of savings opportunities through their employment with King's, including supermarket reductions and salary sacrifice schemes for cars and bicycles. We have continued to build on, and expand, our range of financial well-being benefits. We have held a number of well-received webinars to promote our financial wellbeing package. We will continue to promote our offer through our internal communications and wellbeing hubs.

Tab 6 Report from the Chief Executive

NHS
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5.20   We are introducing a scheme that will give substantive staff and bank staff flexible access to their earnings including same day payments for bank shifts.

5.21   The Trust has recently been accredited as a Living Wage Employer. We will communicate our accreditation during the next *Brilliant People Week* in September.

Learning and Organisational Development

5.22   We have maintained our performance against the 90% target for core skills compliance. Our compliance rate is currently 91.09% (August 2022). Our current completion rate for non-medical appraisals is 88%, against a 90% target.

5.23   In June, we launched our new King's Kaleidoscope learning and development offer to staff. This includes a number of new work-based learning programmes and our King's Leaders suite of programmes. Cohort one of our first King's Leaders programme 'Essentials' commenced in July 2022. Cohort 1 of our 'Inspire' programme starts in September 2022. In addition we have a new pathway for senior leaders to access executive coaching. *Leadership Live* - our online leadership development offer for our senior leaders was communicated in July 2022.

5.24   Nominations for the King's Ambassador Scheme, our new staff advocacy scheme, opened in July with the scheme due to be formally launched in September 2022.

5.25   On 22nd August 2022, we announced the new King's Admin Professionals Network, to support staff in our admin and clerical workforce. More than 100 staff signed up in the two days following the launch.

5.26   We recently celebrated the graduation ceremonies for our Project Search interns at the PRUH and Denmark Hill. Our first year of the Project Search Programme has been incredibly successful for the Trust and the interns. We have already secured an expanded second year of cohorts across both sites. I am absolutely delighted that King's is supporting this wonderful initiative to provide support and mentorship for young adults with learning disabilities and autism.

5.27   The OD team is working closely with the care group leadership teams. This has included facilitating the Clinical Directors' Forum and holding diagnostic sessions in June and July with the heads of nursing and the general managers to scope development needs. A range of targeted interventions have been commissioned by seven care groups, to help deliver strategic priorities and respond to regulatory scrutiny.

6   Equality, Diversity and Inclusion

6.1   This report outlines how we are implementing the King's Roadmap to Inclusion which will ensure we turn our ambitions into real, meaningful improvements for colleagues, patients, and everyone connected to King's.

Developing our culture and skill

6.2   We ratified and published the Trust's first 'Supporting Trans and Non-Binary Staff' policy. The policy was developed in response to calls from our LGBTQ+ staff and was informed by a high level of consultation with internal and external stakeholders. The policy aims to reduce incidents of bullying, harassment and discrimination for staff who identify as Trans or non-binary.

6.3   We evaluated the experiences of lesbian, gay, bisexual, transgender and/or queer staff via the recently launched NHS Rainbow Badge Assessment. The audit evaluated

Tab 6 Report from the Chief Executive

five areas, King's overall score was therefore 45/166 and regarded as an "initial stage". An action plan is being adopted via the Assessment to achieve an overall bronze, silver or gold score. Key aspects of the action plan include:

- · Improving our policies to reduce homophobic, biphobia and transphobic discrimination
- · Providing staff with additional training and resources to build confidence
- · Implement specific recommendations for Care Groups to improve patient experience

6.4 An exhibition called "Mile in My Shoes" took place at Denmark Hill for one week. Visitors swapped footwear and walked in someone else's shoes, whilst listening to the previous owner's life story via headphones, which contained diverse stories from across the NHS. 500 to 700 staff and patients spent time listening which had the "profound effect of connecting people with our shared humanity, building understanding and empathy." (We were unable to run a parallel event at PRUH as planned, due to the car park renovation).

6.5 Our Roadmap to Inclusion states King's should formally embed EDI standards in all aspects of our core business from clinical service delivery, strategy and policy development and recruitment.

6.6 To help achieve that, King's partnered with Resource Solutions, to carry out an inclusive recruitment audit who have proposed 26 recommendations for King's to adopt in order to widen talent pipelines, improve equal opportunities and reduce the disparity of BME and Disabled applicants not being appointed from shortlisting which the EDI and Recruitment teams are currently working through.

6.7 The project has been shortlisted for the "Innovation in Recruitment" Award at Personnel Today Awards 2022.

6.8 We completed our self-assessment and therefore re-accredited King's as a Disability Confident Level 2 employer. The scheme was created by the Department of Work and Pensions in 2018 and aligns to two main themes: (a) Getting the right people for your business (b) Keeping and developing your people. Our re-accreditation is valid for another three years.

6.9 As part of our commitment to strengthen and grow diversity networks, the EDI team have also supported: career development sessions for the BME network (534 members), Interfaith & Belief network launch scheduled for September (148 members), Disability History Month preparation in November for King's Able (100 members), trans awareness training for King's & Queers (588 members) and the first themed Network meeting on the gender pay gap for the Women's Network (541 members). Total diversity network membership therefore now stands at 1,911 which is an increase of 255 since our last report in June.

Becoming an Anchor/Community Partnerships

6.10 We supported the implementation of a 'Wellbeing and Work' programme at the Marcus Lipton Youth Centre, which is local to the DH site. A Consultant Dermatologist supported participant's learning and provided an overview of potential career opportunities in the NHS in line with the Widening Participation agenda. Collaboration on the project has created a new community link that will be utilised to support the delivery of our Roadmap to Inclusion projects, as well as empowering local young people to consider a potential career at King's.

Tab 6 Report from the Chief Executive

NHS
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Tackling Health Inequalities

6.11 We completed an Equality Risk Assessment, which aimed to assess disparity in access to bereavement services for patients from diverse ethnic backgrounds. We did this through a data collection exercise with the Bereavement Team, and engagement with hospices in the locality. The exercise allowed us to develop an action plan, aimed at continuing to develop our understanding of barriers to access, which will involve engagement with local community groups and representative Voluntary Community Social Enterprise (VCSE) organisations.

6.12 We worked with the Strategy Team to write and submit a proposal for a Trust-wide Health Inequalities programme to King's Executive, which set out four key workstreams that are aligned to our BOLD priorities. Once approved, the proposal will provide a delivery framework, through which we will be able to ensure high levels of impact and reduce health inequalities for our diverse local communities. - We published the first Trust's Equality Delivery System (EDS) 2 report on the EDI Reporting section of the Trust website since 2017. The mandatory report sets out the assessment of our progress against 18 health inequality criteria, as well as our improvement plans across each domain. Additionally, we produced a project plan for the completion of EDS3, the refreshed version of the EDS, which will commence in September.

Our Next Steps

6.13 This section of the report showcases some of our key activities and projects from the Roadmap to Inclusion for the next reporting quarter of September to November 2022:

Developing our culture and skills

6.14 We will officially launch the Interfaith and Belief Network. The Network will become our fifth staff Diversity Network, and will support the development of inclusive practices for those of different religions and beliefs. The Network will also support the EDI Team to celebrate the diverse range of beliefs of our staff and patients, on key dates identified in our Inclusion Calendar.

6.15 We will launch a reciprocal mentoring programme that will enable staff to learn about the lived experiences of colleagues from different protected characteristics regardless of background, staff role/band or department. The program will be online with automatic matching based on mentee and mentor preferences.

6.16 We will evaluate our 2021/2022 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data. The data will include workforce metrics such as: representation, recruitment and disciplinary as well as a number of staff survey metrics such as: equal opportunities, bullying, harassment and discrimination.

6.17 We will accredit up to 15 members of staff with a Cultural Intelligence (CQ) accreditation which will enable equip them to upskill other members of staff with tools and skills necessary to thrive in culturally diverse environments.

6.18 We will create events, resources and communications to ensure belonging and psychological safety for staff by marking dates such as: National Inclusion Week, Black History Month, Disability History Month, International Pronouns Day and International day for the Elimination of Violence against Women.

Tab 6 Report from the Chief Executive

Build community partnerships & be an anchor in the community

6.19 Alongside the Lambeth Public Health Team and KCL, we will recruit the first round of KCH medical students to participate in a local wellbeing hub engagement and evaluation programme. The project aims to increase diversity in research participation, by building links directly between our researchers and the community.

Tackle health inequalities

6.20 Pending approval by King's Executive, we will hold initial meetings of a Health Inequalities Steering Group in the autumn. The Steering Group will be composed of key senior stakeholders including the Chief Nursing Officer, Chief Medical Officer and two Non-Executive Directors. The group will ensure accountability for the agreed programme of work and oversee its delivery.

7 Board Committee Meetings since the last Board of Directors Meeting (16th June 2022)

Audit Committee	28th Jul 2022, 8th Sep 2022
Bromley Committee	28th Jul 2022
Finance and Commercial Committee	14th July 2022
Major Projects Committee	23rd Jun 2022, 8th Sep 2022
Strategy, Research & Partnerships Committee	14th Jul 2022
Quality, People and Performance Committee	21st Jul 2022
Board Development Sessions	30th Jun 2022
Governor Strategy Committee	1st Sep 2022

8 Good News Stories

8.1 **Volunteers' Week**
To mark Volunteers' Week at the beginning of June, the Trust celebrated King's volunteers across all sites. Individual Volunteers were profiled to raise awareness of their roles and to thank them for their commitment to patient care. Volunteer Appreciation events were held at Denmark Hill and the PRUH with tea, cakes, and the awarding of certificates to demonstrate the Trust's gratitude and mark the Volunteers invaluable contributions.

8.2 **Pride month**
The beginning of Pride month was marked by the raising of the Pride flag at Denmark Hill and the PRUH, so helping to champion diversity and inclusion for all of our LGBTQ+ staff and patients. In addition, we continued with our social media campaign #MyRainbowBadgePledge, where staff members across the Trust publicly pledge their commitment to being an LGBTQ+ ally. The month culminated in images of King's staff taking part in the Pride parade in central London.

8.3 **People and Culture Plan**
In June, King's launched the new People and Culture Plan. The plan was shared internally with staff, and externally on our website and social media pages.

Tab 6 Report from the Chief Executive

8.4 **Inside King's**

In July, The Foundation Trust launched the new Trust magazine, *Inside King's*. The quarterly publication, available digitally and in hard copy, is for anyone with an interest in what is happening across King's. Stories in the first issue include the new nursing education and training academy, an update on how the Trust is modernising its estate, details on tackling surgical waiting lists, and the latest research updates.

8.5 **Media Coverage**

Professor Clive Kay joined other hospital CEOs in a HSJ News podcast about COVID-19, and how NHS staff responded. Channel 5 News interviewed Professor Clive Kay, King's CEO; Helen Fletcher, Deputy Director of Nursing; and Dr Bu Hayee, Consultant Gastroenterologist, about elective recovery and staff morale following the pandemic. Jen Watson, Site Director of Nursing (Denmark Hill) was interviewed by ITV London on the steps being taken across the Trust to help keep patients and staff cool during the heatwave. Mr Ranj Bhangoo, Consultant Neurosurgeon, spoke to BBC Radio 4's Today programme about tackling waiting lists, and the impact on staff.

8.6 **Awareness events**

The Trust marked a number of awareness events including World Hepatitis Day, Clean Air Day, World Sickle Cell Day, Red4Research Day, Windrush Day, and Learning Disability Week with photos and quotes from staff across the Trust shared on social media.

8.7 **Communications award nominations**

The Trust has been short-listed in three categories for the NHS Communicate awards organised by NHS Providers. The categories we have been short-listed in are as follows:

- NHS Board Commitment to Communications Award
- Best Use of Digital and Engagement Award (for our Brilliant People video series)
- Promoting Diversity and Inclusion in Communications Award (a new approach to communicating EDI at King's).

Tab 6 Report from the Chief Executive

NHS
King's College Hospital
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AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date
13/01/2022	Consultant Nephrologist	Dr Adam Rumjon	New	4/7/2022
28/01/2022	Consultant in Critical Care	Dr Emma Prower	Replacement	4/7/2022
21/06/2022	Consultant Colorectal and General Surgeon with a special interest in Laparoscopic Surgery	Mr Hasan Al Chalabi	New	20/7/2022
02/12/2021	Consultant Opthalmologist - Emergency Eye Care	Dr Lana Fu	New	3/8/2022
07/12/2021	Consultant in Neuroanaesthesia	Dr Sarah Hart	Replacement	3/8/2022
04/02/2022	Consultant Physician, Rapid Diagnostic Care and Cancer Work Up Interest and Clinical Lead	Dr Srikanth Akunuri	New	17/8/2022
04/02/2022	Consultant Physician, Rapid Diagnostic Care and Cancer Work Up Interest and Clinical Lead	Dr Elisabetta Fabris	New	22/8/2022
07/12/2021	Consultant in Neuroanaesthesia	Dr Emma-Jane Saru	Replacement	24/8/2022
26/07/2022	Consultant in Obstetrics and Gynaecology, with an Interest in Network & Recovery	Dr Prashant Govind Purohit	New	01/09/2022
07/07/2022	Consultant Anaesthetist, Interest in Paediatric Anaethesia	Dr Dominic Peter Douglas Nielsen Dr Natashia Schneider	Replacement	05/12/2022 TBC
14/07/2022	Consultant Anaesthetist, with an Interest in Vascular and Trauma	Dr Dominic Charles O'Connor Dr Kerry Featherstone	Replacement	TBC TBC
04/08/2022	Consultant in Endocrinology and General Internal Medicine	Dr Shemitha Kollikkura Mohamed Rafique	New	TBC

Tab 6 Report from the Chief Executive

8/4/2022	Consultant in Diabetes and Endocrinology	Dr Charmaine Kumari Ilangaratne	New	TBC
09/08/2022	Consultant Diagnostic Neuroradiologist	Dr Berna Aygun	New	TBC
10/08/2022	Consultant Anaesthetist	Dr Samantha Black	New	TBC
10/08/2022	Consultant Obstetrics and Gynaecology, Interest in Urogynaecology	Mr George Araklitis	New	TBC
11/08/2022	Consultant Cellular Pathologist, Interest in Breast, Gastroenterology & Gynaecology	Dr Yasser Moghaddam	Replacement	TBC
18/08/2022	Consultant in Acute and General Medicine	Dr Borja Jesus Tejero Moya	New	TBC
23/08/2022	Consultant in Nuclear Medicine	Dr Manuela Vadrucci	New	TBC
25/08/2022	Consultant Haematologist, with an Interest in Lymphoid Malignancies	Dr Emil Arjun Kumar	New	TBC
Locum Consultant	Locum Consultant Ophthalmologist - Cataract Theatre Back Fill	Mr Sherif Shaarawy	Replacement	1/7/2022
Locum Consultant	Locum Consultant - Allergy	Dr Nisha Verma	New	4/7/2022
Locum Consultant	Locum Consultant in Upper GI and Emergency Surgery	Mr Sri Thrumurthy	New	18/7/2022
Locum Consultant	Locum Consultant in Paediatric Emergency Medicine	Dr Amna Hussain	Replacement	25/7/2022
Locum Consultant	Locum Consultant Cardiologist (Electrophysiology & Devices)	Dr William Eysenck	New	1/8/2022
Locum Consultant	Locum Consultant in Upper GI/Bariatric and Emergency Surgery	Ms Hiba Shanti	Replacement	1/8/2022

Tab 6 Report from the Chief Executive

Locum Consultant	Locum Consultant in Rehabilitation Medicine	Dr Ruairi Connolly	New	1/8/2022
Locum Consultant	Locum Consultant in Paediatric Allergy	Dr Lizanne Noronha	New	8/8/2022
Locum Consultant	Locum Consultant Neuroanaesthetist	Miss Rachel Steele	Replacement	11/8/2022
Locum Consultant	Locum Consultant Dermatologist	Dr Aveen Connolly	Replacement	22/8/2022
Locum Consultant	Locum Consultant Obstetrics & Gynaecology	Dr Ibrahim Elhag	Replacement	22/8/2022
Locum Consultant	Locum Consultant Obstetrician and Gynaecologist	Dr Temenuga Dacheva	New	22/08/2022

Tab 6.1 Integrated Performance Report M4

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

Integrated Performance Report

Month 4 (July) 2022/23

Board Committee

15 September 2022

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Tab 6.1 Integrated Performance Report M4

King's College Hospital **NHS**

NHS Foundation Trust

Report to:	*Board Committee*
Date of meeting:	*15 September 2022*
Subject:	*Integrated Performance Report 2022/23 Month 4 (July)*
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 July 2022 returns.*
- *The report provides a site specific operational performance update on patient access target performance, with a focus on delivery and recovery actions and key risks.*

Action required
- *The Committee is asked to approve the latest available 2022/23 M4 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

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Tab 6.1 Integrated Performance Report M4

King's College Hospital NHS

NHS Foundation Trust

3.   Key implications

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

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Tab 6.1 Integrated Performance Report M4

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Tab 6.1 Integrated Performance Report M4

Executive Summary
2021/22 Month 4

King's

QUALITY

- Summary Hospital Mortality Index (revised to NHS Digital index) has increased to 101.7 – which is above expected index of score of 100.
- **HCAI**:
  - One MRSA bacteraemia case reported in July and the previous case was last reported in May 2022;
  - 6 new VRE bacteraemia cases reported in July and 18 cases reported year to-date.
  - E-Coli bacteraemia: 10 new cases reported in July and 50 cases year to-date which is above the target of 44 cases;
  - 10 new C-difficile cases reported in July and 36 cases year to-date which equals the target of 36 cases.
- FFT inpatient recommendation scores reduced by 0.4% in July to 93.2% and remains below the 96.0% target.
- FFT ED recommendation scores improved by 0.7% to 66.8% but remains below the 86.0% Trust target.

PERFORMANCE

- Trust A&E/ECS compliance reduced from 64.05% in June to 58.27% in July. By Site: DH 52.66% and PRUH 65.23%.
- Cancer:
  - Treatment within 62 days of post-GP referral is not compliant but improved to 66.67% for July (target 85%).
  - Treatment within 62 days following screening service referral is not compliant at 76.36% for July (target 90%).
  - The two-week wait from GP referral standard improved to 96.58% in July and remains compliant with the 93% target.
- Diagnostics: performance improved by 1.25% to 5.06% of patients waiting >6 weeks for diagnostic test in July (target <1%).
- RTT incomplete performance reduced by 1.59% to 72.52% in July (target 92%).
- RTT patients waiting >52 weeks reduced by 39 cases to 809 cases in July, compared to 848 cases in June.
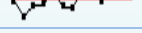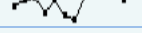
WORKFORCE
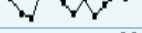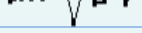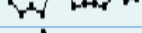
- The Appraisal window for non-medical staff has been extended to the end of August and has reached a compliance level of 78.58%. This represents an improvement compared to the figure reported in the same period last year at 50.06%.
- Sickness absence has increased from 4.77% in June to 5.19% in July.
- There were a total of 2,968 staff off sick during July.
- Although Statutory and Mandatory Training compliance has decreased slightly in July to 90.57%, the target has been achieved for the fourth consecutive month.
- Trust Vacancy rate has increased further to 15.42% in July compared to 15.32% reported in June.
- The Trust voluntary turnover rate is 15.27% in July which represents an increase of 0.42% on June, and is above the internal 14% target.

FINANCE

- Year to date the Trust reports a deficit of -£19.6m which is predominantly driven by CIP non-achievement and incremental costs of reset and recovery, as well as COVID. The Trust plan includes £35m cost improvement (£23.3m pay and £11.7m non-pay) and £20m income improvement above block contracts.
- **Operating Income**: Income is behind the plan due to income relating to incremental ERF (annual figure £10m), Overseas (£5m annual) and Commercial CIP (£5m annual); partly offset by prior year one off benefit on prior year Drugs over performance (£2.7m).
- **Employee Expenses (Pay)**: £4.1m overspend compared to plan is due to under-achieving on CIPs, incremental COVID and reset and recovery.
- **Operating Expenses (Non Pay)**: £12.1m overspend compared to plan is mainly due to underachieving on CIPs and additional pressures including: £5.1m of overspend due to COVID testing which is partially offset by income.

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Tab 6.1 Integrated Performance Report M4

NHSi Dashboard - Strategic Oversight Framework

NHSi Dashboard

Domain	Indicator	Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	
A&E	A&E Waiting times - Types 1 & 3 Depts (Target: > 95%)	56.67%	59.82%	52.66%	57.39%	67.86%	69.58%	65.23%	67.40%	61.57%	64.05%	58.27%	61.79%	
RTT	RTT Incomplete Performance	74.42%	74.78%	73.74%	73.68%	73.94%	72.94%	70.65%	72.31%	74.31%	74.11%	72.52%	73.21%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the lastest month (Feb-21) in this report	2 weeks from referral to first appointment all urgent referrals (Target: > 93%)	95.05%	96.33%	97.34%	94.67%	95.21%	94.44%	95.57%	95.13%	95.11%	95.50%	96.58%	94.85%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: > 93%)					100.00%	88.89%	95.56%	95.05%	100.00%	88.89%	95.56%	95.05%	
	31 days diagnosis to first treatment (Target: >96%)	89.76%	90.45%	93.41%	90.67%	98.31%	91.84%	96.49%	94.26%	92.00%	90.78%	94.22%	91.56%	
	31 days subsequent treatment - Drug (Target: >98%)	96.15%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	96.67%	100.00%	100.00%	96.36%	
	31 days subsequent treatment - Surgery (Target: >98%)	93.75%	82.35%	91.89%	88.24%	100.00%	50.00%	100.00%	66.67%	94.12%	78.95%	92.31%	86.49%	
	62 days GP referral to first treatment (Target: >85%)	51.88%	47.66%	63.77%	54.56%	64.00%	83.08%	70.10%	73.76%	55.74%	59.59%	66.67%	61.18%	
	62 days NHS screening service referral to first treatment (Target: >90%)	81.82%	76.27%	76.60%	75.36%	80.00%	66.67%	75.00%	74.29%	81.48%	75.00%	76.36%	75.20%	
Patient Safety	Clostridium difficile infections (Year End Target: xx)	7	8	10	32	0	2	0	4	7	10	10	36	

A&E 4 Hour Standard
- A&E performance was non-compliant in July at 58.27%, below the national target of 95% and reducing by 5.78% compared to 64.05% performance achieved in June 2022.

Cancer
- The latest interim 62-day performance for patients referred by their GP for first cancer treatment improved by 7.08% from 59.59% reported for June 2022 to 66.67% in July, and below the national target of 85%.

RTT
- RTT performance is validated at 72.52% for July which is a reduction of 1.59% compared to 74.11% performance achieved in June.

C-difficile
- There were 10 Trust attributed cases of C-Difficile in July 2022 and 36 cases year to-date which equals the target of 36 cases for the month.

Tab 6.1 Integrated Performance Report M4

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

King's

RTT Incomplete Pathways
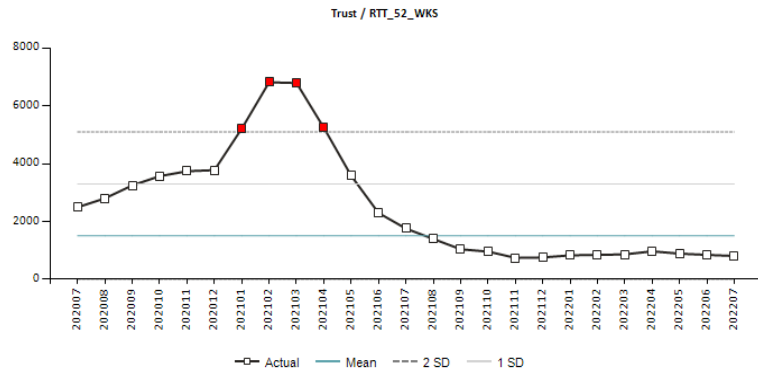
Cancer: 62 day standard
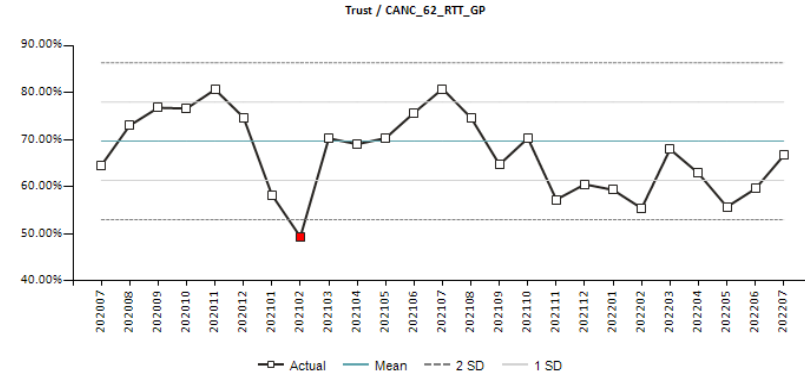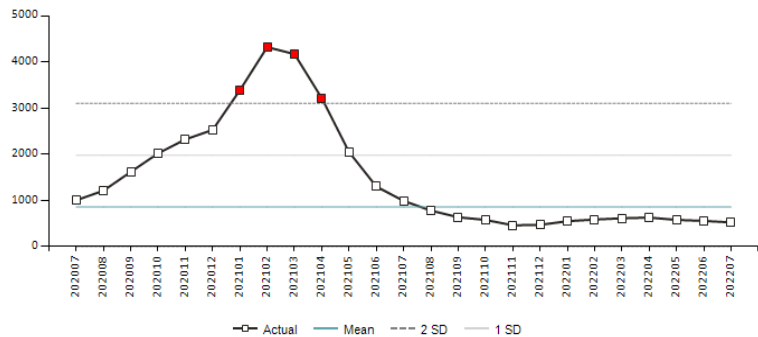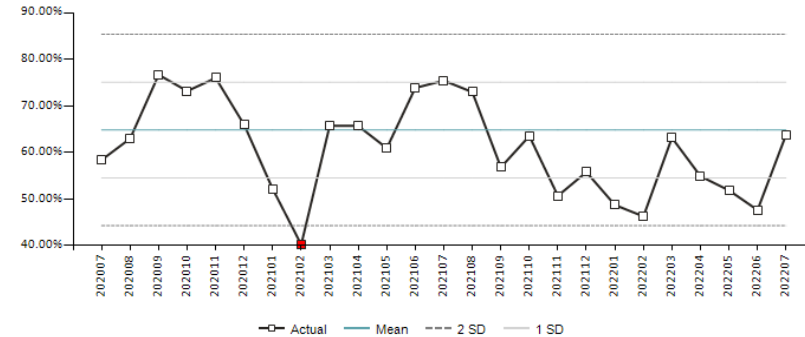
Tab 6.1 Integrated Performance Report M4
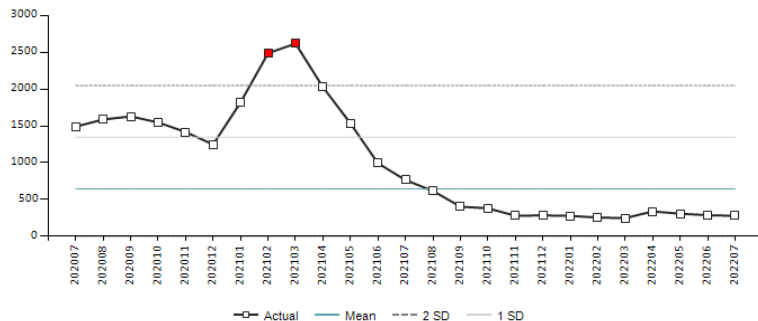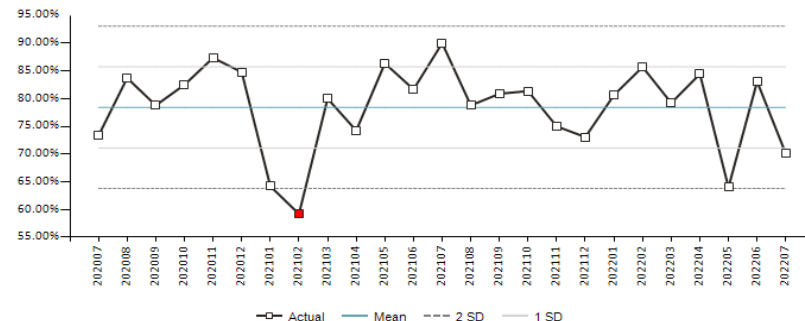
King's

Selected Board Report NHSi Indicators
Based on data published from '*Public View*'
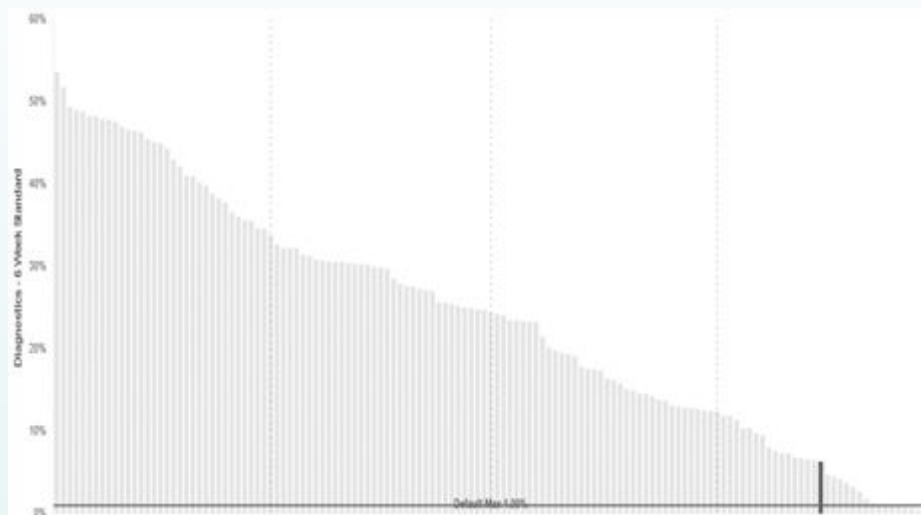
The chart above shows the national ranking against the DM01 diagnostic 6 week standard. Kings is ranked 17 out of 135 selected Trusts based on latest June 2022 data published.
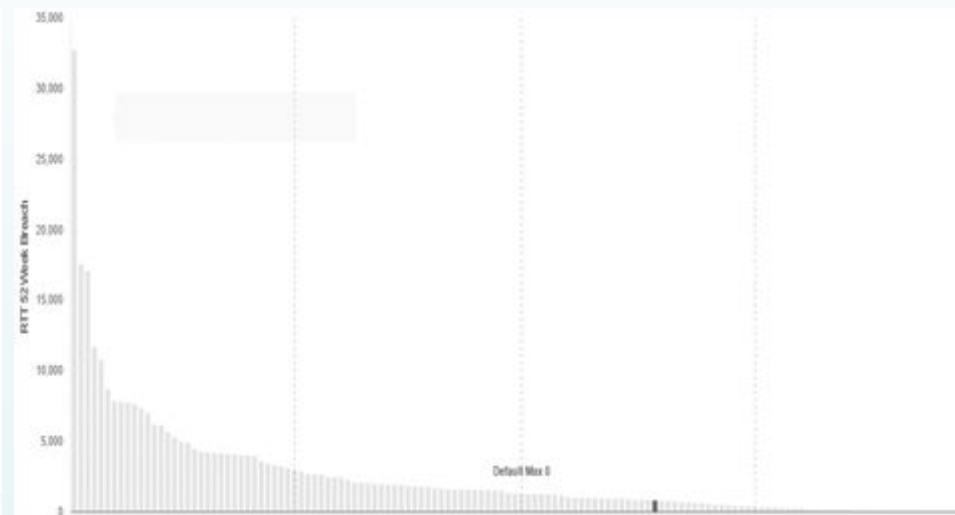
The chart above shows the national ranking against the RTT 52 week standard. Kings is ranked 48 out of 135 selected Trusts based on latest June 2022 data published.
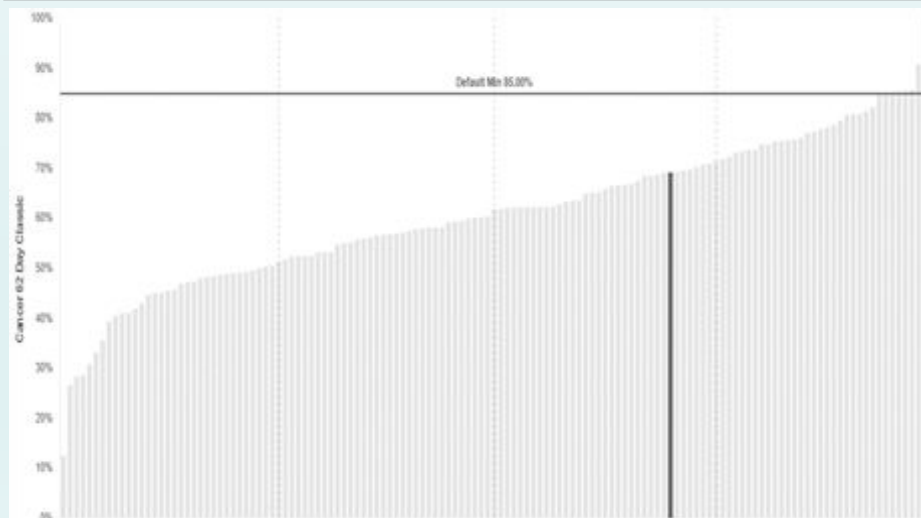
The chart above shows the national ranking against the cancer standard for patients receiving first definitive treatment within 62 days of an urgent GP referral. Kings is ranked 40 out of 133 selected Trusts based on latest June 2022 data published.
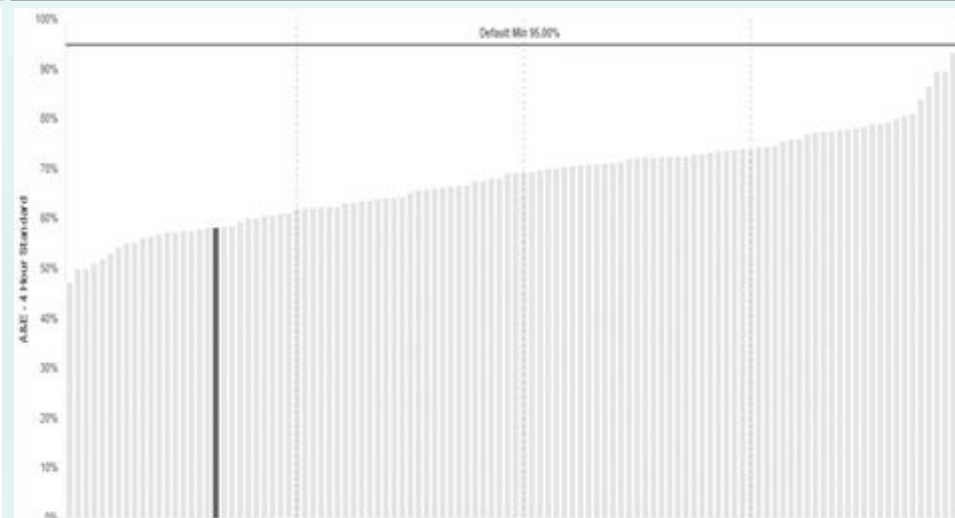
The chart above shows the national ranking against the 4 hour Emergency Care Standard. Kings is ranked 94 out of 112 selected Trusts based on latest July 2022 data published.

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Tab 6.1 Integrated Performance Report M4

Safety Dashboard

Safe

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	
CQC level of inquiry: Safe														
Reportable to DoH														
2717	Number of DoH Reportable Infections	49	55	71	225	8	5	5	23	57	60	76	248	
Safer Care														
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.06	0.09	0.12	0.10	0.12	0.26	0.06	0.14	0.08	0.15	0.10	0.11	
1897	Potentially Preventable Hospital Associated VTE	2	1	0	4	2	1	1	6	4	2	1	10	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	1	1	0	2	0	0	0	0	1	1	0	2	
945	Open Incidents										48		48	
Incident Reporting														
520	Total Serious Incidents reported	9	6	6	25	11	8	1	27	20	14	7	52	
516	Moderate Harm Incidents	23	21	16	84	20	12	11	57	44	33	28	144	
509	Never Events	0	0	0	1	0	0	0	0	0	0	0	1	

HCAI
- There was 1 MRSA bacteraemia case reported for July and the previous case was reported in May 2022.
- 6 new VRE bacteraemia cases reported in July and 18 cases year-to-date.
- E-Coli bacteraemia: 10 new cases reported in July and 50 cases year-to-date which is above the cumulative target of 44 cases.
- 10 Trust attributed cases of c-Difficile in July and 36 cases year-to-date which equals the target of 36 cases for the month.

Complaints
- The number of complaints reduced from 87 cases reported in June to 64 cases reported in July. However the number of complaints not responded to within 25 days increased from 65 cases in June to 130 cases in July.

Inpatient Surgical Cancellations
- The number of inpatient surgical operations cancelled on the day reduced from 41 in June to 40 in July, below the Trust target of 47 cases.

Tab 6.1 Integrated Performance Report M4

HCAI

King's

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

Denmark Hill / CDT_CASES

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

PRUH and South Sites / CDT_CASES
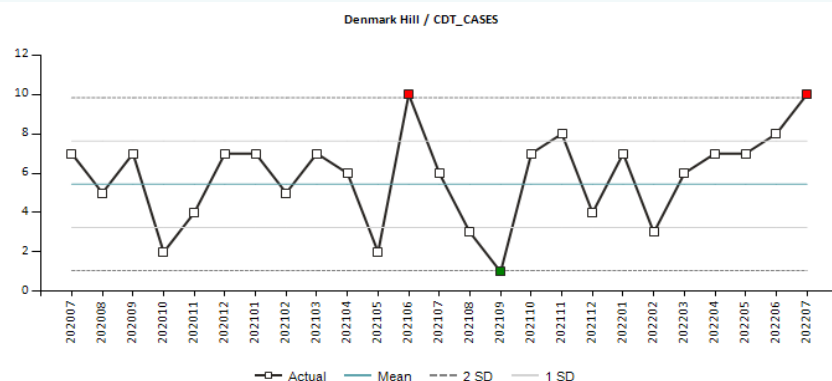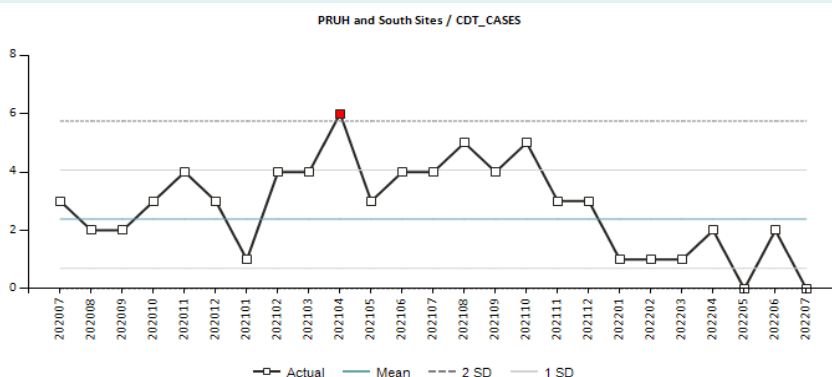
MRSA:
- There was 1 MRSA bacteraemia case reported for July on an Acute Medicine ward at Denmark Hill. The previous case was reported for May in a Haematology ward at Denmark Hill.

VRE:
- 6 new VRE bacteraemia cases reported in July with all 6 cases reported on the Denmark Hill site – with 2 cases reported on a Liver ward, 2 cases on a Renal ward, and 1 case reported on a Surgery Short Stay ward and 1 patient in ICU.

E-Coli:
- E-Coli bacteraemia: 10 new cases reported in July and 50 cases year to-date which is above the cumulative target of 44 cases. 8 cases were reported at Denmark Hill and 2 cases reported at PRUH/South Sites.

C-Difficile:
- 10 Trust attributed cases of c-Difficile in July and 36 cases year to-date which equals the cumulative plan of 36 cases.
- All 10 cases were reported on the DH site with 4 cases in Acute Medicine wards, 3 cases in Surgery wards, 2 cases in Cardiovascular wards and 1 case Critical Care.
- There were no c-Difficile cases reported on the PRUH site.

