King's College Hospital NHS Foundation Trust

AGENDA

Committee	**Board of Directors**
Time	**14:30 – 16:30**
Date	**Thursday 9 March 2023**
Location	**The Board Room, Hambleden Wing, King's College Hospital, Denmark Hill**

No.	Agenda item	Lead	Format	Purpose	Time
STANDING ITEMS					
1.	Welcome and Apologies for absence	Chairman	Verbal	Information	**14:30**
2.	Declarations of Interest	Chairman	Verbal	Information	
3.	Chair's Actions	Chairman	Verbal	Approval	
4.	Minutes of the Meeting held 8 December 2022	Chairman	Enclosure	Approval	
5.	Patient Story	Acting Chief Nurse & Executive Director of Midwifery	Verbal	Discussion	**14:35**
PERFORMANCE & STRATEGY					
6.	Report from the Chief Executive	Chief Executive	Enclosure	Discussion	**14:55**
6.1.	Integrated Performance Report	Site CEOs	Enclosure	Assurance	
6.2.	Finance Performance Report	Chief Finance Officer	Enclosure	Assurance	
QUALITY & SAFETY					
7.	Safe Nurse Staffing Report	Acting Chief Nurse & Executive Director of Midwifery	Enclosure	Assurance	**15:50**
GOVERNANCE & ASSURANCE					
8.	Board Committee Structure	Acting Director of Corporate Affairs	Enclosure	Approval	**16:00**
9.	Board Assurance Framework – Q4	Acting Director of Corporate Affairs	Enclosure	Approval	**16:10**
10.	Council of Governors' Update	Lead Governor	Verbal	Information	**16:15**
11.	Board Committee – Highlight Reports	Committee Chairs	Enclosure	Assurance	**16:20**
OTHER					
12.	Any other business	Chairman	Verbal	Information	**16:25**
DATE OF THE NEXT MEETING					
13.	**The next meeting of the Board of Directors will be held on 11 May 2023 at 14.30.**				

Members:	
Charles Alexander	Chairman *(Chair)*
Dame Christine Beasley	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Prof Jonathan Cohen	Non-Executive Director
Prof Yvonne Doyle	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Steve Weiner	Non-Executive Director
Prof Clive Kay	Chief Executive
Lorcan Woods	Chief Finance Officer
Clare Williams	Acting 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
Sara Harris	Head of Corporate Governance (Minutes)
Circulation List:	
Board of Directors & Attendees	

King's College Hospital NHS
NHS Foundation Trust

Board of Directors

DRAFT Minutes of the meeting held on Thursday 8 December 2022 at 15:30
Board Room, Hambleden Wing, King's College Hospital, Denmark Hill.

Members:

Charles Alexander	Chairman
Dame Christine Beasley	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Prof. Jonathan Cohen	Non-Executive Director
Prof. Yvonne Doyle	Non-Executive Director
Akhter Mateen	Non-Executive Director
Steve Weiner	Non-Executive Director
Prof Clive Kay	Chief Executive Officer
Beverley Bryant	Chief Digital Information Officer
Jonathan Lofthouse	Site Chief Executive - PRUH & South Sites
Julie Lowe	Site Chief Executive - Denmark Hill
Dr Leonie Penna	Chief Medical Officer
Mark Preston	Chief People Officer
Clare Williams	Acting Chief Nurse & Executive Director of Midwifery
Lorcan Woods	Chief Finance Officer

In attendance:

Funmi Onamusi	Director of Equality, Diversity & Inclusion
Chris Rolfe	Director of Communications
Siobhan Coldwell	Acting Director, Corporate Affairs
Sara Harris	Head of Corporate Governance (Minutes)
Members of the Council of Governors	
Members of the Public	

Apologies:

Prof. Richard Trembath	Non-Executive Director

Item **Subject**

022/042 **Welcome and apologies**

The new Chairman of the Trust, Charles Alexander, gave his sincere thanks to colleagues who had given him a warm welcome as Chairman of the Trust and in helping him take the Trust forward in all its endeavours.

The Board noted an apology from Richard Trembath.

022/043 **Declarations of Interest**

None.

King's College Hospital NHS
NHS Foundation Trust

Subject

022/044 Chair's Actions

There were no Chair's Actions to report.

022/045 Minutes of the last meeting

The minutes of the meeting held on the 29 September 2022 were approved as an accurate reflection of the meeting, with the exception of the amendment to be made on page 3; the Board noted that FCC had discussed the M4 forecast in detail at its *September* meeting.

022/046 Patient Story

JG, a member of the Trust's nursing staff gave her account of her recent in experience as a patient at the PRUH. JG fell unwell following a short holiday, and having deteriorated significantly was admitted to hospital via ambulance. There were a few areas that made Jo feel vulnerable as a patient and felt these areas could improve for the better:

1. *Access to healthcare* – There was a failure with the on-call GP out-of-hours service to return her call made at 14:00. At 20:00, 111 had called out an ambulance and the paramedic assessed her at 21:00 and she would be admitted to hospital.
2. *Ambulance Wait* – On arrival at the hospital, JG was waiting in the back of the ambulance for around 5 hours at the PRUH. She noted that many patients who arrive in the Emergency Department (ED) are transferred from a trolley to a chair and may sit in the chair until they are examined. *She asked the Board what more could be done to help patients in those situations.*
3. *IV Fluids* – Being in the back of the ambulance meant no access to IV fluids, a cannula and no paracetamol.
4. *Care* – On the 2nd night, JG was offered a bed, however, the cubical could not accommodate a bed.
5. *Nursing care* – JG commented that her medication was not given in time and as a result she then became febrile and delirious. *JG highlighted to the Board that the ED was not the best place to provide that type of care.*
6. *Ward* – She was examined by the doctors about her confusion, and this made JG consider about those patients who don't have capacity. *JG said did not feel she was being listened to by the doctors and sensed what it was like as a patient.*
7. *CT Scans* - The CT scans on her head gave her cause for concern, with two previous unbeknown strokes. A MRI was performed and again no results, this caused her sleepless nights and worry. *JG had to enquire with senior staff about her results and they alleviated her fears*.
8. *Discharge* – JG got ready to leave Friday am, however, did not leave the hospital until 17:00. *She noted that not much had been done around TTAs and discharge summaries.*
9. JG's observation as a patient she was pleased to be cared for by so many of our internationally recruited nurses on ward S6 and said the nursing team and medics were exemplary and she felt very safe.
10. JG's key findings presented to the Board:
    - The Board to consider what it is like to be a patient who is very ill, and given her experiences of being sat in the back of the ambulance for that length of time.

- The Trust needed to have a safeguarding strategy for patients who may be at risk in some way or form.
- There was hesitation amongst clinicians in releasing information to her in case it was incorrect; it would be good to communicate with patients your knowledge and thinking around the diagnosis and state that clearly.
- Nurses not present in ward rounds and doing the follow ups.
- The healthcare professionals need to understand the fundamental realities of what it is like to be a patient, to be in their patients shoes in order to change their perception of not just doing the job, but with real patient care and understanding.

The Site Chief Executive – PRUH & South Sites apologised to JG about the sub-optimal care and would like to have a private meeting to take the learning and lessons forward.

Action: JL / JG

The Board thanked JG for sharing her experiences as a patient at the PRUH. The Board noted the excellent care she received but also the difficulties she experienced as a patient. The Board also noted the anxiety caused by healthcare professionals in dealing with patients and their families with provision of care and discharge.

022/047 **The Report from the Chief Executive**

The Chief Executive introduced his report and noted the on-going challenges to healthcare such as delayed ambulance handover and the backlog of the routine elective recovery since Covid. The Trust continues with its dealings with the regulators, providing the best levels of support for staff in delivering patient care equitably.

The Chief Medical Director provided the Board with an overview that the Trust was working towards implementation of the new national Patient Safety Incident Response Framework (PSIRF) by October 2023. Thematic Reviews were being conducted on a number of similar incidents and grouped for learning, and that process was still being refined. In September, there were 41 serious incidents and 2 never events, with 74 SIs closed in the last quarter. There was 1 maternal death and under investigation by the Healthcare & Safety Investigation branch (HSIB). Duty of Candour performance for the initial two stages had recovered and was within the Trust's tolerance levels of 95%. Stage three sharing outcome remained challenged, largely due to the number of amber incidents.