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Tab 6.1 Integrated Performance Report M4

Patient Experience Dashboard

Caring

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
		May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	13-Month Trend
CQC level of inquiry: Caring														
HRWD														
422	Friends & Family - Inpatients	94.3%	94.2%	92.9%	93.6%	93.3%	92.6%	93.6%	92.9%	93.9%	93.6%	93.2%	93.3%	
423	Friends & Family - ED	63.5%	64.2%	25.0%	63.1%	66.2%	68.4%	70.2%	68.6%	64.7%	66.1%	66.8%	66.0%	
774	Friends & Family - Outpatients	90.9%	91.1%	90.8%	91.0%	88.0%	88.3%	88.1%	88.0%	89.9%	90.1%	89.8%	90.0%	
775	Friends & Family - Maternity	89.7%	89.7%	83.3%	88.8%	94.3%	90.6%	90.8%	91.4%	92.4%	90.3%	88.0%	90.3%	
Complaints														
619	Number of complaints	65	43	42	208	11	44	22	108	79	87	64	322	
Operational Engagement														
620	Number of complaints not responded to within 25 Days	62	53	79	239	30	11	51	124	93	65	130	373	
3119	Number of PALS enquiries – unable to contact department									40	38	33	139	
Incident Management														
660	Duty of Candour - Conversations recorded in notes	90.3%	100.0%	89.5%	91.9%	100.0%	100.0%	100.0%	100.0%	94.4%	100.0%	92.6%	95.9%	
661	Duty of Candour - Letters sent following DoC Incidents	86.2%	95.5%	92.3%	86.9%	100.0%	100.0%	100.0%	100.0%	92.0%	98.0%	96.0%	93.4%	
1617	Duty of Candour - Investigation Findings Shared	3.6%	0.0%	0.0%	2.0%	4.4%	0.0%	16.7%	8.2%	3.9%	0.0%	5.6%	4.6%	

- **FFT – Inpatient**: Trust score decreased by 0.4% to 93.2% recommendation rate in July. Please note from April 2022, the additional Quality Metrics nutrition, hydration and emotional support have been removed from our internal surveying programme.

- **FFT - A&E**: Overall Trust score increased to 66.8% in July, remaining red-rated red for the sixth consecutive month. A Trust-wide action plan based on the National CQC Urgent and Emergency Patient Experience Survey results has been drafted, with local site action plans to complement. Patient feedback themes are now being sent monthly to the Senior Management Team at PRUH for incorporation into staff training within the department and to identify areas for improvement.

- **FFT – Outpatients**: Trust FFT score for outpatients decreased marginally from 90.1% to 89.8% in July. Further cross-Trust conversations have begun around standardising patient correspondence and information within *MyChart* as part of the Apollo programme.

- **FFT – Maternity (combined)**: Overall Trust combined FFT maternity score decreased by 2.3% to 88.0%. Feedback by SMS is now live for women across all key touchpoints; antenatal, labour and birth and community postnatal.

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Tab 6.1 Integrated Performance Report M4

Performance Dashboard

Performance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	
CQC level of inquiry: Responsive														
Access Management - RTT, CWT and Diagnostics														
364	RTT Incomplete Performance	74.42%	74.78%	73.74%	73.68%	73.94%	72.94%	70.65%	72.31%	74.31%	74.11%	72.52%	73.21%	
632	Patients waiting over 52 weeks (RTT)	581	559	526	2297	309	289	280	1218	890	848	809	3518	
4537	Patients waiting over 104 weeks (RTT)	3	1	0	5	0	0	1	3	3	1	1	8	
4557	RTT P2 Admitted Pathways	1166	1159	1111	4685	512	546	574	2268	1680	1706	1686	6960	
4558	RTT P2 Admitted Pathways waiting >4 weeks	45.4%	50.3%	51.5%	49.6%	49.4%	54.2%	53.5%	55.8%	46.6%	51.6%	52.1%	51.7%	
412	Cancer 2 weeks wait GP referral	95.05%	96.33%	97.34%	94.67%	95.21%	94.44%	95.57%	95.13%	95.11%	95.50%	96.58%	94.85%	
413	Cancer 2 weeks wait referral - Breast					100.00%	88.89%	95.56%	95.05%	100.00%	88.89%	95.56%	95.05%	
419	Cancer 62 day referral to treatment - GP	51.88%	47.66%	63.77%	54.56%	64.00%	83.08%	70.10%	73.76%	55.74%	59.59%	66.67%	61.18%	
536	Diagnostic Waiting Times Performance > 6 Wks	6.44%	7.19%	5.77%	6.26%	0.37%		0.06%	0.22%	5.69%	6.31%	5.06%	5.52%	
Access Management - Emergency Flow														
459	A&E 4 hour performance (monthly SITREP)	56.67%	59.82%	52.66%	57.39%	67.86%	69.58%	65.23%	67.40%	61.57%	64.05%	58.27%	61.79%	
Patient Flow														
399	Weekend Discharges	22.3%	19.5%	26.4%	22.6%	17.2%	17.0%	21.1%	18.7%	20.7%	18.5%	24.7%	21.3%	
404	Discharges before 1pm	16.5%	16.2%	16.9%	16.2%	17.5%	17.1%	17.9%	17.6%	17.0%	17.1%	17.2%	16.8%	
747	Bed Occupancy	91.5%	93.4%	91.0%	91.8%	95.2%	94.7%	95.2%	94.7%	92.8%	93.8%	92.4%	92.8%	
1357	Number of Stranded Patients (LOS 7+ Days)	359	388	402	1503	209	221	209	849	571	612	614	2363	
1358	Number of Super Stranded Patients (LOS 21+ Days)	172	170	186	697	80	82	63	305	255	255	252	1013	
762	Ambulance Delays > 30 Minutes	427	453	644	1990	332	321	344	1352	759	774	988	3342	
772	12 Hour DTAs	66	59	87	290	304	287	534	1516	370	346	621	1806	
Theatre Productivity														
801	Day Case Rate	77.0%	76.1%	75.2%	76.3%	71.8%	72.7%	73.9%	72.7%	76.0%	75.6%	75.5%	75.9%	

A&E 4 Hour Standard
- A&E performance was non-compliant in July at 58.27% which has reduced from 64.05% performance achieved in June.

Cancer
- Treatment within 62 days of post-GP referral is not compliant – but improving to 66.67% for July (target 85%) compared to 59.59% in June.
- The two-week wait from GP referral standard improved to 96.58% in July and has been compliant with the national 93% target for the last three months, reporting 95.50% performance in June and 95.11% in May.

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Tab 6.1 Integrated Performance Report M4

Emergency Care Standard

King's

Denmark Hill performance:
- Executive Owner: Julie Lowe, Site Chief Executive
- Management/Clinical Owner: Emer Sutherland, CD
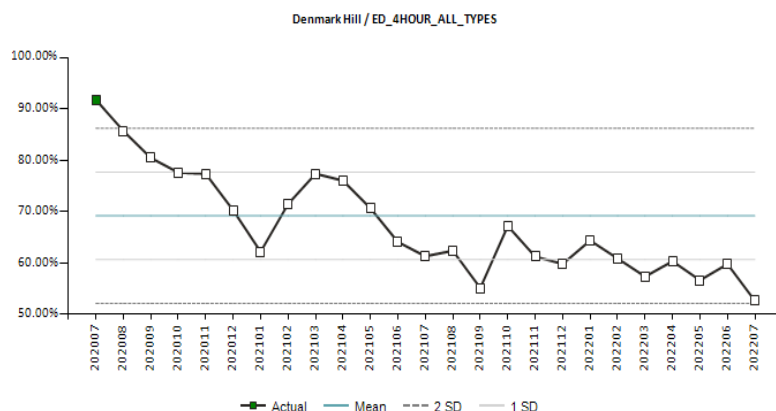
Denmark Hill / ED_4HOUR_ALL_TYPES

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

PRUH and South Sites / ED_4HOUR_ALL_TYPES

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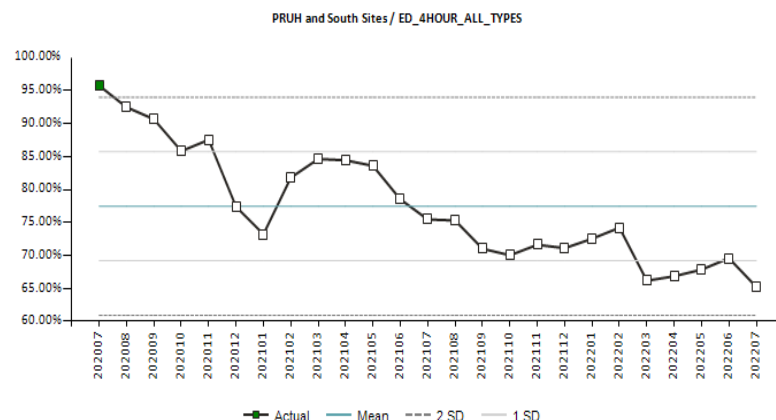
Background / target description:
- Ensure at least 95% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

Underlying issues:
- There were 317 ambulance delays >60 minutes and 988 ambulance delays waiting 30-60 minute delays in July (un-validated) compared to 243 delays >60 minutes and 774 delays >30 minutes reported in April.

DH Actions:
- Validation of the Type one position has been challenged and the position therefore is affected by validation issues, and the embedding of new processes. This issue has been difficulties with removing patients from the system and the volume of validation to be completed before submission of the daily national UEC Sitrep.
- All type attendances reduced but the site has seen reduced flow through all bed bases, with spikes in activity relating to the heat wave.
- Type three performance: Greenbrook performance remains below the required level. Additional meetings have been held with Greenbrook to review the contract position, and a verbal notice of intent to terminate the contract has been issued.

PRUH Actions:
- Work continues to improve flow and discharge across the Trust and with system partners through the Integrated Flow Board. We continue with LAS direct conveyance to MAU, implementing a refined Flow Navigator role and have agreed a plan for provision of discharge team / social care at the front door.
- An enhanced support team will spend a day on the Orpington site in August to provide an augmented MDT review of all patients, using a star chamber approach to expedite discharge plans ahead of the BH weekend.
- A review of the sub-acute area has been completed and an optimum staffing model developed – this will support improved Type 1 non-admitted performance, through improved time to 1st clinician and overall journey time. Pilot to be funded through system winter monies.

Tab 6.1 Integrated Performance Report M4

RTT

King's

RTT Incomplete performance:
- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: Palmer Winstanley, DOO

Trust / RTT_INCOM_PERF

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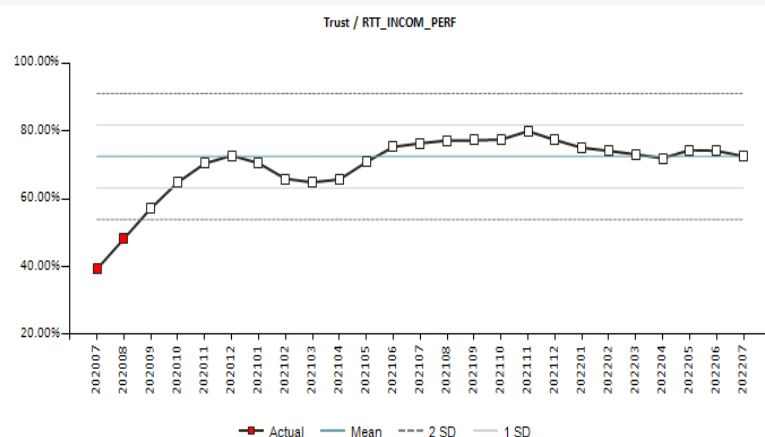
Background / target description:
- Ensure 92% of patients are treated within 18 weeks of referral.

Underlying issues:
- Short notice cancellations due to Surgeon /Anaesthetist/theatre staff off with COVID.

Current RTT Incomplete position:
- RTT performance reduced to 72.52% for July compared to 74.11% performance achieved in June. Total PTL reduced by 1,083 to 78,227 pathways and the backlog increased by 1,525 to 21,500 pathways.

DH Actions
- Last remaining outpatient clinic builds have been completed by the end of July in Neurosurgery.
- All referrals for review have been validated and historic referrals now actioned from 2019-2021. Weekly e-RS Outpatient Systems team meeting held to identify areas of concern.
- Theatres Improvement programme has defined a revised theatres reporting framework and supporting performance indicators for surgical pathways. New trending reports being developed by BIU to show weekly and monthly trended activity and performance.

PRUH Actions
- The 'Enhanced Theatre Support Programme' continues, with senior leadership presence at all scheduling meetings, and a daily Sitrep providing a forward and backward look of activity and sessions through all theatre complex.
- Targeted work is underway to improve pre-assessment capacity and throughput, and a revised process is due to be implemented from w/c 5 September with an intensive training focus on the POA for a 2 week period.
- Focus on un-covered and dropped lists in Main theatres, linked to ERF action plan, in particular with a focus on Urology, Gynaecology and Ophthalmology.

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Tab 6.1 Integrated Performance Report M4

RTT – 52 Weeks

King's

RTT Incomplete performance:
- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: Palmer Winstanley, DOO

RTT 52+ Week waiters:

Trust / RTT_52_WKS

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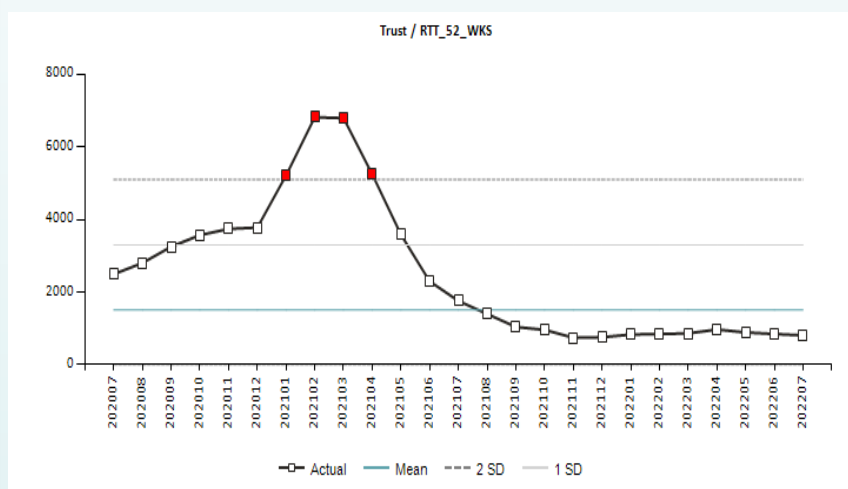
Background / target description:
- Zero patients waiting over 52 weeks.

52 Week position:
- Decrease of 39 breaches from 848 in June to 809 in July.
- The majority of the breaches are in Allergy (127 patients), T&O (109 patients), General Surgery (101 patients) and Cardiology (64 patients).
- The number of 52 week breaches at Denmark Hill has decreased by 33 cases from 559 in June to 526 in July.
- The number of 52 week breaches at PRUH/South Sites decreased by 9 cases from 289 in June to 280 in July.

Actions:
- **Allergy**: Recovery plans continue with commencement of enhanced clinical triage, pathway transfers to GSTT on hold and under discussion, and a new locum consultant post holder has started.
- **Bariatrics**: ISP contract with King Edward VII has been agreed to create additional elective capacity. Plans to increase elective Colorectal and General Surgery activity at the PRUH are on track for August 2022, after which we will explore options to increase Bariatric elective activity.
- **Cardiology**: Main challenges around AFO, PFO, and EP cohorts which had a delayed re-start following COVID. Elective recovery plans are being developed with mitigating actions identified.

- Elective recovery plans are tracked through the Trust wide 52+ week meeting.

- **104 Weeks (DH):** There was 1 patient waiting over 104 weeks at the end of July in T&O awaiting surgery on the DH site, relating to a paediatric patient with complex social care needs. The Trust was able to treat the patient in advance of the 104 week breach date, but the patient's carers exercised their right to patient choice in agreeing a treatment date in August.

- **104 Week waits (PRUH)** – There were no patients waiting over 104 weeks by the end of July.

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Tab 6.1 Integrated Performance Report M4

Cancer 62 day standard

King's

62 days GP referral to first treatment performance:
- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: tbc

Trust / CANC_62_RTT_GP

Legend: —□— Actual —— Mean - - - 2 SD —— 1 SD
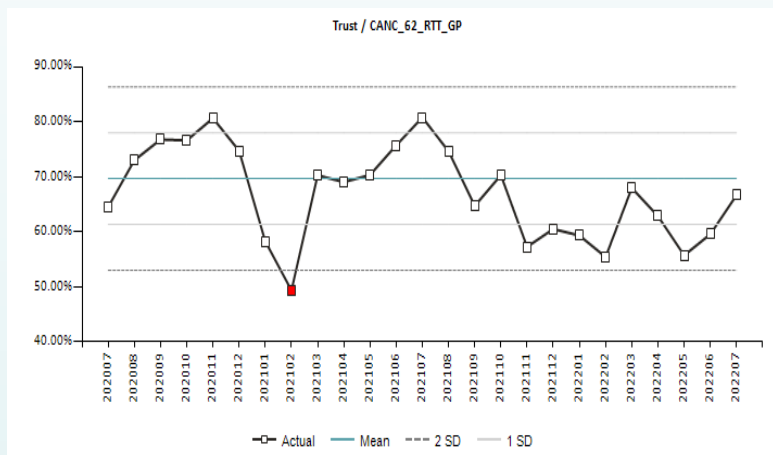
CANCER SITE	TARGET	CASES	BREACHES	NO BREACH	PERF
Breast	85%	16.0	1.0	15.0	93.8%
Colorectal	85%	10.0	4.0	6.0	60.0%
Gynaecology	85%	1.5	0.5	1.0	66.7%
Haematology	85%	3.0	1.0	2.0	66.7%
Lung	85%	1.5	0.5	1.0	66.7%
Skin	85%	3.0	0.0	3.0	100.0%
Upper GI - HPB	85%	1.0	1.0	0.0	0.0%
Urology	85%	15.5	8.5	7.0	45.2%

Background / target description:
- That 85% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP (GDP or GMP) referral for suspected cancer.
- That 90% of patients receive their first definitive treatment for cancer within 62 days of referral from an NHS cancer screening service.

Underlying issues:
- **Oncology** - long term expansion of oncology services from business case approval in 2022/23. Additional uro-oncologist (Trust wide), breast oncologists (DH) and colorectal oncologist (PRUH) in place. Uro-oncology CNS to start in M5 (PRUH) and successful interview in M5 (DH). Short term plan in place for additional DH capacity in interim.
- **Accelerated pathways** – implementation of accelerated pathways for prostate cancer. Additional postholders in post with prostate pathway launched from M4, although some intermittent challenges during implementation.
- **Pathology** – insufficient capacity Trust-wide may impact on 28-day compliance and affect some 62-day pathways. Being reviewed at SEL level.
- **PET-CT** – 4 week reporting backlog. Two locums commencing late August, insourcing underway, clinical prioritisation process in place to reduce clinical harm but performance will affected for lower risk patients.

DH Actions
- **Breast** - Expected improvement to 31-day performance in Q3 with additional capacity and changes to scheduling surgery process.
- **Gynaecology** - additional scopes now in place for diagnostics.
- **HpB** – HCC consultant appointed in August 2022 and will provide additional outpatient capacity once in place in Q3. Wider longer term review of regional pathways in place.

PRUH Actions
- **Colorectal -** meetings to be arranged to discuss stream-lining of diagnostics and fitness for surgery.
- **Head & neck** – 1-stop clinic live from May.
- **Gynaecology** - prospective cover in place from September for diagnostics.

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Tab 6.1 Integrated Performance Report M4

Diagnostic Waiting Times

King's

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

Trust / DIAGNOSTIC_WAITS
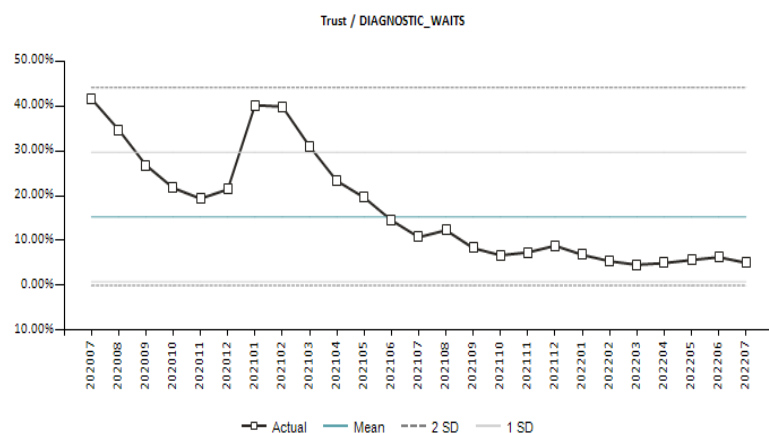
Background / target description:
- The percentage of patients not seen within six weeks for 15 tests reported in the DM01 diagnostic waiting times return.

Underlying issues:
- The number of diagnostic DM01 breaches reduced from 813 in June to 639 in July which equates to 5.06% patients waiting <6 weeks.
- Performance for the Denmark Hill site group improved from 11.05% in June to 9.25% in July. Performance at the PRUH/South Sites site group improved from 1.17% for June to 0.34% for July.
- Main challenges are the number of specialist cardiac MRIs and neuro MRIs that require general anaesthetic.
- External IS providers continue to provide additional capacity to mitigate the backlog and a further paper detailing cardiac echo recovery for the DH sites was presented to KE in August.
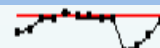
DH Actions
- Outline recovery plan for GA Neuroradiology backlog agreed which will support backlog reduction in the second half of the year.
- Adult and pediatric endoscopy position improvement is in line with trajectory. Outsourcing for cardiac MRI has been extended to ensure on-going delivery of trajectory and the DM01 performance standard.
- In month improvement in Echo backlog which has reduced from 500 from June to 371. Echo recovery actions agreed, with revised trajectory to be tracked through the Elective Assurance group.

PRUH Actions
- DM01 standard slipped for June to 1.17% but improved to 0.34% for July and therefore compliant again with the national 1% target.
- Only three modalities did not individually meet the standard – Urology Cystoscopy with 8 breaches, CT with 4 breaches and Ultrasound with 6 breaches.

Tab 6.1 Integrated Performance Report M4

Workforce Dashboard

Workforce

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
		May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	13-Month Trend
CQC level of inquiry: Well Led														
Staff Training & CPD														
715	% appraisals up to date - Combined									32.36%	51.08%	78.58%		
721	Statutory & Mandatory Training									90.76%	91.49%	90.57%		
Staffing Capacity														
875	Voluntary Turnover %	14.4%	14.5%	14.9%		15.5%	16.0%	16.2%		14.7%	14.9%	15.3%		
732	Vacancy Rate %	14.04%	14.29%	14.67%		13.56%	13.75%	12.93%		15.12%	15.32%	15.42%		
Efficiency														
743	Monthly Sickness Rate	4.57%	4.89%	5.30%		4.09%	4.93%	5.24%		4.31%	4.77%	5.19%		

Appraisals
- The Appraisal window for non-medical staff has been extended to the end of August and has reached a compliance level of 78.58%.
- This represents an improvement compared to the figure reported in the same period last year at 50.06%.

Sickness
- Sickness absence has increased from 4.77% in June to 5.19% in July. The split of COVID-19 and other absences was 1.64% and 3.55% respectively.
- There were a total of 2,968 staff off sick during July.

Training
- Although Statutory and Mandatory Training compliance has decreased slightly in July to 90.57%, the target has been achieved for the fourth consecutive month.

Staff Vacancy and Turnover
- Trust Vacancy rate has increased further to 15.42% in July compared to 15.32% reported in June.
- The Trust voluntary turnover rate is 15.27% in July which represents an increase of 0.42% on June, and is above the internal 14% target.

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Tab 6.1 Integrated Performance Report M4

Appraisal Rate

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

Trust / APPRAISALS_UP_TO_DATE
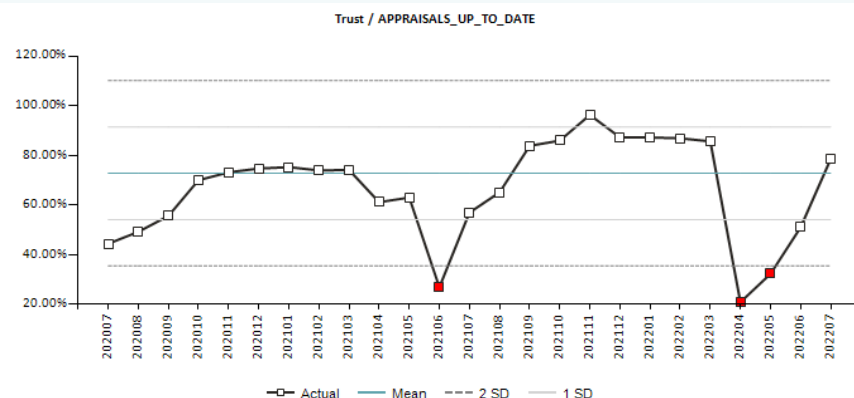
Performance Delivery:
- The Appraisal window for non-medical staff has been extended to the end of August and has reached a compliance level of 78.58%. It is a good improvement from the figure reported in the same period last year of 50.06%.

- The Medical & Dental rate is also higher than the one reported in the same period last year at 87.36%.

Background / target description:
- The percentage of staff that have been appraised within the last 12 months (medical & non-medical combined)

Actions to Sustain:
Non-Medical:
- The requirement for an appraisal session to be held is being well communicated within the Trust. Appraisal information is being circulated frequently to different forums across the trust.
- Care Group and Corporate managers are receiving weekly lists of uncompliant staff in their areas, enabling them to clearly see this group and target their action.

Medical:
- Monthly appraisal (weekly job planning) compliance report (by Care Group) is sent to CD's , Site MDs, HRBP's, and General managers. CD's and Site MD's also have access to SARD to view and monitor appraisal (and job planning) compliance in real time.
- Appraisal reminders are sent automatically from SARD to individuals at 3, 2, and 1 month prior to the appraisal due date (including to those overdue with their appraisal, i.e.12-15 month non-compliant).
- Review 12-15 month non compliant list and escalate to CD's and Site MD's.
- Regular review of submitted appraisals on SARD pending sign-off - chase appraiser and appraise to complete relevant sections of the appraisal.
- CD's to provide support to colleagues in their Care Group who have difficulty identifying an appraiser.
- Monthly meeting with Chief Medical Officer, Responsible Officer, Trust Lead for Appraisal and Revalidation and Site Medical Directors to monitor/address appraisal compliance.

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Tab 6.1 Integrated Performance Report M4

King's

Sickness Rate

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

Trust / STAFFING_ABSENCE_SICK

Legend: Actual — Mean ---- 2 SD — 1 SD
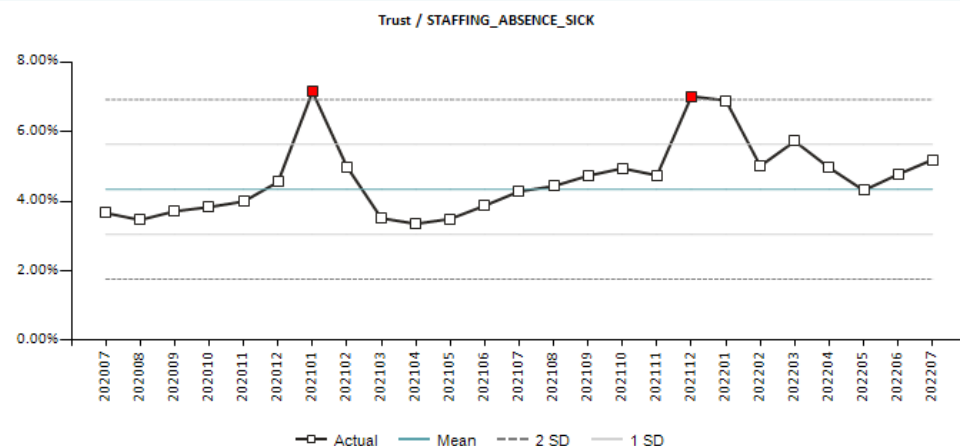
Performance Delivery:
- The sickness absence has increased from 4.77% in June to 5.19% in July.
- There were a total of 2,968 staff off sick during July.
- The split of COVID-19 and other absences was 1.64% and 3.55% respectively. Both figures have increased slightly, resulting in a total monthly increase of 0.42 percentage points.
- The three highest absence reasons based on the no. of episodes , excluding C-19 and unspecified, were: Gastrointestinal problems (19%), Cold/Cough/Flu (17%) and Headache/migraIne (10%).

Background / target description:
- The number of FTE calendar days lost during the month to sickness absence compare to the number of staff available FTE in the same period.

Actions to Sustain:

- Sickness rates are being monitored and managed. The ER Team Leader (ERTL) has a fortnightly 1-2-1's with the ER Advisors (ERAs) to go through sickness cases.

- Monthly meetings are held with line managers to review and progress sickness cases and ensure that staff have access to the relevant support.

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

- The ER Team is increasing awareness of the EAP service / OH offering and continuing to support managers to manage sickness cases. They are currently reviewing all long term sickness absence to ensure the appropriate support is in place for individuals.

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Tab 6.1 Integrated Performance Report M4

Statutory and Mandatory Training

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

Trust / TRAINING_MANDATORY

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

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

- Care groups to focus on lowest compliance, HRPB's are targeting areas with low compliance, fortnightly meetings with the HRBP's/L&OD to monitor.
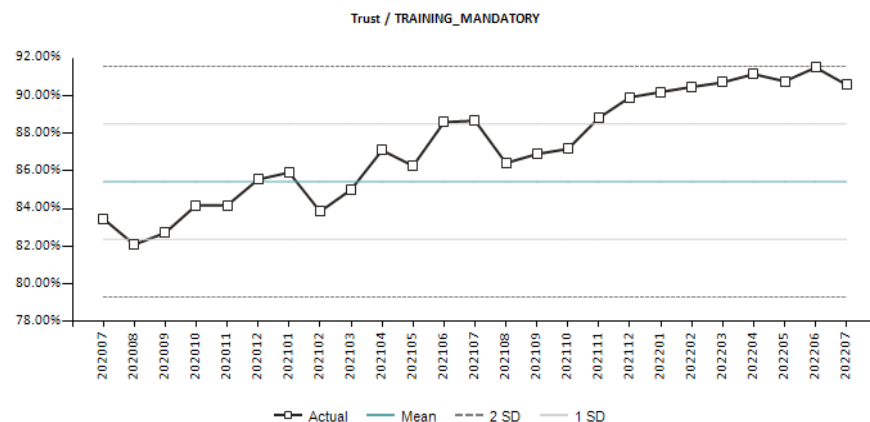
Performance Delivery:
- Although Statutory and Mandatory Training compliance has decreased slightly in July to 90.57%, the target has been achieved for the fourth consecutive month.
- The three topics with the highest rate in July were: Infection Control (98.6%), SG Adults L1 (97.8%) and Health & Safety (97.5%).

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Tab 6.1 Integrated Performance Report M4

Vacancy Rate

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

Trust / STAFFING_VACANCY_RATE
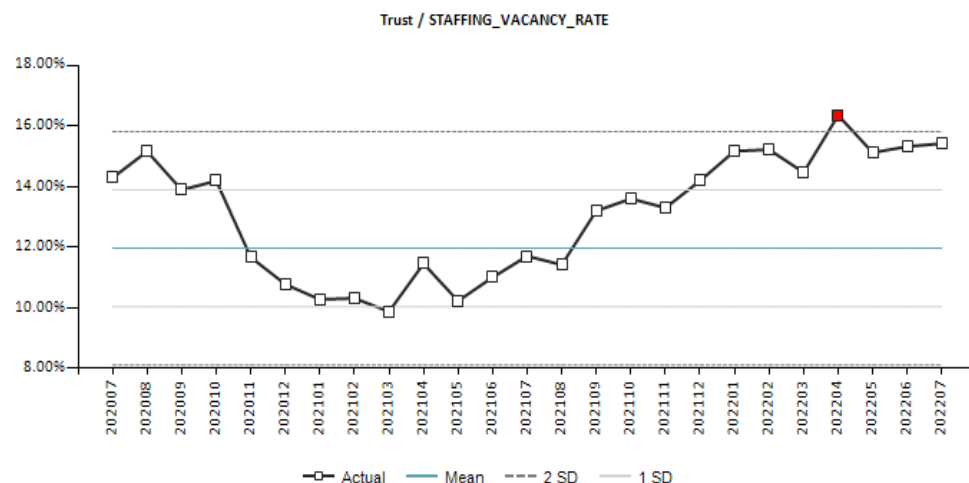
Performance Delivery:
- Trust Vacancy rate has increased further to 15.42% in July compared to 15.32% reported in June.
- A number of business cases are being re-phased and the budgeted posts associated to them are being checked to ensure recruitment is underway.
- The significant rise in voluntary turnover over the past 12 months, in addition to establishment increases has placed pressure on recruitment to lower the vacancy rate. Extensive recruitment continues, with a total of 223 new starters in July, of which:
  - 28 are IEN and 46 are HCA & CSW which has resulted in a vacancy decrease of 0.82% for this group.
  - 8 new Medical & Dental Consultants
  - 19 AHP (Radiographers, Physiotherapists, Occupational Therapists and Dietitians) also resulting in a decrease of vacancy rate in this group.

Background / target description:
- The percentage of vacant posts compared to planned full establishment recorded on ESR.

Note: When the actual FTE is higher than the establishment FTE the vacancy % is displayed as zero.

Actions to Sustain:

Priority areas of recruitment:
- Increase in local talent pools staff at B5 and B6 level, promoting specialist roles on Social Media and are working to convert bank and agency staff on to Trust contracts.
- Extensive International recruitment and targeted nursing campaigns are in progress with several open day having taken place.
- International recruitment of midwives.
- A targeted medical recruitment campaign has being developed with TMP at the PRUH and is helping to reduce vacancies.
- AHP – continual adverts with talent pooling at band 5 & 6 level, promotion of more specialised posts on Social Media, conversion of bank/agency staff.
- Extension of the 'Thank You' recruitment marketing campaign for all staff groups with an increase media presence both within our local communities and on-line.

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Tab 6.1 Integrated Performance Report M4

Turnover Rate

King's

Turnover Rate:
- Executive Owner: Mark Preston
- Management/Clinical Owner: tbc
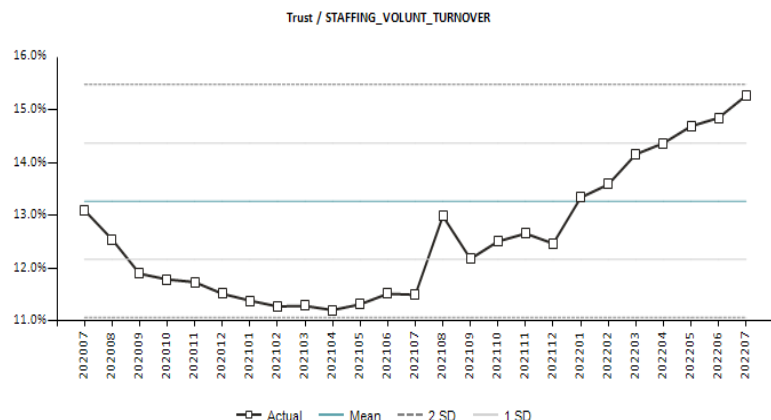
Performance Delivery:
- The Trust voluntary turnover rate is 15.27% in July which represents an increase of 0.42% on June, and is above the internal 14% target.
- The three main reasons for leaving voluntarily during July, were: Promotion (26%), Relocation (24%) and Work Life Balance (17%).
- 25% of all voluntary leavers left within 12 months of service at Kings.
- 20% of all the leavers in July moved to other NHS Trusts.
- Although the turnover has been increasing since the beginning of the financial year, the net increase between starters and leavers in July was of 21 (includes retrospective changes).

Background / target description:
- The percentage of vacant posts compared to planned full establishment recorded on ESR
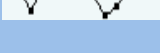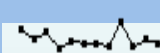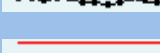
Note: When the actual FTE is higher than the establishment FTE the vacancy % is displayed as zero.

Actions to Sustain:
- 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.

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Tab 6.1 Integrated Performance Report M4

Finance Dashboard

Finance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	May 22	Jun 22	Jul 22	F-YTD Actual	
Overall (000s)														
895	Actual - Overall	(55,279)	(3,162)	(8,285)	10,520	(15,481)	4,077	(1,265)	10,432	2,457	6,021	5,848	24,603	
896	Budget - Overall	(81,357)	25,946	(6,506)	5,125	(22,116)	7,417	(2,211)	3,443	4,388	5,406	(12,410)	1,772	
897	Variance - Overall	(26,078)	29,109	1,779	(5,396)	(6,634)	3,340	(946)	(6,989)	1,932	(615)	(18,258)	(22,830)	
Medical - Agency														
602	Variance - Medical - Agency	(108)	(241)	(387)	(989)	(527)	(606)	(598)	(2,014)	(652)	(875)	(991)	(3,080)	
Medical Bank														
1095	Variance - Medical Bank	(1,089)	(996)	(920)	(3,954)	(458)	(349)	(361)	(1,600)	(1,550)	(1,347)	(1,284)	(5,560)	
Medical Substantive														
599	Variance - Medical Substantive	784	671	344	2,076	653	543	475	2,080	1,301	1,065	784	3,856	
Nursing Agency														
603	Variance - Nursing Agency	(354)	(340)	(333)	(1,358)	(105)	(127)	(132)	(443)	(471)	(488)	(533)	(1,915)	
Nursing Bank														
1104	Variance - Nursing Bank	(2,138)	(2,013)	(1,931)	(7,832)	(684)	(101)	(420)	(1,808)	(2,867)	(2,261)	(2,496)	(10,109)	
Nursing Substantive														
606	Variance - Nursing Substantive	2,094	2,172	2,104	8,577	1,104	857	893	3,624	3,400	3,200	3,099	12,851	

- **Operating income**: – Income is behind the plan due to income relating to incremental ERF (annual figure £10m), Overseas (£5m annual) and Commercial CIP (£5m annual) partly offset by prior year one off benefit on prior year Drugs over performance (£2.7m).
  - ❑ Income from Patient Care - an adverse variance of £9.1 m against budget in month.
  - ❑ Other Operating Income - a favourable variance of £0.7m against budget in month mainly driven by income for COVID testing.
  - ❑ **Employee operation expenses (Pay):** £4.1m overspend compared to plan is due to underachieving on CIPs, incremental COVID and reset and recovery.
  - ❑ Planned cost improvement target of £23.3m has been phased equally across the year (£1.9m per month) and not yet achieved.
  - ❑ Staff sickness and COVID pressures have led to estimated cost pressure of £3-4m based on 1.5-2% increase in WTE.
- **Operating expenses (Non pay)**: £12.1m overspend compared to plan is mainly due to underachieving on CIPs and additional pressures.
  - ❑ £5.1m of overspend due to COVID testing which is partially offset by income (Trust does not currently recognise income for ePlex tests pending NHSE approval).
  - ❑ Planned cost improvement target of £11.7m has been phased equally across the year (£1.0m per month) and not yet fully achieved, so is reported as an overspend.