The Acting Chief Nurse & Executive Director of Midwifery briefed the Board of the Well-led inspection which was conducted on the 15-16 November 2022 by the Care Quality Commission (CQC). A member of staff from NHS England also assessed the Trust's financial governance as part of the Well-led inspection. The Trust had received initial feedback from the Inspection Team. During the reporting period the Trust had not received any Prevention of Future Deaths Reports. Performance in relation to the timeliness of complaint responses had continued to improve with 282 complaints responded to within 10 weeks. The Trust's overall patient experience score remained at 8.1 with improvements noted across several areas.

The patient experience score had decreased by 0.2% to 60.2% in October 2022, remaining below target for the ninth 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 SMT at PRUH for incorporation into staff training within the department and

to identify areas for improvement.

The Board commented how the thematic reviews had changed practice, for example, around pressure ulcers and was assured that any form of moderate harm was subject to a duty of candour process. The Board welcomed the good working relationships between the Trust and health and social services to ensure patients received the support and care they needed.

The Chief Executive informed the Board the Acute Collaborative was established 3 years ago and three Trusts had been brought together under one umbrella. The Trusts in the collaboration are Guys and St Thomas', Lewisham and Greenwich and KCH. Meetings are held quarterly and updates provided to the Board and led by the CEOs. South East London (SEL) is the best performing Integrated Care System (ICS) in London.

The Site Chief Executive for the PRUH & South Sites provided the Board with a brief overview on performance. The number of elective patients was at 83,000, with an increase of 2.6% since the last 6 months. No patient had breached the 104 week standard, however, there was a number of patients at 78 weeks who needed to be treated by 31 March 2023 as part of the national recovery programme standard. At the end of October 2022, there was 2.24% of patients who were waiting more than 6 weeks for a diagnostic test compared to a peak of 40.16% following the first wave of Covid-19 in 2020. Bed Occupancy rate at the PRUH had been one of the highest in the country and as a result the PRUH was receiving additional guidance and support from London Region to address the ambulance handover delays. Both Site Chief Executives continued to work directly leading teams and wider healthcare groups to bring immediate changes.

The Site Chief Executive for Denmark Hill provided the Board with a brief overview on patient experience.

In respect of the Trust's financial position, the Chief Finance Officer reported that year to date a deficit of £19.6m has been recorded and there had been a slight improvement to the recorded deficit of £19.6m as at month 7. In month 7, it was estimated the direct impact of excess COVID-19 patients was £12m, this also restricted the drive to improve the elective recovery position. The month end Group Cash balance at 31 October 2022 was £69m which was stable on recent months. The Trust had recently been informed of its exit within the System Oversight Framework (SOF) segmentation from SOF 4 to SOF 3 (this was formerly referred to as financial special measures). The Board noted that the exit from SOF 4 was in recognition of a Trust wide effort including local partners. The CFO paid particular thanks to current and former NED colleagues who served on the Finance and Audit Committees over the last 5 years.

The Board was informed by the Chief People Officer of the planned industrial action being planned by a number of healthcare unions. The action was due to take place by the Royal College on Nursing (RCN) at some Trusts on the 15 and 20 December 2022, although not at King's. Unison had not met threshold for strike action with King's, however, did meet the threshold for action with the London Ambulance Service (LAS). The BMA ballot is due to close on the 9 January 2023 and that action was in relation to junior doctors. The Trust had contingency plans in place, with the Emergency Preparedness Resilience and Response (EPRR) group meeting twice weekly.

Over the last quarter, the Trust had been working closely with the King's Charity on two new initiatives to support staff during the cost of living crisis: Meals in the NHS to install five fridges that provide staff with access to healthy, nutritious and affordable meals 24 hours per day and the Blue Light Card to all staff in Agenda for Change Bands 2-5. WageStream was an initiative to provide staff with the option to draw down a set percentage of their accrued salary each month ahead of payday, avoiding the need for employees to take out costly payday loans.

The Trust's vacancy rate had reduced to 13.51% in October from 15.42% in July. This was primarily due to 456 new starters joining the Trust in October 2022. The Trust had brought the temporary staffing service in-house from the previous provider and introduced a new technology platform supported by Patchwork. The Trust's annual Star Awards ceremony took place on 24 November 2022 with 10 members of staff being recognised. The second cohort of the King's Intern Project Search programme had been launched to provide support and mentorship for young adults with learning disabilities and autism.

The Director of Equality, Diversity & Inclusion provided the Board with a brief overview of achievements from the last quarter. Over 1,200 colleagues had now participated in the award-winning 'Active Bystander' training, which gave staff the skills to challenge unacceptable behaviour. A Trans policy for staff had been implemented, which supports staff / members who had transitioned or are transitioning; a patient version of the policy was being worked through with Clinicians. The Model Employer scheme was established in 2018 and supports the national Implementing the NHS Workforce Race Equality Standard (WRES) leadership strategy by setting targets for senior leadership representation by 2028. There was an improvement on 7 out of the 13 EDI metrics and noted the remaining metrics were linked to access, which were being reviewed.

The Board **NOTED** the report.

022/048 **Safeguarding Adults Annual Report 2021/22**

The Board received the annual report for 2021/22 from the Acting Chief Nursing Officer & Director of Midwifery.

The annual Safeguarding Adults report for 2021/2022 shared the challenges and outlined the key objectives for 2022/23 with an update of in year progress.

The Board **NOTED** the report.

022/049 **Maternity**

The Board received the maternity report for 2021/22 from the Acting Chief Nursing Officer & Director of Midwifery.

The bi-annual report on maternity staffing highlighted the compliance against BirthRate+ which highlighted a gap in compliance of approximately 10 midwives. The Board recognised the gaps and offered its support to achieve compliance with the CNST standard. The Maternity team were making progress with recruitment, with a strong plan in place. There was an ongoing review of roles and monitoring of provision of 1:1 in labour, and the supernumerary status of Labour ward supervisors.

The Board **NOTED** the report.

022/050 **Ockendon Assurance Visit Outcome**

The Board considered the Ockendon Assurance Visit report from the Acting Chief Nursing Officer & Director of Midwifery.

The report received after the assurance visit in October, the report highlighted the Trust compliance against the 49 immediate and essential actions. The Trust received green ratings for 41 and amber ratings for 8. The Maternity team were working closely on these actions with the Acting Chief Nursing Officer & Director of Midwifery and site teams.

The Board was **ASSURED** that the immediate and essential actions (IEAs) were adhered to in order to improve safety in maternity services.

022/051 **Maternity Safe Staffing**

The Board received the Maternity Safe Staffing report from the Acting Chief Nursing Officer & Director of Midwifery.

Safety action 5 of the Maternity Incentive Scheme Year 4 (CNST), required evidence of an effective system of midwifery workforce planning to the required standard. The bi-annual report outlined progress made to address midwifery shortages in line with national guidance.

The Board noted the recruitment of the additional workforce and the actions taken to maintain safe services whilst there was an existing shortfall during recruitment of additional staff.

The Board **NOTED** the report.

022/052 **Safe Nurse Staffing Report**

The Board received the Safe Nurse Staffing report from the Acting Chief Nursing Officer & Director of Midwifery.

The Safe Nurse Staffing quarterly report highlighted the improvement in Register Nurse (RN) vacancy at 12% with a healthy pipeline supported by both domestic and International recruitment, however, highlighted that this was exacerbated by the national vacancy picture. The Health Care Assistant (HCA) vacancy remained static at 15% and further work has been planned to reduce turnover in both areas.

The Board received an update on the HCA business case and the current consultation of a move to a 70/30 Band 3 model to support career development and progression. Work was underway to identify reasons for staff leaving and also to undertake specified work on workforce transformation.

The Board **NOTED** the report.

022/053 **Standing Financial Instructions**

The Board received the revised Standing Financial Instructions. The SFIs had been presented to Risk & Governance Committee and Audit Committee in September 2022.

Key changes included:

- The status of King's College Hospital NHS Foundation Trust as a Group with consolidating subsidiaries included.
- Additional changes to approval limits were made, particularly to reflect the thresholds of delegated approval; where requests must be referred back to Board (or Board Committee) for approval. This was proposed at £5m and in line with other Trusts with a biennial review.
- SFIs also looked to reduce reference to specific roles with the exception of the Chief Executive Officer (CEO) and Chief Financial Officer (CFO) who continued to hold a number of specific delegated responsibilities.
- An amendment to page 47 to include site based directors: £25,000 and above, but less than £100,000 /Medical Directors/Directors of Nursing/Deputy CFO/Directors of Finance.

The Board **APPROVED** the amendments made to the SFIs.

022/054 **Board Assurance Framework - Q3**

The Board received the Board Assurance Framework from the Acting Director of Corporate Affairs.

There were 10 strategic risks included on the BAF. Five of the 10 risks had been rated 'Red' with a score of 20 or 16.

The High Quality Care rating had been increased to reflect potential weaknesses in the current quality assurance framework. This was agreed at the Quality People and Performance Committee on 24/01/2022. The IT systems risk target score had been increased, in recognition of the increased sophistication of potential cyber-attacks.

The Board noted that once assurances had been received with the mitigations set in place, the risk rating of the score would start to decrease.

The Board was **ASSURED** with the mitigations put in place.

022/055 **CQC Statement of Purpose**

The Board received the CQC Statement of Purpose from the Acting Chief Nursing Officer & Director of Midwifery.

The CQC Statement of Purpose is a legally required document that includes a standard set of information about a provider's service.

The Board considered the updated version of the Statement of Purpose for approval with two changes – to reflect the opening of Willowfield, and the change of Registered Manager (now Clare Williams, Acting Chief Nursing Officer & Director of Midwifery).

The Board **APPROVED** the amendments made to the CQC Statement of Purpose.

022/056 **Council of Governors Update**

Hilary Entwistle, Governor Observer, recognised the pressure and challenges on the Trust

and the wider NHS. It was thought-provoking to hear the patient's story particularly from a member of staff who works at the Trust. The Governors acknowledged the challenge the Trust faces in tackling the backlog around diagnostic tests and welcomed the exit from SOF 4 to SOF 3 in addition to praising colleagues for their enormous efforts. They were impressed with the duty of candour, and the results which has led to changing behaviours.

The Governors were interested to see the CQC comments on complaints which was in line with their expressed concerns and were pleased to report that a Complaints sub-committee had been formed supported by a new Head of Complaints.

The Board **NOTED** the update from the Council of Governors.

022/057 **Board Committee Highlight Reports**

The Board considered the highlight reports from the Board Committees.

The Board **NOTED** the highlight reports.

022/058 **Any Other Business**

There were no other business discussed.

022/059 **Date of the next meeting**

Thursday 9 March 2023 at 14:30-16:30 in the Board Room, Hambleden Wing, King's College Hospital, Denmark Hill.

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	9 March 2023
Report title:	**Report from the Chief Executive**	Item:	6.0
Author:	Siobhan Coldwell, Acting Director of Corporate Affairs	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 8th December 2023 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 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 activities.

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**
			✓	**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**		

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	

King's College Hospital NHS Foundation Trust:

Report from the Chief Executive Officer

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King's College Hospital NHS Foundation Trust

1 Introduction

1.1 This paper outlines the key developments and occurrences since the last Board meeting on 8th December 2022 that I, the Chief Executive Officer (CEO), wish to discuss with the Board of Directors.

1.2 The NHS continues to be challenged and King's College Hospital NHS Foundation Trust ("the Trust") is no different. Operational demand and activity (both non-elective and elective) has been very high, exacerbated by high levels of seasonal illnesses including influenza and COVID-19. The Trust has continued to work hard to recover its elective position, although progress has been impacted to a small extent by industrial action. 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. Our Emergency Departments are striving to meet ambulance handover targets, and a number of initiatives have been implemented over the period to support this.

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 Trust continues to work towards implementation of the new national Patient Safety Incident Response Framework (PSIRF). We have now started our recruitment for four Patient Safety Partners who will work alongside us as we begin this important change in our patient safety culture and improve the support that we provide for people affected by safety events.

2.2 To further support our ability to capture effective data about the safety and experience of our patients, we have agreed to transition the Trust's existing incident reporting system to a new platform which provides more functionality and analytics. We are planning to go live with the new system in April 2023 to support our PSIRF delivery plan.

2.3 Since the beginning of December 2022 the organisation has declared 41 Serious Incidents, 1 of which was referred to Healthcare Safety Investigation Branch (HSIB) for investigation under its remit for maternity safety. Systems investigations are underway for all these cases, many utilising new system-based approaches referenced above to focus on learning and improvement. There have been no reported Never Events in the last quarter.

2.4 Twelve Serious Incident Investigations were finalised in the same period and we have seen positive progress in reducing the numbers of overdue investigations. There are high levels of compliance with the requirements for face to face explanations and apologies for notifiable incidents. There is now a series of task and finish groups in place to support care groups with larger numbers of incident investigations which need to be shared with patients in a compassionate and appropriate way.

Patient Experience

2.5 In December 2022, Friends of King's charity resumed its operations at Denmark Hill with the soft launch of the charity shop. The service is being supported by the Assistant Director of Patient Experience to ensure that it is responsive to our patients' needs.

2.6 In November 2022, the volunteer service won the King's Stars' Chairman's award. The service has also been successful in securing £200,000 funding from King's College Hospital Charity to expand its operations over the next two years.

2.7 The Patient Experience Team continues to work alongside NHS England to inform the development of the national Care Partner Policy (as one of six sites nationally) and refresh of the Patient Advice and Liaison Service standards (as one of ten sites nationally) to align these with the upcoming Parliamentary and Health Service Ombudsman's standards.

2.8 On 11th January 2023, the Care Quality Commission published the results of the latest maternity survey. The survey sample was drawn from women aged 16 or over who had a live birth between the 1st and 28th of February 2022. Of the 549 surveys sent out for King's College Hospital, a total of 213 were completed, resulting in response rate of 39%. Women who participated, have reflected on improvements to maternity services as across 45 questions, the Trust's scores statistically improved for 19, stayed the same for 25 and statistically decreased for only one.

2.9 Following many months of sustained effort we can report a significantly improved position in relation to complaints management. Whilst there are still some improvements to make, we are anticipating a position in which we are routinely meeting patient-agreed timescales by the end of Quarter 4, which will put us in a good position as we seek to adapt our complaints management systems to meet the Parliamentary Health and Service Ombudsman NHS Complaints Standards which have been updated in 2023.

Quality Governance

2.10 The Trust continues to progress the 2022-23 Quality Account Priorities. At the end of December 2022, we completed production of a short film exploring King's staff experiences of violence and aggression. This film forms part of a broader programme of education and support for our staff in our trauma-informed approach to conflict resolution. In relation to our Deteriorating Patient priority, the Trust has been successful in the application for the National Patient Worry and Concern project, and will be the chosen London region pilot site. The soft launch took place in January 2023.

2.11 Following a Well-led inspection on 15 and 16 November, the CQC have published their report. The overall Well-led domain has improved from 'Requires Improvement' to 'Good'. The report noted that the Trust's leadership team had improved, that there was a strong overall strategy, and that leaders ran services well. Additionally, the CQC noted a significant improvement in risk management and in the corporate risk register.

2.12 As part of the Well-led inspection, the CQC also carried out two unannounced inspections – one of Medicine (including Older People's Care) at Denmark Hill, and the other of Services for Children and Young People, also at Denmark Hill. The CQC have decreased their rating of Medicine to 'Requires Improvement'; the rating for Child Health remains unchanged ('Good'). Most of the concerns relate to nursing staffing levels within both services.

2.13 The CQC have published their report on Maternity services at Denmark Hill. The overall rating has deteriorated to 'Requires Improvement'. The report notes that the Trust took immediate action following the inspection, and as a result, they were satisfied that sufficient mitigations were put in place. The CQC have also published their report on Maternity services at the PRUH. The overall rating has remained the same ('Requires Improvement').

Preventing Future Deaths (PFD) Reports

2.14 The Trust has not received any Prevention of Future Deaths Reports during the reporting period. During Q3, the Trust received one post-inquest request for further assurance, which was **not a** PFD but may be considered as a stage short of receiving one. We believe the prompt, positive engagement of colleagues (especially within the Liver care group) with a detailed response to the request reduced the risk of receiving a PFD in this instance.

Elective Recovery

3.1 As per national planning guidance all Referral to Treatment (RTT) waits of >104 weeks have been eliminated at the Trust from June 2022. Building on this maximum waiting time reduction the Trust remains on course to eliminate all >78 weeks waits by the end of March 2023. Guidance for 2023/24 requires providers to reduce maximum RTT waits to no more than 65 weeks by March 2024, and the Trust has submitted initial operating plans for 2023/24 that achieve this ambition.

3.2 The unavoidable loss of working days during the Christmas period saw compliance with Diagnostic waiting times (DM01) slip marginally to 2.75% The Trust continues to deliver significantly ahead of the national expectation of less than 5.0% of all diagnostic patients waiting more than 6 weeks. National benchmarking shows KCH to have the best access times for diagnostic testing among provider peers of a similar size and clinical complexity. Our initial operating plan endeavours to maintain compliance ahead of the <5.0% national expectation in 2023/24.