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Tab 6.1 Integrated Performance Report M4

King's

Domain 4: Finance
M4 (July) – Financial Performance

Surplus / (Deficit)

(£5m)	Actual M4
(£4.9m)	Average M1-4 22/23

Pay

(£74.3m)	Actual M4
(£73.3m)	Average M1-4 22/23

Non Pay

(£60m)	Actual M4
(£59.2m)	

COVID Costs

£7.1m	Actuals Total YTD
£1.7m	Pay YTD
£5.3m	Non Pay YTD

Payment Compliance

Debtor Days

18.5	Actual M4
13.5	Prior Month

Creditor Days

67.6	Actual M4
64.8	Prior Month

Capital

(£69.1m)	Annual Plan 22/23
(£5m)	Actual YTD 22/23

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Tab 6.1 Integrated Performance Report M4

BIU
Business
Intelligence
Unit

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

Trust (100)

July 2022

Performance

		Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	76.32%	77.16%	77.21%	77.41%	79.89%	77.32%	75.00%	74.10%	73.06%	71.93%	74.31%	74.11%	72.52%	92.00%	73.21%	75.20%	
632	Patients waiting over 52 weeks (RTT)	1757	1400	1043	962	745	760	832	847	865	971	890	848	809	0	3518	10972	
4537	Patients waiting over 104 weeks (RTT)	46	44	43	43	57	49	53	29	4	3	3	1	1	0	8	330	
4557	RTT P2 Admitted Pathways	2136	2147	2147	2221	2291	2214	2108	2047	1918	1888	1680	1706	1686	2087	6960	24053	
4558	RTT P2 Admitted Pathways waiting >4 weeks	57.7%	58.1%	55.0%	57.3%	52.2%	64.1%	62.6%	55.7%	52.8%	55.8%	46.6%	51.6%	52.1%	56.1%	51.7%	55.6%	
412	Cancer 2 weeks wait GP referral	92.46%	87.99%	91.07%	91.44%	94.49%	90.82%	90.59%	95.89%	94.92%	92.05%	95.11%	95.50%	96.58%	93.00%	94.85%	93.17%	
413	Cancer 2 weeks wait referral - Breast	82.89%	88.24%	90.48%	75.71%	87.50%	72.34%	68.18%	92.16%	95.83%	93.10%	100.00%	88.89%	95.56%	93.00%	95.05%	87.95%	
419	Cancer 62 day referral to treatment - GP	80.79%	74.65%	64.73%	70.32%	57.29%	60.53%	59.34%	55.45%	67.97%	62.87%	55.74%	59.59%	66.67%	85.00%	61.18%	62.54%	
536	Diagnostic Waiting Times Performance > 6 Wks	10.76%	12.31%	8.33%	6.73%	7.37%	8.86%	6.83%	5.41%	4.63%	5.01%	5.69%	6.31%	5.06%	1.00%	5.52%	6.85%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	67.90%	68.50%	62.57%	68.49%	65.87%	64.88%	68.01%	66.80%	61.22%	63.22%	61.57%	64.05%	58.27%	95.00%	61.79%	64.35%	
Patient Flow																		
399	Weekend Discharges	20.8%	21.4%	19.2%	24.3%	19.8%	19.0%	23.3%	20.7%	18.0%	21.2%	20.7%	18.5%	24.7%	20.8%	21.3%	20.9%	
404	Discharges before 1pm	17.8%	16.0%	17.7%	15.1%	17.6%	16.2%	17.8%	17.0%	16.4%	16.0%	17.0%	17.1%	17.2%	17.0%	16.8%	16.7%	
747	Bed Occupancy	87.9%	87.0%	90.8%	90.7%	92.9%	88.5%	88.2%	91.3%	90.6%	92.2%	92.8%	93.8%	92.4%	88.6%	92.8%	90.9%	
1357	Number of Stranded Patients (LOS 7+ Days)	515	528	552	537	590	584	534	574	600	566	571	612	614		2363	6862	
1358	Number of Super Stranded Patients (LOS 21+ Days)	204	199	231	214	257	252	248	252	261	251	255	255	252		1013	2927	
800	Delayed Transfer of Care Days (per calendar day)														0.0			
762	Ambulance Delays > 30 Minutes	640	617	646	617	593	636	614	515	818	821	759	774	988	0	3342	8398	
772	12 Hour DTAs	95	38	122	127	173	187	161	187	296	469	370	346	621	0	1806	3097	
Theatre Productivity																		
801	Day Case Rate	80.2%	79.4%	80.8%	76.5%	75.4%	73.6%	76.8%	76.1%	76.2%	76.3%	76.0%	75.6%	75.5%	78.3%	75.9%	76.5%	

Quality

		Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	65	89	74	83	63	62	66	50	54	55	57	60	76	66	248	789	
Safer Care																		

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

Created date: October 2019

Tab 6.1 Integrated Performance Report M4

Key Metrics - IPR Summary

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

Trust (100)

ID	Metric	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.15	0.15	0.04	0.17	0.15	0.17	0.11	0.14	0.17	0.13	0.08	0.15	0.10	0.19	0.11	0.13	
1897	Potentially Preventable Hospital Associated VTE	2	0	4	4	2	2	0	2	1	3	4	2	1	0	10	25	
538	Hospital Acquired Pressure Ulcers (Category 3 or 4)	1	1	0	1	0	0	2	2	0	0	1	1	0	0	2	8	
945	Open Incidents			36		52			46			48				48	182	

Incident Reporting

ID	Metric	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
520	Total Serious Incidents reported	13	14	7	21	16	8	11	15	14	11	20	14	7		52	158	
516	Moderate Harm Incidents	29	31	31	33	38	43	30	32	36	39	44	33	28		144	418	
509	Never Events	0	0	1	0	0	0	1	0	1	1	0	0	0	0	1	4	

CQC level of inquiry: Caring

Friends & Family Test

ID	Metric	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
422	Friends & Family - Inpatients	94.3%	95.1%	95.3%	96.1%	94.5%	94.6%	96.3%	95.2%	94.6%	92.6%	93.9%	93.6%	93.2%	96.0%	93.3%	94.6%	
423	Friends & Family - ED	71.3%	72.8%	66.3%	72.9%	74.6%	72.2%	78.8%	73.7%	64.5%	66.8%	64.7%	66.1%	66.8%	86.0%	66.0%	70.8%	
774	Friends & Family - Outpatients	88.8%	88.2%	87.5%	87.2%	89.3%	90.3%	90.7%	90.7%	89.4%	90.0%	89.9%	90.1%	89.8%	92.0%	90.0%	89.5%	
775	Friends & Family - Maternity	90.1%	87.2%	96.3%	83.1%	87.5%	83.3%	89.2%	92.4%	87.2%	91.0%	92.4%	90.3%	88.0%	94.0%	90.3%	89.6%	

Complaints

ID	Metric	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
619	Number of complaints	104	85	107	99	101	78	69	90	144	92	79	87	64	96	322	1095	

Operational Engagement

ID	Metric	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
620	Number of complaints not responded to within 25 Days	70	81	69	83	94	80	65	52	88	85	93	65	130	75	373	985	
3119	Number of PALS enquiries – unable to contact department	39	27	41	42	36	42	28	25	35	28	40	38	33	35	139	415	

Incident Management

ID	Metric	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
660	Duty of Candour - Conversations recorded in notes	96.7%	100.0%	95.0%	90.6%	84.6%	81.6%	88.1%	91.7%	95.5%	95.0%	94.4%	100.0%	92.6%	92.8%	95.9%	92.6%	
661	Duty of Candour - Letters sent following DoC Incidents	92.9%	100.0%	90.2%	87.5%	61.9%	54.6%	80.0%	87.5%	92.1%	88.4%	92.0%	98.0%	96.0%	86.4%	93.4%	85.7%	
1617	Duty of Candour - Investigation Findings Shared	20.0%	36.6%	13.9%	17.1%	14.3%	21.6%	22.7%	20.5%	10.4%	7.8%	3.9%	0.0%	5.6%	22.9%	4.6%	14.5%	

CQC level of inquiry: Effective

Improving Outcomes

ID	Metric	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
831	Standardised Readmission Ratio	91.2	91.2	91.9	93.2	94.6	95.8	95.9	95.9	95.0	95.5				105.0			
436	HSMR	97.1	97.9	99.0	100.1	100.1	100.0	98.6	97.1	98.5	97.8	96.8			100.0			
4917	SHMI (NHS Digital)	99.5	100.4	100.8	101.5	102.0	101.6	101.8	100.7	101.7					105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	73.0%	80.4%	57.8%	91.2%	72.2%	75.0%	86.8%	80.0%	74.4%	83.3%	69.7%	91.7%	75.0%	75.4%	80.2%	77.6%	
625	Diagnostic Results Acknowledgement	13.6%	13.8%	13.9%	12.8%	12.0%	12.7%	12.6%	11.9%	10.9%	11.1%	12.2%	9.9%	8.5%	12.6%	10.4%	11.9%	

Workforce

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

CQC level of inquiry: Well Led

Staff Training & CPD

Tab 6.1 Integrated Performance Report M4

Key Metrics - IPR Summary

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

Trust (100)

		Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
715	% appraisals up to date - Combined	57.00%	65.14%	83.86%	85.96%	96.29%	87.25%	87.25%	86.89%	85.66%	20.96%	32.36%	51.08%	78.58%	90.00%			
721	Statutory & Mandatory Training	88.67%	86.42%	86.90%	87.17%	88.82%	89.91%	90.19%	90.46%	90.70%	91.14%	90.76%	91.49%	90.57%	90.00%			
Staffing Capacity																		
875	Voluntary Turnover %	11.5%	13.0%	12.2%	12.5%	12.7%	12.5%	13.3%	13.6%	14.2%	14.4%	14.7%	14.9%	15.3%	14.0%			
732	Vacancy Rate %	11.71%	11.42%	13.20%	13.60%	13.30%	14.19%	15.17%	15.22%	14.47%	16.35%	15.12%	15.32%	15.42%	10.00%			
Efficiency																		
743	Monthly Sickness Rate	4.28%	4.43%	4.73%	4.94%	4.74%	7.01%	6.89%	5.01%	5.72%	4.96%	4.31%	4.77%	5.19%	3.50%			

Finance

		Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	1,888	24,132	1,268	842	6,807	7,923	9,030	30,633	22,029	10,277	2,457	6,021	5,848	(12,410)	24,603	127,268	
896	Budget - Overall	(619)	(1,623)	(902)	(405)	(68)	(79)	(89)	(80)	298	4,388	4,388	5,406	(12,410)		1,772	(1,176)	
897	Variance - Overall	(2,507)	(25,756)	(2,170)	(1,247)	(6,876)	(8,002)	(9,120)	(30,713)	(21,731)	(5,889)	1,932	(615)	(18,258)	0	(22,830)	(128,444)	
Medical - Agency																		
602	Variance - Medical - Agency	(779)	(742)	(696)	(716)	(672)	(577)	(718)	(710)	39	(563)	(652)	(875)	(991)	0	(3,080)	(7,871)	
Medical Bank																		
1095	Variance - Medical Bank	(1,635)	(976)	(913)	(1,495)	(1,018)	(929)	(1,948)	(1,110)	1,154	(1,379)	(1,550)	(1,347)	(1,284)	0	(5,560)	(12,796)	
Medical Substantive																		
599	Variance - Medical Substantive	2,090	1,322	1,907	610	1,185	1,027	965	842	2,754	706	1,301	1,065	784	0	3,856	14,467	
Nursing Agency																		
603	Variance - Nursing Agency	(402)	(420)	(452)	(421)	(424)	(492)	(495)	(538)	(496)	(422)	(471)	(488)	(533)	0	(1,915)	(5,653)	
Nursing Bank																		
1104	Variance - Nursing Bank	(2,183)	(2,669)	(2,346)	(2,611)	(2,322)	(2,895)	(4,115)	(2,435)	(3,866)	(2,484)	(2,867)	(2,261)	(2,496)	0	(10,109)	(33,369)	
Nursing Substantive																		
606	Variance - Nursing Substantive	3,327	2,867	3,127	3,507	3,137	3,147	1,863	3,644	3,658	3,152	3,400	3,200	3,099	0	12,851	37,801	

Tab 6.1 Integrated Performance Report M4

Key Metrics - IPR Summary

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

Trust (100)

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

Business Intelligence Unit
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Created date: October 2019

Tab 6.1 Integrated Performance Report M4

Key Metrics - IPR Summary

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

Trust (100)

775	The Friends and Family survey net promoter score for Maternity patients submitted to the DH via the Unify system for the reported month
800	Calculated by total delayed days during the month / calendar days in month.
801	Number of day cases divided by number of elective spells
831	The relative risk of 30 day emergency readmissions (ie: the ratio (multiplied by 100) of observed number of emergency readmissions to the expected number of 30 day readmissions). This KPI is reported on a rolling 12-month position using HES (Hospital Episode Statistics) data extracted from HED (Healthcare Evaluation Database).
875	The total number of voluntary leavers in a 12 month period as a percentage of the average headcount of staff in post in the same 12 month period. Note: Voluntary turnover is determined by the reason of leaving recorded on ESR. Voluntary turnover excludes 'Death in service', 'Dismissal', 'End of fixed-term contract and 'Redundancy' (Compulsory)
945	All research related incidents which are open on Datix (note that this data is only available quarterly)
1095	Variance for Medical Bank
1104	Variance for Nursing Bank
1357	Number of stranded patients. Ie: any patient who is in the hospital for 7 days or more.
1358	Number of super stranded patients. Ie: any patient who is in the hospital for 21 days or more.
1617	The percentage of moderate/severe/death incidents where findings from the RCA were shared. Based on the reported date recorded on Datix.
1897	Number of hospital associated VTE during an admission/within 90 days of discharge associated with inadequate VTE prevention according to local guidance
2717	Combined total for all Department of Health reportable infections: MRSA bacteraemias, VRE bacteraemias, post 48-hr CDT cases, MSSA bacteraemias, E.Coli bacteraemias, Klebsiella spp. bacteraemias, Pseudomonas aeruginosa bacteraemias and Cabapenemase producing organisms (confirmed CPE/CPO)
4537	Patients waiting over 104 weeks (RTT)
4557	Number of P2 admitted RTT pathways
4558	Percentage of P2 Admitted pathways waiting longer than 4 weeks from their Decision To Admit date to treatment
4917	The national Summary Hospital Mortality Indicator (SHMI) is a risk adjusted mortality rate expressed as an index based on the actual number of patients discharged who died in hospital or within 30 days compared to the expected number of deaths. This KPI is reported on a rolling 12-month position using NHS Digital data extracted from HED (Healthcare Evaluation Database).

Tab 6.2 Finance Report - M4

Month 04 – July 2022
Finance Report

King's Executive

August 2022

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

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Tab 6.2 Finance Report - M4

King's

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Tab 6.2 Finance Report - M4

Summary of Year to Date Financial Position*

King's

Year to date the Trust reports a deficit of £(19.6)m, This is predominantly driven CIP non achievement and incremental costs of reset and recovery and COVID.

	Last 3 Months			Current Month				Year to Date				Run Rate
	M1	M2	M3	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M3 vs M4
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	125.9	132.0	131.8	130.1	141.5	133.1	(8.4)	514.9	523.8	522.8	(1.0)	1.3
Employee Operating Expenses	(72.8)	(73.0)	(73.3)	(67.7)	(73.4)	(74.3)	(0.9)	(271.3)	(289.3)	(293.4)	(4.1)	(1.0)
Operating Expenses Excluding Employee Expenses	(56.6)	(59.3)	(60.8)	(59.0)	(52.3)	(60.0)	(7.7)	(219.9)	(224.6)	(236.7)	(12.1)	0.8
Non Operating Expenses	(2.7)	(3.4)	(2.6)	(2.7)	(3.4)	(3.9)	(0.4)	(12.5)	(11.8)	(12.5)	(0.7)	(1.3)
Trust Total	**(6.2)**	**(3.6)**	**(4.9)**	**0.7**	**12.4**	**(5.0)**	**(17.5)**	**11.1**	**(1.8)**	**(19.7)**	**(17.9)**	**(0.2)**
Less Depr On Donated Assets	0.1	0.1	0.1	0.1	0.1	0.1	(0.0)	0.4	0.3	0.5	(0.2)	(0.0)
Less Donated Assets Income	0.1	0.0	(0.2)	0.0	(0.0)	(0.3)	0.3	(0.4)	(0.1)	(0.4)	0.3	(0.1)
Less Fixed Asset Impairments												0.0
Less Impairment, donated income	**0.2**	**0.1**	**(0.1)**	**0.1**	**0.1**	**(0.2)**	**0.2**	**(0.0)**	**0.3**	**0.1**	**0.1**	**(0.1)**
Operating Total (including ERF)	**(5.9)**	**(3.5)**	**(4.9)**	**0.8**	**12.5**	**(5.2)**	**(17.2)**	**11.1**	**(1.5)**	**(19.6)**	**(17.8)**	**(0.3)**
Less Elective Recovery Fund	(1.7)	(1.7)	(1.7)	(10.4)	(1.1)	(1.1)	(0.0)	(22.8)	(6.3)	(6.3)	(0.0)	0.6
Operating Total (excluding ERF)	**(7.7)**	**(5.2)**	**(6.7)**	**(9.6)**	**11.4**	**(6.3)**	**(17.2)**	**(11.7)**	**(7.8)**	**(25.9)**	**(17.8)**	**0.4**

Key Messages:

*The above figures include consolidation of subsidiary surplus's in non pay and not line by line.

As at month 4, the Trust has reported a year to date deficit of £(19.6)m. The Trust plan includes £35m of cost improvement (£23.3m pay and £11.7m non-pay) and £20m of income improvement above block contracts. These improvement plans are included on a flat phased basis in the plan (£4.5m a month) but delivery is likely to be back weighted. In order to deliver the updated breakeven plan for the year (previously a £52m deficit), it is important that the Trust now starts to deliver these improvement targets.

The King's plan, in line with national assumptions for minimal COVID, assumed for 50 COVID beds and normalised sickness. Over the last three months King's has had on average 200+ COVID patients, 30 additional beds out of action due to the IPC requirements relating to these patients and sickness absence which is 3% above anticipated levels. This has led to incremental costs but also hampered the Trust's ability to over perform on ERF. At month 4 it is estimated the direct impact of excess COVID patients is c.£10m.

Driving the £19.6m deficit, are the following factors:

Operating Income

- Income is behind the plan due to income relating to incremental ERF (annual figure £10m), Overseas (£5m annual) and Commercial CIP (£5m annual) partly offset by prior year one off benefit on prior year Drugs over performance (£2.7m)

Employee Expenses (Pay)

- £4.1m overspend compared to plan is due to underachieving on CIPs, incremental COVID and reset and recovery.
  - Planned cost improvement target of £23.3m has been phased equally across the year (£1.9m per month) and not yet achieved.
  - Staff sickness and COVID pressures have led to estimated cost pressure of £3-4m based on 1.5-2% increase in WTE.
  - Unfunded reset and recovery costs of £1.5m are required to deliver the elective recovery process.
  - Budget for business cases/agreed cost pressures of £6.4m has been phased equally across the year (£0.7m per month), and partially mitigates the above overspends.

Operating Expenses (Non-Pay)

- £12.1m overspend compared to plan is mainly due to underachieving on CIPs and additional pressures :
  - £5.1m of overspend due to COVID testing which is partially offset by income (Trust does not currently recognise income for ePlex tests pending NHSE approval)
  - Planned cost improvement target of £11.7m has been phased equally across the year (£1.0m per month) and not yet fully achieved, so is reported as an overspend.
  - Drugs expenditure is significantly higher than budget (£4.2m YTD),partially offset by income and other various underspends, mainly in 'Other' expenditure.
  - C£1m of COVID costs relating to reset and recovery, IPC and incremental COVID capacity.
  - Budget for cost pressures against excess inflation of £7.0m has been phased equally across the year (£0.6m per month) is not yet fully materialised and partially mitigates the above.

- Non operating expenses £0.7m behind the plan mainly due to a forecast increase in the annual dividend (£0.5m in mth 4)

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Tab 6.2 Finance Report - M4

King's

Detail (1/3) – Operating Income

Actuals	Last 3 Months			Current Month				Year to Date				Run Rate Change
	M1	M2	M3	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M3 vs M4
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
NHS England	44.9	49.2	50.4	42.6	52.1	49.1	(2.9)	172.4	195.3	193.6	(1.7)	(1.3)
Clinical Commissioning Groups	67.3	46.1	51.4	62.2	63.6	55.4	(8.2)	240.8	226.1	220.2	(5.9)	4.0
Pass Through Drugs Income		25.6	19.1	16.8	13.7	15.4	1.7	58.2	54.3	60.2	5.9	(3.7)
NHS Foundation Trusts	0.0	0.0	(0.0)	0.0		0.0	0.0	0.0		0.0	0.0	0.0
NHS Trusts	1.0	(0.8)	0.1	0.0	0.1	0.1	(0.0)	0.3	0.5	0.4	(0.1)	0.0
Local Authorities	0.3	0.2	0.4	0.3	0.3	0.3	(0.0)	0.8	1.3	1.2	(0.1)	(0.1)
NHS Other (Including Public Health England)	0.1	0.6	0.3	0.5	1.1	1.2	0.1	2.0	4.5	2.2	(2.3)	0.9
Non NHS: Private Patients	0.6	0.9	0.4	0.6	0.9	0.8	(0.0)	1.1	3.4	2.7	(0.7)	0.4
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	0.2	0.2	0.2	0.3	0.3	0.4	0.1	1.2	1.2	1.0	(0.2)	0.2
Injury Cost Recovery Scheme	0.2	0.9	0.3	0.2	0.3	0.4	0.2	1.1	1.1	1.9	0.8	0.1
Non NHS: Other												0.0
Operating Income From Patient Care Activities	114.6	123.0	122.6	123.6	132.4	123.3	(9.1)	478.1	487.7	483.5	(4.3)	0.7
Research and Development	2.7	1.6	1.1	1.2	1.4	0.7	(0.7)	5.4	5.6	6.1	0.5	(0.4)
Education and Training	3.6	3.6	3.6	0.0	3.6	4.1	0.5	12.9	14.5	15.0	0.5	0.5
Cash Donations / Grants For The Purchase Of Capital Assets	(0.1)	0.0	0.2	0.0	0.0	0.3	0.3	0.4	0.1	0.4	0.3	0.1
Charitable and Other Contributions To Expenditure	0.0	0.0	0.0	0.0		(0.0)	(0.0)	0.0		0.0	0.0	(0.0)
Non-Patient Care Services To Other Non Wga Bodies	1.1	0.8	0.9	1.0	0.7	1.2	0.5	4.3	3.5	4.1	0.6	0.2
PSF, FRF, MRET funding and Top-Up	0.9	0.8	0.6	1.0		0.5	0.5	3.8		2.7	2.7	(0.1)
Income In Respect Of Employee Benefits Accounted On A Gross Basis	0.9	0.4	0.6	0.6	0.9	0.7	(0.3)	2.6	3.2	2.6	(0.7)	0.1
Rental Revenue From Operating Leases	0.1	0.1	0.1	0.1	0.1	0.1	(0.0)	0.4	0.3	0.3	0.0	(0.0)
Other (Operating Income)	2.2	1.7	2.1	2.5	2.4	2.3	(0.1)	7.2	8.8	8.2	(0.6)	0.2
Other Operating Income	11.4	9.0	9.2	6.6	9.1	9.8	0.7	36.9	36.1	39.4	3.3	0.6
Finance Income								(0.1)				0.0
Finance Income								(0.1)				0.0
Operating Income	125.9	132.0	131.8	130.1	141.5	133.1	(8.4)	514.9	523.8	522.8	(1.0)	1.3

1 Operating Income from Patient Care – an adverse variance of £9.1 m against budget in month

In month 4, CCG/ICBs budgets has been adjusted to reflect contractual agreement . In month adjustment for CCG/ ICB was £7.8m

- Included in the plan is £20m of income improvement above block contracts, which has been phased equally throughout the year (£1.7m in month). This has not been delivered year to date, but is likely to be back weighted.

2 Other Operating Income – an favourable variance of £0.7m against budget in month

The favourable variance of £0.7m in month is mainly driven by income for Covid testing.

There is potential for future benefit of COVID E-Plex testing. This was not funded in Q1 or Q2 of 2021/22, but it was in Q3 (£1.8m). We are awaiting guidance regarding Q4 2021/22 and Q1 2022/23 before providing for this. Currently, we have a year to date cost pressure of £2m at month 3 for these E-Plex tests.

The favourable variance on Education and training of £0.5m relates to additional funding of workforce development in Q2 which is partly offset by underperformance on Salary Recharges £0.3m due to pending SLAs agreements.

Tab 6.2 Finance Report - M4

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

Actuals	Last 3 Months			Current Month				Year to Date				Average Run Rate
	M1	M2	M3	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M3 vs M4
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Substantive Staff	(21.4)	(21.2)	(21.2)	(19.6)	(22.4)	(21.6)	0.8	(79.2)	(89.3)	(85.4)	3.9	(0.3)
Bank Staff	(1.4)	(1.6)	(1.4)	(1.7)	(0.0)	(1.3)	(1.3)	(5.9)	(0.1)	(5.6)	(5.6)	0.1
Agency / Contract	(0.6)	(0.7)	(1.0)	(0.9)	(0.1)	(1.1)	(1.0)	(2.8)	(0.3)	(3.4)	(3.1)	(0.1)
Medical Staff	(23.4)	(23.5)	(23.6)	(22.1)	(22.4)	(23.9)	(1.5)	(87.9)	(89.6)	(94.4)	(4.8)	(0.4)
Substantive Staff	(24.7)	(24.6)	(24.4)	(23.8)	(27.9)	(24.8)	3.1	(95.3)	(111.4)	(98.5)	12.9	(0.4)
Bank Staff	(3.1)	(3.5)	(3.3)	(2.8)	(0.8)	(3.3)	(2.5)	(11.2)	(3.1)	(13.2)	(10.1)	0.1
Agency / Contract	(0.5)	(0.6)	(0.6)	(0.5)	(0.1)	(0.6)	(0.5)	(2.7)	(0.4)	(2.4)	(1.9)	(0.0)
Nursing Staff	(28.3)	(28.7)	(28.4)	(27.1)	(28.8)	(28.7)	0.1	(109.1)	(114.9)	(114.1)	0.8	(0.3)
Substantive Staff	(11.8)	(11.4)	(12.0)	(9.7)	(13.5)	(12.1)	1.3	(39.3)	(53.4)	(47.3)	6.1	(0.2)
Bank Staff	(0.4)	(0.4)	(0.4)	(0.5)	0.0	(0.1)	(0.1)	(1.5)	(0.1)	(1.2)	(1.2)	0.3
Agency / Contract	(0.2)	(0.3)	(0.4)	(0.2)		(0.4)	(0.4)	(0.9)		(1.2)	(1.2)	(0.1)
Admin & Clerical	(12.4)	(12.0)	(12.7)	(10.3)	(13.5)	(12.6)	0.8	(41.6)	(53.5)	(49.8)	3.7	0.1
Substantive Staff	(8.2)	(8.2)	(8.1)	(7.6)	(9.4)	(8.2)	1.2	(30.8)	(37.4)	(32.7)	4.7	(0.1)
Substantive Staff (Apprentices)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.1)	(0.1)	(0.1)	0.1	0.0
Bank Staff	(0.3)	(0.3)	(0.2)	(0.4)	(0.0)	(0.2)	(0.2)	(0.9)	(0.1)	(1.0)	(0.9)	0.1
Agency / Contract	(0.2)	(0.2)	(0.3)	(0.2)	(0.1)	(0.6)	(0.5)	(0.8)	(0.3)	(1.3)	(1.0)	(0.3)
Other Staff	(8.7)	(8.7)	(8.6)	(8.1)	(9.5)	(9.0)	0.5	(32.6)	(37.9)	(35.0)	2.8	(0.4)
CIP Target Pay					0.8		(0.8)		6.6		(6.6)	0.0
Pay Savings Target					0.8		(0.8)		6.6		(6.6)	0.0
Substantive Staff (Pension Charge)												0.0
Pay Reserves												0.0
Employee Operating Expenses	(72.8)	(73.0)	(73.3)	(67.7)	(73.4)	(74.3)	(0.9)	(271.3)	(289.3)	(293.4)	(4.1)	(1.0)
Substantive Staff Total	(66.1)	(65.5)	(65.7)	(60.7)	(72.3)	(66.7)	5.6	(244.7)	(284.9)	(264.0)	20.9	(1.0)
Bank Staff Total	(5.2)	(5.7)	(5.4)	(5.3)	(0.8)	(4.8)	(4.0)	(19.5)	(3.3)	(21.1)	(17.7)	0.5
Agency / Contract Total	(1.6)	(1.8)	(2.2)	(1.7)	(0.3)	(2.7)	(2.5)	(7.1)	(1.0)	(8.3)	(7.2)	(0.5)
Employee Operating Expenses	(72.8)	(73.0)	(73.3)	(67.7)	(73.4)	(74.3)	(0.9)	(271.3)	(289.3)	(293.4)	(4.1)	(1.0)

① Medical – an adverse variance in month of £1.5m against budget

Across the Trust, pressures continue due to rota gaps, sickness, vacancies and COVID pressures. This is covered by Bank and Agency staff and so drives an adverse variance to budget.

Work is underway to recruit to vacancies, and so to reduce Bank and Agency spend.

③ A&C – a favourable variance in month of £0.8m against budget

The variance is driven by Corporate (£0.7m) where there is a high number of vacancies (predominantly in ICT, Finance, Estates & Facilities). In addition, the budget for NI inflation is held under A&C, but the actuals for have been paid against the actual categories. Offset partially by budget reclassification.

Other – a favourable variance in month of £0.5m against budget. Driven by vacancies (predominantly in Therapies)..

② Nursing – a favourable variance in month of £0.1m against budget

Despite continued sickness and vacancies and COVID pressures, nursing pay is largely in line with the budget and also with run rate.

④ Employer's NI contributions increased by 1.25% in 2022/23, and pay award of 2% is being accrued monthly (£1.3m).

Taking this into account, across all categories, pay is in line with trend. However work needs to be done to start achieving CIPs, in order to meet the Trust's plan to breakeven.

Pay includes YTD costs; reset & recovery (£1.5m), COVID (£0.9m) and mass vaccination (£0.6m).

Tab 6.2 Finance Report - M4

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Year to Date - Pay run rate

The Trust exited 2021/22 with a pay bill of £840.2m (excluding £31.2m year end pension adjustment, and also a £1.8m decrease to the annual leave provision) resulting in an average pay cost of £70m per month. The year on year increase is predominantly due to the 3% pay inflation (1% NI, and 2% pay award).

Allowing for inflation, pay is in line with the 2021/21 average, £70m.

Pay includes YTD costs; reset & recovery (£1.1m), COVID (£0.6m) and mass vaccination (£0.5m).

Over budget by £1.4m in month due predominantly to budget phasing. Also, sickness/vacancies continue to be filled by Bank & Agency shifts.

2021/22: Pay award (£9m) was paid in M6 but for the purpose of the graph has been backdated evenly from M1-6.

M10 includes thank you bonus (£2.3m) and enhanced pay rate paid to clinical bank staff (£2.7m)

Legend: 22/23 | Pay inflation (NI & Pay awards) | COVID & Recovery Costs | 21/22 | 21/22 Average | 22/23 Plan

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Tab 6.2 Finance Report - M4
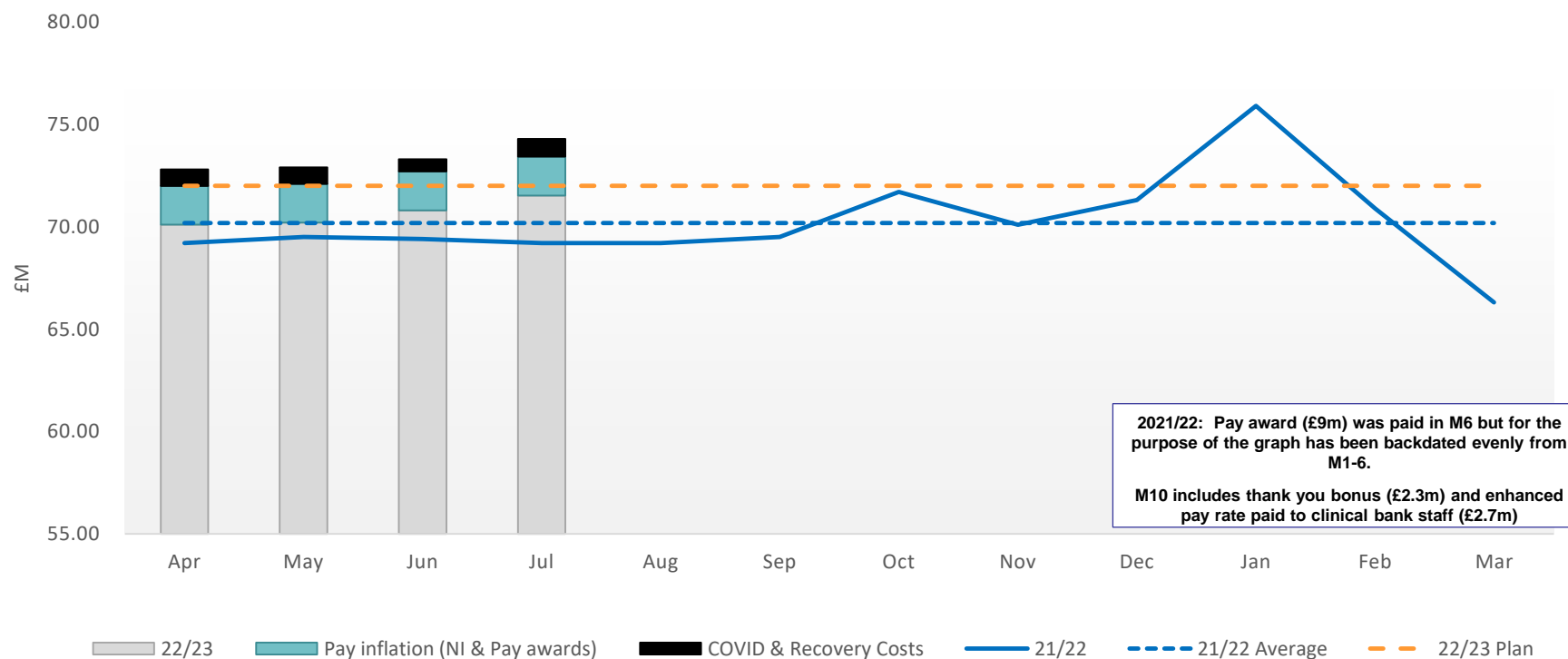
Year on Year – Pay Review

The Trust's underlying pay run-rate was consistent over M01-12 of 2021/22. Overall, substantive recruitment has increased and this is being offset by reducing temporary staffing spend.

- The increase in M01 of 2022/23 is due to pay inflation:
  - Employer's National Insurance contributions increased from 13.8% to 15.05% from April 2022
  - Pay award of 2% on substantive pay has been accrued (in previous years, it wasn't recognised until paid).
- M03 pay remains consistent with M02.

All Staff
Current year and Previous year current month actuals
(Substantive, Bank & Agency)

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

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

2021/22

2022/23

2022/23	Substantive Staff Total	Bank Staff Total	Agency / Contract Total
2021/22	Substantive Staff Total	Bank Staff Total	Agency / Contract Total
2021/22 Average Pay Costs		All Staff - Actual Monthly WTE

Tab 6.2 Finance Report - M4

King's

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

Actuals	Last 3 Months			Current Month				Year to Date				Average Run Rate
	M1	M2	M3	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M3 vs M4
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Purchase Of Healthcare From NHS Bodies	(0.7)	(0.9)	(0.9)	(1.0)	(1.0)	(0.8)	0.2	(3.5)	(4.3)	(3.4)	1.0	0.1
Purchase Of Healthcare From Non-NHS Bodies	(15.3)	(15.4)	(15.0)	(18.3)	(15.3)	(15.3)	0.0	(64.1)	(61.4)	(61.0)	0.3	(0.2)
Non-Executive Directors												0.0
Supplies and Services - Clinical (Excluding Drugs Costs)	(2.9)	(2.6)	(2.6)	(2.1)	(1.4)	(2.6)	(1.2)	(8.6)	(5.9)	(10.8)	(4.9)	0.0
Supplies and Services - General	(0.2)	(0.0)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)	(0.6)	(0.3)	(0.4)	(0.1)	(0.1)
Drugs costs – on tariff	(3.7)	(1.2)	(2.5)	(2.8)	(2.1)	(2.3)	(0.2)	(14.5)	(8.4)	(9.6)	(1.2)	0.2
Pass Through Drugs Cost	(11.0)	(17.8)	(14.5)	(13.1)	(13.5)	(13.9)	(0.4)	(47.7)	(54.2)	(57.2)	(3.0)	0.5
Consultancy	(1.6)	(0.2)	(0.8)	(0.5)	0.1	(0.6)	(0.7)	(1.8)	(1.5)	(3.2)	(1.7)	0.2
Establishment	(1.0)	(0.7)	(1.3)	(1.1)	(1.0)	(1.1)	(0.1)	(4.3)	(3.8)	(4.0)	(0.2)	0.2
Premises - Business Rates Payable To Local Authorities	(0.4)	(0.4)	(0.0)	(0.4)	(0.4)	(0.6)	(0.3)	(1.6)	(1.5)	(1.6)	(0.0)	(0.6)
Premises - Other	(10.6)	(9.6)	(12.3)	(9.7)	(10.8)	(12.4)	(1.6)	(36.2)	(43.3)	(44.9)	(1.6)	(0.1)
Transport	(1.0)	(0.8)	(0.9)	(0.9)	(1.1)	(1.2)	(0.1)	(3.6)	(4.2)	(3.8)	0.4	(0.3)
Depreciation	(3.2)	(3.6)	(2.4)	(3.0)	(3.0)	(2.9)	0.1	(10.8)	(12.2)	(12.1)	0.1	(0.6)
Amortisation			(0.9)			(0.3)	(0.3)			(1.2)	(1.2)	0.6
Fixed Asset Impairments net of Reversals												0.0
Increase/(Decrease) In Impairment Of Receivables	0.3	(0.1)	(0.2)	(0.2)	(0.3)	(0.4)	(0.0)	(1.2)	(1.4)	(0.3)	1.1	(0.2)
Audit Fees and Other Auditor Remuneration	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.1)	(0.1)	(0.1)	0.1	(0.0)
Clinical Negligence	(3.7)	(3.7)	(4.2)	(4.2)	(3.9)	(3.9)	0.0	(16.0)	(15.4)	(15.4)	0.0	0.3
Research and Development - Non-Staff	(0.3)	(0.2)	0.0	(0.0)	(0.2)	(0.1)	0.1	(0.1)	(0.8)	(0.6)	0.2	(0.1)
Education and Training - Non-Staff	(0.6)	(0.6)	(0.4)	(0.4)	(0.5)	(0.5)	(0.0)	(1.5)	(2.4)	(2.0)	0.3	(0.1)
Operating Lease Expenditure (net)	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(0.0)	0.1	(0.6)	(0.4)	(0.7)	(0.3)	0.2
Charges To Operating Expenditure For Ifric 12 Schemes (eg PFI / LIFT) On Ifrs Basis												0.0
Other	(0.4)	(1.6)	(1.5)	(0.9)	(2.3)	(1.0)	1.3	(3.4)	(9.3)	(4.5)	4.8	0.6
Operating Expenses Excluding Employee Expenses	**(56.6)**	**(59.4)**	**(60.8)**	**(59.0)**	**(56.9)**	**(60.1)**	**(3.1)**	**(219.9)**	**(230.8)**	**(236.8)**	**(6.0)**	**0.8**
CIP Target Non Pay		0.1	0.0		4.7	0.0	(4.6)		6.3	0.2	(6.1)	(0.0)
Non Pay Savings Target		**0.1**	**0.0**		**4.7**	**0.0**	**(4.6)**		**6.3**	**0.2**	**(6.1)**	**(0.0)**
Operating Expenses Excluding Employee Expenses	**(56.6)**	**(59.3)**	**(60.8)**	**(59.0)**	**(52.3)**	**(60.0)**	**(7.7)**	**(219.9)**	**(224.6)**	**(236.7)**	**(12.1)**	**0.8**

(1)

Operating expenses – an adverse variance in month of £7.7m against budget

Non-Pay costs are £0.8m lower than in month 3, and £7.7m overspend compared to budget. In month 4 budget has been adjusted to reflect the agreed break even position which caused the significant variance in month on Non Pay CIP target.