3.3 National reporting of Cancer data is a month in arrears of other elective access targets due to data complexities of shared pathways across multiple providers, and the inherent requirement to confirm cancer status via post-treatment histology for some cases. December shows the Trust maintained delivery of the 2-week wait target for patients to be seen following a referral with suspected cancer, and improved compliance to 96.37% versus the national target of 93.0%. The 28-Day Faster Diagnosis standard was also achieved in month with 75.4% of patients meeting target against an expectation of 75.0%. Regrettably, delivery of treatment of patients within 62 days of an urgent GP referral was not compliant in December at 70.83% (target 85%). While below national targets, the Trusts compliance compares favourably against national COVID-19 recovery benchmarking and reflects the highest monthly compliance position in the previous 12 month period.

Urgent & Emergency Care

3.4 The Trust delivered 53.46% in December against the 4-hour Emergency Care Standard for patients to be admitted, transferred or discharged within 4 hours of arrival at the Emergency Department (ED). A number of critical work streams are in place to drive improvement, including expansion of Same Day Emergency Care (SDEC) and improved management of patients no longer meeting clinical criteria to reside.

3.5 The national Delivery Plan for recovering urgent and emergency care standards was published in January. The plan sets out a number of ambitions which have been worked into our plans for 2023/34 and beyond. These include:

- 76% of patients being admitted, transferred or discharged within 4 hours by March 2024
- Improved response to category 2 ambulance response to an average of 30 minutes during 23/34

3.6 Our plans include increasing capacity, increasing the workforce, speeding up discharge, working with community partners to expand services outside hospitals, supporting the use of NHS111 and working to tackle unwarranted variation in performance, using data and intensive support to improve performance.

4 Acute Provider Collaborative (APC)

4.1 The APC Committee in Common met on 9 December 2022, attended for the first time by Charles Alexander, and chaired for the first time by Mike Bell, the Chair of Lewisham & Greenwich NHS Trust. This meeting gave us the opportunity to reflect on our progress since the establishment of the APC in April 2020 – and also to consider our future direction and the further opportunities that collaboration offers.

4.2 There is a strong sense of purpose and clarity in relation to the current APC scope, covering the significant and important agenda of elective and diagnostic recovery. However, APC and ICB leaders are united in believing the APC has the ability and infrastructure to go further, stretching beyond the current scope and influence. The vision is to contribute, and bring benefit, to a wider and more far-reaching agenda including tackling challenges beyond the SEL footprint, supporting and bringing in engagement and learning from others such as specialist services partners and other ICSs.

4.3 The Committee in Common agreed a revised governance structure for the APC in May 2022. With around nine months' experience of the new structure, we are now reviewing what works well and what could be improved, both in terms of the operation and effectiveness of individual groups/meetings and of the working of the structure as a whole. This will run alongside an increasingly rigorous approach to programme management, built on the strong foundations of mutual trust and respect we have already established.

4.4 Work on our high volume surgical strategy has been ongoing since early 2021, and we now have high volume hubs in place or in planning across five of the six original "HVLC" specialties. Work to explore further specialty level strategic options and opportunities continues, supported by the wider APC Delivery team and Trust colleagues.

4.5 A key focus at present is on managing the longest waits and we have been successful in eliminating waits of over two years (104+ww). The next target, as reflected in the national operating framework for 2022/23, is to eliminate 18 month waits (78+ww) by the end of March 2023. At the beginning of this financial year, we calculated that across SEL, over 46,000 patients were at risk of waiting longer than 18 months by the end of March 2023. Despite a range of increasing pressures (including industrial action, significant pressure on urgent and emergency care pathways, with knock-on impacts on planned care, and staffing challenges) the number of potential 78 week breaches continued to reduce throughout January by around 200 per week. All Trusts are still aiming to eliminate 78 week waits by the end of March, with a range of mitigating actions in place to support treating the remaining ~1,000 patients but significant risk remains in some specialties and sites.

4.6 The APC vision to ensure future sustainability and improved performance, includes achieving long term clinical pathway transformation, driven through our clinical networks. There have already seen examples of this, e.g. equalising waits in dental specialties through a single point of access; increasing capacity and reducing waits in ophthalmology by introducing additional diagnostic capacity and more streamlined pathways; and increasing the number of patients treated on a day case or outpatient basis.

4.7 To support this transformation, via the network clinical leads, the APC has created a new cohort of clinical system leaders and invested in their development. There is also now a need to invest additional time and effort in enhancing broader clinical engagement, in support of our clinical system leaders – and a need to engage and communicate more effectively with a broader group of clinicians, including nursing and AHP colleagues.

5 Financial Performance (Month 10)

5.1 As at month 10, the Trust has reported a year to date deficit of (£38.4)m.

5.2 The Trust plan includes £35m of cost improvement (£23.3m pay and £11.7m non-pay) and £20m of income improvement above block contracts. The programme to date has identified (£49.7m) of schemes broken down as (£12.2m) in Red, (£1.3m) in Amber and (£36.3m) in Green which leaves an unidentified planning gap of (£5.3m).To address this gap, there are (£8.1m) of schemes currently in the pipeline which need further development by the care groups.

5.3 The King's plan, in line with national assumptions for minimal COVID, assumed for 50 COVID beds and normalised sickness. Throughout the year, King's has had on average 150+ 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 9 it is estimated the direct impact of excess COVID patients is c.£17.1m.

5.4 As part of exiting SOF 4 the Trust agreed a forecast outturn of £27.7m. This assumed that the Trust would achieve £7.0m of overseas Irish CAR-T income and mitigate H2 inflation pressures of £5m through government funding. Both of these items represent a significant risk to the Trust outturn:

- £1.5m-2m pressure on energy in H2 – unfortunately, as is the case with most NHS Trusts, the Trust's energy costs are below the thresholds which qualify for government funding
- £2.5m pressure in relation other non-pay inflation predominantly the impact of PFI and RPI on external contracts – there is no mechanism for these to be funded in H2.
- CAR-T and overseas income is forecast to outturn at £3.5m following the commissioning of CAR-T in Ireland and reduction in pipeline.

5.5 The Trust is confident that it can mitigate these pressures and achieve the agreed out-turn. This will require the Trust to maintain grip over the last two months of the year.

6 Workforce Update

Industrial Action

6.1 Strike action by the Royal College of Nursing (RCN), and the Chartered Society of Physiotherapists, (CSP), has taken place at King's in January and February. Picket lines have been in place at both Denmark Hill and the PRUH.

6.2 The RCN strike action took place on two separate occasions, (18/19 January and 5/6 February). Pat Cullen, General Secretary, RCN, visited the RCN picket line at Denmark Hill on 19 January.

6.3 The Chartered Society of Physiotherapists, (CSP), took strike action on 9 February.

6.4 As well as the strike action at King's, UNISON, Unite and the GMB have taken strike action at the London Ambulance Service which has had an impact at the Trust.

6.5 On each occasion the Trust has mobilised our Emergency Planning response to ensure that the impact on patients was minimised.

6.6 The British Medical Association (BMA), has announced that junior doctors will be taking strike action with dates confirmed as 13-15 March inclusive. The Hospital Consultants and Specialist Association (HCSA), have confirmed that junior doctors in their union will take strike action on 15 March.

Recruitment and Retention

6.7 The Trust's vacancy rate has reduced to 13.43% in December 2022 from 15.42% in July 2021 and 14.19% in December 2021. The Trust headcount increased by 449 from 13,767 to 14,216. Our nursing and midwifery registered vacancy rate has increased from 12.55% in December 2021 to 13.46% in December 2022. The Medical & Dental vacancy rate was 10.05% in December, down from 11.21% in December 2021. Extensive local, national and international recruitment continues.

6.8 The Trust is undertaking a review of its current turnover and retention with a focus on the reasons why staff leave King's, particularly those with less than twelve months' service. This is to better understand what interventions can be implemented to support retention across our teams. Funding for this programme has been secured from the South East London ICS.

Board Changes

6.9 King's has appointed Tracey Carter as the new substantive Chief Nursing Officer and Executive Director of Midwifery following a competitive recruitment process. Tracey is currently Chief Nurse at West Herts Teaching Hospital and has gained a wealth of experience over her 30-year nursing career. Tracey is due to commence in June 2023. I am grateful for Clare Williams continuing as Acting Chief Nursing Officer and Executive Director of Midwifery

6.10 Funmi Onamusi, Director of Equality, Diversity and Inclusion is leaving King's to move to Sussex Partnership NHS Foundation Trust as Chief People Officer. Funmi will be leaving King's in early April and the recruitment process to appoint a successor has commenced. I am sure the Board will join me in thanking Funmi for all her leadership and contribution to the Trust.

Temporary Staffing

6.11 Following the programme of work to bring Bank services in-house, the Trust continues to work with Patchwork on the delivery of the technology platform to support staff to use this software. This has been introduced for medical staff with enhancements being delivered since implementation through joint working between Patchwork and the Trust.

2022 National Staff Survey

6.12 The Trust has received the initial data set from the 2022 national staff survey. This benchmarks King's against other Trusts who use the same survey provider. The national benchmark data will be available in March and results of the survey are currently under embargo. The Trust is however able to report that we received an 8% increase in the number of staff who completed the survey from the previous year (from 38% in 2021 to 46% in 2022).

6.13 All Care Groups and corporate teams have received their 2022 survey results to develop their people priorities for 2023. The Organisational Development team and People Partners will help the local teams review their results and develop targeted actions in response.

Learning and Organisational Development

6.14 The Trust continues to embed its King's Leaders programmes. The second cohort of the new 'Essentials' programme concluded in December 2022 with cohort three commencing in the Spring. Cohort one of our 'Inspire' programme concludes in March 2023 with a second programme starting in May 2023. We have also delivered three cohorts of our coaching skills programme with a fourth cohort planned for April 2023.

6.15 In January 2023, we commenced work on the training needs analysis for our Work-based Learning programme to set up a professional and personal development offer

for staff across King's. In addition, we are planning for the introduction of the King's Management Training Scheme with the recruitment for this programme starting in April 2023.

6.16 On 6 March 2023, we will formally launch King's Ambassadors, our new staff advocacy scheme, which supports our work relating to values and culture at King's. This was delayed due to the industrial action taking place in January.

6.17 We have reintroduced a face-to-face element of the King's Welcome. The "Kings Baazar" includes a presentation from a member of the site executive team followed by a marketplace representing different services from across the Trust. The event is held at both Denmark Hill and the PRUH.

6.18 We are reviewing our approach to work experience with a plan to relaunch the programme in May 2023. We have ambitions to deliver the largest work experience scheme in London, supporting our widening participation agenda within the Anchor programme. Along with this, we are in the planning stages to recruit for our third cohort of the King's Project Search programme across the Trust.

7 Equality, Diversity and Inclusion

7.1 This section outlines how we are ensuring EDI is at the heart of everything we do via the implementation of King's Roadmap to Inclusion.

Our year at a glance

7.2 We have introduced a range of training and mentoring programs, including:

- Active Bystander which 1,479 members of staff have completed
- Inclusive recruitment which 403 members of staff have completed
- Skills Boosters on demand online training which 472 members of staff have accessed
- A reciprocal mentoring programme, which 152 colleagues have registered for so far
- Introduced our Cultural Intelligence (CQ) programme with 13 members of King's staff receiving a CQ "train the trainer" accreditation

7.3 Grown and strengthened our diversity staff networks by:

- Launching two new diversity staff networks (a Women's Network which now has 606 members and an Interfaith & Belief Network with 292 members)
- Reaching a total staff diversity network membership is now 2,274

7.4 Many of our metrics have seen an improvement, including:

- 7 indicators improved in the Workforce Race Equality Standard
- 5 indicators improved in the Disability Equality Standard
- 5% reduction in our median gender pay gap

7.5 We participated in new workplace audits and achieved:

- 45 points out of a possible 166 through our participation in the first ever NHS Rainbow Badge Assessment for LGBT+ inclusion
- The Race Equality Code – Quality Mark for our workforce race assessment

7.6 We have been recognised for a number of awards:

- Shortlisted for the Innovation in Recruitment Award category at the Personnel Today Awards
- Runners-up in the NHS Communicate Awards for the launch of the EDI Roadmap
- Nominated at the Better Society Awards for our work in the local community

7.7 Built community partnerships and tackled health inequalities by:

- Delivering 11 community engagement events across Southwark, Lambeth and Bromley
- Identified 16 priority areas for our health inequalities programme
- Hosted 40 aspiring medical students as part of our community engagement programme
- Completing 28 Equality Impact Assessment's

Our Next Steps

7.8 From March-May 2023 key milestones include:

- Reasonable adjustments programme implementation
- Implementation of first stage of health inequalities programme initiative
- Piloting our approach to community engagement
- Publish our EDI annual report – which will mark one year on since the production of the roadmap to inclusion and will showcase all the progress made in the past year.

8 Apollo Programme

8.1 It is now just eight months until King's transitions over to the Epic system and in the last few months we have started to build up the involvement of the Care Groups to be ready to receive the new system. Cabling and power sources are being installed across our sites, new medical devices are being rolled out and training rooms are being secured. On 10th February 2023, the Apollo Joint Oversight Committee took the decision to delay the GSTT go-live which was scheduled to launch on 27th April 2023. As a result, Kings and GSTT will now both go-live, and at the same time, at the end of September or early October, together with our Pathology partners Synnovis. Detailed planning is currently underway and revised governance being established to ensure that both Trusts continue to work closely together to achieve a successful joint go-live later in the year.

9 Emergency Preparedness Resilience and Response (EPRR)

9.1 Annually, every NHS organisation is required to undertake a self-assessment against the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR) and rate its compliance using a RAG rating. In addition, each year a different 'deep dive' subject is chosen, alongside the London Region's additional standard on Equality, Diversity and Inclusion (EDI). These additional standards do not form part of the overall compliance rating.

9.2 Once the self-assessment report has been submitted, an assurance meeting between the Trust's Accountable Emergency Office and EPRR Team, and the NHS England and ICB colleagues took place on the 1st December 2022. During the visit, a line-by-line review of each of the 68 core standards is undertaken, with the Trust representatives being required to support their self-assessment and provide evidence against those standards. It was noted by NHS England that the organisation has continued to provide a high level of EPRR activity despite a series of complex disruptive challenges across the financial year especially in the context of the new operating model.

9.3 It was agreed that King's College Hospital NHS Foundation Trust has achieved a Substantially Compliant rating against the 2022-23 core standards for EPRR.

9.4 The following fours standards have been agreed as amber, partially compliant:

- Business Continuity Management Systems (BCMS) scope and objectives
- Business Impact Analysis/Assessments (BIA)
- Business Continuity Plans
- Data Protection and Security Toolkit.

9.5 The report produced by NHS England states that King's College Hospital continues to play a pivotal role in both the Regional and local EPRR networks. This is reflected in the strong EPRR arrangements within the trust and the strength of the working relationships between EPRR staff. A substantially compliant rating recognises a high level of internal business awareness and understanding. The organisation has proved on a number of occasions that it is able to stand up an appropriate response to a range of challenges both internally and externally.

10 Board Committee Meetings since the last Board of Directors Meeting (8th Dec 2023)

Audit Committee	3rd Feb 2023
Finance and Commercial Committee	9th Feb 2023
Major Projects Committee	9th Feb 2023
Quality, People and Performance Committee	23rd Feb 2023
Strategy, Research and Partnerships Committee	23rd Feb 2023
Council of Governors	8th Dec 2022
Governor Patient Safety and Experience Committee	15th Dec 2022
Governor Strategy Committee	15th Dec 2022

11 Good News Stories

11.1 **Upgraded car parking deck opens at the PRUH** A new car parking deck at the Princess Royal University Hospital (PRUH) was officially opened on 9 December by Gareth Bacon MP and Sir Bob Neill MP, creating an additional 148 car parking spaces for hospital staff and patients.

11.2 **The Guardian: Patients forced to wait months for vital NHS diagnostic tests**: On Saturday 17 December, an analysis by the Observer of the latest waiting times for diagnostic tests at the end of October found that waiting times at King's College Hospital are shorter than those at many other Trusts, with just 70 patients out of 11,808 (0.6%) who faced waits of 13 weeks or longer.

11.3 **Secretary of State for Health and Social Care visits King's** On Monday 19 December, Health Secretary Stephen Barclay MP visited the Toni and Guy ward at King's College Hospital.

11.4 **<u>Southwark News:</u> King's Hospital releases new app to calm young patients' nerves:** On 7 January, Southwark News reported a new app that is being introduced at Denmark Hill to help younger patients calm their nerves before surgery. "Little Journey" gives children and their parents or carers the chance to prepare for surgery by taking them on a virtual tour of the hospital site. Dr Asme Sheikh, Consultant Paediatric Anaesthetist at King's College Hospital, said: "Coming into hospital can be overwhelming and we hope this app will help to make it a less frightening and more positive experience."