In the plan, we have evenly phased the following items, for which haven't yet seen the impact of inflation nor cost improvement plans:

- £12m Non-Pay inflation (£1m per month)
- £7m Energy excess inflation (£0.6m per month)
- £2m Business Cases/Cost Pressures (£0.2m per month)
- (£11.7m) Cost Improvement Plans which were unidentified.

For 2022/23, we are going to track the impact of inflation on costs of our major contracts, such as ICT, Energy & Utilities in conjunction with KFM. Inflation tracking on clinical supplies remains below 1% at the moment.

Also in month, we have seen a significant increase in Pass through Drugs costs which is now offset by income.
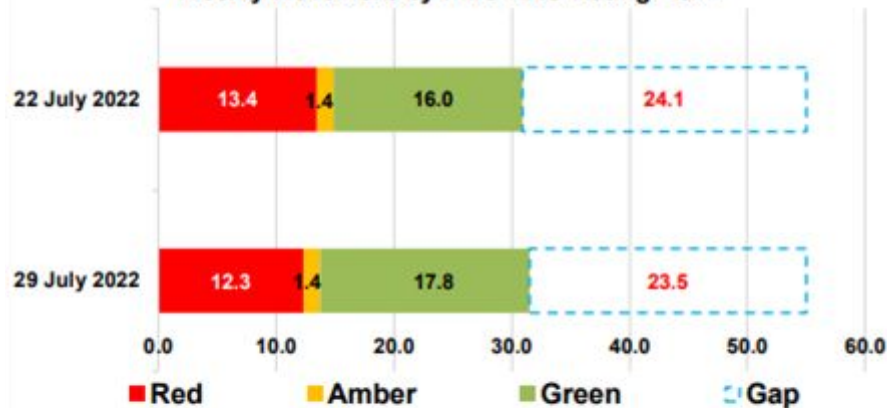
YTD actuals include £5.1m for COVID testing (Supplies & Services – Clinical). £2.4m of this has offset by income, however £2.7m relates to E-Plex tests for which funding guidelines remain unclear, so currently is a cost pressure.

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Tab 6.2 Finance Report - M4

King's

The overall Trust Efficiency Programme has identified schemes to the total value of £31.5m.

Headlines:

- The Kings Group Efficiency Programme target is £55m.
- The programme to date has identified £31.5m of schemes broken down as £12.3m in Red, £1.4m in Amber and £17.8m in Green. The identified schemes are currently split Recurrent £13.3m and Non-Recurrent £18.2m.
- This leaves an unidentified planning gap of £23.5m.
- To address this gap, there are £10.9m of schemes currently in the pipeline to be matured, agreed and reflected in the identified programme. These schemes need further development by the care groups.
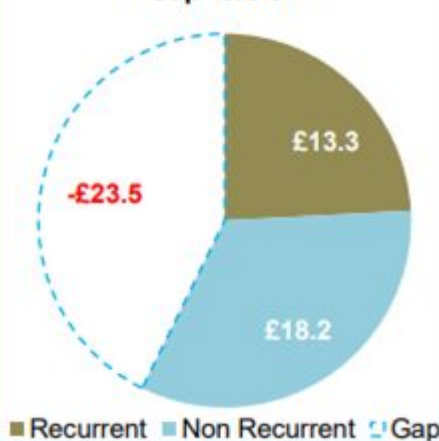
Weekly Movement by PMO RAG Rating - £m

22 July 2022: Red 13.4, Amber 1.4, Green 16.0, Gap 24.1

29 July 2022: Red 12.3, Amber 1.4, Green 17.8, Gap 23.5

Legend: ■ Red ■ Amber ■ Green ⬚ Gap

Total identification - Target vs. Identified

Site	Target	Pipeline Scheme	Identified	Gap	Red	Amber	Green
Denmark Hill	20.1	1.3	9.4	(10.7)	0.9	1.4	7.1
PRUH and South Sites	7.6	3.0	3.2	(4.4)	0.5	0.0	2.6
Corporate	4.2	1.6	2.6	(1.6)	0.8	0.0	1.8
Commercial	8.1	0.0	2.2	(5.8)	0.0	0.0	2.2
Unallocated	15.0	5.0	14.1	(0.9)	10.1	0.0	4.0
Total	**55.0**	**10.9**	**31.5**	**(23.5)**	**12.3**	**1.4**	**17.8**

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

Recurrent £13.3, Non Recurrent £18.2, Gap -£23.5

Legend: ■ Recurrent ■ Non Recurrent ⬚ Gap

Total Identified - Split by Type - £55.0m

Pay £4.6, Non Pay £10.0, Income £16.9, Gap -£23.5

Legend: ■ Pay ■ Non Pay ■ Income ⬚ Gap

Total Identified split by Workstreams (£m)

- Digitisation 0.0
- Workforce Temporary Staffing 2.5
- Workforce Clinical Productivity 3.5
- Theatres Transformation 0
- OPT Transformation
- Care Group General Efficiency 9.4
- Medicines Management 0.5
- Procurement 3.5
- Commercial (Cross Site)
- Corporate (Cross Site) 6.2

Legend: ■ Red ■ Amber ■ Green ⬚ Gap

Tab 6.2 Finance Report - M4
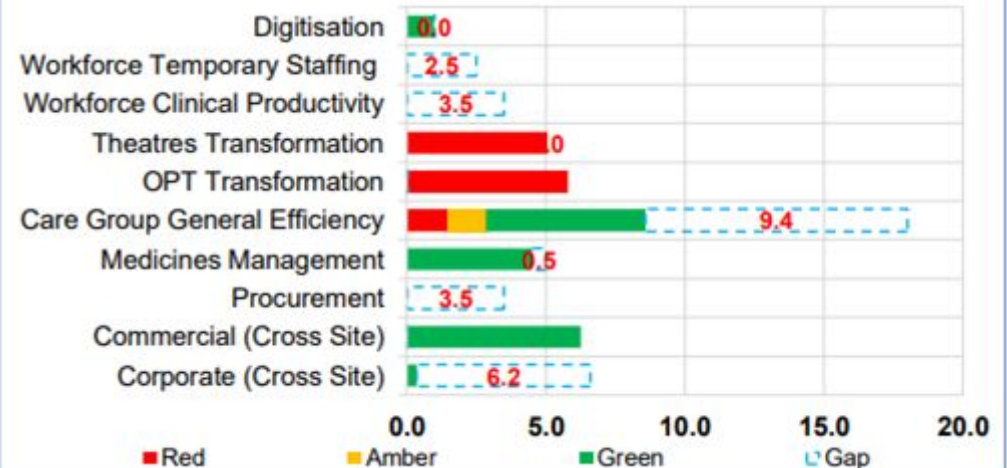
Better Payment Practice

Details for M4 (YTD) as below:

Better payment practice code	YTD Number	YTD £'000
Non NHS		
Total bills paid in the year	78,182	432,943
Total bills paid within target	57,374	372,074
Percentage of bills paid within target	73.4%	85.9%
NHS		
Total bills paid in the year	1,024	19,968
Total bills paid within target	513	7,857
Percentage of bills paid within target	50.1%	39.3%
Total		
Total bills paid in the year	79,206	452,911
Total bills paid within target	57,887	379,931
Percentage of bills paid within target	73.1%	83.9%

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Tab 6.2 Finance Report - M4

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Appendices

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Tab 6.2 Finance Report - M4

Appendices 1.0
Run Rate Detail M02

Tab 6.2 Finance Report - M4

1.1 Run Rate Detail – Operating Income

12 Months Rolling Run Rate	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-22	Feb-22	Mar-22	Apr-23	May-23	Jun-23	Jul-23	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
NHS England	45.5	44.4	51.1	43.0	48.2	45.1	45.7	77.4	44.9	49.2	50.4	49.1	593.9
Clinical Commissioning Groups	48.4	57.4	58.1	60.3	55.8	56.1	56.8	53.8	67.3	46.1	51.4	55.4	666.9
Pass Through Drugs Income	13.6	11.6	16.4	13.3	13.5	15.0	14.3	16.5	0.0	25.6	19.1	15.4	174.5
NHS Foundation Trusts	0.0	0.0	0.0	0.0	0.0	(0.2)	0.0	0.1	0.0	0.0	(0.0)	0.0	(0.0)
NHS Trusts	0.2	0.1	0.1	0.2	(0.0)	0.1	(0.0)	(0.5)	1.0	(0.8)	0.1	0.1	0.6
Local Authorities	0.3	0.3	0.4	0.2	0.3	0.8	0.3	(0.4)	0.3	0.2	0.4	0.3	3.5
NHS Other (Including Public Health England)	(0.0)	0.0	0.4	0.2	0.1	(0.1)	0.8	(0.8)	0.1	0.6	0.3	1.2	2.8
Non NHS: Private Patients	0.3	0.3	0.4	0.4	0.7	0.3	1.0	0.9	0.6	0.9	0.4	0.8	7.0
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To	0.5	0.3	0.3	0.2	0.4	0.3	0.2	0.3	0.2	0.2	0.2	0.4	3.6
Injury Cost Recovery Scheme	0.4	0.3	0.3	0.2	0.3	0.3	0.2	0.3	0.2	0.9	0.3	0.4	4.2
Non NHS: Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1	0.0	0.0	0.0	0.0	2.1
Operating Income From Patient Care Activities	**109.3**	**114.8**	**127.5**	**118.0**	**119.3**	**117.6**	**119.2**	**149.8**	**114.6**	**123.0**	**122.6**	**123.3**	**1,459.0**
Research and Development	1.5	1.8	0.7	1.4	2.4	2.2	2.1	1.1	2.7	1.6	1.1	0.7	19.3
Education and Training	3.7	3.8	5.7	3.4	3.4	3.2	3.9	4.6	3.6	3.6	3.6	4.1	46.9
Cash Donations / Grants For The Purchase Of Capital Assets	0.1	0.0	0.0	0.1	0.0	2.5	0.1	3.4	(0.1)	0.0	0.2	0.3	6.6
Charitable and Other Contributions To Expenditure	(0.0)	(0.0)	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)
Non-Patient Care Services To Other Non Wga Bodies	1.0	1.0	0.9	0.9	1.0	1.0	1.1	0.9	1.1	0.8	0.9	1.2	11.9
PSF, FRF, MRET funding and Top-Up	(3.8)	3.9	4.6	1.5	2.1	1.2	3.8	1.6	0.9	0.8	0.6	0.5	17.7
Income In Respect Of Employee Benefits Accounted On A Gross	1.0	0.7	0.6	0.2	0.5	1.1	0.4	1.1	0.9	0.4	0.6	0.7	8.1
Rental Revenue From Operating Leases	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.3	0.1	0.1	0.1	0.1	1.3
Other (Operating Income)	2.2	10.4	(7.2)	2.4	1.1	1.9	1.4	7.3	2.2	1.7	2.1	2.3	27.9
Other Operating Income	**5.9**	**21.7**	**5.4**	**10.1**	**10.6**	**13.3**	**13.0**	**20.4**	**11.4**	**9.0**	**9.2**	**9.8**	**139.8**
Finance Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	2.0
Finance Income	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**					**2.0**
Operating Income	**115.1**	**136.5**	**132.9**	**128.1**	**129.9**	**131.0**	**132.2**	**172.2**	**125.9**	**132.0**	**131.8**	**133.1**	**1,600.8**

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Tab 6.2 Finance Report - M4

1.2 Run Rate Detail – Employee Expenses

12 Months Rolling Run Rate	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-22	Feb-22	Mar-22	Apr-23	May-23	Jun-23	Jul-23	Total
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Substantive Staff	(20.0)	(22.0)	(21.2)	(20.9)	(21.0)	(21.2)	(21.0)	(19.5)	(21.4)	(21.2)	(21.2)	(21.6)	(252.4)
Bank Staff	(1.0)	(0.9)	(1.5)	(1.0)	(1.0)	(2.0)	(1.1)	1.1	(1.4)	(1.6)	(1.4)	(1.3)	(13.1)
Agency / Contract	(0.8)	(0.8)	(0.8)	(0.7)	(0.6)	(0.8)	(0.8)	(0.0)	(0.6)	(0.7)	(1.0)	(1.1)	(8.8)
Medical Staff	**(21.9)**	**(23.7)**	**(23.5)**	**(22.7)**	**(22.6)**	**(24.0)**	**(23.0)**	**(18.4)**	**(23.4)**	**(23.5)**	**(23.6)**	**(23.9)**	**(274.2)**
Substantive Staff	(23.9)	(28.1)	(23.8)	(24.6)	(24.7)	(26.1)	(24.4)	(24.1)	(24.7)	(24.6)	(24.4)	(24.8)	(298.2)
Bank Staff	(3.3)	(3.0)	(3.3)	(3.0)	(3.5)	(4.7)	(3.1)	(4.5)	(3.1)	(3.5)	(3.3)	(3.3)	(41.5)
Agency / Contract	(0.5)	(0.6)	(0.5)	(0.5)	(0.6)	(0.6)	(0.6)	(0.6)	(0.5)	(0.6)	(0.6)	(0.6)	(7.0)
Nursing Staff	**(27.8)**	**(31.7)**	**(27.6)**	**(28.1)**	**(28.7)**	**(31.4)**	**(28.1)**	**(29.2)**	**(28.3)**	**(28.7)**	**(28.4)**	**(28.7)**	**(346.7)**
Substantive Staff	(9.5)	(11.2)	(10.8)	(10.0)	(10.3)	(10.8)	(10.9)	(7.7)	(11.8)	(11.4)	(12.0)	(12.1)	(128.5)
Bank Staff	(0.5)	(0.4)	(0.5)	(0.5)	(0.4)	(0.8)	(0.4)	(0.3)	(0.4)	(0.4)	(0.4)	(0.1)	(5.1)
Agency / Contract	(0.2)	(0.3)	(0.6)	(0.3)	(0.4)	(0.0)	(0.1)	(0.2)	(0.2)	(0.3)	(0.4)	(0.4)	(3.4)
Admin & Clerical	**(10.3)**	**(12.0)**	**(11.9)**	**(10.8)**	**(11.1)**	**(11.6)**	**(11.4)**	**(8.2)**	**(12.4)**	**(12.0)**	**(12.7)**	**(12.6)**	**(137.0)**
Substantive Staff	(7.5)	(9.2)	(8.0)	(8.2)	(8.3)	(8.5)	(8.2)	(8.1)	(8.2)	(8.2)	(8.1)	(8.2)	(98.8)
Substantive Staff (Apprentices)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.8)	(0.0)	(0.0)	(0.0)	(0.0)	(3.0)
Bank Staff	(0.2)	(0.2)	(0.3)	(0.2)	(0.2)	(0.4)	(0.2)	(0.4)	(0.3)	(0.3)	(0.2)	(0.2)	(3.0)
Agency / Contract	(0.1)	(0.2)	(0.4)	(0.3)	(0.2)	0.0	(0.1)	(0.1)	(0.2)	(0.2)	(0.3)	(0.6)	(2.6)
Other Staff	**(7.8)**	**(9.7)**	**(8.6)**	**(8.6)**	**(8.8)**	**(8.9)**	**(8.5)**	**(11.3)**	**(8.7)**	**(8.7)**	**(8.6)**	**(9.0)**	**(107.4)**
CIP Target Pay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pay Savings Target	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Substantive Staff (Pension Charge)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(31.2)	0.0	0.0	0.0	0.0	(31.2)
Pay Reserves								**(31.2)**					**(31.2)**
Employee Operating Expenses	**(67.7)**	**(77.0)**	**(71.7)**	**(70.1)**	**(71.3)**	**(75.9)**	**(70.9)**	**(98.5)**	**(72.8)**	**(73.0)**	**(73.3)**	**(74.3)**	**(896.5)**
Substantive Staff Total	(61.1)	(70.6)	(63.8)	(63.6)	(64.3)	(66.7)	(64.4)	(93.5)	(66.1)	(65.5)	(65.7)	(66.7)	(812.1)
Bank Staff Total	(5.0)	(4.6)	(5.6)	(4.7)	(5.1)	(7.8)	(4.8)	(4.0)	(5.2)	(5.7)	(5.4)	(4.8)	(62.7)
Agency / Contract Total	(1.6)	(1.8)	(2.3)	(1.8)	(1.8)	(1.4)	(1.7)	(1.0)	(1.6)	(1.8)	(2.2)	(2.7)	(21.7)
Employee Operating Expenses	**(67.7)**	**(77.0)**	**(71.7)**	**(70.1)**	**(71.3)**	**(75.9)**	**(70.9)**	**(98.5)**	**(72.8)**	**(73.0)**	**(73.3)**	**(74.3)**	**(896.5)**

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Tab 6.2 Finance Report - M4

King's

1.3 Run Rate Detail – Operating Expenses

12 Months Rolling Run Rate	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-22	Feb-22	Mar-22	Apr-23	May-23	Jun-23	Jul-23	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Purchase Of Healthcare From NHS Bodies	(0.9)	(1.0)	(0.9)	(1.0)	(1.1)	(1.2)	(0.7)	(0.0)	(0.7)	(0.9)	(0.9)	(0.8)	(10.1)
Purchase Of Healthcare From Non-NHS Bodies	(14.8)	(15.8)	(16.1)	(17.8)	(18.8)	(19.8)	(14.6)	(36.7)	(15.3)	(15.4)	(15.0)	(15.3)	(215.4)
Non-Executive Directors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.2)	0.0	0.0	0.0	0.0	(0.2)
Supplies and Services - Clinical (Excluding Drugs Costs)	(3.5)	(2.5)	(3.1)	(3.3)	(3.2)	(2.9)	(3.1)	(6.3)	(2.9)	(2.6)	(2.6)	(2.6)	(38.5)
Supplies and Services - General	(0.1)	(4.2)	1.1	(0.2)	(0.3)	(0.5)	0.1	(0.6)	(0.2)	(0.0)	(0.1)	(0.1)	(5.1)
Drugs costs – on tariff	(4.1)	(4.5)	(4.5)	(4.6)	(4.2)	(3.7)	(2.9)	(3.7)	(3.7)	(1.2)	(2.5)	(2.3)	(41.9)
Pass Through Drugs Cost	(10.8)	(10.7)	(12.5)	(11.1)	(11.9)	(12.1)	(13.1)	(13.0)	(11.0)	(17.8)	(14.5)	(13.9)	(152.4)
Consultancy	0.2	(0.2)	(1.0)	0.7	(0.2)	(0.1)	(3.6)	1.8	(1.6)	(0.2)	(0.8)	(0.6)	(5.6)
Establishment	(0.9)	(1.1)	(0.9)	(0.9)	(0.9)	(2.4)	(0.2)	(0.6)	(1.0)	(0.7)	(1.3)	(1.1)	(12.0)
Premises - Business Rates Payable To Local Authorities	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.5)	(0.4)	(0.4)	(0.0)	(0.6)	(4.7)
Premises - Other	(9.9)	(6.1)	(9.1)	(10.3)	(5.2)	(3.6)	(10.7)	74.3	(10.6)	(9.6)	(12.3)	(12.4)	(25.4)
Transport	(0.9)	(1.0)	(0.9)	(1.0)	(0.9)	(0.9)	(0.9)	(0.7)	(1.0)	(0.8)	(0.9)	(1.2)	(11.1)
Depreciation	(2.1)	(3.3)	(2.6)	(2.8)	(2.7)	(4.6)	(1.8)	(2.3)	(3.2)	(3.6)	(2.4)	(2.9)	(34.3)
Amortisation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(2.0)	0.0	0.0	(0.9)	(0.3)	(3.3)
Fixed Asset Impairments net of Reversals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(6.0)	0.0	0.0	0.0	0.0	(6.0)
Increase/(Decrease) In Impairment Of Receivables	(0.3)	(0.7)	(0.2)	0.5	(0.3)	(0.1)	(0.2)	0.2	0.3	(0.1)	(0.2)	(0.4)	(1.3)
Audit Fees and Other Auditor Remuneration	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	(0.2)
Clinical Negligence	(4.2)	(4.1)	(4.1)	(4.1)	(4.1)	(4.1)	(1.8)	(3.6)	(3.7)	(3.7)	(4.2)	(3.9)	(45.3)
Research and Development - Non-Staff	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.5)	0.2	(0.3)	(0.2)	0.0	(0.1)	(1.2)
Education and Training - Non-Staff	(0.3)	(0.4)	(0.5)	(0.5)	(0.4)	(0.8)	(0.7)	0.1	(0.6)	(0.6)	(0.4)	(0.5)	(5.5)
Operating Lease Expenditure (net)	(0.2)	(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.3)	(6.2)	(0.2)	(0.2)	(0.2)	(0.0)	(8.0)
Charges To Operating Expenditure For Ifric 12 Schemes (E.G. PFI / LIFT) On Ifrs Basis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(68.3)	0.0	0.0	0.0	0.0	(68.3)
Other	(1.1)	(0.8)	0.2	(0.9)	(0.5)	(0.6)	(1.0)	1.8	(0.4)	(1.6)	(1.5)	(1.0)	(7.4)
Operating Expenses Excluding Employee Expenses	**(54.3)**	**(56.9)**	**(55.5)**	**(57.9)**	**(55.2)**	**(57.9)**	**(56.4)**	**(72.3)**	**(56.6)**	**(59.4)**	**(60.8)**	**(60.1)**	**(703.3)**
CIP Target Non Pay	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2
Non Pay Savings Target	**0.0**	**0.0**	**(0.0)**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.1**	**0.0**	**0.0**	**0.2**
Operating Expenses Excluding Employee Expenses	**(54.3)**	**(56.9)**	**(55.5)**	**(57.9)**	**(55.2)**	**(57.9)**	**(56.4)**	**(72.3)**	**(56.6)**	**(59.3)**	**(60.8)**	**(60.0)**	**(703.1)**
Finance Expense	(3.1)	(3.5)	(3.1)	(3.0)	(3.2)	(3.2)	(3.2)	(7.3)	(3.3)	(3.3)	(3.3)	(4.5)	(44.1)
Gains/(Losses) On Disposal Of Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.2)	0.0	0.0	0.0	0.0	(0.2)
Share Of Profit/ (Loss) Of Associates/ Joint Ventures	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	(0.0)	0.7	0.6	1.9
Non Operating Expenses	**(3.1)**	**(3.5)**	**(3.1)**	**(3.0)**	**(3.2)**	**(3.2)**	**(3.2)**	**(7.5)**	**(2.7)**	**(3.4)**	**(2.6)**	**(3.9)**	**(42.4)**
Non Operating Expenses	**(3.1)**	**(3.5)**	**(3.1)**	**(3.0)**	**(3.2)**	**(3.2)**	**(3.2)**	**(7.5)**	**(2.7)**	**(3.4)**	**(2.6)**	**(3.9)**	**(42.4)**
Trust Total	**(10.0)**	**(1.0)**	**2.6**	**(3.0)**	**0.2**	**(6.0)**	**1.7**	**(6.0)**	**(6.2)**	**(3.6)**	**(4.9)**	**(5.0)**	**(41.3)**
Less Depr On Donated Assets	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.4
Less Donated Assets Income	(0.1)	(0.0)	(0.0)	(0.1)	(0.0)	(2.5)	(0.1)	(3.4)	0.1	0.0	(0.2)	(0.3)	(6.6)
Less Fixed Asset Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0					6.0
Less Impairment, donated income	**(0.0)**	**0.1**	**0.1**	**(0.0)**	**0.1**	**(2.4)**	**(0.0)**	**2.8**	**0.2**	**0.1**	**(0.1)**	**(0.2)**	**0.8**
Operating Total (including ERF)	**(10.0)**	**(0.9)**	**2.7**	**(3.0)**	**0.3**	**(8.4)**	**1.7**	**(3.3)**	**(6.0)**	**(3.5)**	**(4.9)**	**(5.2)**	**(40.5)**
Less Elective Recovery Fund	7.6	0.0	(0.0)	(3.4)	0.0	(0.7)	(0.2)	(0.2)	(1.7)	(1.7)	(1.7)	(1.1)	(3.1)
Operating Total (excluding ERF)	**(2.4)**	**(0.9)**	**2.7**	**(6.4)**	**0.3**	**(9.1)**	**1.5**	**(3.4)**	**(7.7)**	**(5.2)**	**(6.7)**	**(6.3)**	**(43.6)**

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Tab 7 Report from the Freedom to Speak Up Guardian

NHS
King's College Hospital
NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	29 Sept 2022
Report title:	Freedom to Speak Up Annual Report 2021/22	Item:	7
Author:	Jacqui Coles Freedom to Speak Up Guardian	Enclosure:	
Executive sponsor:	Nicola Ranger Chief Nursing Officer		
Report history:	KE – 11.07.22, QPCC 2st July		

Purpose of the report
To present an annual review of Freedom to Speak Up for 2021/22. To provide the Committee with assurance that the speaking up culture at King's is improving.

Board/ Committee action required (please tick)

Decision/ Approval		Discussion	✔	Assurance	✔	Information	✔

The Board of Directors is asked to note and discuss the information contained within the report, and to be assured that progress continues to be made to improve the speaking up culture at King's.

Executive summary

The purpose of this Annual Report is to provide an overview of the progress made in respect of the FTSU agenda at King's in the year 2021/22. It is also intended to facilitate discussion regarding the priorities and potential for Financial Year 2022/23.

The Board is asked to focus on:
- To consider the progress made in the speaking up culture at King's in 2021/22, which builds on the progress made in 2020/21.
- To review the national benchmarking and local data in the report.
- To consider the analysis of the data.
- To offer feedback on the contents of the report and highlight any particular areas of required focus and/or for improvement.
- To review the priorities for 2022/23.
- To support the vision for King's going forward; ensuring a continuous drive for improvement and an environment where all workers are supported to speak up, barriers are addressed and disadvantageous treatment is challenged.

Strategy	
Link to the Trust's BOLD strategy (Tick as appropriate)	**Link to Well-Led criteria** (Tick as appropriate)

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

Tab 7 Report from the Freedom to Speak Up Guardian

NHS
King's College Hospital
NHS Foundation Trust

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

Key implications	
Strategic risk - Link to Board Assurance Framework	High Quality Care
Legal/ regulatory compliance	There is a statutory requirement for all trusts to have a Freedom to Speak Up Guardian in post. The FTSU Guardian works closely with HR colleagues to ensure early interventions minimise the risk of litigation. In accordance with NGO/CQC guidance the FTSU Guardian has scheduled meetings with the CEO monthly and FTSU, Exec and Non- Exec leads quarterly.
Quality impact	There is clear evidence that a positive speaking up culture protects patients and staff. King's remains in the top 25% of trusts for reporting patient safety/quality concerns which is a positive indicator of an improving culture.
Equality impact	It is essential that all staff feel safe to speak up. Identifying and addressing barriers is a top priority for the FTSU Guardian and leadership team. The FTSU Guardian works very closely with the EDI team, Networks and wellbeing team to identify barriers.
Financial	The need for additional resource is a priority for the leadership team. Consideration for a dedicated case management system as Datix Web is no longer an option.
Comms & Engagement	The FTSU Guardian has seen an increase in contacts as a result of clear communications in the Daily Bulletin and Ask the CEO. A refreshed FTSU Communication strategy is a top priority for the Guardian in 2022/23.
Committee that will provide relevant oversight QPPC	

Tab 7 Report from the Freedom to Speak Up Guardian

NHS
King's College Hospital
NHS Foundation Trust

Freedom to Speak Up Annual Report 2021/22 – Executive Summary

Introduction

This is the Executive Summary of the Freedom to Speak Up (FTSU) 2021/22 Annual Report to the Trust Board, regarding progress made in relation to Freedom to Speak Up at King's College Hospital for the period 1 April 2021 to 31 March 2022.

Action Required from QPPC

- To consider the progress made to embed a speaking up culture at King's.
- To offer feedback on the contents of the report and highlight any particular areas of required focus and/or for improvement.
- Consider the benchmarking data provided in the report.
- To review the local data presented in the report.
- To support the vision for King's going forward; ensuring a continuous drive for improvement and an environment where all workers are supported to speak up, barriers are addressed and disadvantageous treatment is challenged.

Purpose of Report

The purpose of this Executive Summary is to provide an overview of the progress made in respect of the FTSU agenda at King's in the year 2021/22 and highlight to the Board, the main points from the 2021/22 FTSU Annual Report. It is also intended to facilitate discussion regarding the priorities and potential for 2022/23.

Background

The 2015 Freedom to Speak Up Review identified some of the barriers that staff may experience when wanting to come forward with work related problems. The report recommended that every NHS Trust should have a Freedom to Speak Up Guardian. King's has had a substantive Guardian in post since September 2020.

Freedom to Speak Up Guardians are there for workers who feel that the usual channels for speaking up will not or do not work for them – Whether that is a lack of trust or a fear of reprisal or a belief that nothing will be done as a result.

Nine years on from the Public Inquiry in to Mid-Staffordshire NHS Trust, independent inquiries continue to show that ignoring mistakes made by clinicians or managers has led to significant, systemic failures. Most recently Donna Ockeneden's report in March 2022, into failings at Shrewsbury and Telford NHS Trust, found that NHS staff still feared repercussions if they blew the whistle on poor practices.

Tab 7 Report from the Freedom to Speak Up Guardian

2021/22 FTSU Activity at King's

Number of concerns raised

- For 2021/22 period, the number of cases logged with the Guardians Office is 194 (Guardians are required to submit non-identifiable case data, to the NGO every quarter). This reflects a 32% increase on 2020/21 data.

- The greatest rise was seen in Q3 and Q4 of 2022, which represents a 55% increase on Q3 2020/21 and a 26% increase on Q4 2020/21.

Concerns with an element of patient safety/quality

- Of the 194 cases recorded for 2021/22, 39 had an element of patient safety/quality concern, representing 20%. In 10 cases patient safety was the main reason the Guardian was contacted. Of the remaining 29 cases patient safety was a secondary factor. This is usually linked to fear or anxiety about making a mistake, due to capacity or culture rather than a specific patient safety concern. This demonstrates an awareness amongst staff of how poor culture can impact patient care.

- Nationally, there continues to be a decrease of 5% in the number of cases involving an element of patient safety/quality. However, King's has remained consistent, seeing a month on month increase, which the National Guardian Freedom to Speak Up Office regards as a positive outcome. Believing a higher number of cases indicates a healthy speaking up culture. However, as an organisation we recognise the opposite view can be argued.

Concerns with an element of bullying and harassment

- King's remains in highest 25% of trusts for the number of reports of bullying and harassment. However when considering the rate of cases per whole time equivalent staff (WTE), this falls to 1.92 per 1000 staff, decreasing to 1.60 in Q3. In 2017/18 this figure was 6 per 1000 staff. Evidence of a significant improvement, particularly over the last 2 years.

- Nationally, 31% of cases continue to relate to allegations of bullying and harassment. At King's, bullying and harassment remains the highest category of concern for the year 2021/22. Of the 194 cases recorded at Kings, 47% included a perception of being bullied. This is an increase of 16% on the previous year, but as demonstrated in the Annual Report, involves a number of staff already subject to formal HR processes.

Anonymous reporting

- The number of workers at King's choosing to remain anonymous when reporting concerns during 2021/22 is 16% which could be seen as an early sign of improvement on the 23% of staff requesting anonymity in 2020/21 and a positive indication of an improving trust in speaking up processes.

Tab 7 Report from the Freedom to Speak Up Guardian

Breakdown of cases by staff group

- Nationally Nurses remain the highest staff group raising concerns through Freedom to Speak Up. For 2021/22 this continues to be the picture at King's, with 35% of cases being raised by nursing staff. However, this is a reduction of 6% compared to 2020/21. Nursing staff continue to be the largest staff group employed at King's.

- Allied Health Professionals were the second highest reporting professional group of staff at King's. This is in comparison to 2020/21, when they accounted for the third highest reporting profession. Nationally AHPs remain the third highest profession speaking up. In 2021/22, 17% of concerns raised were from AHPs, compared to 14% in 202/21. This is could be due to an increased number of staff raising concerns regarding the potential for service relocations to impact on delivery of care and staff wellbeing.

Breakdown by site

- Of the 194 cases raised during 2021/22, 157 were raised at the Denmark Hill site. This accounts for 81% of the total cases raised.

- Although the number of cases are much lower for PRUH and South sites, it does represent a 48% increase on last year and again this is likely to be in response to the Guardian contact details being in the Daily Bulletin, combined with the Guardian's attendance at team meetings at the PRUH & SS on a regular basis.

Breakdown by care group

- Therapies, Rehabilitation and Integrated care services was the highest reporting care group for this year and accounts for the biggest increase in concerns with 27 being raised. This accounts for 14% of the total number for 2021/22 compared to last year, which was 3% of the total raised. The majority of issues relate to relocation of those services. This is currently is being review to resolve this issue.

- Theatres at Denmark Hill was one of the largest area for concerns being raised in 2020/21 with 20 staff contacting the FTSU Guardian. This year the numbers have reduced to 4. The work of the leadership team in theatre was highlighted in the half yearly report in November 22021 and as a consequence, continues to improve the speaking up culture in theatre.

Breakdown of themes

- A detailed breakdown of all the themes raised is included in the Annual Report

- Bullying and Harassment remains the highest category of concern raised with the Guardian, with bullying and harassment by manager identified most frequently as a Speak Up concern. Of the 37 cases alleging bullying and harassment by manager, 7 were already subject to formal HR process, which is a slight decrease on last year (11). 13 were directly referred to the employee relations team for support. Of the 13 referred, all were subject to informal HR processes by their line manager.

- 19 staff spoke up about disadvantageous treatment. This is a slight increase on 2020/21, when 17 staff spoke up. The majority relate to what are seen as unfair

Tab 7 Report from the Freedom to Speak Up Guardian

development and training opportunities. A small minority, 3 in total, referred to feeling disadvantaged as a result of previously speaking up to colleagues or line managers.

Addressing barriers to speaking up

- The latest review carried out by the Equality and Human Rights Commission has found that barriers persist. This report notes that there "are several reasons why workers are afraid to raise concerns, but the fear of job loss was considered a primary one". This is one of the biggest barriers staff report to the Guardian at King's.

- Recognising and addressing barriers to speaking up remains a top priority for the FTSU Guardian and leadership team. Close working with EDI, networks and wellbeing colleagues is essential in identifying and supporting staff who perceive there are barriers to speaking up.

FTSU Training

- This year has seen a large increase in the number of teams and staff groups requesting training from the Guardian. The increase is a very positive sign the culture is moving in the right direction.

The Model Hospital

The FTSU Guardian is required to submit non-identifiable data to the NGO each quarter. This is then uploaded onto the Model Health System, allowing the Guardian to benchmark King's progress against all trusts and Shelford Trusts. Data from the Model Health System is included in the Annual Report.

Conclusion

Fostering a positive FTSU culture sits firmly with leadership. The strong support for a speak up culture by the Executive Team, is beginning to bring about change across the Trust. This is evidenced by the increasing engagement of staff and positive data in the Annual Report.

Since the appointment of a substantive FTSU Guardian two years ago and a continued drive to make speaking up normal at King's, the Trust continues to be in the top 25% nationally for raising concerns.

Increasing staff confidence in FTSU, means staff feel they can raise concerns properly and do this without fear of retribution.

The request for proactive listening events and training is increasing, another indicator of a good speaking up culture.

From the evidence in the Annual Report, there is no doubt that the visibility of the FTSU Guardian, joint working, regular communications and leadership support, has had a significant impact on staff awareness and trust in the speaking up process.

The full report in available in the reading room.

Tab 7 Report from the Freedom to Speak Up Guardian

FREEDOM TO SPEAK UP ANNUAL REPORT

2020/21

Tab 7 Report from the Freedom to Speak Up Guardian

NHS
King's College Hospital
NHS Foundation Trust

Freedom to Speak Up Annual Report 2021/22

Purpose
This is the second Annual Report since the Trust appointed a substantive Freedom to Speak Up (FTSU) Guardian in 2020.

The report builds on the half -yearly report presented to the Board in November 2021 and covers the period 1 April 2021 to 31 March 2022.

It is intended to provide assurance to the leadership team that the FTSU culture is on the right trajectory, through evidence of the positive impact of increased communications and the impact of a substantive Guardian being in post.

Background

The primary focus of the FTSU Guardian and leadership team at King's is to promote and embed a culture where staff feel safe and supported to speak up about anything that concerns them.

The 2015 Freedom to Speak Up Review identified some of the barriers that staff may experience when wanting to come forward with work related problems. The report recommended that every NHS Trust should have a Freedom to Speak Up Guardian.

Freedom to Speak Up Guardians are there for colleagues who feel that the usual channels for speaking up will not or do not work for them – whether that is a lack of trust or a fear of reprisal or a belief that nothing will be done as a result.

Nine years after the Public Inquiry in to Mid-Staffordshire NHS Trust, independent inquiries continue to show that ignoring mistakes made by clinicians or managers has led to significant, systemic failures. Most recently Donna Ockeneden's report in March 2022, into failings at Shrewsbury and Telford NHS Trust, found that NHS staff still feared repercussions if they blew the whistle on poor practices.

Speaking in October 2021, Amanda Pritchard, Chief Executive NHS England said, "*I will do whatever I can to make people feel that they are safe to raise concerns, in fact, more than that, that I welcome it when they raise concerns. I would ask that all of our leaders across the NHS make the same personal commitmen*t".

National and local data

National Data

- The National Guardians Office (NGO) guidance requires FTSU Guardians to report to the NGO, non-identifiable information on the speaking up cases raised with them. This is then uploaded onto the Model Health System.

- At the national level, there has been a decrease in the proportion of cases that are reported as involving an element of patient safety/quality and those involving bullying and harassment.

- The national data on the Model Health System allows the FTSU Guardian to benchmark King's FTSU culture nationally and against the Shelford Trusts.

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Tab 7 Report from the Freedom to Speak Up Guardian

NHS
King's College Hospital
NHS Foundation Trust

- Nationally, the 2021 NHS Staff Survey published in March 2022, showed a 3% decrease in the proportion of staff who say they feel safe to speak up about anything which concerns them. As demonstrated below, King's saw a similar decrease in staff confidence. This should be seen in the context of an increase in concerns raised to the FTSU Guardian. The proportion of staff who feel safe to speak up at King's is 54% compared to 56.4% in the 2020 NHS Staff Survey. This downward trend is a national theme likely to be associated with the pandemic.

The table below compares King's to its peers (Shelford Trusts) and the National median.

I feel safe to speak up about anything that concerns me in this organisation
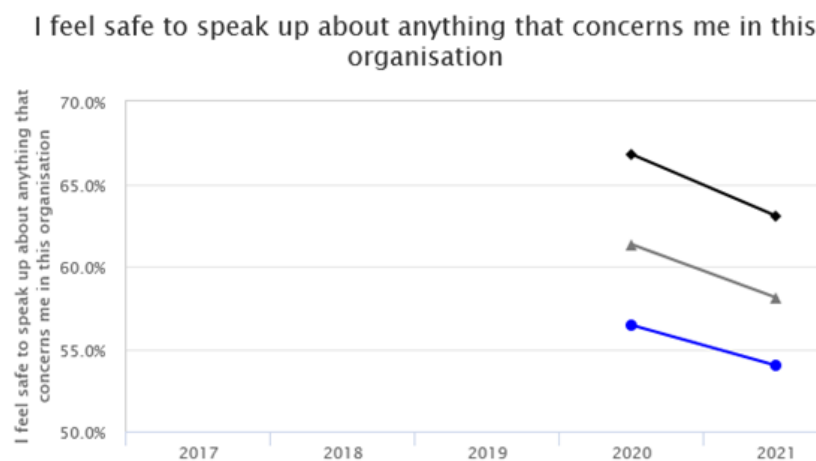
Number of cases reported for 2021/22

- For 2021/22 period, the number of cases logged with the Guardians Office is 194 (Guardians are required to submit non-identifiable case data to the NGO every quarter). This reflects a 32% increase on 2020/21 data.

- The greatest rise was seen in Q3 and Q4 of 2022, which represents a 55% increase on Q3 2020/21 and a 26% increase on Q4 2020/21.