11.5 **<u>BBC One</u>: Sunday with Laura Kuenssberg:** On Sunday 8 January, **Professor** Clive Kay, Trust Chief Executive, appeared on BBC One's *Sunday with Laura Kuenssberg* programme. Clive discussed industrial action, and NHS pressures, and the impact they are having on King's staff and patients, as well as healthcare staff up and down the country.

Speaking at the start of the BBC programme, I said: "I've been in the NHS close to 40 years. Every year is tough, every year seems tougher than the last, but by some distance this is the toughest time. My colleagues are doing their level best, they are doing an amazing job, they have during COVID-19 and throughout the pandemic but it is now pretty relentless."

11.6 **<u>The Guardian:</u> 'A landmark step': how pioneering fetal surgery is transforming lives:** Following exclusive access given to observe pioneering fetoscopic (keyhole) surgery at Denmark Hill, on Monday 9 January the Guardian reported on the story of baby Austin Ellis, who underwent the procedure while he was still in his mother's womb. Before Austin's birth, a team of neurosurgeons and fetal medicine specialists at King's introduced a camera and instruments through tiny incisions into his mother's stomach to repair holes in his spinal cord, without the need to make invasive cuts to her abdomen.

Emily, Austin's mother, is the twenty-second patient to receive the surgery at Denmark Hill since the first procedure four years ago. King's is one of just two centres in the UK that offers the procedure, and the only one that does it laparoscopically through the uterus. "It's a landmark step in managing patients with spina bifida and improving outcomes and quality of life," says Mr Bassel Zebian, a consultant neurosurgeon at King's, who led the surgical team.

11.7 **ITV News London: Six o'clock News:** On Thursday 26 January, ITV News London reported that around 450 people with aggressive blood cancer could benefit from CAR-T therapy, which has been recommended for routine use by the NHS. ITV News London visited our Denmark Hill site and spoke with Christopher Lotto, who is in remission after receiving the treatment in autumn 2021. Dr Robin Sanderson, Consultant Haematologist at the Trust, explained how the treatment can be a 'game-changer' for patients who had not benefitted from chemotherapy, saying "when people come to us they are quite sick, and we see very, very rapid responses to this, often within days."

11.8 **<u>Nursing Times:</u> Major London trust appoints new chief nurse** On Friday 27 January the Nursing Times announced the appointment of Tracey Carter MBE as King's new Chief Nurse and Executive Director of Midwifery. Tracey said: "I am very excited about being part of King's, especially after having met staff as part of the recruitment process. The development of the new King's Academy is really exciting, as is the opportunity to provide development, support and leadership to the team at King's. I will also be sharing my own outlook, which is that it takes remarkable people to be nurses, midwives and allied healthcare professionals. They do amazing things for patients, and I continue to feel privileged to get up and be a nurse each and every day."

11.9 **The Sunday Times: Why I spent my maternity leave in an IVF clinic — by Alex Jones:** On Sunday 29 January, Alex Jones spoke about her training as a fertility assistant at King's Fertility, a clinic that offers NHS and private treatment, as part of a 10-part documentary series, Alex Jones: Making Babies, which is available to watch on W channel.

11.10 **Secretary of State for Health and Social Care visits King's:** On 2 February, Health Secretary Stephen Barclay MP met with clinicians from King's College Hospital, scientists from King's College London, and patients to better understand how £50m allocated for motor neurone disease (MND) research could be used.

King's College Hospital NHS Foundation Trust

Appendix 1 – Consultant Appointments

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date	
09/12/2022	Consultant Colorectal Surgeon With An Interest In Inflammatory Bowel Disease and Pelvic Floor Disorders	Prof Marc Gladman	New	06/02/2023	Permanent
12/01/2023	Consultant in Interventional and Diagnostic Vascular and Urological Radiology	Dr Nicholas Brendon Heptonstall	Replacement	TBC	Permanent
26/01/2023	Consultant Special Care Dentistry	Dr Natalie Bradley	Replacement	TBC	Permanent
31/01/2023	Consultant in Periodontology - Part-time	Dr Bhavya Mohan	Replacement	TBC	Permanent
07/07/2022	Consultant Anaesthetist, Interest in Vascular and Trauma	Dr Dominic O' Connor	Replacement	12/12/2022	Permanent
23/08/2022	Consultant in Nuclear Medicine	Dr Manuela Vadrucci	Replacement	12/12/2022	Permanent
17/11/2022	Consultant Oral & Maxillofacial Surgeon (General)	Mr Navin Vig	Replacement	19/12/2022	Permanent
17/11/2022	Consultant Oral & Maxillofacial Surgeon, with an interest in Craniofacial Surgery	Mr Benjamin Robertson	Replacement	01/01/2023	Permanent
15/12/2022	Consultant Haematologist with an interest in Plasma Cell Disorders	Dr Arief Gunawan	Replacement	01/01/2023	Permanent
29/11/2022	Consultant in Neuro-anaesthesia	Dr Rachel Steele	Replacement	02/01/2023	Permanent
16/06/2022	Consultant Anaesthetist with an Interest in Cardiac Anaesthesia	Dr Amieth Yogarajah	Replacement	03/01/2023	Permanent

18/08/2022	Consultant in Acute and General Medicine	Dr Borja Tejero Moya	Replacement	03/01/2023	Permanent
17/11/2022	Consultant Oral & Maxillofacial Surgeon (General)	Mr Atheer Ujam	Replacement	03/01/2023	Permanent
22/09/2022	Consultant in Paediatric Dentistry	Miss Tanika Gohil	Replacement	09/01/2023	Permanent
11/10/2022	Consultant Chemical Pathology with an Interest in Lipidology	Dr Ruvini Ranasinghe	New	09/01/2023	Permanent
07/07/2022	Consultant Anaesthetist with an Interest in Paediatric Anaesthesia	Dr Natashia Schneider	Replacement	16/01/2023	Permanent
29/09/2023	Consultant Urologist with Specialist Interest Andrology & Fertility	Dr Fabio Castiglione	Replacement	23/01/2023	Permanent
28/09/2022	Consultant Physician in Acute Medicine	Dr Tzvetka Tencheva-Stoencheva	Replacement	30/01/2023	Permanent
Honorary	Honorary Consultant in Fetal Medicine	Dr Mark Denbow	Honorary	07/12/2022	06/12/2024
Honorary	Honorary Consultant in Haematology	Dr Madson Correia De Farias	Honorary	12/12/2022	12/12/2023
Honorary	Honorary Consultant in Haematology	Dr Aleksandar Mijovic	Replacement	03/01/2023	14/12/2024
Locum Consultant	Locum Consultant in Rehabilitation Medicine	Dr Ali Al-Fadhly	Replacement	12/12/2022	11/03/2023
Locum Consultant	Consultant Medical Examiner	Dr Armanda Elaine Finn	Replacement	15/12/2022	14/12/2025
Locum Consultant	Locum Consultant ENT Surgeon with an interest in Head and Neck Surgery	Dr Madana Jeevanandam	Replacement	02/01/2023	01/01/2023
Locum Consultant	Locum Consultant Emergency General Surgeon (SAAU)	Mr Ali Frak	New	03/01/2023	02/07/2023

Locum Consultant	Locum Consultant Anaesthetist	Dr Muhammad Farhan	Replacement	03/01/2023	02/01/2024
Locum Consultant	Locum ConsultantOphthalmologist	Dr Riddhi Bhatt	Replacement	04/01/2023	31/03/2023
Locum Consultant	Locum Consultant Paediatrician, The Havens Project Lead	Dr Sophie Khadr	New	09/01/2023	08/01/2025
Locum Consultant	Locum Consultant Neurologist with an Interest in Neurology & Stroke	Dr Owain Williams	New	09/01/2023	08/07/2023
Locum Consultant	Consultant Medical Examiner - Part-time	Dr Claire Keegan	Replacement	09/01/2023	08/01/2026
Locum Consultant	Locum Consultant in Emergency Medicine	Dr Jasmit Mohindru	Replacement	19/01/2023	18/07/2023

King's College Hospital NHS Foundation Trust

Meeting:	Public Trust Board	Date of meeting:	9 March 2023
Report title:	**Integrated Performance Report Month 10 (January) 2022/23**	Item:	4.0.
Author:	Adam Creeggan, Director of Performance & Planning; Steve Coakley, Assistant Director of Performance & Planning;	Enclosure:	4.1. & 4.2.
Executive sponsor:	Beverley Bryant, Chief Digital Information Officer		
Report history:	None		

Purpose of the 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 January 2023 returns.