- Kings remains in the top 25% of trusts reporting concerns nationally (The Model Health System), which the National Guardian Freedom to Speak Up Office regards as a positive outcome. Believing a higher number of cases indicates a healthy speaking up culture. However, as an organisation we recognise the opposite view can be argued.

Cases with an element of patient safety

- At a national level there has been a decrease of 5% in the number of cases involving an element of patient safety/quality. However, King's has remained consistent, seeing a month on month increase in these types of cases being reported, which is a positive outcome.

- Of the 194 cases recorded for 2021/22, 39 had an element of patient safety concern, representing 20%. In 10 cases patient safety was the main reason the Guardian was

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Tab 7 Report from the Freedom to Speak Up Guardian

contacted. Of the remaining 29 cases patient safety was a secondary factor. This is usually linked to fear or anxiety about making a mistake, due to capacity or culture rather than a specific patient safety concern. This demonstrates an awareness amongst staff of how poor culture can impact patient care.

- As can be evidenced by the image below, King's (represented by the black bar below) continues to be amongst the highest reporting trusts for recording concerns with an element of patient safety. The only other Shelford Trust to report higher patient safety concerns, is Oxford University Hospitals Trust.

Patient safety and quality cases reported to FTSU Guardians, National Distribution
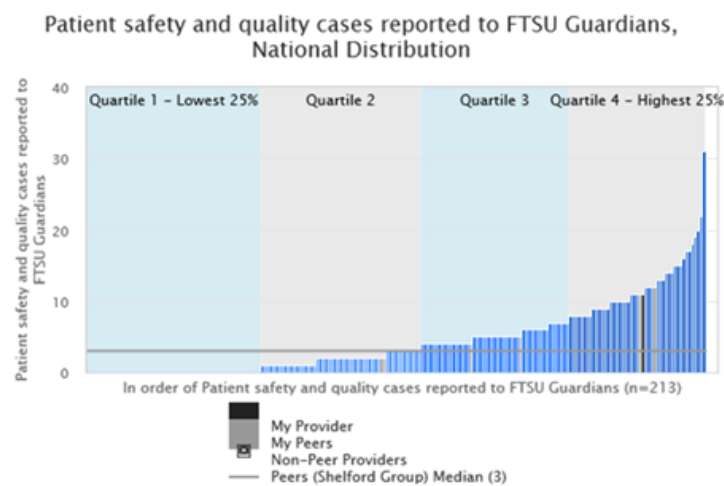
Source: The Model Health System

The safety concerns reported in the year 2021/22 include the following themes:

- Doctors not being visible at night in ED
- Allegations that patients had been electronically discharged from ED to other wards to avoid wait times, but actually still being in ED (internal audit found no evidence to support this)
- Maternity staffing levels and skill mix posing a risk to labouring women
- Failure of a surgeon to hold hot debriefs
- Patients not being mobilised due to staff shortages, resulting in contractures and lying in soiled beds for unacceptable periods
- Referral letter delays for women with breast cancer
- A nurse being asked to care for tracheostomy patients without adequate training and competency
- Concerns about the competency of a doctor
- Care of women catheterised post delivery

All of these concerns have been thoroughly investigated and resolved.

Cases with an element of bullying and harassment

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Tab 7 Report from the Freedom to Speak Up Guardian

- Nationally, 31% of cases relate to allegations of bullying and harassment. At King's, bullying and harassment remains the largest category of concern for the year 2021/22. Of the 194 cases recorded at Kings, 47% included a perception of being bullied. This is an increase of 16% on the previous year, but as demonstrated below, involves a number of staff already subject to formal HR processes.

- Of those cases
    - 38 related to perception of bullying and harassment by manager.
    - 11 related to co-worker behaviour.

- The FTSU Guardian continues to meet weekly with the Employee Relations Lead for Pastoral Care, to ensure all staff are fully supported through any HR processes/ investigations. Monthly meetings with the HR senior team also ensure concerns are managed appropriately.

- King's remains in highest 25% of trusts for reports of bullying and harassment. However when considering the number of cases per whole time equivalent staff (WTE), this falls to 1.92 per 1000 staff, decreasing to 1.60 in Q3. In 2017/18 this figure was 6 per 1000 staff. Evidence of a significant improvement, particularly over the last 2 years.

- The graph below is evidence of a significant improvement over the last 3 years. In 2018/19 this
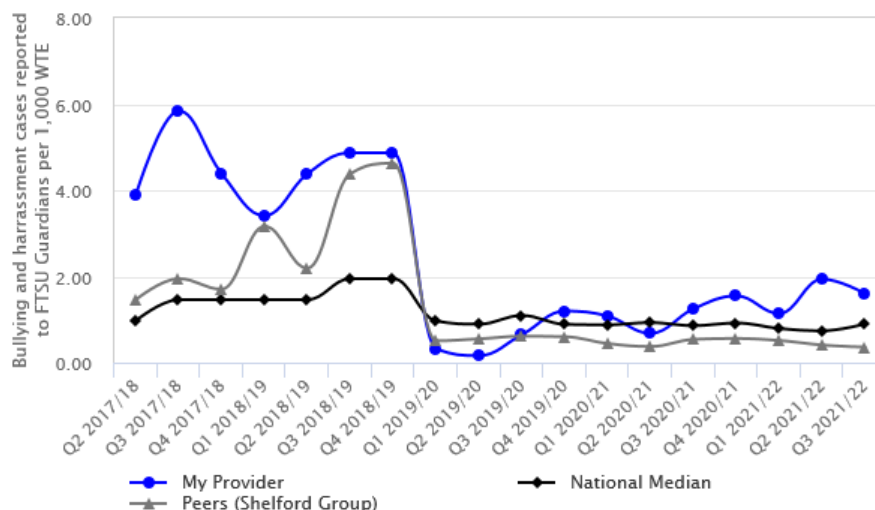
Source: The Model Health System

Anonymous reporting

- The number of workers at King's choosing to remain anonymous when reporting concerns during 2021/22 is 16%, this is a significant improvement on the 23% of staff

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Tab 7 Report from the Freedom to Speak Up Guardian

NHS
King's College Hospital
NHS Foundation Trust

requesting anonymity in 2020/21 and a positive indication of an improving trust in speaking up processes.

- It should be noted that listening sessions carried out by the FTSU Guardian are not included in the data. All themes are reported back anonymously and outside of the case numbers reported in this report. The majority of staff speaking up during listening sessions wish to remain anonymous. This has presented a considerable challenge for the Guardian as formal HR process can make it difficult to act on concerns raised 'anonymously' when it relates to the behaviour of a staff member.

- Although anonymous reporting remains at 16%, this figure relates to staff who wish to remain anonymous to their managers. Only 4 staff in 2021/22 were truly anonymous and where the Guardian did not know their identity. These staff raised issues relating to staffing issues that risked patient safety, racist comments from a manager and an allegation of bullying and harassment.

- The number of staff reporting issues to the CQC saw an increase during 2021, not only at King's, but nationally. In response to this, the NGO Strategic Framework recognises that when workers speak up to national bodies, this is often because they have had a variable and sometimes poor response from their trust. Nationally, the NGO found concerns raised anonymously are not being adequately addressed by trusts and the CQC.

- At King's we appreciate that sometimes workers may feel that speaking up using internal arrangements is not for them, either because they have tried to speak up before and no action was taken or they were met with a negative response. With this in mind, the FTSU Guardian is prioritising a communication strategy in 2022/23 to ensure all staff know how to speak up and ensure they will be supported.

Breakdown of cases by staff group

- Nationally nurses remain the top staff group raising concerns through Freedom to Speak Up. For 2021/22 this continues to be the picture at King's, with 35% of cases being raised by nursing staff. However, this is a reduction of 6% compared to 2020/21. Nursing staff continue to be the largest staff group employed at King's.

- As the chart below demonstrates, for 2021/22, Allied Health Professionals were the second highest reporting professional group of staff. This is in comparison to 2020/21, when they accounted for the third highest reporting profession. Nationally AHPs remain the third highest profession speaking up. At King's in 2021/22, 17.5% of concerns raised were from AHPs, compared to 14% in 2020/21. This is due to an increased number of staff raising concerns regarding the potential for service relocations to impact on delivery of care and staff wellbeing.

- Administrative and Clerical staff continue to be one of the highest staff groups and again this is in line with the national picture. This year at Kings we have seen a decrease to 15%, compared to 20% in 2020/21.

- Across the NHS, junior doctors are one of the lowest reporting professional groups and are considered to face some of the greatest barriers to speaking up. In 2020/21 only 2 doctors at King's accessed speaking up. This number has increased to 13 in

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Tab 7 Report from the Freedom to Speak Up Guardian

2021/22. The FTSU Guardian is working closely with the Guardians for Safe Working across Denmark Hill, PRUH and South sites, to deliver training and drop in sessions for junior doctors. The Guardian is now scheduled to deliver training to all medical staff at induction.

- The NGO include nurses and midwives in the same professional group. This can be deceptive, as midwives have historically been amongst the lowest reporting staff group. The Guardian at King's records them as separate professional groups. Midwife related concerns have significantly increased within the year. Key themes arising from these contacts include concerns about poor culture, support from specialist midwives and staffing levels. The FTSU Guardian is supporting the Director of Midwifery in listening sessions.

- The table below gives a breakdown of staff groups accessing FTSU in 2021/22.

- This year 8 concerns were raised by ex-employees of King's and therefore are not reflected in the staff group data presented. For the next year, a category of ex-employee will be added to the reference data.

Staff Type
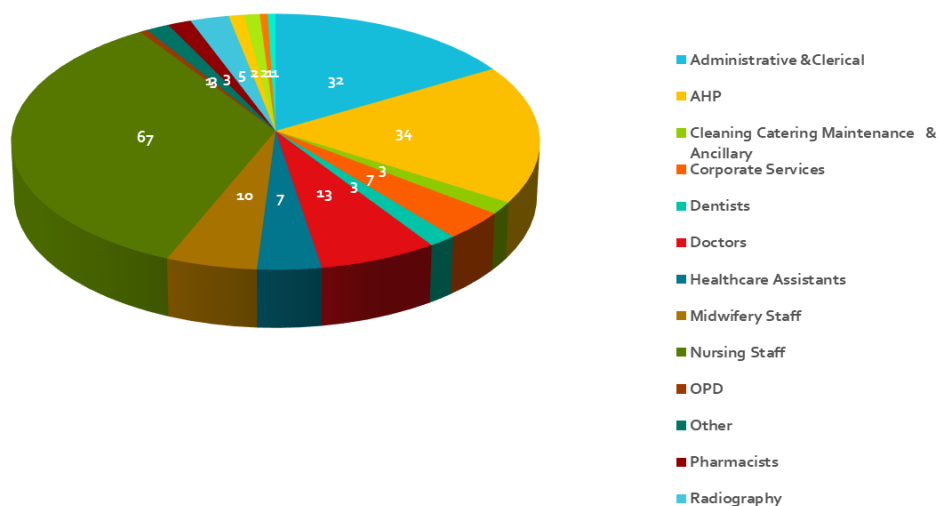
Worker level

- One of the sets of data the NGO collates is the professional level that staff are working at. The FTSU Guardian submits this non-identifiable data on a quarterly basis.

- In 2021/22, of the 194 concerns raised, 163 were made by workers (the NGO refers to 'workers' rather than 'staff' as FTSU is available to anyone engaged in working activity at a trust). A further 27 were raised by managers and 4 were 'unknown'.

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Tab 7 Report from the Freedom to Speak Up Guardian

- This compares to 120 workers in 2020/21 and 19 managers. For 2020/21, 4 senior leaders also spoke up about concerns, but this current year to date, no senior leaders have contacted the FTSU Guardian.

- The increase in managers raising concerns, mainly relates to band 6 and 7 clinical staff, who have mainly raised issues regarding staffing levels and service delivery.

- No Administrative and Clerical managers have spoken up, neither in the previous or current years.

Method of contact

- The FTSU Guardian logs the contact route that those who speak up use to access FTSU. In 2020/21, only 12 people contacted the FTSU Guardian via her personal work email address, the majority (72) used the FTSU inbox.

- In contrast to the current year, 54 people used the Guardian's personal work email, an increase of 350% on last year. Of those, 44 were workers based at Denmark Hill, with only 8 from the PRUH making direct contact. This can be seen as evidence that visibility of the Guardian, (who due to capacity is mainly at Denmark Hill), is critical in increasing confidence and trust in the speaking up processes and culture.

- For both of the last 2 years, the least used form of accessing the FTSU Guardian has been the mobile 'phone number. This could highlight a nervousness to speak up before really knowing or having confidence in the person who will be listening.

- Research by the University of Greenwich and Protect (called *Whistleblowing: the inside story*), found that staff will only try to speak up twice and if they are not heard, they will not try again. This again highlights the importance of visibility and building trust with workers.

- The FTSU Guardian is very visible on Teams and regularly attends team meetings to talk to staff about speaking up. Requests by managers for the Guardian to deliver training sessions has significantly increased in the last 12 months, as have requests for confidential listening sessions.

Breakdown by site

- Following on from the points raised above regarding visibility, further evidence can be seen in the breakdown of cases, by site, in the table below.

- Of the 194 cases raised during 2021/22, 157 were raised at the Denmark Hill site. This accounts for 81% of the total cases raised.

- Although the number of cases are much lower for PRUH and South sites, it does represent a 48% increase on last year and again this is likely to be in response to the Guardian contact details being in the Daily Bulletin, combined with the Guardians attendance at team meetings on a regular basis.
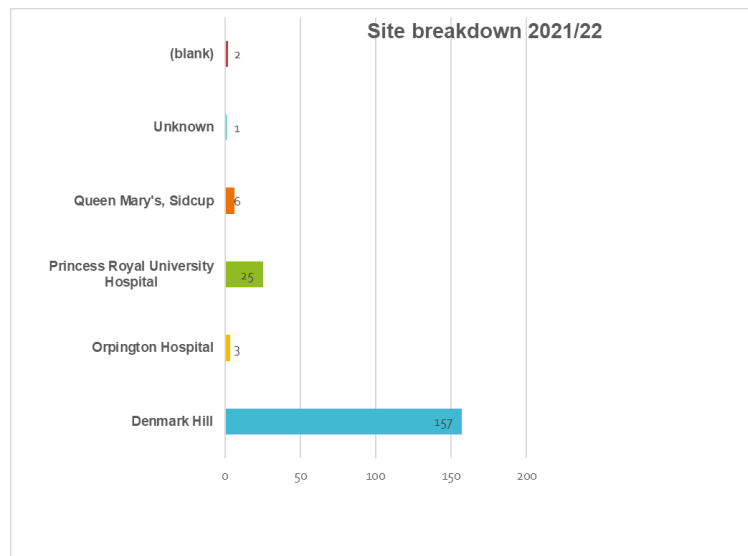
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Tab 7 Report from the Freedom to Speak Up Guardian

NHS
King's College Hospital
NHS Foundation Trust

Breakdown by care group

- Therapies, Rehabilitation and Integrated care services was the highest reporting care group for this year and accounts for the biggest increase in concerns with 34 being raised by AHPs. This accounts for 17.5% of the total number for 2021/22 compared to last year, which was 14% of the total raised. The majority of issues relate to relocation of those services.

- Executive Nursing is the second highest care group, with 20 concerns raised, accounting for 10% of the total. This is a reduction from last year, which was 14% of the total raised. Challenges in one of the teams led to the spike in case numbers. These have all now been successfully resolved.

- Acute Specialty medicine at Denmark Hill is the third highest care group accounting for 9% of the total, with 18 concerns raised. In 2020/21, 10 concerns were raised by the care group. Perceived bullying and harassment by line managers, perceived disadvantageous treatment and workplace culture, are the highest category of concern. As a result of concerns raised, listening events have been facilitated by the EDI team and Organisational Development interventions have been implemented.

- Children's Services, Trust wide accounted for 8% of the concerns raised compared to 5% in the previous year. The main themes relate to bullying and harassment by manager/co-worker and allegations of racism. The FTSU Guardian has been very visible in Children's Services, as a result of undertaking listening sessions in NICU at DH and Paediatric ED at PRUH. Nursing staff are the largest professional group to report in Children's services, followed by doctors and ancillary staff.

- Women's Health at Denmark Hill raised 11 concerns, compared to 4 in 2020/21. Again the increase has been seen following the success of listening events and in the main, relate to staffing levels which are impacting on staff wellbeing.

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Tab 7 Report from the Freedom to Speak Up Guardian

- Dental accounts for 5% of the concerns raised, with 9 staff members speaking up, compared to 6 last year. The main reason for dental staff speaking up relates to the dental building. Poor working relationships have also impacted on the numbers of concerns raised.

- Theatres at Denmark Hill was one of the largest area for concerns being raised in 2020/21 with 20 staff contacting the FTSU Guardian. This year the numbers have reduced to 4. The work of the leadership team in theatre was highlighted in the half yearly report in November 22021 and as a consequence, continues to improve the speaking up culture in theatre.

- It is recognised that the higher reporting in some areas is directly linked to an increased confidence in staff to speak up.

Breakdown of themes

- Bullying and Harassment remains the highest category of concern raised with the Guardian, with bullying and harassment by manager the top speaking up concern of all. Of the 37 cases alleging bullying and harassment by manager, 7 were already subject to formal HR process, which is a slight decrease on last year (11). 13 were directly referred to the employee relations team for support. Of the 13 referred, all were subject to informal HR processes by their line manager.

- There has been an increase in the number of staff perceiving their manager as bullying post Covid-19, but for the last 2 years the number has remained relatively stable, with only an increase of one case over the last year. Some of the challenges for managers relate to a requirement for staff to return to the workplace following the pandemic response.

- Bullying and harassment by co-worker has also remained stable at 11 cases per year. These mainly relate to staff feeling uncomfortable regarding colleagues speaking in their native language when in the company of other staff.

- 19 staff spoke up about disadvantageous treatment. This is a slight increase on 2020/21, when 17 staff spoke up. The majority relate to what are seen as unfair development and training opportunities. A small minority, 3 in total, referred to feeling disadvantaged as a result of previously speaking up to colleagues or line managers.

- The number of cases relating to allegations of racism has increased in 2021/22. Of the 194 cases, 15 relate to allegations of racism, compared to 5 in 2020/21. Greater awareness as a result of the work of the EDI team, probably accounts for the increase. The FTSU Guardian also works very closely with the Chair of the BAME network and cases with an element of FTSU, are referred to the Guardian by the Chair.

- This year, 9 cases related to poor communication compared to 10 cases last year. Workplace culture and relationships has seen an improvement with a decrease of 41%.

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Tab 7 Report from the Freedom to Speak Up Guardian

- Of the 10 cases reported to the Guardian with a specific patient safety concern, 5 were reported by nursing staff, 1 by a midwife, 2 by a doctor and 1 by an allied health professional and an administrative staff member. This increase is a really positive indicator of an improving culture and confidence to speak up.

The table below gives a breakdown of the main speak up themes for 2021/22.
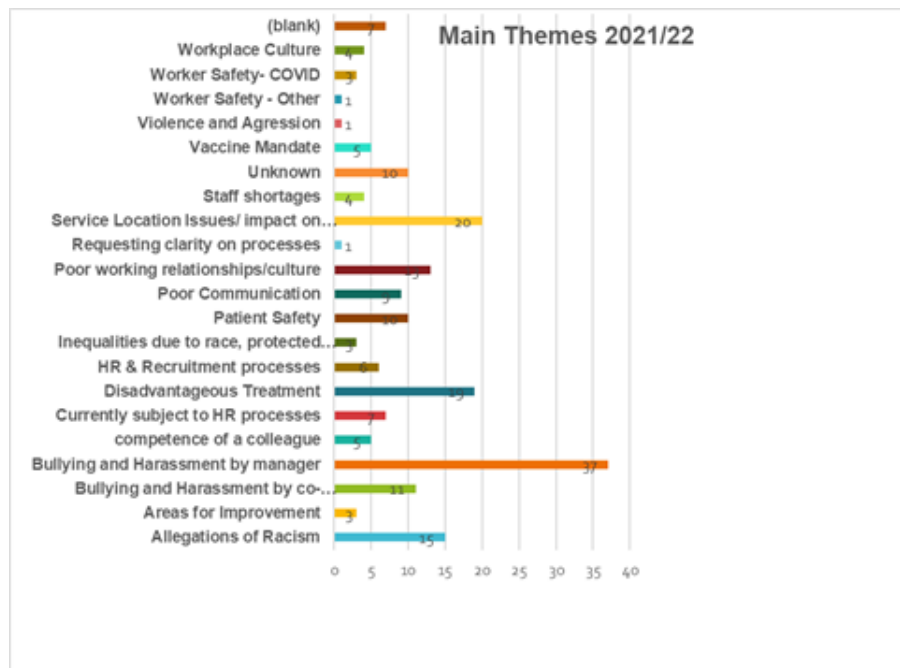
Addressing barriers to speaking up

- Sir Robert Francis, Freedom to Speak Up Review (2015) found that some people faced more significant barriers to speaking up and being heard, such as student nurses, medical trainees, junior doctors, bank staff, volunteers or workers from Black, Asian or minority ethnic backgrounds.

- The latest review carried out by the Equality and Human Rights Commission has found that barriers persist. This report notes that there "are several reasons why workers are afraid to raise concerns, but the fear of job loss was considered a primary one". This is one of the biggest barriers staff report to the Guardian at King's.

- Recognising and addressing barriers to speaking up remains a top priority for the FTSU Guardian and leadership team. Close working with EDI, networks and wellbeing colleagues is essential in identifying and supporting staff who perceive there are barriers to speaking up.

Freedom to Speak Up Ambassadors

- In April 2020, the NGO released guidance regarding the role of the Ambassador. Nationally, concerns have been raised regarding Ambassadors managing cases and the governance surrounding this. We have faced similar challenges at King's, when

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Tab 7 Report from the Freedom to Speak Up Guardian

Ambassadors had been representing and supporting staff in HR processes, which crosses the boundaries of FTSU and posed a significant risk of staff/managers questioning the impartiality of the FTSU role.

- The FTSU Ambassador role will be incorporated into the King's Ambassador role in June 2022.

FTSU Training

- This year has seen a large increase in the number of teams and staff groups requesting training from the Guardian. The increase is a very positive sign the culture is moving in the right direction.

- Normalising speaking up for new starters is a top priority for the Guardian, who attends all preceptorship and induction programmes for nurses and midwives.

- The Guardian has updated the induction information on speak up for all medical staff and will be working closely with the Guardian for Safe Working and Medical Education Leads on both sites to deliver speak up training.

- The CQC and NGO recommend that the 3 speak up training modules should be mandatory for all staff. All three modules are available on LEAP, however to date, only 161 staff have completed any of the modules. The Guardian is working closely with the LEAP team to pursue this as an option for King's.

National Updates for 2020/21

Freedom to Speak Up Index

The Freedom to Speak Up Index will no longer be published. All national and local data is uploaded to the Model Health System, which the Guardian accesses frequently.

Case Review Gap Analysis

The NGO has carried out case reviews where they have received information to suggest that speaking up had not been handled in accordance with good practice. In December 2021, the NGO collated recommendations from nine case reviews and thematically collated them into a gap analysis tool. The FTSU Guardian at King's has identified this as an action for 2022/23

NHSE/I Speaking Up Policy/ Guidance

The new Speaking Up policy, NHS Guidance for leaders and new Board self-review tool, are due to be published June 2022 (at the time of writing this report the policy and guidance has just been published)

NGO Follow Up training for Leaders

The third session - Follow Up - completes the Freedom to Speak Up e-learning package. Developed for senior leaders throughout healthcare, including Executive and Non-Executive Directors. This module aims to promote a consistent and effective Freedom to Speak Up culture across the system, which enables workers to speak up and be confident they will be listened to and action taken.

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Tab 7 Report from the Freedom to Speak Up Guardian

NHS
King's College Hospital
NHS Foundation Trust

New National Guardian

In December 2021, a new National Guardian, Jayne Chidgey-Clark, was appointed. As co-Chair of the London Regional Network of Guardians, the FTSU Guardian at King's is working closely with Jayne and the NGO on some specific projects, the learning from which will greatly benefit King's.

Priority work streams for 2021/22

- Raising Concerns policy - To align with the NHSE/I new policy is a top priority to be completed by end of Q2 2022.

- Case Review gap analysis tool - To be completed by December 2022.

- Research case management systems - All cases are currently recorded on an Excel spreadsheet. It had been hoped that Datix Web, could include a FTSU module. This is no longer an option, due to concerns regarding confidentiality.

- A communication strategy - To ensure all staff are fully aware of 'speaking up' and how to raise a concern. The Guardian hopes to launch a 'King's Voices' campaign to encourage people who have spoken up to talk of their experiences. The biggest reason people do not speak up is because they believe nothing will change. It is hoped that by demonstrating the difference speaking up has made, it will encourage more staff to speak up.

- Speak up as a tool for improvement - Speaking up is also about the proactive aspect of identifying areas for improvement. In 2020/21 only 3 people made recommendations for improvement, with only 2 in 2021/22. This is an area that the Guardian hopes to get more engagement in. This will form part of the communication strategy over the next year.

- Training - The Guardian will continue to work closely with the LEAP and OD teams to ensure all staff access training.

- Triangulation of data - Is a top priority for the Guardian. In order to measure effectiveness, data needs to be triangulated from multiple indicators, including exit interviews, friends and family surveys, sickness absence and HR data. The King's People Experience Committee is exploring the options and best way forward.

- Capacity - This remains the biggest challenge for the FTSU Guardian. Increasing case numbers and requests for listening sessions and training are very positive signs of a changing culture, however, they impact on the time the Guardian has to visit all areas.

Conclusion

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Tab 7 Report from the Freedom to Speak Up Guardian

From the evidence in the Annual Report, there is no doubt that the visibility of the FTSU Guardian, joint working, regular communications and leadership support, has had a significant impact on staff awareness and trust in the speaking up process.

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Tab 8 Safer Staffing

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

3 Monthly Safer Staffing Report for Nursing and Midwifery
May 2022 – July 2022

Trust Board September 2022

Nicola Ranger

Chief Nurse
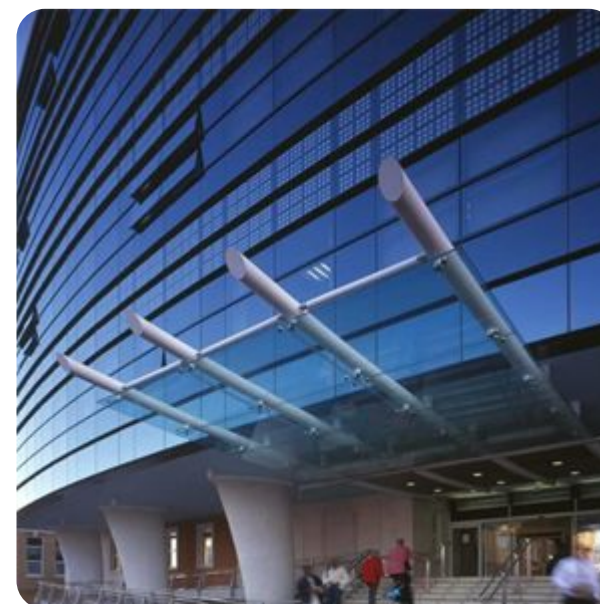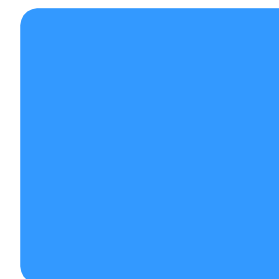
KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

1

Tab 8 Safer Staffing

3 Monthly Nursing Report

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

Background

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

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

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

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

- Monthly assurance will be monitored through the Trust wide Nursing Midwifery Workforce Governance Group (relaunched post COVID in June 2021.)

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Tab 8 Safer Staffing

Staffing Position

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

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

For each of the 80 clinical inpatient areas, the actual number of staff as a percentage of the planned number is recorded on a monthly basis. The table below represents the high level summary of the actual ward staffing levels reported for <u>August 2022</u>, the most recent data currently available on BIU.

% 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
85%	90%	93%	106%	6.8	3.2	9.9

- Total CHPPD at 9.9 an increase on the previous report June (9.5 CHPPD) although lower RN/Midwives fill rates are noted due to some clinical areas not achieving planned staffing levels due to vacancies/sickness and significant raised levels of maternity leave. Staffing levels are maintained through relocation of staff, use of bank staff and where necessary agency staff to ensure safety. However not fully reflected in these figures (inc CHPPD) has been the informal redeployment/support of CNS, managerial and Education registered staff supporting clinical areas in particular Pediatrics to maintain safe and effective care for our patients
- There is a raised unregistered Care Staff fill rate for nights due to ongoing 1:1/specialing needs. Work to address this is included as part of the ongoing N&M workforce reviews in collaboration with Heads of Nursing and the Associate Director of Nursing for Mental Health.
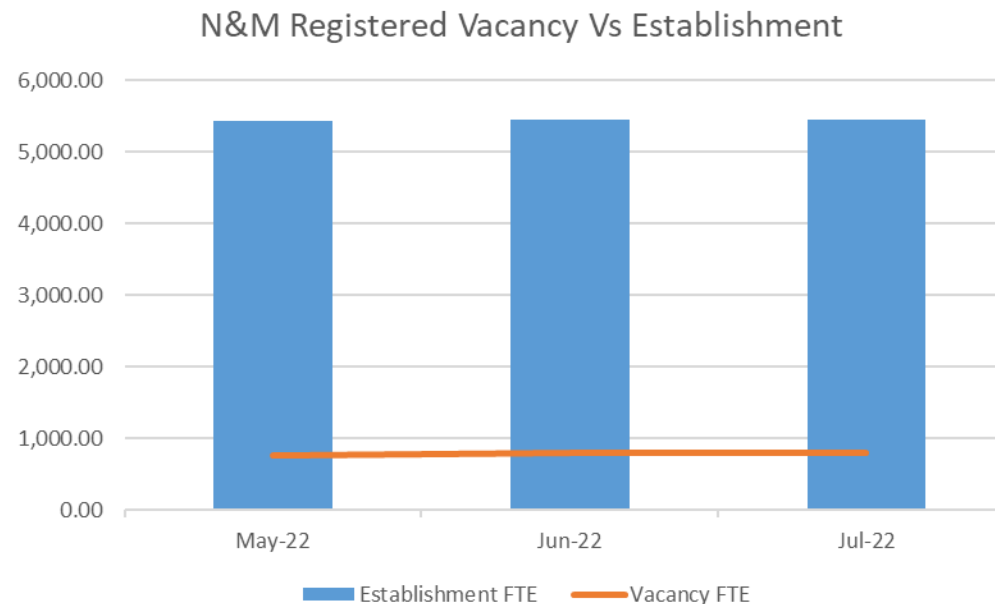
Please note: CHPPD is a metric which reflects the number of hours of total nursing support staff and registered staff versus the number of inpatients at 23:59 (aggregated for the month.) This metric is widely used as a benchmarking tool across the NHS.

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Tab 8 Safer Staffing

Registered N&M Vacancies

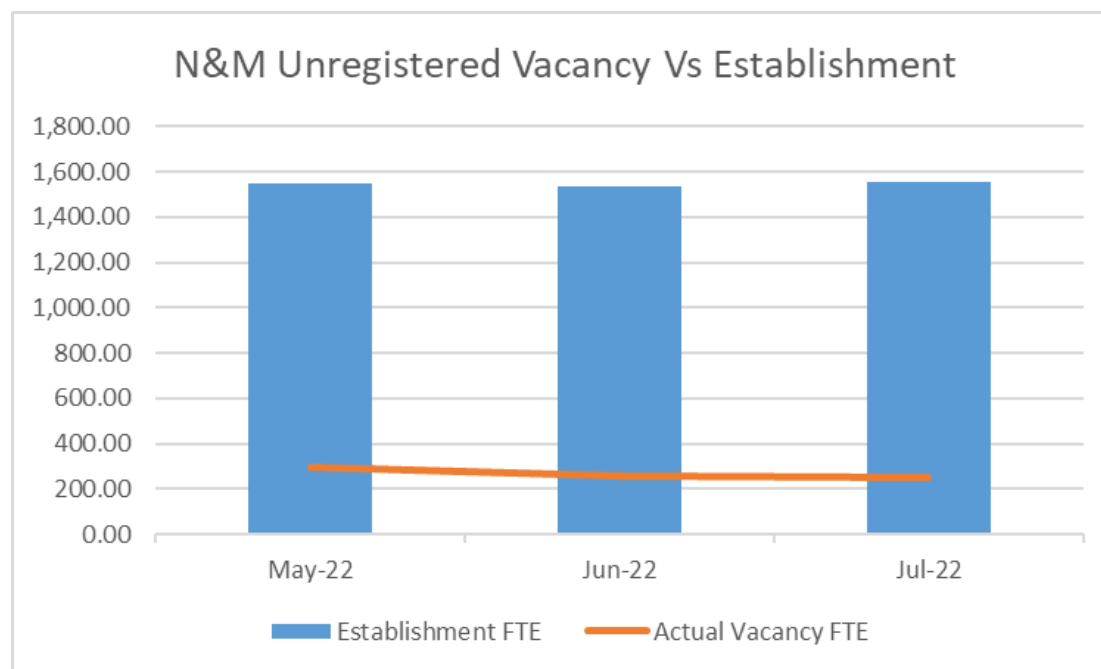## King's College Hospital NHS
NHS Foundation Trust

- The current vacancy for July 2022 is 14.58% (795.12 WTE) for registered Nursing and Midwifery staff.

- **Registered vacancies have been static between May-22 – July-22:**

  - The summer is traditionally a challenging time to recruit, so while vacancy percentage has remained static it still represents 164 new registered staff joining the organisation over this 3 month period.

  - 149 Adult NQN's (96 Host trust students and 53 external) and 59 Paediatric NQN's (34 Host trust students and 25 external) these newly qualified practitioners will be joining our teams in Q3/Q4 2022

  - The Trust's In person recruitment has recommenced with a strong pipeline of 372 recruits. There has been delays in the recruitment to deployment process due to Visa delays. The monthly IEN deployments continue (avg. 18) with our August cohort of 54 significantly exceeded our historical figures.

  - It is also important to note registered N&M establishment has increased by **184.62 WTE since July 2021**. This represents the CCU expansion and an increase in posts within non-core areas.

N&M Registered Vacancy Vs Establishment

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Tab 8 Safer Staffing

Unregistered N&M Vacancies

King's College Hospital NHS
NHS Foundation Trust

- The current vacancy for July 2022 is 16.05% (249.73 FTE) representing a drop of 3% from May (19.05%) for unregistered Nursing and Midwifery staff bands 2-3.

- **Unregistered vacancies has dropped significantly between from May-22 –July-22:**

  - HCA advertising, recruitment centers and widening participation work has been increased in line with the national drive to tackle Health Care Support Worker vacancies with support from NHSE/I.

  - HCA Recruitment event at the Oval on 25th June saw 71 attendees, 69 on the day interviews and 46 job offers. This has allowed us to maintain a strong pipeline of 156 candidates going through employment checks W/C 3rd Sept and a cohort of 34 starting W/C 12/9/22. Our next events are scheduled for October 3rd (PRUH) and November 12th (DH). Following the success of these events the trust has also been shortlisted for the NHSE London Innovation in Recruitment Award.

  - It is also important to note this data is not reflectively of purely HCSW it also includes many non-clinical administrative roles. The actual HSCW unregistered vacancy is 181.12 (68.61 WTE difference). Additionally unregistered N&M establishment has increased by 62.32 WTE since July 2021.


N&M Unregistered Vacancy Vs Establishment

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Tab 8 Safer Staffing

Nursing and Midwifery Vacancy and Turnover

King's College Hospital NHS
NHS Foundation Trust

As of July 2022, the voluntary turnover for registered nursing and midwifery staff is 15.22% and 22.02% for the unregistered workforce. The monthly Trust wide N&M Workforce Governance meeting will monitor vacancies alongside care group-specific recruitment and retention work plans with the aim to reduce registered vacancies below 10% and reduce total voluntary turnover to 10%.

Total N&M Vacancy and Turnover %
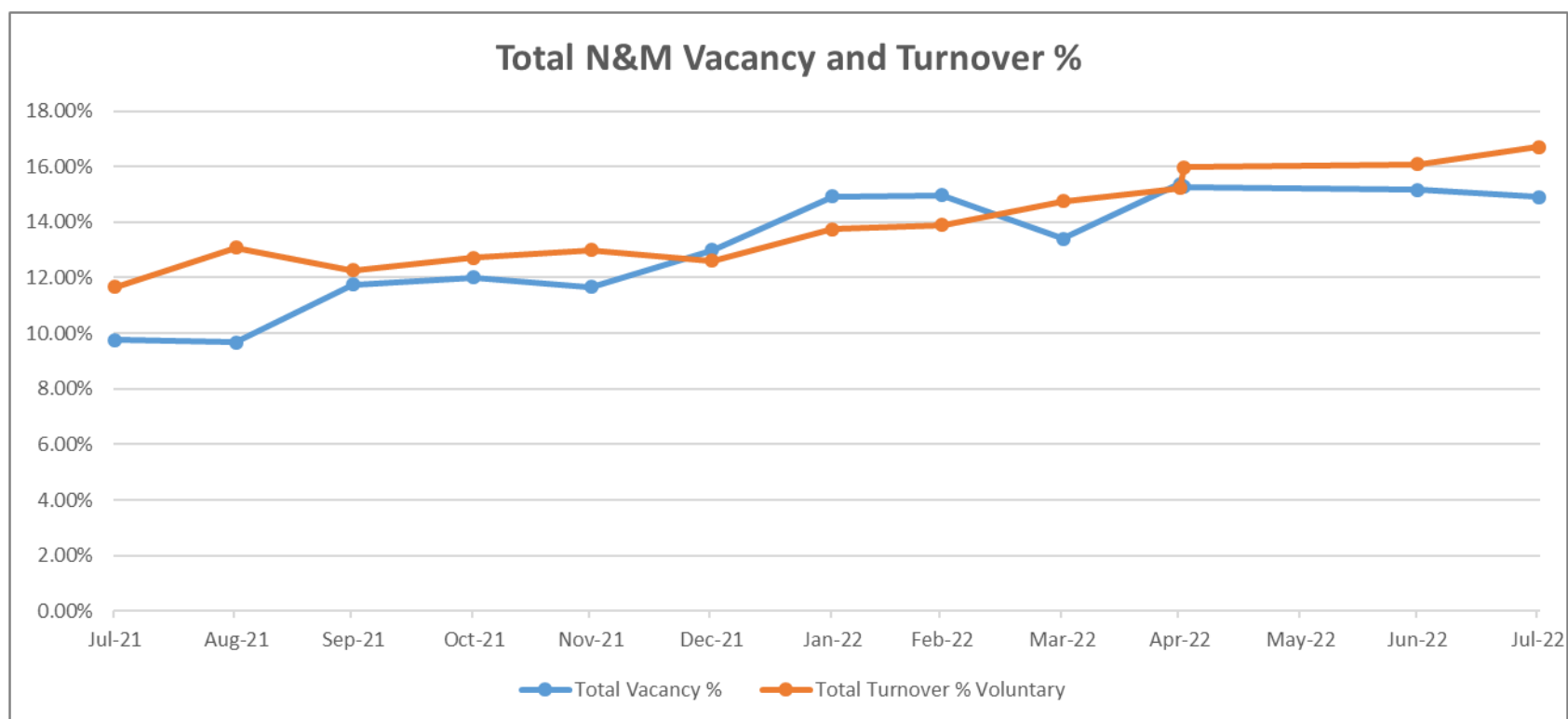
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Total Vacancy %	9.77%	9.68%	11.76%	12.02%	11.68%	13.00%	14.94%	14.98%	13.40%	15.39%	15.26%	15.15%	14.90%
Total Turnover % Voluntary	11.67%	13.08%	12.28%	12.71%	13.01%	12.60%	13.75%	13.91%	14.76%	15.22%	15.97%	16.08%	16.71%

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Tab 8 Safer Staffing

Recruitment Hotspot & Next Steps

King's College Hospital NHS

NHS Foundation Trust

The aggregate nursing and midwifery staff vacancy for April 2022 is 15.39%. This represents an decrease from June 2022 report. The current N&M hotspots are outlined below, plans for these areas are being actioned departmentally with support from the divisional recruitment partners and will be flagged at monthly site based recruitment meetings.

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

<u>Inpatient areas with a vacancy rate above 20% are listed below:</u>

- **DH:** Victoria & Albert - HDU 10 Beds (24.67%)
- **DH:** Children Surgical Ward (27.42%)
- **DH:** NICU (21.29%)
- **DH:** Rays of Sunshine (36.4%)
- **DH:** Adult ED Nurses (29.38%)
- **DH:** Charles Polkey (24.68%)
- **DH:** Harris Birthright Unit (35.09%)

- **PRUH:** Paeds Inpatient (PRUH) (27.82%)
- **PRUH:** S.C.B.U. Nursing (24.43%)
- **PRUH:** Medical Units 1 (22.02%)
- **PRUH:** Stroke Ward PRUH (20.49%)
- **PRUH:** ED PRUH Nursing (25.18%)
- **PRUH:** Boddington Ward (23.18%)
- **PRUH:** Surgical Ward 7 (20.38%)

The Trust wide N&M Workforce Governance meeting considers the pathways to successful recruitment and the key principles of retention. The group supports the Directors of Nursing and Midwifery to lead on identifying, securing and developing a stable workforce for their designated areas:

- Work plans are being reviewed to improve the recruitment and retention of the Nursing and Midwifery staff
- There are robust divisional-specific recruitment plans to support hot spot areas, pipelines have been created for each care group with a number of Bands 2-7 staff currently on-boarding waiting to fill Trust vacancies.
- These monthly meetings will have oversight of the Trust's 3-5 year plan for nursing and midwifery (N&M) to enable the senior N&M team, alongside HR/ Workforce colleagues, to forecast for the future workforce by monitoring the pipeline of new starters at both a strategic and ward level.

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

Tab 8 Safer Staffing

Recruitment & Retention Next Steps

King's College Hospital NHS
NHS Foundation Trust

Target - 10% vacancy RN and 0 WTE HCA vacancies by year end of 2022/23
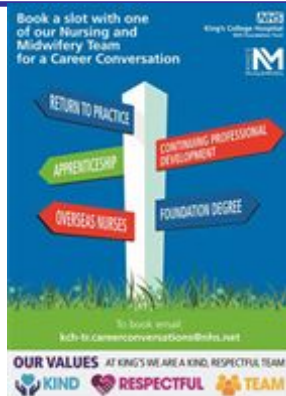
Recruitment:

- <u>Workforce transformation</u>: Planned revision and relaunch of NA programme in September with planned cohort of 30 positions and targeted cluster placement of trainees to ensure their roles are embedded into everyday clinical workforce
- Following the band 2-4 establishment reviews a revised career framework Is being developed.
- Undertaking the NHSI/E HCSW direct support programme to support the accelerated recruitment of HCSW into our vacancies

- <u>International nurse recruitment</u>: Due to the international humanitarian crisis in Ukraine the home office has prioritised visa's for Ukrainian refugees, this significantly effected the summer deployments. The next deployment is 30th September with 48 scheduled to arrive.
- In person international recruitment has recommenced with an additional 8 trips scheduled through to March 2023
- Our first KCH Maternity IEM's just the joined the team in May 2022 and are working through their programme representing a significant new Maternity pipeline for recruitment
- A revised IEN bootcamp programme commenced in July with the aim of providing a more structured and holistic experience incorporating extensive onsite simulation. Feedback has been extremely positive both from candidates and clinical areas.

- <u>Recruitment events & widening participation</u>
- HR and N&M teams attending face-to-face recruitment events following relaunch post easing of COVID-19 restrictions
- Widening participation work ongoing in the local community with visits to Sixth Form Colleges & Job Centres
- HCA Recruitment event are scheduled for October 3rd (PRUH) and November 12th (DH). Following the success of these events the trust has also been shortlisted for the NHSE London Innovation in Recruitment Award.

Tab 8 Safer Staffing

Recruitment & Retention Next Steps

King's College Hospital NHS
NHS Foundation Trust

Target - 10% turnover for N&M and HCA by year end 22/23

Retention:
- Career taster evenings are planned to offer our registered nurses insights into some of the wider career opportunities they can access within the organisation outside of the traditional ward structure
- Drop-in clinics and Local Faculty Groups are ongoing with our unregistered and newly registered practitioners cross site which feedback into the local education boards

- Preceptorship: Preceptorship team are partnering with the IEN team to launch a dedicated IEN Preceptorship programme which focuses on helping orientate them to the NHS while crediting their extensive experience as healthcare practitioners – the first cohort of 20 launches on 15th September

- Graduation Dates for our Host Trust Students are scheduled for the 16th September, our Preceptees in early December 22 and our IENS the 25th November 2022

- Education and training: A revised KAM model is being used to ensure improved dialogue with academic partner institutions. A variety of WBL programmes are being developed with the support of our internal PD teams and progress on the academy continues with a soft launch target of Q1 2023

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Tab 9 Board Assurance Framework - Q1

Meeting:	Board of Directors	Date of meeting:	29 Sept 2022
Report title:	Board Assurance Framework – Q2 Update	Item:	6
Author:	Siobhan Coldwell	Enclosure:	
Executive sponsor:	Prof Clive Kay, Chief Executive		
Report history:	Risk and Goverance Committee/relevant Committees		

Purpose of the report

To provide the committee with an update on the relevant aspects of the Board Assurance Framework and proposed actions.

Board/ Committee action required (please tick)

Decision/ Approval		Discussion		Assurance	✓	Information	

Recommendation

The Committee is asked to note the updates to the BAF over the last quarter and consider whether any further updates are needed before submission to relevant committees and Board.

Executive summary

The Trust's revised Board Assurance Framework (BAF) was approved by the Board in March 2022.

There are currently 10 strategic risks included on the BAF. Four of the 10 risks are rated 'Red' with a score of 20 or 16 including:
- Recruitment and Retention (BAF 1)
- Financial Sustainability (BAF 3)
- Maintenance and development of the Trust's estate (BAF 4); and
- Demand and Capacity (BAF 9).

Since the Board considered the BAF in June, five of the risks have been reviewed and the BAF has been updated to reflect any additional controls and/or mitigations and sources of assurance. The actions to address any identified gaps in controls and/or assurance have also been updated where relevant. The Financial Sustainability rating has been increased to reflect the challenges presented by the 2022/23 financial plan. This was agreed at Finance and Commercial Committee on 22/092022

A summary of the updates is presented in **Table 1**.

The Audit Committee recommended a review of the target risk scores, based on the Trust's level of risk appetite, to enable the mitigation time horizon to be identified. The list of the target risk scores are outlined in the attached document. This review will be reported to the Audit Committee in October.

Tab 9 Board Assurance Framework - Q1

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

Tab 9 Board Assurance Framework - Q1

NHS
King's College Hospital
NHS Foundation Trust

Board Assurance Framework

Summary – Q2 2022/23

Ref	Risk Summary	Executive Lead(s)	Assurance Committee	Current risk (LxC)	Change from previous quarter	Target Risk Score*
1	**Recruitment & Retention** If the Trust is unable to recruit and retain sufficient staff with the appropriate skills, this will affect our ability to deliver our services and future strategic ambitions which may adversely impact patient outcomes and staff and patient experience	Chief People Officer	Quality, People & Performance	**16 (4 x 4)**	↔	12
2	**King's Culture & Values** If the Trust does not implement effective actions to develop the 'Team Kings' culture and embed the Trust values, staff engagement and wellbeing may deteriorate, adversely impacting our ability to provide compassionate and culturally competent care to our patients and each other	Chief People Officer & Director of Equality, Diversity & Inclusion	Quality, People & Performance	**12 (3 x 4)**	↔	9
3	**Financial Sustainability** If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver our investment priorities and improve the quality of services for our patients in the future	Chief Finance Officer & Executive Director of CEF	Finance & Commercial	**20 (4 x 4)**	↑	8
4	**Maintenance and Development of the Trust's Estate** If the Trust is unable to maintain and develop the estate sufficiently, our ability to deliver safe, high quality and sustainable services will be adversely impacted	CFO & Executive Director of CEF	Major Projects	**16 (4 x 4)**	↔	8
5	**Apollo Implementation** If the Trust fails to deliver the Apollo Electronic Patient Record (EPR) transformation programme effectively then the clinical and operational benefits may not be realised	Chief Digital Information Officer	Major Projects	**12 (3 x 4)**	↔	9
6	**Research & Innovation** If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre	Chief Medical Officer	Strategy, Research & Partnerships	**9 (3 x 3)**	↔	6
7	**High Quality Care** If the Trust does not have adequate arrangements to support the delivery and oversight of high quality care, this may result in an adverse impact on patient outcomes and patient experience and lead to an increased risk of avoidable harm	Chief Nurse & Executive Director of Midwifery	Quality, People & Performance	**12 (3 x 4)**	↔	6
8	**Partnership Working** If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely impact our ability to improve services for local people and reduce health inequalities	Chief Executive	Strategy, Research & Partnerships	**9 (3 x 3)**	↔	9
9	**Demand and Capacity** If the Trust is unable to restore services (as a result of the COVID-19 pandemic) and sustain sufficient capacity to manage increased demand for services, patient waiting times may increase, potentially resulting in an adverse impact on patient outcomes and experience and/or patient harm	Site Chief Executive DH & Site Chief Executive PRUH/SS	Quality, People & Performance	**16 (4 x 4)**	↔	9
10	**IT Systems** If the Trust's IT infrastructure is not adequately protected systems may be comprised, resulting in reduced access to critical patient and operational systems and/or the loss of data	Chief Digital Information Officer	Audit	**12 (3 x 4)**	↔	4

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

Tab 9 Board Assurance Framework - Q1

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

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

- **Change from previous quarter:**

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

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PUBLIC BOARD MEETING 29th September 2022-29/09/22

Tab 9 Board Assurance Framework - Q1

BAF 1			16
If the Trust is unable to recruit and retain sufficient staff with the appropriate skills, this will affect our ability to deliver our services and future strategic ambitions which may adversely impact patient outcomes and staff and patient experience			
Executive Lead	Chief People Officer	Assurance Committee	Quality, People & Performance Committee
Executive Group	People and Culture Committee	Latest review date	Q1 2022/23

Strategy and Risk Register					
Link to Strategy	**Brilliant People**	✔	**Person- centred**		**Link to BAF & CRR**
	Outstanding Care		**Digitally- enabled**		
	Leaders in Research, Innovation & Education		**Sustainability**		
	Diversity, Equality & Inclusion at the heart of everything we do		**Team King's**		

Link to BAF & CRR:
SR2 – Culture & Values
3866- Medical Staffing Vacancies
3941 – Delay to treatment in ED
5209 – Vaccination as a condition of deployment

Risk Scoring (Current)							
Quarter	Q1 (2022/23)	Q2	Q3 (2021/22)	Q4 (2021/22)	Change from previous quarter	Gross risk	Target risk*
Likelihood	**4**		5	4	↔	5	12
Consequence	**4**		4	4		5	
Risk Score	**16**		20	16		25	

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative & Planned)**
- King's People & Culture Plan – to support delivery of the BOLD vision and 'Brilliant People' ambitions - Dedicated recruitment campaigns for specific services - International recruitment programme - Nursing Workforce Governance Group oversight - Temporary staffing arrangements – working with external partners as required - Working from Home policy to support flexible working arrangements - Redeployment programme (temporary support) - King's Stars – reward and recognition programme - Staff health and wellbeing programme (See BAF 2) - Engagement in ICS and APC workforce supply groups - Engagement in King's Health Partners (KHP) – training and development opportunities - King's Kaleidoscope launched to support learning and development opportunities - Recruitment Inclusivity Audit – to identify opportunities where King's can further develop recruitment processes	- Safer staffing reporting to QPPC and Trust Board - Quarterly Guardian of Safe Working report to QPPC - Integrated Performance Report –staff turnover rate, vacancy rates, and appraisals metrics reviewed by KE, QPPC and Trust Board - Annual National Staff Survey results - Quarterly Staff Pulse Survey results
Gaps in controls & assurances	
- Talent management and succession planning - Leadership development	

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

Tab 9 Board Assurance Framework - Q1

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
People & Culture Plan	CPO	June 2022	The People and Culture Plan (2022-2026), was formally launched in June 2022.
Roadmap to Inclusion	Director of EDI	June 2022	The Roadmap to Inclusion (2022-2024) was formally launched in June 2022.
Brilliant People Week	CPO	June 2022	To celebrate the launch of the People and Culture Plan and the Roadmap to Inclusion, we held our second Brilliant People week
Review and refresh of appraisal	CPO	Q1/Q2 2022/23	Revised appraisal process launched for 2022/23
Establishment Review	CPO	Q1/Q2 2022/23	Undertaking a Trust wide review of vacancies to understand enablers to fill posts
Development of leadership development programme and leadership coaching offer	CPO	Q1/Q2 2022/23	First cohort of managers commencing 'Essentials' programme in July 2022
Establish a training academy for KCH nursing and midwifery staff	CNO/CFO	Q4 2022/23	A business case to establish a training academy has been approved
Refresh workforce policies and procedures to reflect King's Values e.g. Values-based recruitment (See BAF 2)	CPO	Q1-Q4 2022/23	Continue to embed the Trust values in our policies and procedures to ensure we are a clinically led, values driven organisation

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

Tab 9 Board Assurance Framework - Q1

BAF 2			12
If the Trust does not implement effective actions to develop the 'Team Kings' culture and embed the Trust's values, staff engagement and wellbeing may deteriorate, adversely impacting our ability to provide compassionate and culturally competent care to our patients and each other			
Executive Lead	Chief Executive & Chief People Officer	Assurance Committee	Quality, People & Performance Committee
Executive Group	People and Culture Committee	Latest review date	Q1 2022/23

Strategy and Risk Register

Link to Strategy					Link to BAF & CRR	
	Brilliant People	✔	Person- centred	✔		SR1 - Recruitment & Retention 3942 – Bullying & Harassment
	Outstanding Care		Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do	✔	Team King's	✔		

Risk Scoring

Quarter	Q1 (2022/23)	Q2	Q3 (2021/22)	Q4 (2021/22)	Change	Gross risk	Target risk*
Likelihood	**3**		3	3	⟷	4	9
Consequence	**4**		4	4		4	
Risk Score	**12**		12	12		16	

Controls and Assurance

Key controls & mitigations	Assurances (Positive, Negative & Planned)
- EDI Roadmap 2022-24 - to align activity planning and our longer term strategic ambitions - King's People & Culture Plan – to support delivery of the BOLD vision and 'Brilliant People' ambitions - EDI training programmes e.g. Active Bystander, Trans awareness - EDI activity plan 2021/22 and WRES/ WDES action plan - EDI - Staff networks - Staff wellbeing programme and site Wellbeing Hubs - Wellbeing Guardian and Champions network - FTSU Guardian and Ambassador network - Equality Risk Assessment Framework - Violence and aggression reduction programme	- EDI quarterly progress reporting to QPPC - People & Culture Plan updates to SRP and QPPC - EDI Roadmap updates to QPPC - FTSU reporting to QPPC and Trust Board - National Staff Survey results - Trust Pulse Survey results - WRES & WDES scores - Progress reporting against the Model Employer goals 2028 (NHS People Plan)
Gaps in controls & assurances	
- Health & Wellbeing Framework - Review and refresh of workforce policies to embed our new values (See BAF 1)	- Composite culture measure - Reporting dashboard - EDI Dashboard

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

Tab 9 Board Assurance Framework - Q1

Actions/ Activities planned			
Action	**Lead**	**Due date**	**Update**
Roadmap to Inclusion	Director of EDI	Q2 2022/23	The Roadmap to Inclusion (2022-2024) was formally launched in June 2022.
People & Culture Plan	CPO	June 2022	The People and Culture Plan (2022-2026), was formally launched in June 2022.
Brilliant People Week	CPO	June 2022	To celebrate the launch of the People and Culture Plan and the Roadmap to Inclusion, we held our second Brilliant People week
People and Culture Committee	CPO/ Director of EDI	Q1 2022/23	First meeting of the new committee was held in May 2022, and subsequent meetings are scheduled bi-monthly
King's People Priorities	CPO	Q1/Q2/Q3 2022/23	Following the publication of the 2021 National Staff Survey results, all Care Groups and Corporate Teams have agreed three People Priorities to address the issues highlighted in the national staff survey
Develop an EDI reporting dashboard	Director of EDI	Q3 2022/23	EDI Dashboard now developed and information from this is being used to develop appropriate interventions. Further development is ongoing.
Develop a framework to better measure our culture and staffs' sense of belonging	Director of EDI	TBC	

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

Tab 9 Board Assurance Framework - Q1

BAF 3				20
If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver our investment priorities and improve the quality of services for our patients in the future.				
Executive Lead	Chief Financial Officer	Oversight Committee	Finance and Commercial Committee	
Executive Group	King's Executive	Latest review date	Q2 2022/23	

Strategy and Risk Register

Link to Strategy				Link to CRR	3943- Financial recovery targets
	Brilliant People		**Person- centred**		
	Outstanding Care	✔	**Digitally- enabled**		
	Leaders in Research, Innovation & Education		**Sustainability**	✔	
	Diversity, Equality & Inclusion at the heart of everything we do		**Team King's**		

Risk Scoring (Current)

Quarter	Q1 (22/23)	Q2 (22/23)	Q3 (21/22)	Q4 (21/22)	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	5	4	4	↑	5	8
Consequence	4	4	4	4		4	
Risk Score	16	20	16	16		20	

Controls and Assurance

Key controls & mitigations	Assurances (Positive, Negative & Planned)
- Annual integrated activity financial plan - Capital prioritisation process – 2022/23 - Key financial system controls framework - Investment Board review and challenge of revenue and capital business cases. Board committee review of business cases >£1m - Financial performance review meetings – at Care Group and Site level - Vacancy/Pay controls incl. temporary staffing controls - ESR and Ledger reconciliations - SOF 4 Exit plan and ongoing progress discussions with NHSE/I - Transformation programmes in place to support improvements in efficiency and productivity - Budget holder training - Engagement with APC and ICS partners & Finance Leads to support SEL system financial planning - Long term energy contracts in place	- Unqualified (Clean) External Audit accounts and VFM opinion – 2021/22 - Financial performance reporting (22/23 plan) – KE, FCC & Board - Achievement of 2021/22 plan - SOF 4 Exit Plan progress updates to Audit and FCC - Internal audit reports 2020/21, including COVID-19 Financial Governance (S*ignificant assurance with minor improvement opportunities*) - Internal audit reports 2021/22 - Financial planning/ budgetary responsibility (S*ignificant assurance with minor improvement opportunities*) <hr> - NHS System Oversight segmentation – SOF4 - Financial performance reporting - Underlying deficit 22/23 - Unfunded pay award (2022/23)

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

Tab 9 Board Assurance Framework - Q1

Gaps in controls & assurances	
• Review of Scheme of Delegation and Standing Financial Instructions (SFIs) (Control) • 2022/23 CIP delivery oversight (Assurance) • Balance sheet risk (Trust in-year financial performance is in line with other Trusts, but impact greater due to lack of flexibility in Trust finances).	

Actions planned			
Action	**Lead**	**Due date**	**Update**
Review and refresh of Scheme of Delegation and SFIs	CFO/ DCA	Q32021/22	The review of the SFIs is complete and the updated document to be provided to Audit Committee for approval in October 2022.
Review current arrangements to support the delivery and oversight of the 22/23 CIP plan	CFO	Sept 2022	Reporting and PMO arrangements put in place to monitor 22/23 plan. Plans are being reviewed, but progress has been slow in some areas. By end Aug 2022, £20m schemes had been assessed as 'Green' (i.e. deliverable). This is well short of the requirement and impacts on the forecast moving forward.
COVID-19 Impact to be described and impact assessed.	D/CFO	Sept 2022	M4 Forecast presented to FCC in Sept

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

Tab 9 Board Assurance Framework - Q1

BAF 4				16
If the Trust is unable to maintain and improve the estate sufficiently, our ability to deliver safe, responsive, high quality and sustainable services will be adversely impacted				
Executive Lead	Chief Finance Officer	Assurance Committee	Major Projects Committee	
Executive Group	Investment Board/ Risk & Governance	Latest review date	Q2 2022/23	

Strategy and Risk Register

Link to Strategy			Link to CRR
Brilliant People		**Person- centred**	4191 – Non-compliance Health & Safety at Work Act
Outstanding Care	✔	**Digitally- enabled**	4472 – Nosocomial CV-19 infections
Leaders in Research, Innovation & Education		**Sustainability** ✔	4524 – Fire Safety
Diversity, Equality & Inclusion at the heart of everything we do		**Team King's**	4975 – Infection control (estate)
			5017 – Ventilation and air handling

Risk Scoring (current)							
Quarter	Q1	Q2	Q3	Q4	Change from previous quarter	Gross risk	Target risk*
Likelihood			4	4	⟷	5	8
Consequence			4	4		5	
Risk Score			16	16		25	

Controls and Assurance	
Key controls & mitigations	**Assurances (positive, neutral, negative)**
Maintenance • Estates/IPC ward-level risk assessment and prioritisation • Fire Risk Assessments • Water safety management service arrangements • IPC Committee – risk and governance arrangements • IPC audits and sampling • Bi-monthly Health & Safety Committee – review of estates H&S risks **Development** • Capital planning and prioritisation process 22/23 • Modernising Medicine programme and capital build schemes in progress – to increase support patient flow and increase physical site capacity	• Estate risk assessment progress reported to Risk & Governance and QPPC • H&S training compliance • IPC BAF • Internal audit 21/22 – Infection, Prevention & Control • Quarterly capital programme progress updates reported to Major Projects Committee • Internal Audit 2021/22 - Major Estates Projects – amber/green rated. • Estate (site) compliance report • Internal audit review 20/21 – Estate safety and compliance • Backlog maintenance log – funding requirement

Gaps in controls & assurances
• Future capital and estate planning - capital funding allocation now confirmed for 22/23, supported by a capital plan. No funding allocation post 2022/23 at this stage. • Impact of inflation on capital programme presents an increasing risk to delivery.

Tab 9 Board Assurance Framework - Q1

Actions planned			
Action	**Lead**	**Due date**	**Update**
Implementation of external review recommendations	CFO	Multiple	Progress periodically reported to Risk and Governance and Audit Committees
Delivery of 2022/23 capital & estates plan	CFO	31/3/2022	Progress to be monitored via MPC
Delivery of the (5-10 yr) Trust Estates plan	CFO	31/3/2022	

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Tab 9 Board Assurance Framework - Q1

BAF 5		12
If the Trust fails to deliver the Apollo Electronic Patient Record (EPR) transformation programme effectively then the clinical and operational benefits may not be realised		

Executive Lead	Chief Digital Information Officer	Assurance Committee	Major Projects Committee
Executive Group	Digital Technology Board	Latest review date	Q4 2021/22

Strategy and Risk Register

Link to Strategy					Link to BAF & CRR	
	Brilliant People		Person- centred			
	Outstanding Care	✔	Digitally- enabled	✔		
	Leaders in Research, Innovation & Education	✔	Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (current)

Quarter	Q1	Q2	Q3	Q4	Change from previous quarter	Gross risk	Target risk*
Likelihood			3	3	↔	4	9
Consequence			4	4		4	
Risk Score			**12**	**12**		16	

Controls and Assurance

Key controls & mitigations	Assurances (Positive, Negative & Planned)
- Dedicated programme team and programme office - Executive SRO - Full Business case outlining the strategic case for change developed - Final Board approval of the FBC following Joint Investment Committee approval - Project plan – key milestones identified - Programme Governance arrangements in place e.g. Apollo Programme Board - Joint Apollo Oversight Committee - Benefits realisation methodology developed - Clinical engagement in programme scoping	- Joint Executive Oversight Group (GSTT & KCH) reporting - Apollo Programme Board reporting - Programme status updates reported to Board via Major Projects Committee - External assurance through periodic gateway reviews

Gaps in controls & assurances

- Benefits realisation plan

Actions planned

Action	Lead	Due date	Update
Trust Board review of updated FBC	CDIO	Jan 2022	Complete - The FBC has been approved by the Trust Board.
Develop benefits realisation plan	CDIO	TBC	

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Tab 9 Board Assurance Framework - Q1

BAF 6	9
If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre	

Executive Lead	Chief Medical Officer	Assurance Committee	Strategy, Research & Partnerships Committee
Executive Group	King's Executive	Latest review date	Q4 2021/22

Strategy and Risk Register

Link to Strategy			Link to BAF & CRR	
	Brilliant People		**Person- centred**	
	Outstanding Care		**Digitally- enabled**	
	Leaders in Research, Innovation & Education	✔	**Sustainability**	
	Diversity, Equality & Inclusion at the heart of everything we do	✔	**Team King's**	

Risk Scoring (current)							
Quarter	Q1	Q2	Q3	Q4	Change from previous quarter	Gross risk	Target risk*
Likelihood			3	3	↔	4	6
Consequence			3	3		3	
Risk Score			**9**	**9**		12	

Controls and Assurance

Key controls & mitigations	Assurances
• KCH Research & Innovation Strategy 2019-2024 and annual plans • Engagement in King's Health Partners (KHP), Academic Health Science Network and KHP Institutes • Action plans to improve the diversity of research participants and increase awareness and engagement in research design and delivery within our local community • Research & Innovation governance and risk management structure	• Annual strategy progress update reported to SRP Committee – progress aligned to key aims • Research progress metrics reported to SRP – e.g. number of approved commercial studies and trends • COVID research participation and participant diversity in vaccine trials

Gaps in controls & assurances

• Physical capacity to participate in drug trials and trials requiring clinical research facilities
• Longer-term research workforce model (linked to funding and investment planning)

Actions planned

Action	Lead	Due date	Update
Develop plans to increase the Trust's accredited research capacity at the PRUH	CMO	July 2022	
Launch an Innovation Steering Group to set the direction for innovation across the Trust	Director of Strategy	September 2022	

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Tab 9 Board Assurance Framework - Q1

BAF 7			12
If the Trust does not have adequate arrangements to support the delivery and oversight of high quality care, this may result in an adverse impact on patient outcomes and patient experience and lead to an increased risk of avoidable harm			
Executive Lead	Chief Nurse	Assurance Committee	Quality, People & Performance Committee
Executive Group	Patient Safety Committee	Latest review date	Q1 2022/23

Strategy and Risk Register

Link to Strategy			Link to BAF & CRR	
Brilliant People		**Person- centred**		2919 – Failure to recognise the deteriorating patient
Outstanding Care	✔	**Digitally- enabled**		4460 – Harm from patient falls
Leaders in Research, Innovation & Education		**Sustainability**		4914 – Quality compliance
Diversity, Equality & Inclusion at the heart of everything we do		**Team King's**		

Risk Scoring (Current)

Quarter	Q1 (2022/23)	Q2 (2022/23)	Q3 (2021/22)	Q4 (2021/22)	Change from previous quarter	Gross risk	Target risk*
Likelihood	**3**		3	3	⟷	5	6
Consequence	**4**		4	4		4	
Risk Score	**12**		12	12		20	

Controls and Assurance

Key controls & mitigations	Assurances (Positive, Negative, Planned)
- Risk management policy and procedures - Incident management policy and procedures - Quality governance and reporting structure - Site performance reviews to support oversight and escalation - Serious Incident Review group to oversee the investigation of and learning from incidents - Care group quality governance development programme 2021/22 - to support care groups progress governance and risk management arrangements - Corporate induction and programme of mandatory training for all staff - Appraisal, CPD and revalidation arrangements for registered professionals - Development of quality dashboards to provide real-time information to support decision-making - Datix IQ implementation to support the identification of quality trends - Thematic review process developed for 'amber' incidents - Outstanding care programme	- CQC ED reports (DH and PRUH)– 2021 and action plan progress updates - CQC patient survey reports - Quality performance reporting to KE, QPPC and Board - Safe Nurse & Maternity staffing reports presented to Public Board - Quarterly patient outcome reporting to QPPC - GGI reports – Review of Risk Management (October 2021) - Internal Audit reports 2021/22 – PALs (*Significant assurance with minor improvement opportunities*) - Internal Audit reports 2021/22 – Risk management (*Significant assurance with minor improvement opportunities*) - Internal Audit reports 2021/22 – Adult safeguarding (*Significant assurance with minor improvement opportunities*) - GGI Quality Governance Programme Report - Incident reporting backlog - Outstanding complaints backlog - External service reviews (ad hoc)

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Tab 9 Board Assurance Framework - Q1

Gaps in controls & assurances	
• Implementation of external review actions • Quality improvement assurance • Safer medical staffing metrics	

Actions Planned			
Action	**Lead**	**Due date**	**Update**
Complete a review of the Trust's quality governance framework	Director of Quality Governance	Q2 2022/23	Review is ongoing, with a view to making any changes by Sept 2022.
Complete thematic review programme (Amber incidents)	Chief Nurse	Q3 2022/23	Reviews are ongoing. Deteriorating patient review reported to KE on 11/7.

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Tab 9 Board Assurance Framework - Q1

BAF 8				9
If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely impact our ability to improve services for local people and reduce health inequalities				
Executive Lead	Chief Executive	Assurance Committee	Strategy, Research & Partnership Committee	
Executive Group	King's Executive	Latest review date	Q4 2021/22	

Strategy and Risk Register						
Link to Strategy	**Brilliant People**		**Person- centred**		**Link to BAF& CRR**	BAF 9 – Demand and Capacity
	Outstanding Care	✔	**Digitally- enabled**			
	Leaders in Research, Innovation & Education		**Sustainability**			
	Diversity, Equality & Inclusion at the heart of everything we do	✔	**Team King's**	✔		

Risk Scoring (Current)							
Quarter	Q1	Q2	Q3	Q4	Change from previous quarter	Gross risk	Target risk*
Likelihood			3	3	⟷	4	9
Consequence			3	3		4	
Risk Score			9	9		16	

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative, Planned)**
- Trust relationship leads identified for key partnerships to ensure that the Trust is represented and engaged in relevant ICS and APC forums - Engagement and leadership of place-based partnerships e.g. One Bromley, Lambeth Together - KCH CEO is designated CEO lead for SEL APC - Active role in existing APC and ICS clinical and operational forums e.g. Clinical, Strategy & Operations, APC Finance - Engagement in SEL ICS and APC recovery programmes (See BAF 9) - Trust's Anchor Programme	- Regular updates to SRP and Trust Board regarding emerging ICS and APC governance arrangements and the Trust's role as a partner - APC Committee-in-Common progress reports - SEL APC Elective recovery performance - External Well-Led Review – Progress updates 21/22
Gaps in controls & assurances	
- APC governance and decision-making arrangements are in development - Partnership mapping (community & voluntary) - Oversight – improvements in equality of access, experience and outcomes - System planning arrangements – 2022/23	

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Tab 9 Board Assurance Framework - Q1

Actions planned			
Action	**Lead**	**Due date**	**Update**
SEL APC governance framework to be developed and agreed	CEO	March 2022	The revised APC Committee-in-Common met on 28/3/22. The governance proposals have been agreed by all APC partners. Work is underway to progress the actions identified in the proposals to implement the model.
Establish a 'Trust Anchors' programme to align with the ICS Anchors initiative and coordinate current 'anchor institution activities	Director of Strategy	September 2022	An overview of the Trust's Anchors programme was presented to the Trust's Strategy, Research & Partnerships Committee
Review and map existing community and voluntary group partnerships to support diversification of community engagement	Director of EDI	December 2022	
Develop an improvement plan to address key health inequalities	Director of EDI	Q4 2022/23	

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Tab 9 Board Assurance Framework - Q1

BAF 9	16
If the Trust is unable to restore services (as a result of the COVID-19 pandemic) and sustain sufficient capacity to manage increased demand for services, patient waiting times may increase, potentially resulting in an adverse impact on patient outcomes and experience and/or patient harm	

Executive Lead(s)	Site Chief Executives	Assurance Committee	Quality, People & Performance Committee
Executive Group	King's Executive	Latest review date	Q1 2022/22

Strategy and Risk Register

Link to Strategy					Link to CRR	
	Brilliant People		**Person- centred**			270 – Elective waits
	Outstanding Care	✔	**Digitally- enabled**			597 – Theatre capacity (Neurosurgery) 1178 – Care of MH patients 2679 - Ophthalmology demand and capacity
	Leaders in Research, Innovation & Education	✔	**Sustainability**			2739 – Theatre capacity (emergency) 3941 – Delay to Treatment DH ED
	Diversity, Equality & Inclusion at the heart of everything we do		**Team King's**			4297 – Non-delivery of ECS 5005 – Further COVID-19 waves

Risk Scoring (Current)

Quarter	Q1 2022/23	Q2	Q3 2021/22	Q4 2021/22	Change from previous quarter	Gross risk	Target risk*
Likelihood	4		4	4	↔	5	9
Consequence	4		4	4		5	
Risk Score	**16**		**16**	**16**		25	

Controls and Assurance

Key controls & mitigations	Assurances (Positive, Negative & Planned)
- Command and Control arrangements to support COVID-19 incident management response – arrangements can be activated as required (i.e. in the event of further COVID waves) - Clinical prioritisation of waiting lists and patient engagement and status checks whilst on waiting list to minimise risk to patient safety - Use of virtual and telephone appointments - Use of outsourcing arrangements for some clinical services - Engagement in SEL ICS and APC recovery programmes e.g. theatre productivity - Modernising Medicine Programme - to create additional capacity and improve non-elective flows across the DH site - Estate programmes to increase physical capacity across sites e.g. Orpington Theatres - Workforce and recruitment planning to support increased workforce capacity (see BAF 1) - Engagement with APC/ ICS partners to develop and progress further plans to maximise use of system resources - DH Emergency Care Standard improvement plan	- Monthly Elective Assurance Group - Quarterly/ Monthly Site-Care Group reviews - IPR - performance metrics are routinely reported to KE, QPPC and Trust Board e.g. number of patients waiting > 52+/104+ weeks, diagnostics - Patient Outcomes report – quarterly presented to QPP - SEL APC elective recovery performance - Internal Audit Review 21/22 – Site Governance (*Significant assurance with minor improvement opportunities*) - Modernising Medicine programme updates reported to Major Projects Committee – oversight of delivery and review of KPIs - PRUH & SS site and service development updates reported to Major Projects Committee - Internal Audit Review 21/22 – PRUH Discharge - IPR - performance metrics are routinely reported to KE, QPPC and Trust Board e.g. ECS

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Tab 9 Board Assurance Framework - Q1

Gaps in controls & assurances	
• Additional site and workforce capacity	

Actions/Activities planned			
Action	**Lead**	**Due date**	**Update**
Complete an internal review of response to Omicron wave – further to the work completed following COVID Wave 1 and 2	Site CEOs	Q1 2022/23	Complete. Review was reported to KE on 13/7.
Capital investment and estate planning to support further decompression of the DH site and increased physical capacity across all sites	Site CEOs/CFO	TBC	Coldharbour Works – operational January 2022. Modernising Medicine Programme ongoing. See BAF Risk 4 (Estate maintenance and development)
Workforce planning and recruitment activities to support increased workforce capacity	CPO	Multiple – See BAF 1	See BAF Risk 1 – Recruitment & Retention

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Tab 9 Board Assurance Framework - Q1

BAF 10		12
If the Trust's IT infrastructure is not adequately protected systems may be comprised, resulting in reduced access to critical patient and operational systems, service disruption and/or the loss of data.		
Executive Lead	Chief Digital Information Officer	Assurance Committee	Audit Committee
Executive Group	Risk & Governance	Latest review date	Q4 2021/22

Strategy and Risk Register

Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR	2956 – Data and Cyber security 4562 – Malware
	Outstanding Care		Digitally- enabled	✓		
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (current)							
Quarter	Q1	Q2	Q3	Q4	Change from previous quarter	Gross risk	Target risk*
Likelihood			3	3	⟷	4	4
Consequence			4	4		5	
Risk Score			12	12		20	

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative, Planned)**
- Cyber security strategy - Cyber security & IT Use policies - Risk and governance arrangements - ICT Security Group and Information Governance Steering Group, chaired by the Chief Digital Information Officer - Mandatory data security and protection training for staff - Communication initiatives to increase staff awareness and understanding of potentials threats e.g. Phishing - Firewall perimeter covers all systems and application within the Trust Network - Automatic patch updates	- Information governance reports to Audit Committee - Data security and protection training compliance - Cyber Security Internal Audit Review 2021/22 – *Significant assurance with minor improvement opportunities* - DSP toolkit assessment Internal Audit Review 2021/22 – *Significant assurance with minor improvement opportunities* - Improving cyber security resilience report

Gaps in controls & assurances	
Internal audit recommendations	

Actions planned			
Action	Lead	Due date	Update
Implementation of internal audit recommendations	CDIO	Q1 2022/23	

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Tab 11 Safeguarding Children Annual Report 2021/22

NHS
King's College Hospital
NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	29 September
Report title:	Child Safeguarding Annual Report 2021-22	Item:	11
Author:	Sarah Harris, Head of Nursing for Child Health	Enclosure:	
Executive sponsor:	Nicola Ranger, Chief Nurse and Executive Director of Midwifery		
Report history:	KE on 11//072022 and QPPC 21/7/2022		

Purpose of the report

This report provides detail of the Safeguarding Children activity for 2020/2021 including compliance with safeguarding requirements under section 11 of the Children Act 2004 and the NHS Assurance Framework 2015.

It also includes the annual report for Maternity Safeguarding activities, and the annual report for the Safeguarding Education programme.

Board/ Committee action required (please tick)

Decision/ Approval	✓	Discussion		Assurance	✓	Information	

The Board of Directors is asked to note the safeguarding children activity for 2021/2022, the associated risks, and the priorities set out for the year ahead.

Executive summary

Executive Summary

This report evidences key safeguarding activity for 2020/2021 and highlights the challenges, risks and priorities for 2021/2022.

The Children's service has supported 2182 safeguarding concerns over the year, and 66 learning disability notifications which led to 1 Learning Disability Mortality Review (LeDeR). There has been increased reporting across both sites, including a welcome significant increase in reporting at the PRUH.

The executive summery identifies key highlights and the full children safeguarding annual report is available in the reading room.

Strategy

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

Tab 11 Safeguarding Children Annual Report 2021/22

Person- centred	Sustainability		
Digitally- enabled	Team King's		

Key implications	
Strategic risk - Link to Board Assurance Framework	High Quality Care
Legal/ regulatory compliance	Children Acts 1989 &2004 provides the statutory framework for children, young people and their families. NHS Assurance Framework 2015. Intercollegiate Role Framework: Safeguarding children: knowledge, skills and competences for health care staff, (RCPCH, 2019). The Children and Families Act 2014 The Children and Social Work Act 2017. Working Together to Safeguard Children 2018 NHS Safeguarding and Accountability framework (2019).
Quality impact	
Equality impact	
Financial	
Comms & Engagement	
Committee that will provide relevant oversight	
Safeguarding Children and Adult Committee	

Tab 11 Safeguarding Children Annual Report 2021/22

Safeguarding Children Annual Report 2021-22

Executive Summary

The purpose of this report is to provide assurance that Kings College Hospital NHS Foundation Trust safeguarding arrangements for children are effective and as such the Trust is upholding its statutory responsibility.

This report evidences key safeguarding activity for 2020/2021 and highlights the challenges, risks and priorities for 2021/2022.

The Children's Safeguarding service continues to work closely with the Adult Safeguarding service and together the services promote the 'Think Family' ethos. Children's Safeguarding has adapted to new ways of working to ensure business continuity through the pandemic; this has included access to remote working, and daily virtual meetings to discuss critical business.