Board/ Committee action required (please tick)

Decision/ Approval	✓	Discussion		Assurance		Information	

The Committee is asked to approve the latest available 2022/23 M10 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).

Executive summary

Performance:

- Trust A&E/ECS compliance improved from 53.46% in December to 61.06% in January. By Site: DH 60.96% and PRUH 61.18%.
- Diagnostics: performance reduced by 0.30% to 2.45% of patients waiting >6 weeks for diagnostic test in January (target <1%).
- RTT incomplete performance improved by 0.30% to 73.67% in January (target 92%).
- RTT patients waiting >52 weeks increased by 56 cases to 691 cases in January compared to 635 cases in December.
- Cancer treatment within 62 days of post-GP referral is not compliant but improved to 70.83% for December (target 85%).
- The two-week wait from GP referral standard improved to 96.37% in December and compliant with the 93% target.

Quality

- 10 new e-Coli cases and 9 new C-difficile cases reported in January.
- 1 MRSA case reported in January 2023 on Mary Ray ward at Denmark Hill.

Finance

- As at month 10 the Trust has reported a year to date deficit of -£38.4m. The Trust plan includes £35m of cost improvement (£23.3m pay and £11.7m non-pay) and £20m of income improvement above block contracts.

Workforce

- Statutory and Mandatory training compliance rate has decreased by 1.83% compared to the previous month to 87.23% for January, and is now below the 90% target.
- Following a planned change in the core skills audience for safeguarding children and resuscitation in December and January, our overall compliance rate has dropped below target.

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**			

Key implications	
Strategic risk - Link to Board Assurance Framework	The summary report provides detailed performance against the operational waiting time metrics defined within the NHSi Strategic Oversight Framework .
Legal/ regulatory compliance	Report relates to performance against statutory requirements of the Trust license in relation to waiting times.
Quality impact	There is no direct impact on clinical issues.

Equality impact	There is no direct impact on equality and diversity issues
Financial	Trust reported financial performance against published plan.
Comms & Engagement	Trust's quarterly and monthly results will be published by NHSi and the DoH
Committee that will provide relevant oversight QPP Committee	

King's College Hospital NHS
NHS Foundation Trust

Integrated Performance Report

Month 10 (January) 2022/23

Board Committee

9 March 2023

King's College Hospital NHS
NHS Foundation Trust

Report to:	*Board Committee*
Date of meeting:	*9 March 2023*
Subject:	*Integrated Performance Report 2022/23 Month 10 (January)*
Author(s):	*Adam Creeggan, Director of Performance & Planning;* *Steve Coakley, Assistant Director of Performance & Planning;*
Presented by:	*Beverley Bryant, Chief Digital Information Officer*
Sponsor:	*Beverley Bryant, Chief Digital Information Officer*
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 January 2023 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 M10 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

3. Key implications

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

Contents

Executive Summary 2021/22 Month 10

QUALITY

- Summary Hospital Mortality Index (revised to NHS Digital index) has reduced to 98.8 – which is below expected index of score of 100.
- **HCAI**:
  - ❑ 1 MRSA bacteraemia case reported in January with the previous cases last reported in May and July 2022;
  - ❑ 7 new VRE bacteraemia cases reported in January and 61 cases reported year to-date.
  - ❑ E-Coli bacteraemia: 10 new cases reported in January and 130 cases year to-date which is above the target of 104 cases;
  - ❑ 9 new C-difficile cases reported in January and 96 cases year to-date which is above the target of 90 cases.
- FFT inpatient recommendation scores reduced by 1.4% in January to 94.0% and remains below the 96.0% target.

PERFORMANCE

- Trust A&E/ECS compliance improved from 53.46% in December to 61.06% in January. By Site: DH 60.96% and PRUH 61.18%.
- Cancer:
  - ❑ Treatment within 62 days of post-GP referral is not compliant but reduced to 60.66% for January (target 85%).
  - ❑ Treatment within 62 days following screening service referral is not compliant at 64.71% for January (target 90%).
  - ❑ The two-week wait from GP referral standard improved to 96.52% in January and compliant with the 93% target.
- Diagnostics: performance reduced by 0.30% to 2.45% of patients waiting >6 weeks for diagnostic test in January (target <1%).
- RTT incomplete performance improved by 0.19% to 73.67% in January (target 92%).
- RTT patients waiting >52 weeks increased by 56 cases to 691 cases in January, compared to 635 cases in December.

WORKFORCE

- The non-medical appraisal compliance rate of 92.46% for January has remained over the 90% target for the sixth consecutive month.
- The Medical & Dental rate has increased from December to 93.11% in January and is also over the 90% target this month.
- The sickness and absence rate has reduced from 5.90% in December to 4.56% in January.
- There were a total of 2,851 staff off sick during January.
- Statutory and Mandatory training compliance rate has decreased by 1.83% compared to the previous month to 87.23% for January, and is now below the 90% target.
- The Trust vacancy rate has improved from 13.43% in December to 12.52% in December.
- The Trust Turnover rate has reduced from 15.11% in December to 15.06% in January and remains above the internal 14% target.

FINANCE

- As at month 10 the Trust has reported a year to date deficit of -£38.4m. The Trust plan includes £35m of cost improvement (£23.3m pay and £11.7m non-pay) and £20m of income improvement above block contracts.
- **Operating Income**: a favourable operating income variance of £3.0m against budget in month, and a £0.6m favourable variance in other operating income attributable to COVID testing income and R&D.
- **Employee Expenses (Pay)**: £9.7m overspend compared to plan YTD. Work needs to be done to start achieving CIPs, in order to meet the Trust's plan to breakeven. Pay includes YTD costs for reset & recovery (£6.6m), COVID (£8.9m) and mass vaccination (£1.4m).
- **Operating Expenses (Non Pay)**: an adverse variance in month of £8.6m against budget. Non-Pay costs are £0.1m lover than in month 9, and £8.6m overspent compared to budget. The main contributors are: £0.9m overspend on Radiology, and £2.4m relates to Drugs overspend which is mostly offset by Income.

NHSi Dashboard - Strategic Oversight Framework

NHSi Dashboard

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
Domain	Indicator	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	13-Month Trend
A&E	A&E Waiting times - Types 1&3 Depts (Target: > 95%)	52.28 %	52.90 %	60.96 %	57.07 %	59.93 %	54.12 %	61.18 %	63.85 %	55.71 %	53.46 %	61.06 %	60.08 %	
RTT	RTT Incomplete Performance	78.48 %	77.09 %	77.68 %	75.61 %	70.99 %	67.83 %	67.43 %	71.02 %	75.53 %	73.48 %	73.67 %	73.85 %	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: > 93%)	96.36 %	96.48 %	96.45 %	94.84 %	96.38 %	96.21 %	96.59 %	95.38 %	96.36 %	96.37 %	96.52 %	95.06 %	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: > 93%)					94.20 %	100.00 %	87.50 %	96.12 %	94.20 %	100.00 %	87.50 %	96.12 %	
	31 days diagnosis to first treatment (Target: >96%)	93.59 %	94.35 %	86.31 %	91.39 %	96.23 %	95.12 %	94.00 %	92.62 %	94.26 %	94.58 %	88.07 %	91.73 %	
	31 days subsequent treatment - Drug (Target: >98%)	97.06 %	95.65 %	72.22 %	94.19 %	100.00 %	100.00 %	66.67 %	87.18 %	97.30 %	96.00 %	69.70 %	93.27 %	
	31 days subsequent treatment - Surgery (Target: >98%)	90.00 %	96.67 %	89.19 %	89.18 %	75.00 %	42.86 %	93.33 %	69.57 %	86.84 %	86.49 %	90.38 %	86.61 %	
	62 days GP referral to first treatment (Target: >85%)	67.30 %	66.12 %	53.98 %	58.95 %	78.43 %	82.98 %	77.94 %	74.89 %	70.00 %	70.83 %	60.66 %	64.09 %	
	62 days NHS screening service referral to first treatment (Target: >90%)	79.49 %	67.57 %	57.69 %	72.75 %	91.67 %	100.00 %	87.50 %	86.71 %	84.13 %	80.33 %	64.71 %	76.03 %	
Patient Safety	Clostridium difficile infections	3	5	8	74	4	0	1	22	7	5	9	96	

A&E 4 Hour Standard

- A&E performance was non-compliant in January at 61.06%, below the national target of 95% but Improving by 7.50% compared to 53.46% performance achieved in December 2022.

Cancer

- The latest interim 62-day performance for patients referred by their GP for first cancer treatment reduced by 10.17% from 70.83% reported for December 2022 to 60.66% in January, and below the national target of 85%.