The Children's service has supported 2182 safeguarding concerns, and 66 learning disability notifications which led to 1 Learning Disability Mortality Review (LeDeR)

Safeguarding training compliance continues to improve with all training now reaching >90%, except children's safeguarding level 3 which was recorded as 58.6% at the end of the reporting period. Work is underway to address the inaccuracies in the LEAP data by resetting the audience required for safeguarding training matrix.

Key issues and risks arising over the year included:

- The Trust has not met its training targets for level 3 safeguarding children but is working closely with the learning and development team to address issues with the accuracy of data through a re-mapping exercise.
- The capacity of the children's safeguarding team, including changes in leadership, have made it challenging to provide the full level of service. However, the vacancies have been appointed and are due to start in Q3.
- Addressing policy changes required to ensure the appropriate use of mechanical restraint for children and young people
- The failure of statutory reporting of Female Genital Mutilation (FGM) to the FGM information system over a significant time frame was identified and corrected.
- The Trust was involved in a multi-agency Local Child Safeguarding Practice Review – Child Angela which explored missed opportunities across a range of providers and agencies to act on information to identify serious sexual abuse of a young girl by her mother's partner over the course of 2 years.

Key priorities for 2021/2022 are:

- Focus on achieving compliance with level 3 children's safeguarding training in conjunction with our
- Resume planning for the implementation of the Liberty Protection Safeguards
- Complete audits in key services areas; FGM, MH and Assaults and violence

Tab 11 Safeguarding Children Annual Report 2021/22

- Improving the dissemination of lessons learned from local and national multi-agency reviews
- Continue work on the development and implementation Learning Disability Strategy
- Support the implementation of the Trust's revised restraints policy in conjunction with the deputy chief nurse
- Continue to work towards an integrated adult and child safeguarding service

Safeguarding children remains a priority and everyone's responsibility: THINK FAMILY.

Tab 11 Safeguarding Children Annual Report 2021/22

King's College Hospital **NHS**

NHS Foundation Trust

Safeguarding Children Annual Report 2021-22

Executive Summary

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Key priorities for 2021/2022 are:

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- Resume planning for the implementation of the Liberty Protection Safeguards
- Complete audits in key services areas; FGM, MH and Assaults and violence
- Improving the dissemination of lessons learned from local and national multi-agency reviews
- Continue work on the development and implementation Learning Disability Strategy
- Support the implementation of the Trust's revised restraints policy in conjunction with the deputy chief nurse
- Continue to work towards an integrated adult and child safeguarding service

Safeguarding children remains a priority and everyone's responsibility: THINK FAMILY.

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Tab 11 Safeguarding Children Annual Report 2021/22

Introduction

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

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

The Safeguarding Children's Service includes Specialists for Safeguarding Children; Specialists Midwives; a Specialist in Learning Disabilities; and a Safeguarding Administrator. In 2020/21 the service has benefitted from the support of a Safeguarding Education role within the broader Safeguarding team.

Affiliated with the service is the Independent Domestic Abuse Advocates who are employed by Victim Support. The service works across all of KCH sites.

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

The purpose of this report is to:
• Provide an overview of the Trust's safeguarding activity during 2020/2021,
• Provide assurance that the organisation is compliant with its safeguarding responsibilities,
• Outline the safeguarding risks and priorities for the 2021/2022.

Safeguarding Children Activities

1. Activity

During the reporting period, the Children's Safeguarding Service (CSG) received 2182 safeguarding concerns from services across the Trust.
There has been an increase of 946 more concerns reported into the CSG than the previous year. This represents a 75% increase in safeguarding concerns compared to the previous year (Please see figures 1 and 2.)

Figure 1: Total number of referrals raised per quarter in 2021/22 compared to 2020/21

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No. referrals to Safeguarding April 2021 - March 2022
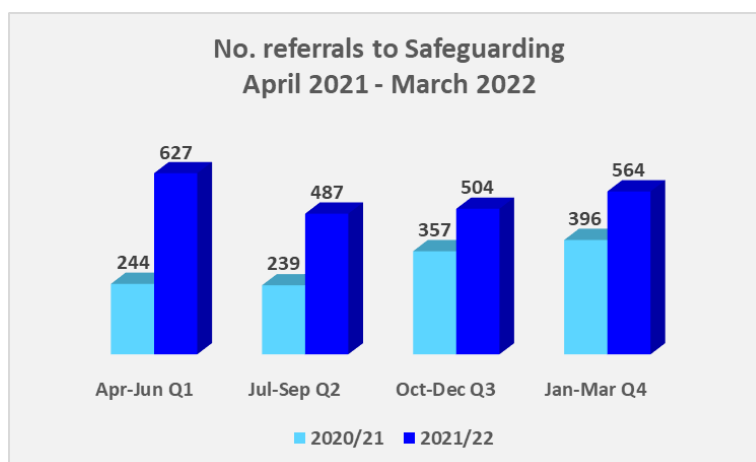
The increase has been driven, at least in part, by higher rates of reporting from the PRUH and South Sites. During the course of 2021/22 the CSG service has been monitoring the safeguarding referral numbers from the PRUH site more closely. It was previously identified that there was a disproportionately low referral rate at the PRUH, and that this may contributed to by a reduced safeguarding presence. There have been a total of 850 referrals from the PRUH compared to 367 in 2020/21, representing a 130% increase in referrals. This is reflective of the increased presence at the PRUH of the Safeguarding Children's Team, despite the vacancies within the team. Figure 2 shows the quarterly trend of referrals across the 2 sites and these are proportionate to the site sizes, with 1332 at DH and 850 at PRUH site.

The CSG services continue to work closely with the wider Trust to ensure robust referrals are made to the team, particularly in areacaring for young people under 18yrs of age and adult patients with known dependants. The aim is to have link nurses for Children's Safeguarding across every care group across all sites of the organisation with a 'Think Family' approach to delivery of care.

Figure 2: Total number of referral per site 2021/22
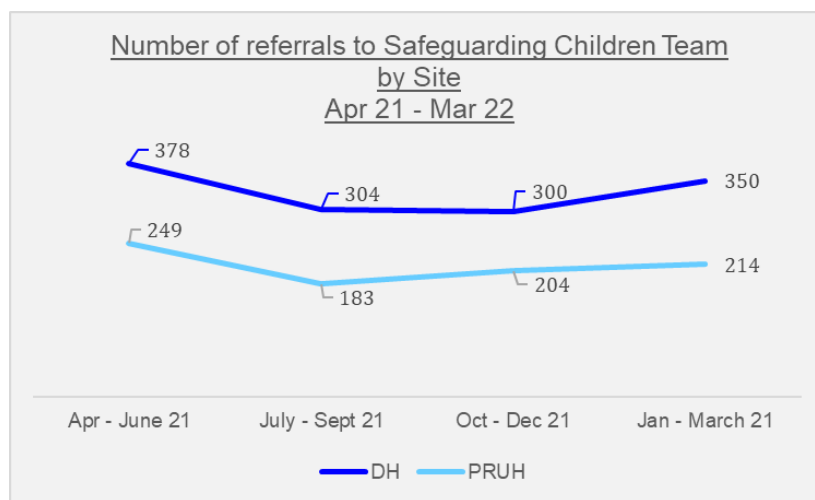
Following Q1 there was a drop in the number of referrals. Whist the exact reasons for this are unclear It is noted that operational challenges in the Safeguarding Children team reduced the

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visibility of the team on both sites in Q2. Since Q2 there has been a steady increase in referrals and this correlates with increased staff capacity and increasing rates of Level 3 training. The consolidation of the Referral Pathway in both Paediatric Emergency Departments has also impacted on the volume of referrals received.

Both sites have travelled along the same trajectory, demonstrating a small decrease in quarter 2 before a steady incline in referrals from quarter 3 onwards. New processes, staff training and increased awareness of policies are factors contributing to the improvement.

2. Locality

The majority of referrals made to the Safeguarding Children's Team continue to be for children and families living in our local Boroughs: Southwark; Lambeth; and Bromley. However, it is important to note an increase in referrals made in out of area boroughs such as Bexley and Lewisham (figure 3, 4 & 5).

Figure 3: Number of referral by Borough in 2021/22
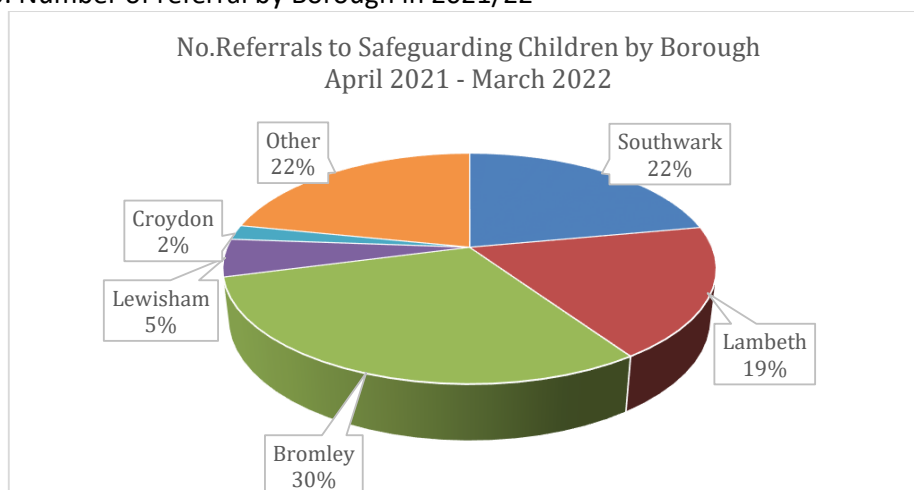
Being a major London Trauma Hospital, Denmark Hill naturally accounts for the largest proportion of presentations requiring a referral to Safeguarding Children in comparison to the Princess Royal site. There are a significant number of presentations at DH from the Borough of Bromley. This is partly due to an increase in the number of patients being transferred in from PRUH requiring specialist medical care that is not provided at the PRUH site, and possibly a reflection on an increase of youth violence in the Borough, resulting in young people requiring specialist Trauma treatment. This will be explored further in the year with an Audit on Assault and Youth Violence across both sites.

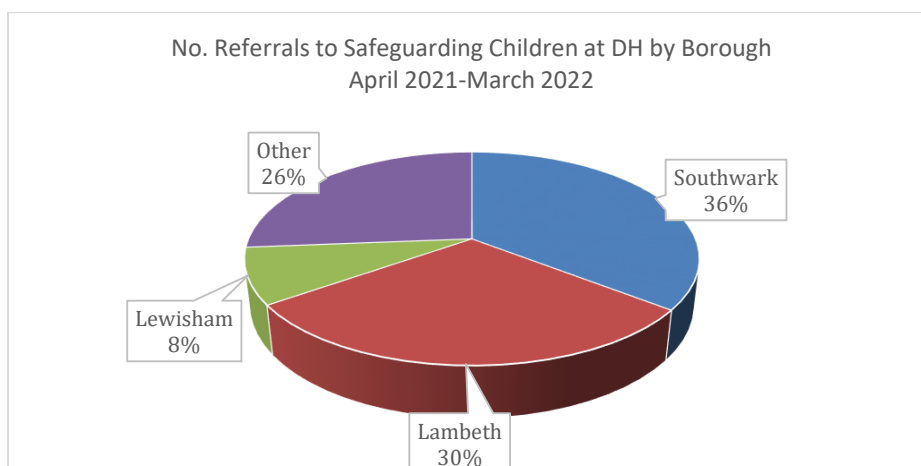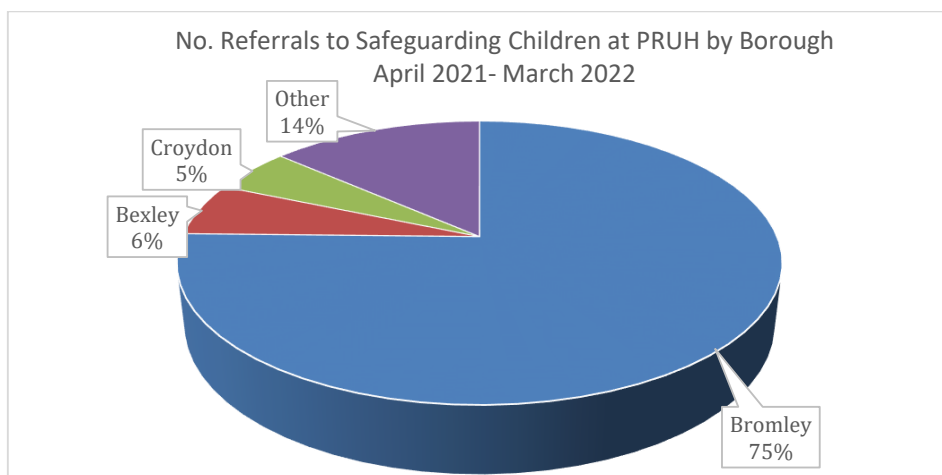Figure 4: Number of referrals at Denmark Hill by Borough

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Tab 11 Safeguarding Children Annual Report 2021/22

No. Referrals to Safeguarding Children at DH by Borough
April 2021-March 2022

Figure 5: Number of referrals at PRUH by Borough

No. Referrals to Safeguarding Children at PRUH by Borough
April 2021- March 2022

3. Referrals by Quarter

Referrals have increased during 2021/22 when compared to 2020/21 data (figure 6). This may have been a reflection on easing of lockdown restrictions and, in turn, the increase in hospital attendances for children and young people. Children returning to school and the recommencement/stress of public examinations is frequently cited as a cause of presentations. The Safeguarding Children's team have altered their approach to be more visible across the organisation on all sites and walk the floor more often, which has had a positive impact on referrals. The number of ED attendances for minor ailments is still high and this may reflect GP surgeries still being in the process of resuming face to face appointments.

Figure 6: Number of referrals per quarter 2021/22

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Tab 11 Safeguarding Children Annual Report 2021/22
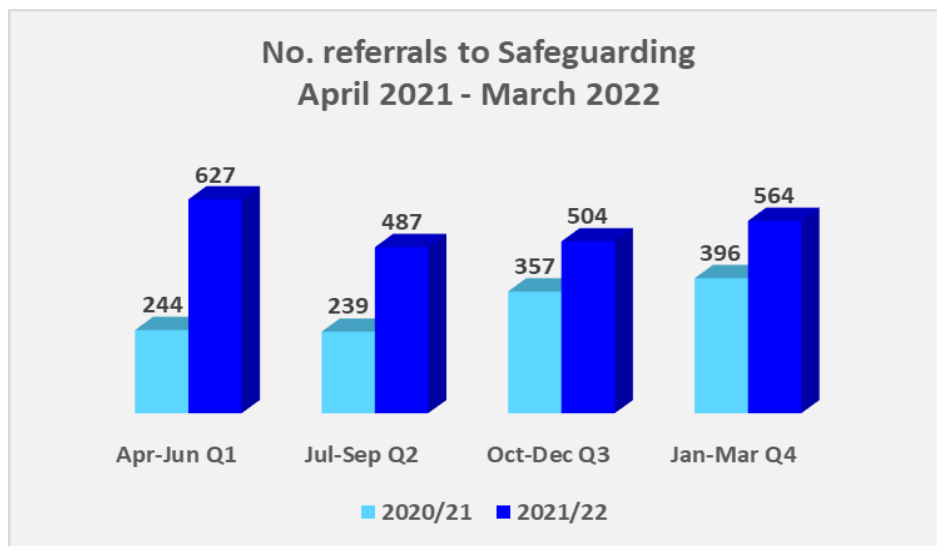
Children continue to present to KCH for a variety of reasons, across both sites, overdoses being the main reason for referral. (Figure 7 & 8). Overall, a rise in children reporting mental health issues has been notable since the pandemic, seemingly increasing during Educational examination periods. A considerable increase in quantities of tablets being taken per overdose is a cause for concern, as is a recent increase in attempted suicide and the increase in attempted hangings that have been admitted. This could be due to the impact COVID-19 has had on our young people with a disruption to education and social experiences they have suffered. Additionally, social media appears to be at least partially contributing to the increase in the trend of attempted suicide.

Figure 7: Main referral reasons in 2020/21 for the Denmark Hill site
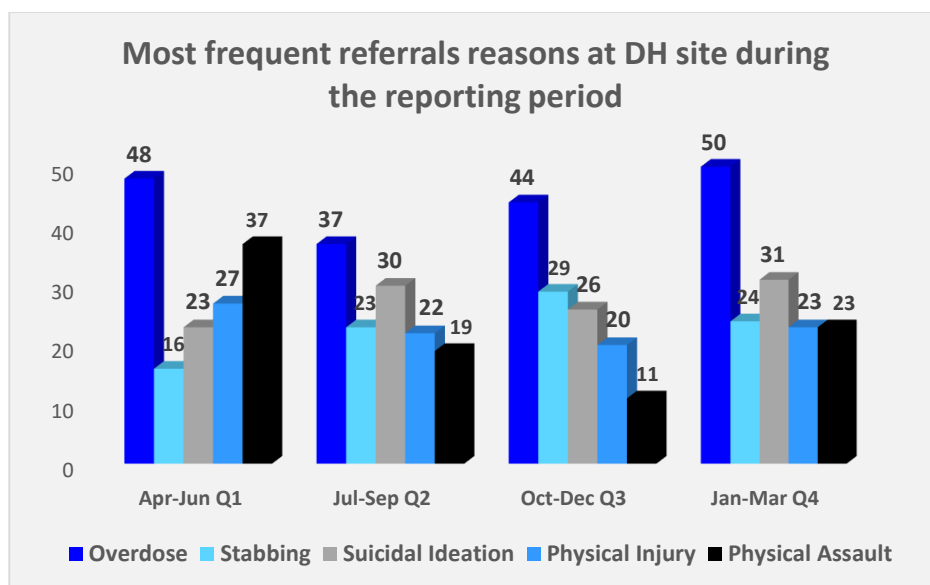
Figure 8: Main referral reasons in 2020/21 for the PRUH site

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Most frequent referrals reasons at PRUH site during the reporting period
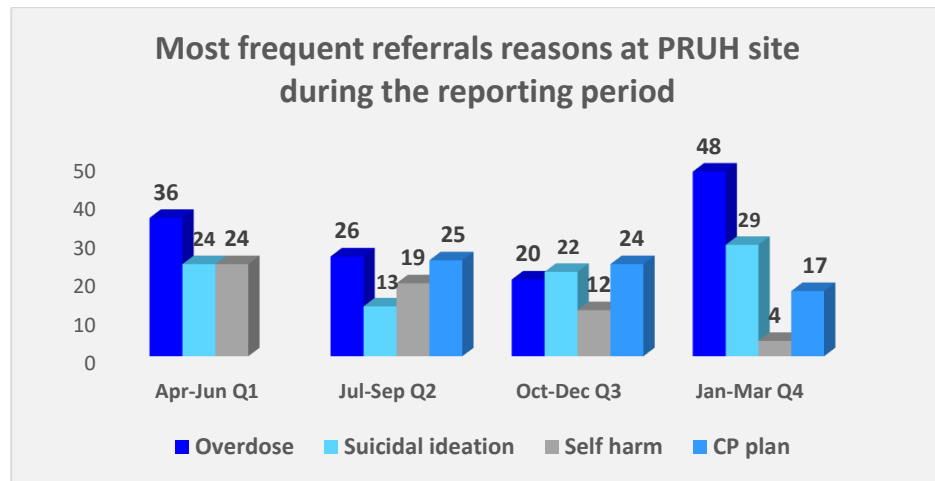
4. Age

Children's services cover a large age range so it is important to differentiate what these are so we are able to provide and plan for service demands and needs across the organisation. 13-17year olds are overwhelmingly the largest age range for referrals across both sites (figure 9 &10). This pattern of age presentation reflects the national demographic and contextual safeguarding that is seen in adolescents. Contextual safeguarding is reflective of knowledge about adolescent development and that adolescence is a period where peer group influence/importance increases and parental influence decreases. In addition contextual safeguarding recognises the risks that young people face within their communities and the interplay of the contexts they live in and relationships they have. There is also an increase in behaviours due to the influence of social media which is not unique to KCH but nationally observed.

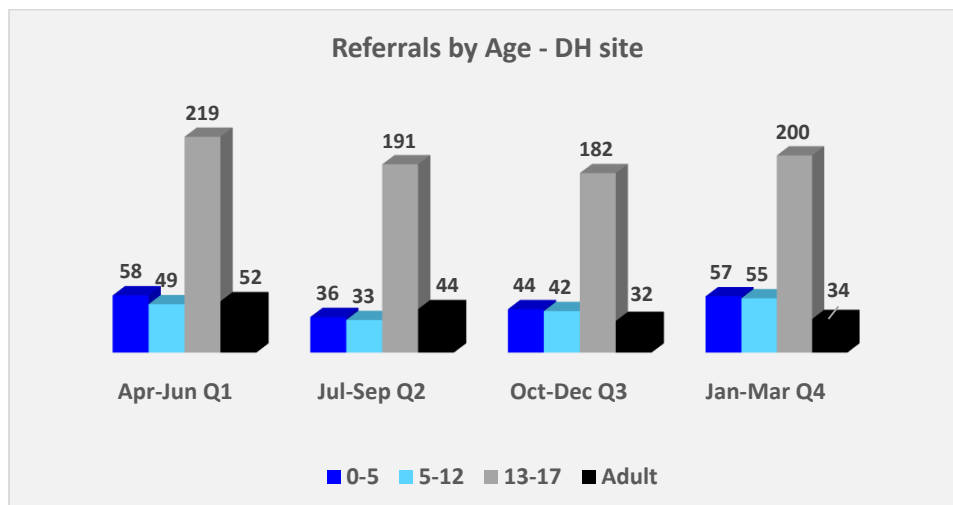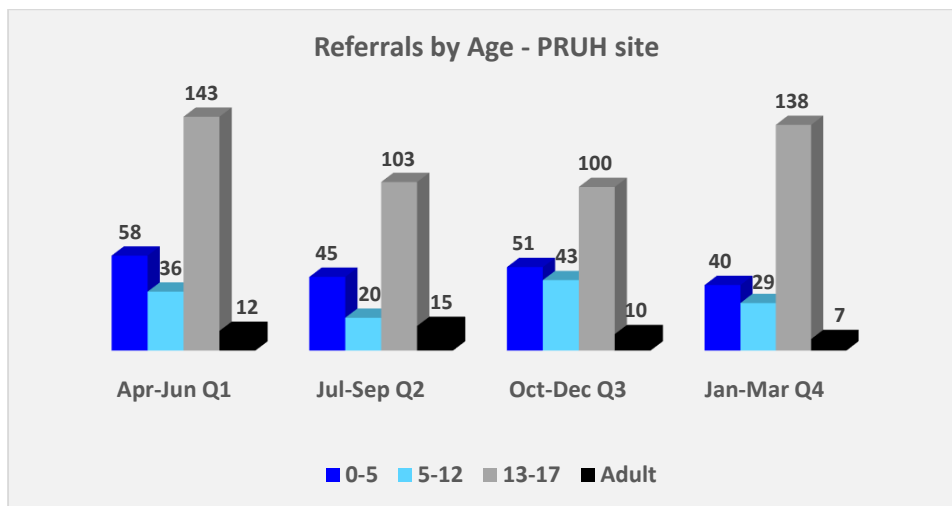Figure 9: Referrals by age at Denmark Hill

Referrals by Age - DH site

Figure 10: Referrals by age range at PRUH

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Tab 11 Safeguarding Children Annual Report 2021/22

Referrals by Age - PRUH site

	Apr-Jun Q1	Jul-Sep Q2	Oct-Dec Q3	Jan-Mar Q4
0-5	58	45	51	40
5-12	36	20	43	29
13-17	143	103	100	138
Adult	12	15	10	7

Involvement in Local Child Safeguarding Practice Reviews

The Trust was involved in a multi-agency Local Child Safeguarding Practice Review – Child Angela which explored missed opportunities across a range of providers and agencies to act on information to identify serious sexual abuse of a young girl by her mother's partner over the course of 2 years. The 7 minute briefing which sets out the key findings and learning from the case are included in Appendix 1.

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Maternity Safeguarding Activities

Referrals

The number of referrals to the maternity safeguarding team on both sites has shown an increase over the last year both in numbers, complexity and breadth.
There has been an increase at the PRUH site for 2021/22. The Named Midwife increased her substantive hours which has allowed better visibility across the service.
The midwifery safeguarding team continued to support the maternity service in their response to the pandemic including relieving clinical staff where possible to attend Virtual ICPCs, Core groups, strategy discussions and discharge planning meetings.

Figure 11 shows the total number of referrals received by the midwifery safeguarding team whilst figure 12 expresses the total number of individual women for whom advice and support were given. These numbers remains relatively stable throughout the year for both sites.

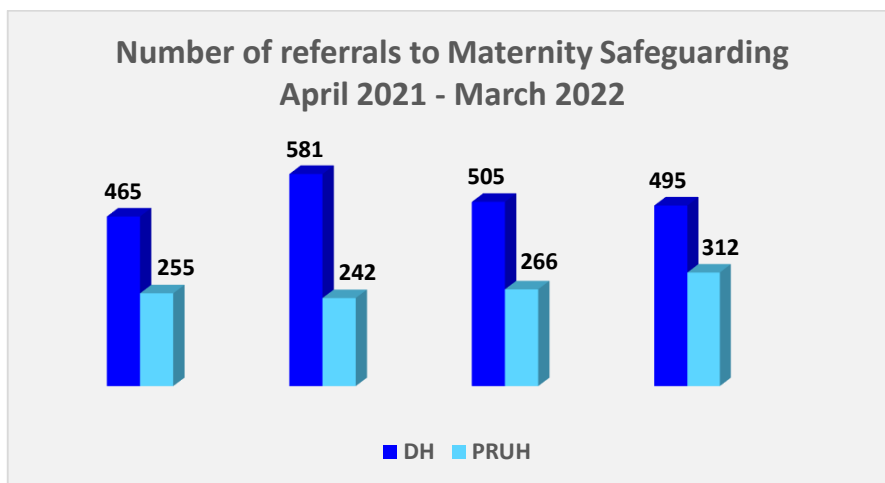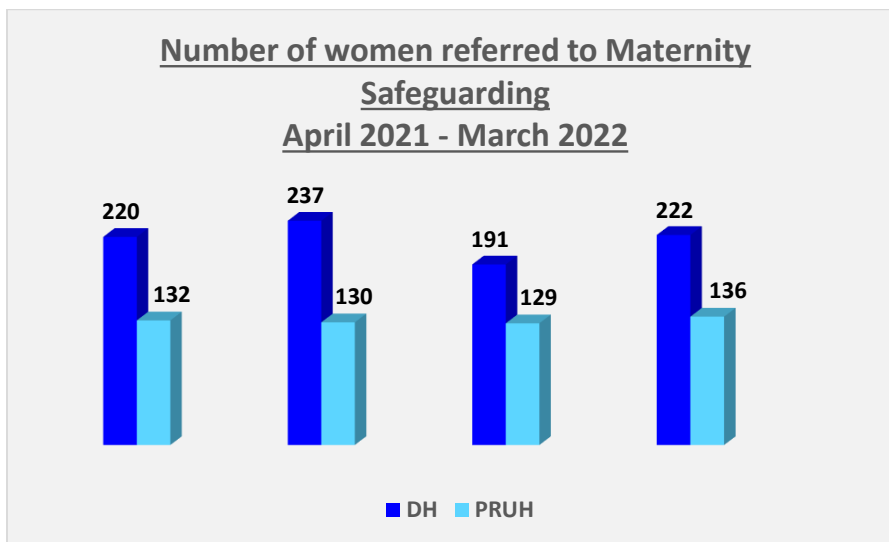Figure 11: Number of referrals to maternity safeguarding 2021/22

Figure 12: Number of women referred to Maternity safeguarding 2021/22

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Tab 11 Safeguarding Children Annual Report 2021/22

Number of women referred to Maternity Safeguarding
April 2021 - March 2022

220   237   191   222
       132   130   129   136

■ DH   ■ PRUH

Maternity Safeguarding Meetings

The number of women discussed during the safeguarding meetings (Figure13) has decreased from the previous year with DH between 20-30% compared to PRUH 40-50% discussed during 2021/22. This may be attributed to reduced maternity staff attendance at the meetings due to high clinical acuity and staffing particularity at the DH site.
External partnership agencies attend these maternity Safeguarding meetings and provide invaluable information and support. These meetings are held weekly on the DH site and twice monthly on the PRUH site. Meetings have remained virtual which has assisted in ensuring external agencies are able to attend.

Figure 13: Women discussed at Maternity safeguarding meetings 2021/22

Women discussed at Maternity Safeguarding
Meetings 2021 - 2022

          62   52   54
46   51   38   40   50
Q1   Q2   Q3   Q4

■ DH   ■ PRUH
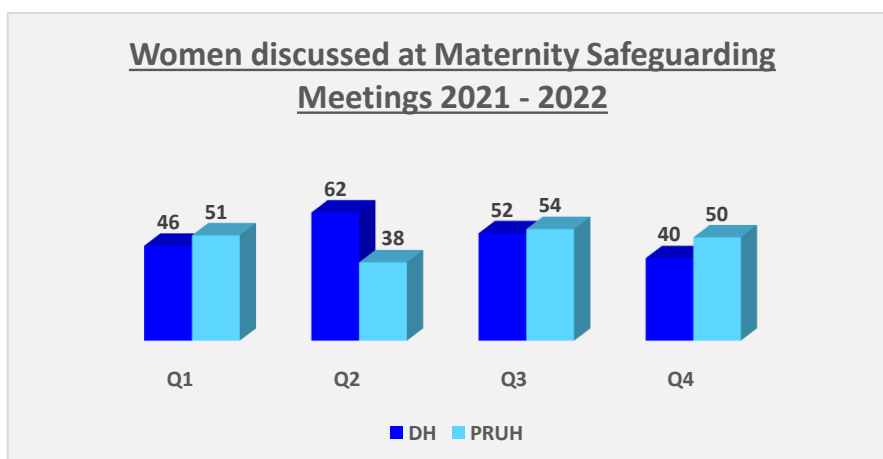
Statutory Intervention

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Tab 11 Safeguarding Children Annual Report 2021/22

The total number of babies born subject to Child Protection (CP) plans (figure 14), has dropped in quarter 3 and 4. This could be due to the increase in babies on child in need plans that then do not meet the threshold for a child protection plan. There is also an increased number of babies granted interim care orders which means they become a looked after child.

Figure 14: Number of babies subject to a CP plan 2021/22
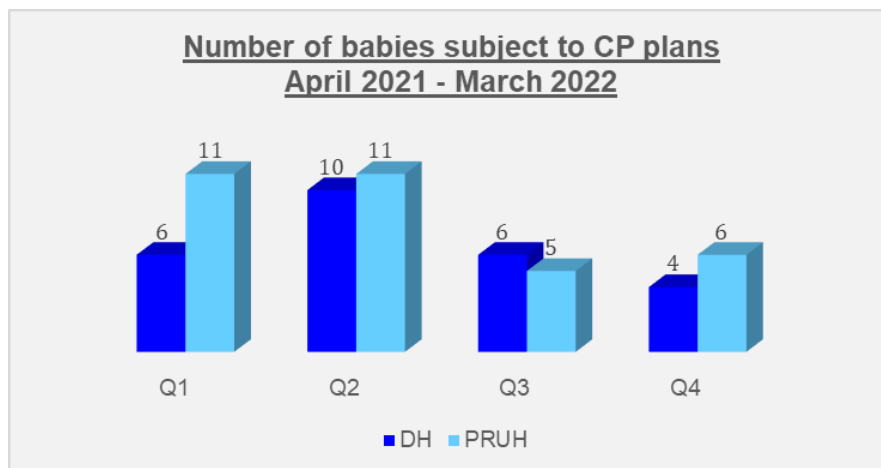
Babies subject to Child in Need (CIN) plans has increased at DH site as stated above, however there was a downward trend of babies subject to CIN plans on the PRUH site in the last two quarters.

Figure 15: Number of babies subject to a CIN plan 2021/22
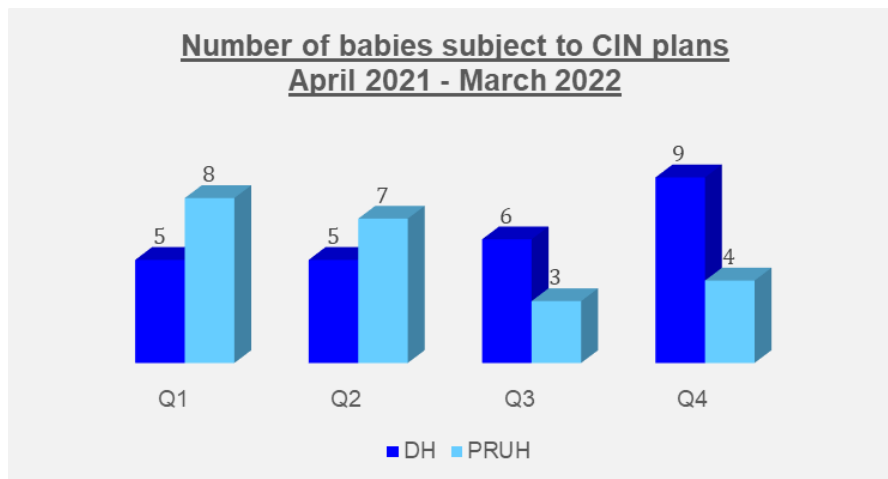
There has been a rise in the number of Interim Care Orders (ICO) granted on the DH site which is reflective of the complexity of the cases presenting (figure 16). A common thread noted in these cases was complex substance misuse with one case going to the Court of Protection. Significant serious mental health issues have continued to be prevalent on both sites.

Figure 16: Number of babies subject to an ICO 2021/22

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Number of babies subject to an ICO
**April 2021 - March 2022**
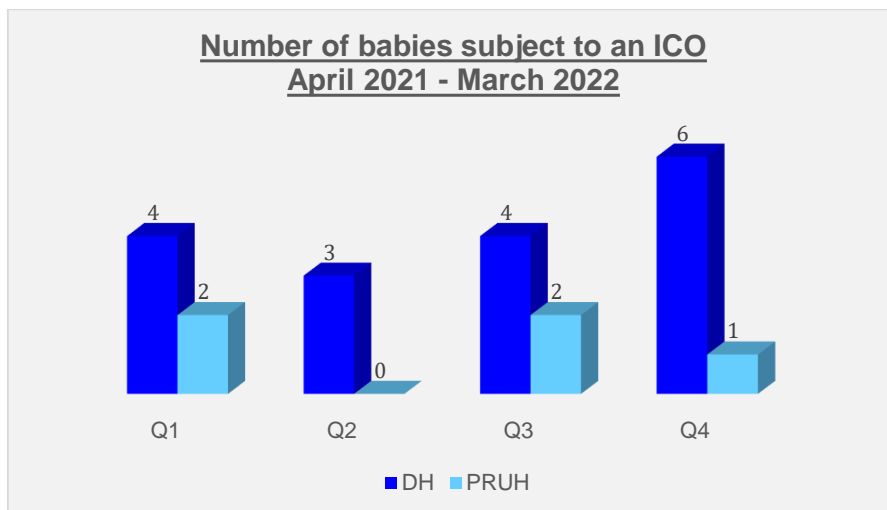
Midwifery Mandatory Safeguarding Training

Midwifery mandatory training has continued throughout the year on both sites. To comply with intercollegiate requirements we delivered a 45 minute session monthly for the academic year- it will be a 90 minutes for the next two years. Training has remained virtual via MS teams.

The content for the year 2021- 2022 was entitled "Learning on the Job" and encompassed 3 case reflections and learning. Feedback from staff on both sites was very positive with an average rating of 4 out of 5 stars.

The compliance for the year was: 96% for the DH site and 89% for the PRUH site. The PRUH sites reduced compliance was due to the cancelling of the January 2022 session due to staffing issues.

The Named Midwife for PRUH site was invited and trained the 3rd year student midwives from Greenwich University for a 2.5 hour morning session on her role and safeguarding.
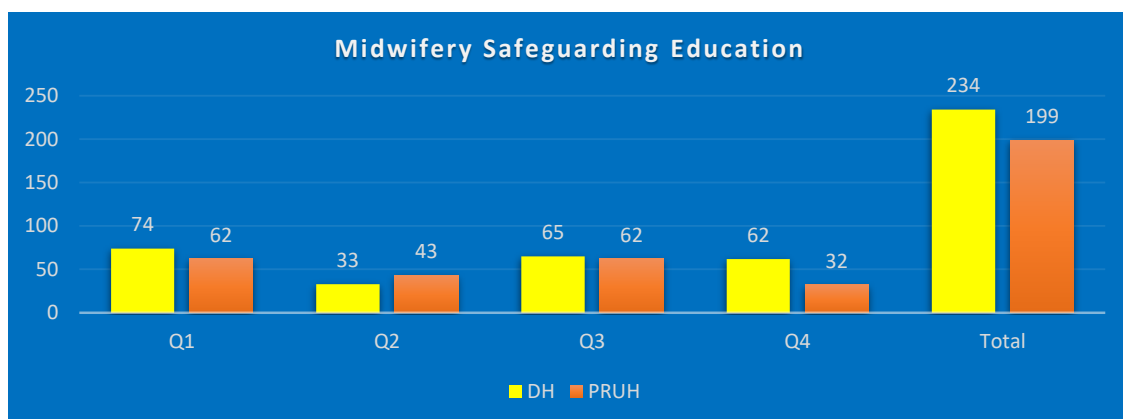
Community Midwifery Service

On the DH site there were no changes to the community midwifery structure however the Lotus team that specialises in social vulnerabilities has expanded its criteria to include all

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pregnant migrant women. On the PRUH site one of the continuity teams was disbanded, Links team that specialises in vulnerable women now takes all pregnant women under the age of 19.

Safeguarding Supervision has continued to be offered to all community midwives quarterly as group supervision and all the new safeguarding supervisors have commenced supervision for their allocated teams. Safeguarding supervisors meeting continue to be held on both sites quarterly and offer an opportunity for supervisors to feedback trends and discuss any issues or concerns.
Safeguarding supervision has also been commenced for the MAU at the PRUH in response to an identified need for further safeguarding support and has been well received.

Multiagency Partnership Working

DH worked extensively with multiagency services in quarter 3 to safeguard a complex vulnerable women and her baby, these agencies included children's services, adult services, learning disability services, the Police, health partners and perinatal mental service. Excellent interagency working was demonstrated by robust communication and decision making. KCH applied to the Court of Protection and a Police Protection Order was issued at birth.

During an audit for Female Genital Mutilation (FGM) in November 2021 the Named Midwife at the PRUH discovered that statutory reporting for FGMIS had not been completed on both sites for the previous 18 months due to a change in administrative staff. This was rectified immediately and a full investigation and action plan was undertaken involving all relevant partners and was escalated appropriately. This was also added to the safeguarding risk register and the audit will be repeated later this year to ensure full compliance following the completed actions.

The maternity safeguarding team have been actively involved in writing two new policies which were ratified in quarter 3: The Neonatal Abduction Guideline and Substance Misuse: Management of Pregnancy and Newborn baby.

The Maternity Safeguarding team have continued to attend subgroups for the relevant Safeguarding Boards and the Named Midwife PRUH site has been actively involved in the Bromley MARAC working group.

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Safeguarding Education Programme Annual Report 2021-2022

Following the development of the safeguarding education strategy, the education programme continues to grow with delivery of safeguarding education across the organisation. We have also seen a number of collaborative education initiatives with our health and social care partners throughout the year.

Safeguarding Training Matrix Updates

We have been working in partnership with our Learning and Development (L&D) leads to update the RCN intercollegiate national recommendations to align with our local safeguarding training matrix. This has taken some time due to team re-structure and senior leadership changes in the L&D team. We are driving changes are now being driven forward at pace and preparing to launch. This will affect the number of health and social care professional learners across the organisation required to complete statutory and mandatory level 3 safeguarding children and adults, and therefore will affect compliance rates, but will ensure that we have an accurate audience for training going forward.

Safeguarding Children Training Level 3 (CSG3)

The virtual level 3 children safeguarding course continues to be delivered. There have been a number of updates with a collaborative multi-professional faculty joining to support the delivery of the level 3 expert content. This includes updates from the child safeguarding team, social care leads, Redthread team, IDVA team and midwifery leads. From April 2022 the blended learning virtual course day will increase to 8 hours following the pre-Covid format. Despite training large numbers of learners (571 in total this year) we have identified a significant decrease in the compliance figure for the CSG3 compliance percentage for the organisation. Inaccuracies within the LEAP system have been recognised and we are working with our L&D partners to cleanse the data and align to the new training matrix as noted above.

SPRINT (Safeguarding PRoactive INtensive Teaching)

Our SPRINT programme has continued to grow and engage a large number of health and social care professional over the last year (1034 in total). Evaluations remain positive with and overarching 4.4* out of 5* for delivery. We have also incorporated a quarterly safeguarding talking space session in collaboration with our psychology team to support staff through safeguarding restorative multi-professional group supervision. These sessions are currently averaging a 4.1* out of 5*, we will continue to monitor progress over the next year. Our abstract was submitted and accepted by the NET Conference, and our work will be shared with multi-professional colleagues delivering education in health.

SPRINT Programme 2021-2022

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Additional Safeguarding Education Events

The safeguarding team have delivered a number of additional education events over the last year. This includes the impact of Covid-19 on Safeguarding Adults, Young People and Children webinar, the adult safeguarding awareness week, learning disabilities awareness week, Covid-19 Response: Safeguarding Education Webinars, 'How are things at home' domestic abuse virtual live education event and the NAI Masterclass with the MET Police. Our health and social care partner joined our faculty and collaborated with us to deliver the education updates across the organisation. For example, this included CAMHS, Social Care Leads, GAIA Centre, Standing Together and IDVA Teams. The safeguarding midwifery leads continue to deliver the midwifery safeguarding education as part of the core midwifery training and have completed some training at the Greenwich University.

Health and Social Care Student placement

The safeguarding team took part in our first hub and spoke student placement. The team were allocated x 4 student nurses to take part in the pilot. As part of the student nurse ED placement they visited the safeguarding hub for one week and worked alongside all safeguarding team members to gain insight into the role and responsibility of the safeguarding leads for the trust. The placement was on an observation basis only and students were given safeguarding placement objectives to achieve along with a restorative safeguarding supervision and reflection session at the end of the week. Evaluations received were positive with 4.5* out of 5* average rating. We are working closely with the pre-registration PDN team to plan for our next student allocations and second pilot.

IDVA Education

Our IDVA leads have engaged and supported a number of education events across the trust. This includes IDVA virtual webinars, CSG3, SPRINT teaching, our local DV virtual event and face to face sessions on the ED Bite-Size programme. The IDVA leads have played a vital role in championing education updates on what constitutes domestic abuse and advising multi-disciplinary team learners on the tools, management and referrals of domestic violence.

Project Search

The safeguarding team were requested to support the delivery of both Project Search and the Supported Internship. The purpose of both programmes is to support and develop employment skills with specially educated needs and/or disabilities. We are awaiting outcome of the one year programme and hope to take part in the up and coming 2022 recruitment initiative.

Launch of the Safeguarding Newsletter

In November 2021 the safeguarding team launched their Safeguarding Newsletter. The purpose of the newsletter is to update our health and social care teams across the organisation and strengthen our safeguarding practices across the trust. Each team delivers an update under the topic 'what's new this month' and a Q&A section has been added at the end of the letter introducing a member of the safeguarding team including their role and responsibilities within the team.
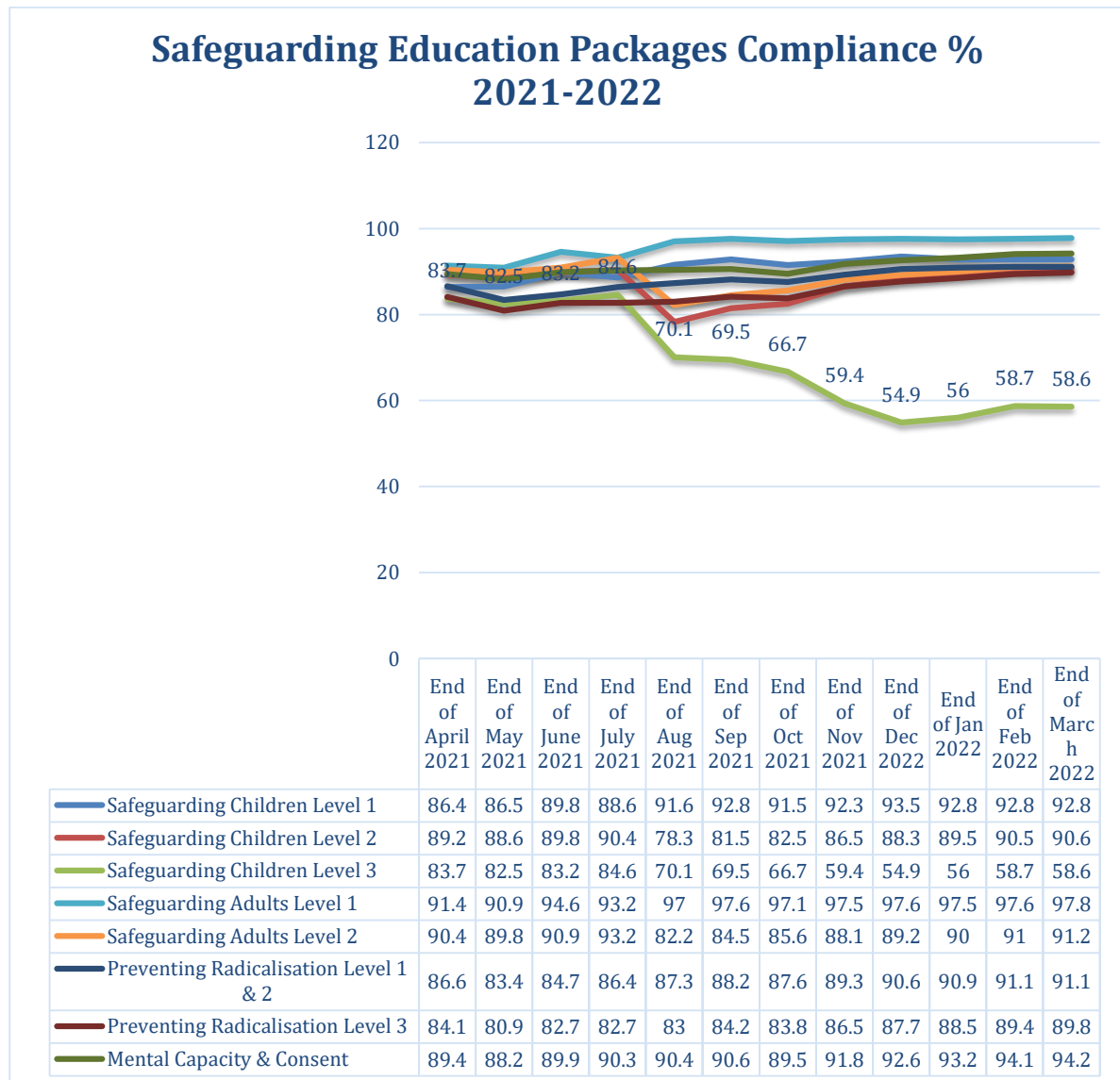
Launch of Safeguarding Education Programme Kwiki Page

The safeguarding education programme Kwiki page is being launched April 2022. The objective of the education initiative is to offer and ensure staff have access to a centralised space for all safeguarding education resources and events. Currently the page incorporates

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the new training matrix updates with both intercollegiate documents, linking to the LEAP system direct allowing learners to book onto the level of training required.

Education & Training Compliance Percentage April 2021-March 2022
All education packages compliance percentage are currently >85% apart from the CSG3 package which is currently sitting at 58.6% compliant.

Safeguarding Education Packages Compliance % 2021-2022

	End of April 2021	End of May 2021	End of June 2021	End of July 2021	End of Aug 2021	End of Sep 2021	End of Oct 2021	End of Nov 2021	End of Dec 2022	End of Jan 2022	End of Feb 2022	End of March 2022
Safeguarding Children Level 1	86.4	86.5	89.8	88.6	91.6	92.8	91.5	92.3	93.5	92.8	92.8	92.8
Safeguarding Children Level 2	89.2	88.6	89.8	90.4	78.3	81.5	82.5	86.5	88.3	89.5	90.5	90.6
Safeguarding Children Level 3	83.7	82.5	83.2	84.6	70.1	69.5	66.7	59.4	54.9	56	58.7	58.6
Safeguarding Adults Level 1	91.4	90.9	94.6	93.2	97	97.6	97.1	97.5	97.6	97.5	97.6	97.8
Safeguarding Adults Level 2	90.4	89.8	90.9	93.2	82.2	84.5	85.6	88.1	89.2	90	91	91.2
Preventing Radicalisation Level 1 & 2	86.6	83.4	84.7	86.4	87.3	88.2	87.6	89.3	90.6	90.9	91.1	91.1
Preventing Radicalisation Level 3	84.1	80.9	82.7	82.7	83	84.2	83.8	86.5	87.7	88.5	89.4	89.8
Mental Capacity & Consent	89.4	88.2	89.9	90.3	90.4	90.6	89.5	91.8	92.6	93.2	94.1	94.2

With the return of face to face education the team are keen to deliver more education in the clinical setting building our multi-professional team relations. We would also like the opportunity to collaborate with the simulation leads and deliver in-situ simulation relating to safeguarding. One goal is to deliver a KCH safeguarding conference and advertise nationally, giving us the opportunity to network with our expert Centres.

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Future plans

This year's work plan includes a repeat of the Female Genital Mutilation (FGM) audit in November 2022 to ensure ongoing compliance. The Mental Health audit conducted at the Bromley site will also be repeated as well as commencing a similar audit for the Denmark hill site in Q3/4. The team will also undertake a cross site piece of work on assaults and youth violence, this is in line with the increase and wider concerns related to youth violence.

The team is engaged in working with the Apollo team to ensure we have a robust safeguarding process within EPIC working alongside our KHP partners.

The team whilst continuing to produce data sets for the boroughs is hopeful that a single dashboard for the ICS will be implemented and Kings in the future will be able to send one report instead of multiple reports as is the current case.

As the pilot of the National Deprivation of Liberty Court is piloted within the family courts and clear information and practice becomes clearer, the team will review and commence trust wide training to ensure that staff understand the process and we meet compliance as an organisation.

With the Kings Academy coming in quarter 4 there is also an opportunity to review how the safeguarding education programme aligns to the new platform.

It is envisaged that when the new Head of Nursing for safeguarding starts they will undertake a review of the service and to revisit the education strategy with the key priority to increase compliance of our level 3 training.

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King's College Hospital NHS
NHS Foundation Trust

Appendix 1

Lambeth Safeguarding Children Partnership

7 Minute Briefing
Child Angela Safeguarding Practice Review

1. What is a Local Child Safeguarding Practice Review? The purpose of a LCSPR is to look at what happened and why, focusing on the systems that practitioners work within and what action we need to take to change those systems so that practice can be improved.

The agencies involved in this review were Lambeth Children's Social Care, Metropolitan Police Service, King's College NHS Trust, South East London CCG (Lambeth), Lambeth Violence Against Women & Girls Programme, Guy's & St Thomas' NHS Trust, Lambeth Education, a primary school in Lambeth and another in Kensington & Chelsea, Southwark Education Welfare Service. Angela's mother contributed her views. An independent reviewer, Siobhan Burns, conducted the review on behalf of the LSCP.

7. Useful resources
Please visit the LSCP website for:
> Direct contacts for local experts, incl. Designated Doctor, VAWG; CSC
> Escalation process
> New Multiagency Neglect Strategy (from 1 April 2022)

6. What are we going to do next?
> Work with partners across London to develop mechanisms to better track children missing education
> The partnership's Performance & Quality Assurance Subgroup will monitor the improvement action plan and will audit and evaluate improvements over time
> Share the learning across the partnership through a series of briefings, trainings and communications.

5. What has changed already as a result of the learning?
> The hospital has developed a system to regularly review children's x-rays to ensure safeguarding experts can help identify any potential non-accidental injuries that may have been missed
> The LSCP has developed a Neglect Strategy and Toolkit which will be launched in April 2022
> Police and Education colleagues are improving the way Op Encompass works across the borough
> Children's Social Care have introduced operational audits to facilitate regular quality assurance and management overview for multiple contacts to ensure we are looking at incidents cumulatively
> The LSCP has updated its escalation processes to ensure that professionals come together as a multiagency group to share information and discuss professional difference for complex and perplexing situations
> Police have built their capability to audit domestic abuse contacts weekly to ensure appropriate referrals to the MARAC are being made
> Police are training all frontline AS-CU Police in professional curiosity, identifying neglect, domestic abuse and vulnerability. This uses Angela's story as a case study. By mid-March all 10 response teams, including 1st and 2nd responders, will be trained

2. What happened for Angela and her family? Angela, a little girl, disclosed serious sexual abuse perpetrated by her mother's partner, 'Joe' over the preceding two years. Eight months prior to this disclosure, Angela presented to a hospital emergency department with herpes. At the time, Angela was not enrolled in a school, having been off-rolled from her first school in a neighbouring borough 17 months prior. Angela was sleeping on a mattress in the kitchen of a property soon after declared unfit for human habitation. Angela's mother had reported to the Police, 7 domestic abuse incidents perpetrated by Joe. A Child & Family Assessment resulted in Angela being placed on a Child in Need Plan. Eight months before this presentation, Angela had attended the emergency department with a spiral fracture of her humerus. This information had not been shared with other services.

3. What have we learned about multi-agency practice?
> There was a heavy reliance on Angela disclosing her physical and sexual abuse, before action was taken.
> The Partnership does not have a neglect strategy which sets out how agencies will work together to identify and respond to neglect, governance to ensure the strategy drives practice improvement and a quality assurance framework to measure the impact of the strategy on frontline practice.
> When the property that Angela was living in was declared unfit for human habitation, she and her mother should have been offered immediate appropriate temporary accommodation, rather than being placed on the Band A Housing list
> When Angela stopped attending her first Primary School, attempts to contact Angela's mother were not successful. Following this, the school were advised by another local authority's Education Welfare Service to take Angela off their roll. There was no effective tracking system in place to monitor Angela from becoming out of sight. It is not uncommon for families to move between Boroughs and children missing education is a key vulnerability factor.
> There were many multi-agency opportunities for intervention in respect of the domestic abuse, controlling and violent behaviour that Angela was witnessing. Both the police and children's services response to the mother appear to lack professional curiosity. They accepted the mother's assurances that she would accept domestic abuse services, would seek an injunction and on several occasions that the relationship had ended. There was no real triangulation to offer social workers and officers insight into what the mother calls being "hijacked" in her own home and the limited resources she had to protect Angela.
> The second school Angela attended did not receive any notifications of domestic abuse incidents via Op Encompass.
> The powerlessness and frustration felt by the practitioners was linked to differing levels of confidence in the recognition of child sexual abuse. The Partnership needs to create the space and culture to facilitate multi-agency discussions to explore professional differences.
> Professionals did not call upon the expertise on child sexual abuse available from the Designated Doctor or Mary Sheridan Centre.
> Professionals did not consistently use high quality translation services to communicate with Angela's mother, who has limited English.

4. Key learning themes

Neglect | Child Sexual Abuse | Domestic Abuse | Professional Difference | Moving between Boroughs

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Tab 12 Infection Prevention and Control (HCAI) Annual Report 2022/22

NHS
King's College Hospital
NHS Foundation Trust

Meeting:	Quality People and Performance Committee	Date of meeting:	29 Sept 2022
Report title:	Infection, Prevention and Control Annual Report Summary 2021-22	Item:	12
Author:	Ashley Flores, Director of Infection, Prevention and Control (DIPC)	Enclosure:	
Executive sponsor:	Professor Nicola Ranger, Chief Nurse and Executive Director for Midwifery		
Report history:	Infection Control Committee, KE – 11.07.22 (Approved), QPPC 21/7/2022 (approved)		

Purpose of the report

To provide an annual review of infection, prevention and control practices across the Trust in 2021-22.

Board/ Committee action required (please tick)

Decision/ Approval		Discussion		Assurance	✓	Information	

Note the report and approve the 2022/2023 plan

Executive summary

This Infection Prevention, Control & Antibiotic Stewardship annual report and annual programme has been prepared for, and is submitted to, the Kings Trust Board by the Infection Prevention and Control (IPC) Team. This report summarises the annual achievements, developments, performance and standards by the Trust and its staff in key areas and against key objectives, relating to infection prevention and control and prudent antibiotic prescribing.

The Department of Health's (DH) revised Code of Practice for Infection Prevention & Control (Health & Social Care Act, 2008), remains the basis for the development of the Trust's IPC programme and activity for the Trust, with additional guidance and advice drawn from NICE Guidance, the UK Antimicrobial Resistance Strategy, and other key national publications.

Strategy

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

Tab 12 Infection Prevention and Control (HCAI) Annual Report 2022/22

Key implications	
Strategic risk - Link to Board Assurance Framework	High Quality Care
Legal/ regulatory compliance	The Department of Health's (DH) revised Code of Practice for Infection Prevention & Control (Health & Social Care Act, 2008), remains the basis for the development of the Trust's IPC programme and activity for the Trust, with additional guidance and advice drawn from NICE Guidance, the UK Antimicrobial Resistance Strategy, and other key national publications. Poor compliance in Infection Prevention and Control standards, failure to meet the requirements of the Health and Social Care Act 2008 and national objectives could adversely affect the reputation of the organisation.
Quality impact	A reduction in infection rates has a direct impact on length of stay, operational flow and patient safety. Infection Prevention and Control risk, mandatory reporting requirements and annual work programme informs the Trust overall strategy for patient safety.
Equality impact	The content of this report has no implications for equality and diversity.
Financial	An increase in HCAI has a direct financial impact as a result of additional drug costs and increase in Length of Stay.
Comms & Engagement	
Committee that will provide relevant oversight Patient Safety Committee, Infection Prevention and Control Committee, Quality People and Performance Committee	

Tab 12 Infection Prevention and Control (HCAI) Annual Report 2022/22

Introduction:

This Infection Prevention, Control & Antibiotic Stewardship annual report and annual programme has been prepared for, and is submitted to, the Kings Trust Board by the Infection Prevention and Control (IPC) Team. This report summarises the annual achievements, developments, performance and standards by the Trust and its staff in key areas and against key objectives, relating to infection prevention and control and prudent antibiotic prescribing.

The Department of Health's (DH) revised Code of Practice for Infection Prevention & Control (Health & Social Care Act, 2008), remains the basis for the development of the Trust's IPC programme and activity for the Trust, with additional guidance and advice drawn from NICE Guidance, the UK Antimicrobial Resistance Strategy, and other key national publications.

The full annual report is available in the reading room.

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Challenges and Successes

SARS-CoV-2

The SARS-CoV-2 pandemic had an enormous impact on the Infection Prevention and Control team during 2021-22. There has been return to standard IPC activities but the pressures of the pandemic both on the IPC team and the Trust in general, with IPC workload and continued staff absences through the on-going waves, have meant a continued impact on our rates of healthcare-associated infection (HCAI), on antimicrobial stewardship programmes, and on good IPC practice itself. For example, the pandemic has seen a huge increase in the use of gloves across healthcare, causing behaviour to change, creating a modern-day ritual that is not supported by evidence, and bringing into focus the need to rationalise our glove use.

The lack of appropriate ventilation poses a risk of cross transmission of viral and bacterial infections, leading to a greater risk of healthcare-associated infections, with associated increase in length of stay, morbidity and mortality. There is also a risk of ward closure impacting operational flow. The root causes of SARS-CoV-2 outbreaks the Trust are multi-factorial, and associated with an increase in community-onset admissions, which impacts on nosocomial transmission. Inadequate ventilation in most of the general ward areas, and a lack of adequate bed spacing are also contributory factors. The design of the hospital estate impacts on the Trusts ability to comply with IPC guidance and take mitigation efforts to reflect the higher levels of the hierarchy of control (HSIB, 2020). Considerations about the design and use of hospital ventilation are a factor in mitigating the risk of SARS-CoV-2 outbreaks, in addition to other organisms e.g. Influenza. HSIB (2020) have recommended that NHS England and NHS Improvement review the HTMs and HBNs for the design of hospital estate to reduce the risk of nosocomial transmission.

Water Safety (pseudomonas and legionella)

Intermittent positive samples from taps and water outlets in wards and departments on the Denmark Hill site continue to be reported via the Water Safety Group. This leads to an increased risk of clinical infections in vulnerable patients, including blood stream infection, wound infections, pneumonia, and intravenous line infections, as a result of contact with contaminated water.

The Estates team continue to undertake water sampling, oversee results, and carry out remedial actions. Point-of use filters are in place, however these are a temporary and costly measure. Actions remain outstanding on the pseudomonas and legionella risk assessments undertaken in July 2020. The IPC team recommend that the allocation of capital funding be considered for refurbishment in the highest risk areas, a refurbishment programme for existing wards and an agreed timescale for the planned programme for maintenance of the water system is put in place.

Healthcare-associated Infection (HCAI)

The number of MRSA blood stream infections has remained the same since 2020-21, with 4 Trust-apportioned cases against a target of zero avoidable cases. Due to a UKHSA national change of definition Trust-apportioned cases, the number and rate of *E.coli* bacteraemia has

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increased this year by 46% (n=55 cases) in comparison to 2020/21. Cases positive in the first 48 hours of admission, who have been in the Trust in the preceding 28 days, are now apportioned to the Trust. Pseudomonas BSI has continued to increase by 10% (n=7 cases) however the rate has decreased when calculated by 100,000 patient bed days. *Klebsiella spp*. had a slight increase but not significant by only 3% (n=4 cases).

There was a decrease in 2021/22 by 16% (n=15 cases) in the number of Trust apportioned VRE bacteraemia in the Trust compared to 2020/21. DH identified 76 cases and PRUH had 8, totalling to 84. However, there were 61 cases of Trust apportioned MSSA BSI cases across the Trust during 2021/22, which is a significant increase in the rate of infection compared 2020/21; this represents an 84% increase. ***The IPC team recommend that the Trust consider implementation of a compliant skin prep product for intravenous device insertion.***

Clostridioides difficile infection (CDI)
In-line with the Department of Health's objective for *Clostridioides difficile* Infection (CDI), the Trust objective was to have no more than 93 Trust-apportioned cases. During 2021/22 there were 103 Trust-apportioned cases of CDI (for patients aged two or over) the performance target was not met, compared to 2020/21 we have seen a 12% increase (n=11 cases).

Antimicrobial Stewardship Group (ASG) 2021/2022
2021/2022 saw the resumption of many antimicrobial stewardship (AMS) activities across the Trust, following a period of disruption due to the COVID-19 pandemic. However, the ASG resumed meeting on a monthly basis to reinstate existing activities and initiate new ones, albeit with significant gaps in the AMS leadership team, notably the Trust Lead AMS Consultant Microbiologist and AMS Lead Pharmacist. Some of the successful initiatives achieved during 2021/2022 were:

- Update and approve the Trust cross-site Adult Antimicrobial Guide.
- Introduction of a daily list of patients prescribed reserved antimicrobials, for review by AMS and Microbiology teams.
- Introduction of a report to identify patients receiving antimicrobials for seven days or longer, to identify long courses for review.
- At the PRUH site, to safely switch the first choice aminoglycoside from gentamicin to amikacin, based on rising local resistance rates, and aligning with the Denmark Hill site.
- Introduction (re-introduction) of regular AMS multidisciplinary rounds in various areas across the Trust.
- Introduction of a new Infectious Diseases service at the Denmark Hill site, providing this new service to both inpatients and outpatients.
- Introduction of an online portal for use by clinicians to aid reporting and review of Trust antimicrobial stewardship key performance indicators (KPIs).

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NHS
King's College Hospital
NHS Foundation Trust

- Provide regular updates of Trust AMS activity to various groups, including the Infection Prevention and Control Committee, Medicines Safety Committee, Patient Safety Committee.

Meeting the antimicrobial consumption reduction targets will remain an ongoing challenge with the focus on recognition and management of the deteriorating patients, and in the setting of an increasing number of patients who are susceptible to infection and who require hospital admission.

Kings IPC Strategy and Annual Programme of Work 2021-22
The Kings IPC Strategy sets out the vision for infection prevention and control for the next 3 years. Our aims are to meet all targets related to infection prevention and control and comply with national and local guidance e.g. The Health & Social Care Act (2008). Our vision is to ensure a safe hospital for patients, visitors and staff, by minimising the risk of avoidable healthcare-associated infection.

In order to support the delivery of the vision, we aim to focus on 6 main areas of improvement. The proposed objectives are intended to focus on the continuing requirement to reduce HCAI and to firmly embed infection prevention into everyday practice to keep patient, visitors and staff safe. The purpose of the Annual Programme of Work is to ensure that a culture of continual improvement is maintained and to reduce avoidable harm to patients and staff from infections.

The focus of our activities remain as:

- Reduction in *Clostridiodes difficile*
- Reduction in device-related blood stream infection.
- Judicious antimicrobial use
- Improvements in environmental cleaning
- Water management & ventilation
- Appropriate care & management of indwelling devices
- Hand hygiene
- Reduction in glove use

The most common avoidable source of BSI in the last financial year was intravenous lines; central lines in particular. An improvement in intravenous line care has been included in both the strategy and annual programme:

- Review of skin prep for insertion of vascular lines
- Collaboration with the Practice Development, Vascular Access and clinical teams, to improve standards of IV line care
- Improving practice as regards the use of gloves
- Re-focusing on standards of aseptic technique, to ensure that clinical procedures are carried out in a manner that maintains and promotes the principles of asepsis.

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- Ensuring a programme of education, training and assessment in the aseptic technique is provided to all clinical staff, standardising aseptic technique across the organisation and undertaking audits to monitor compliance with the technique

A reduction in rates of gram negative BSI also remains a focus, particularly on improvement in quality of care and documentation of invasive devices e.g. urinary catheters. Over the next three years, we aim to achieve a reduction in catheter-associated UTI from baseline and a 10% reduction in monthly urinary catheterisation rate from baseline.

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Tab 13 Board Committee Reports

Committee Highlight Report for Trust Board			
Committee Chair	Prof John Cohen	Date of Meeting	21 June 2022
Committee:	Quality, People & Performance Committee		

Agenda ref	Item	Link to BAF
22/71	**Immediate Terms for Information** The Committee noted the CQC conducted an unannounced visit to the medical wards at Orpington Hospital. The inspection highlighted a number of concerns and a full action plan was sent by the trust to the CQC on the 15th July. Action has been taken in a number of areas.	BAF 7 – High Quality Care
22/72	**COVID-19 Operational Update** Trust continues to see high number of primary COVID-19 cases on both sites. Staff absence outlined as an issue with 160 staff with COVID-19 related sickness. KCH figures are high, but similar to GSTT and other trusts. Current financial planning model is based on exclusion of additional COVID-19 funding.	BAF 8 – Demand and Capacity
22/73	**Integrated Performance Report** Site Chief Executive (DH) updates on latest operational performance, quality and patient waiting times targets and the continued impact of COVID-19 on activity delivery and performance. Both EDs are under considerable pressure and the Trust is not meeting the 62 days target in relation to a number of cancer pathways. Diagnostic performance is generally improving and Trust has worked successfully to reduce the number 104w and 52w breaches.	BAF 7 – High Quality Care BAF 8 – Demand and Capacity
22/74	**Cancer Update** The Site Director of Operations (PRUH) provided an update on the current position of the King's Cancer Service and the steps in place to ensure that Trust meets the key cancer targets moving forward.	BAF 7 – High Quality
22/75	**Ambulance Handover Data** Committee considered a report outlining several validation issues with ambulance arrival/turnaround data. The committee recognised that handover delays are sub-optimal for the patients affected and for other patients waiting for an ambulance who experience additional delay.	BAF 10 – IT Systems BAF 7 – High Quality
22/76	**Workforce Metrics** The committee considered the M2 Workforce Metrics. Key points of note included an increase in vacancies (related to new posts) and higher turnover across the Trust was high with many leavers in April/March. The sickness absence rate is on a downward trend and core training compliance was in line with the Trust target. 60% of appraisals have been completed, the window has been extended and the cascade approach to appraisals should ensure the 90% target is reached by the end of August.	BAF 1 – Recruitment and Retention
22/77	**People and Culture Plan** The people and culture plan runs alongside the EDI Road Map. Further work is required on this plan to ensure the staff are engaged and empowered in relation to their role in the organisation. The plan has been disseminated to care groups, line managers and senior managers. Greater creative means of disseminating the plan via different social media platforms is required.	BAF 2 – King's Culture and Values

Tab 13 Board Committee Reports

Agenda ref	Item	Link to BAF
22/78	**Staff Survey Action Plan** Trust response to the national staff survey was 38%. Each care group/corporate team has developed three key people priorities in response to their NSS results to ensure that the plans are achievable. The committee noted a large range of activities and discussed the requirement for all activities to be undertaken to be fed back and linked to the care group prioritise, to demonstrate that the feedback is impacting on the day-to-day experience. A number of Trust wide actions are being developed which includes reviewing areas with low response rates and developing plans to increase staff survey response rates.	BAF 2 – King's Culture and Values
22/79	**Equality, Diversity and Inclusion Update** The Committee noted the activities that the Trust is undertaking around the BOLD strands of the trust strategy. This includes developing culture and skills in relation to EDI, tackling health inequalities and how the Trust acts as an anchor organisation building community partnerships. The committee considered the work the Trust is doing with staff networks. Work has commenced in support of the adoption of the Race Equality Code.	BAF 2 – King's Culture and Values
22/80	**Freedom to Speak Up (FTSU) Guardian Update** The Committee received a report outlining the continued progress made to improve the speaking up culture at King's.	BAF 2 – King's Culture and Values
22/81	**Doctors Revalidation – Annual Report** The Chief Medical Officer provided and update on medical revalidation. From April 2021 to March 2022, the Responsible Officer (RO) made a total of 447/531 revalidation submissions to the GMC (84%). Deferral recommendations were a result of insufficient evidence to revalidate. The committee noted that COVID-19 has had not implications on doctors' revalidation and keeping their portfolios up to date.	BAF 2 – King's Culture and Values BAF 7 – High Quality Care
22/82	**QPCC Red Risks – ED Red Risks** The committee discussed the corporate risks related to emergency care: Actions to resolve this involve embedding outflow of more unwell patients and reinforcing the twice daily resus safety huddle.	BAF 7 – High Quality Care
22/83	**Board Assurance Framework – QPPC Risks** The strategic risks have been reviewed with no changes to the overall risk score. Key controls and assurance have been reviewed and the action plans to address the gaps identified have been updated.	BAF 2 – King's Culture and Values
22/84	**Maternity and Neonatal Report** An overview of quality and safety within the Maternity service was provided by the Director of Midwifery. The report included information pertaining to the outputs of the CQC patient survey and departmental staff feedback following recent listening events and the Women's Health Risk Register. The Committee asked for further assurance on a number of risks.	BAF 1 – Recruitment and Retention
22/85	**Safeguarding Children Report – Annual Report** The Committee received the Safeguarding Children Annual Report.	BAF 7 – High Quality Care

Tab 13 Board Committee Reports

Agenda ref	Item	Link to BAF
22/86	**Infection Prevention Control (HCAI) – Annual Report** The Committee received the HCAI Annual Report and noted the key successes of the IPC Team including improvements to the management of the antimicrobial stewardship group and the reintroduction of regular AMS disciplines around diabetic feet, bone and joint. Work was still required with regard to diagnosis and treatment of UTI and improvements in relation to water safety are needed. The Trust did not meet the annual target for Clostridium difficile and an action plan is being formulated to investigate this.	BAF 7 – High Quality Care
22/87	**Inquests and Litigation Report – Q1** The Head of Legal provided an overview of operational activity in relation to inquests and claims. The Committee noted that the legal services strategy is aiming to provide an enhanced level of face-to-face support to staff. The Legal Services policy is being redrafted to ensure support is embedded in documentation and legal service staff follow processes to be available to provide the required advice/support and give feedback.	BAF 9 – Demand and Capacity
22/88	**Safety Alert Report** All previous patient safety alerts that relate to medication safety issues are addressed by the Medication Safety Officer with regular audits. An audit plan has been developed for the other national patient safety alerts which is due to go to Patient Safety Committee. The updates from the audit will be included within future Safety Alerts Reports.	BAF 7 – High Quality Care
22/89	**CQC Oversight** Following the Orpington CQC inspection, there has been an influx of queries (10 queries on one day) predominantly in relation to the PRUH and Orpington sites. These are currently being worked through in collaboration with the PRUH leadership team.	BAF 7 – High Quality Care
22/90	**Organ Transplant Committee Update** The Chair of the Trust's Organ Donation Committee provided an overview of the Trust's performance in relation to organ donation. Support was sought for a memorial to organ donators to reflect the difficult decision of families and hard work of clinical staff. Organ donation week is on the 3rd week of September and members of QPPC were encouraged to be involved. The interfaith and belief network will be a good starting point for these conversations.	BAF 2 – King's Culture and Values BAF 7 – High Quality Care

Tab 13 Board Committee Reports

Committee Highlight Report for Trust Board			
Committee Chair	Sue Slipman	Date of Meeting	14 July 2022
Committee:	Finance & Commercial Committee		

Agenda ref	Item	Link to BAF
22/34	**Finance Report – M2 & M3** The committee noted the M2 report. The Trust is reporting a £9.4m deficit which was largely driven by CIP under delivery and COVID costs. The committee discussed the actions in place to improve financial management including improved rostering, better grip on bank and agency spend and substantive recruitment to vacant posts. The committee noted emerging risks including inflation.	BAF 3 – Financial Sustainability
22/35	**SOF 4 Exit Criteria** The committee received an update on progress in meeting the SOF 4 exit criteria and the areas where further work is required. .	BAF 3 – Financial Sustainability
22/36	**KCH Group 2021-22 Year End Capital Financial Position and 2022/3 Plan Update** The Trust has a capital envelope of £63.6m spit between the SEL envelope and funds the Trust has secured from national programmes and commercial opportunities. As at M2 the Trust has spent £3.1m on capital projects and is forecasting to spend £75.0m by year end.	BAF 3 – Financial Sustainability BAF4 - Maintenance and Development of the Trust's Estate
22/37	**BAF Risk 3 – Financial Sustainability – Q4** It was recommended by the senior finance and governance leads to increase the risk rating at the next Risk and Governance Committee. Once agreed, an update would be brought to the September FCC. A Board meeting would also be scheduled to discuss the mounting risks. It was proposed the risks be classified as internal and external and it was noted the CIP and its achievement was a major risk to the Trust's financial sustainability.	BAF 3 – Financial Sustainability
22/38	**Sustainability – Progress Update** The Committee noted the findings of the Internal Audit report and the need to formalise the governance around sustainability and to ensure more formal and regular reporting to the FCC. The ToR for the FCC will be formally updated to incorporate the sustainability agenda. There was discussion of the Trust's use of nitrate oxide, a climate unfriendly gas and the current good projects exploring the use of this gas within the Trust.	BAF 4 – Maintenance and Development of the Trust's Estate

Tab 13 Board Committee Reports

Committee Highlight Report for Trust Board			
Committee Chair	Steve Weiner	Date of Meeting	23 June 2022
Committee:	Major Projects Committee		

Agenda ref	Item	Link to BAF
22/32	**Apollo Programme** The Committee received an update in relation to the implementation of Epic, the new electronic patient record. No issues of concern were raised.	BAF 5 – Apollo Implementation
	Modernising Medicine The Committee received an update on the Denmark Hill Modernising Medicine programme. The new outpatient building is expected to be open and functioning by September 2023. Recruitment remains a risk and a focus group has been established to look at work stream tasks with a recruitment and retention plan with included training opportunities for the nursing team. The Committee noted the increase in costs and the steps being take to mitigate the impact.	BAF 8 – Demand and Capacity
	Unit 6 Rebuild The Committee discuss the potential plans to rebuild Unit 6 including the costs, funding options and the risks of not proceeding.	BAF 4 – Maintenance and Development of the Trust's Estate
	Neo-Natal Capacity Expansion The Committee noted that funding has been secured for the expansion of the Neonatal unit at DH and re-designation of the special care unit at PRUH to a local Neonatal Unit.	BAF 3 – Financial Sustainability BAF 4 – Maintenance and Development of the Trust's Estate
22/33	**2022/23 Capital Plan Update** Trust received £50m as part of the ICS programme; a project list was agreed against this which totalled £55m (10% overcommit). Since this, KCH will receive non-ICS capital of £14m, this is pending following the TIF decision on the CCU. KCH fulfilled all of the conditions for TIF 1 funding. The Trust was working towards a revised budget of £64m. A forecast of £75m would be submitted to KE and FCC.	BAF 3 – Financial Sustainability
22/34	**Emerging Estates Plans** The committee discussed the emerging Estates Strategy, noting that the aim is to agree a long-term plan by Jan 2023. The committee supported the initiative ensuring clinical engagement and making the process as open as possible.	BAF 4 – Maintenance and Development of the Trust's Estate

Tab 13 Board Committee Reports

Committee Highlight Report for Trust Board			
Committee Chair	Akhter Mateen	Date of Meeting	28 July 2022
Committee:	Audit Committee		

Agenda ref	Item	Link to BAF
22/84	**Corporate Risk** The committee noted the report and the Head of Risk provided key updates There are currently 32 risks on the current corporate risk register. The committee noted the movement in risks including escalations in relation to IG non-compliance with legal/regulatory requirements, multi-disciplinary vacancies, mental health patients awaiting admission and the de-escalation of a risk in relation to COVID (absorbed into a wider risk on communicable disease outbreaks) In respect of the Trust risk register, 88% of high risks were reviewed within agreed timescales. The main point of note from the risk profile was an increase in the number of risks arising from an estate audit undertaken of the PRUH site.	BAF 1 – Recruitment and Retention BAF 7 – High Quality Care BAF 4 – Maintenance of the Estate.
22/85	**Board Assurance Framework** The committee noted there had been no change to the overall scores but it was acknowledged that the financial sustainability risk rating would need to be adjusted. It is in the interest of the Trust to lengthen this time horizon and proactively start looking at coming financial years.	
22/86	**Internal Audit Reports – Progress Report** The committee received and noted the report and heard that the in-year programme of work was progressing well. Two reviews had been completed and these were on the meeting's agenda. These were the Green Plan and the DSP Toolkit	BAF 3 – Financial Sustainability
22/87	**DSP Toolkit** This review had an amber/green rating. The auditors reviewed the overall design and operation of key mandatory data security and protection toolkit (DSPT) controls.	BAF 10 – IT Systems
22/88	**The Sustainability Plan** An amber/red rating was received, largely due to the lack of formal governance arrangements for the monitoring of the plan. Roles and responsibilities for the committee needed to be more clearly defined with an action tracker to log and follow up as well as more formal monitoring and reporting. A substantive sustainability lead had been appointed who would need more time to deliver on the relevant action plan.	BAF 4 – Maintenance and Development of the Trust's Estate
22/89	**2022-23 Counter Fraud Progress Report** There had been a number of significant and high value referrals which indicate good awareness of the counter fraud service within the Trust.	BAF 7 – High Quality Care

Tab 13 Board Committee Reports

Agenda ref	Item	Link to BAF
22/90	**2022-23 Subsidiaries Final Report** The Auditors had performed a counter fraud review of King's Commercial Services (KCS) and King's Facilities Management LLP (KFM) to consider the design of processes and controls to respond to identified fraud risks. Both subsidiaries face fraud risks which differ significantly from the Trust's operations. The review found that both subsidiaries had good awareness of key fraud risks they face, however, there is a need to ensure a more formalised and documented response to identified risks. The committee heard there were no red/high priority recommendations to flag.	BAF 8 – Partnership Working
22/91	**External Audit Reports** The committee noted the Audit Process Report and Sector Update. The auditors updated that there would be an addition to their contract cost.	BAF 3 – Financial Sustainability