RTT

- RTT performance is validated at 73.67% for January which is an improvement of 0.19% compared to 73.48% performance achieved in December.

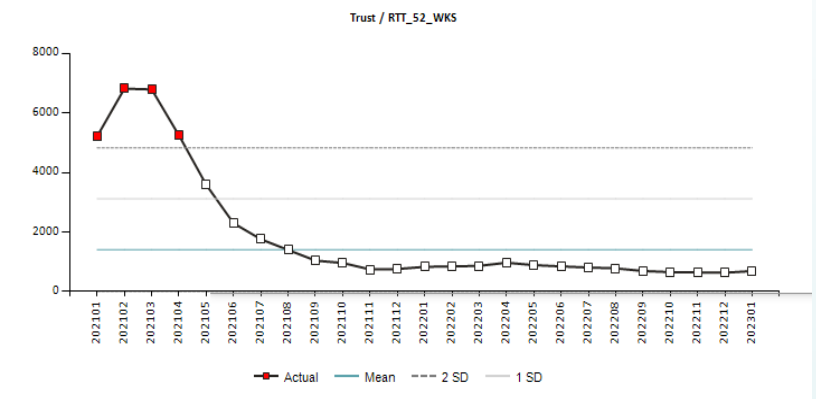
C-difficile

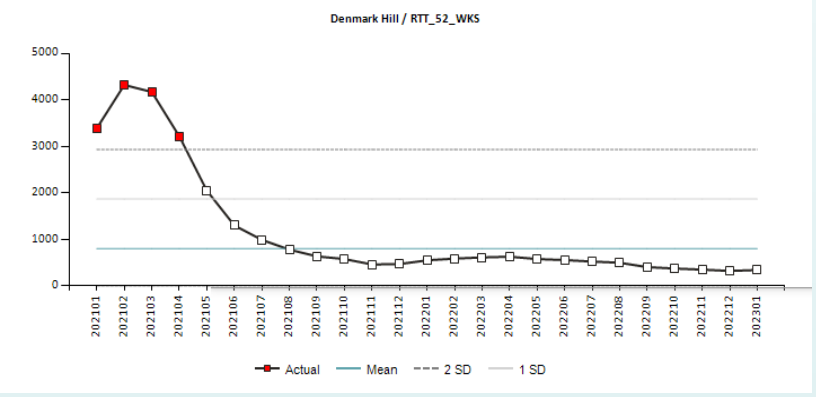
- There were 9 Trust attributed cases of C-Difficile in January 2023 and 96 cases year to-date which is above the cumulative target of 90 cases.

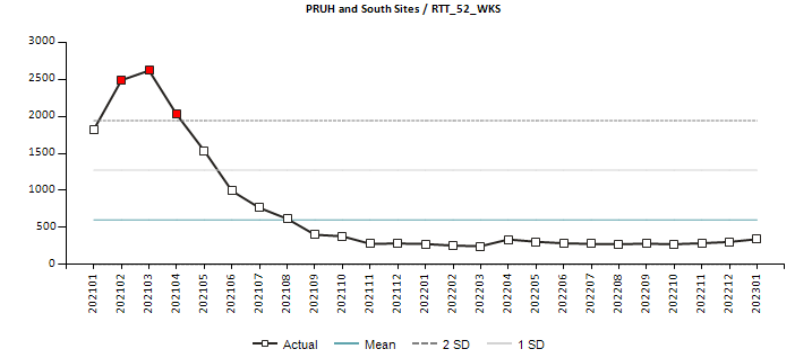
Selected Board Report NHSi Indicators

Statistical Process Control Charts for the last 25 Months Jan-21 to Jan-23

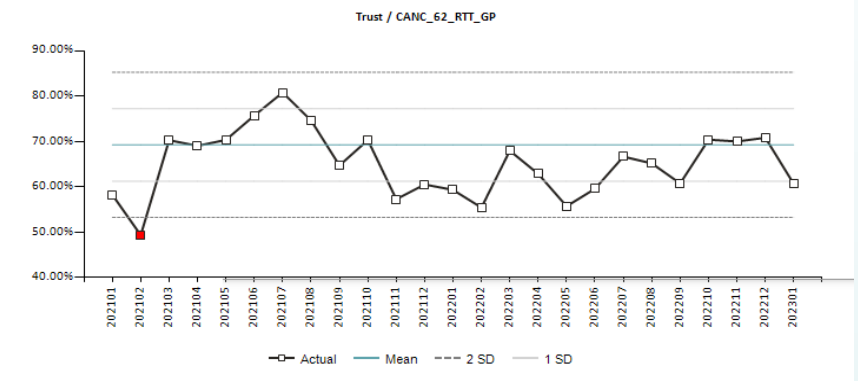
RTT Incomplete Pathways

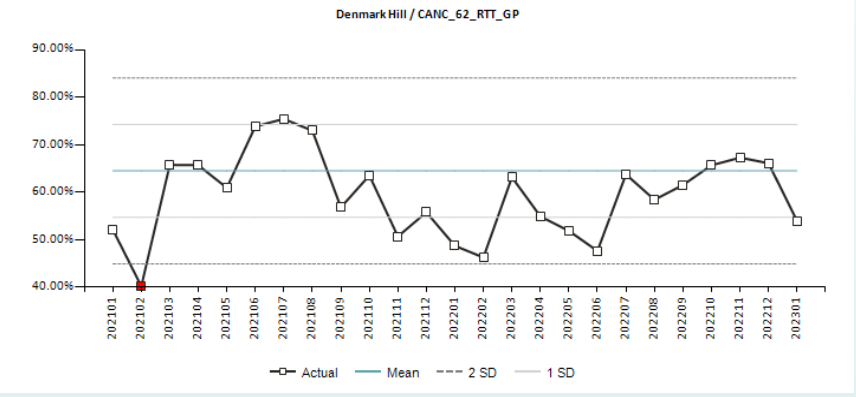


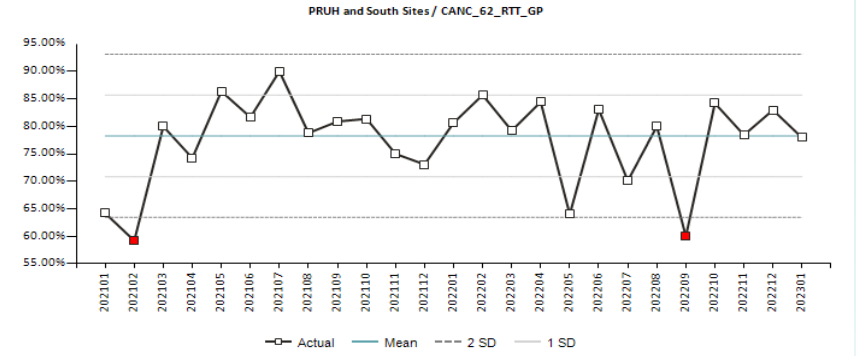




Cancer: 62 day standard

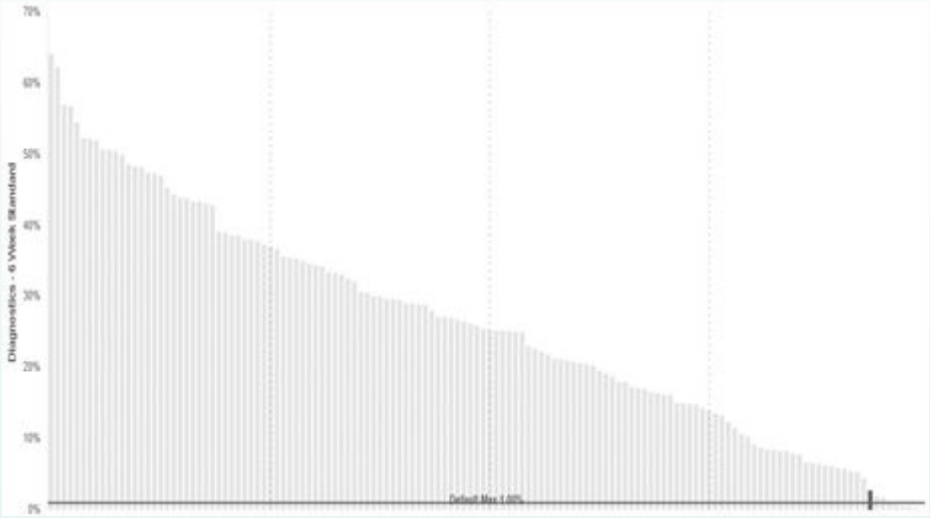




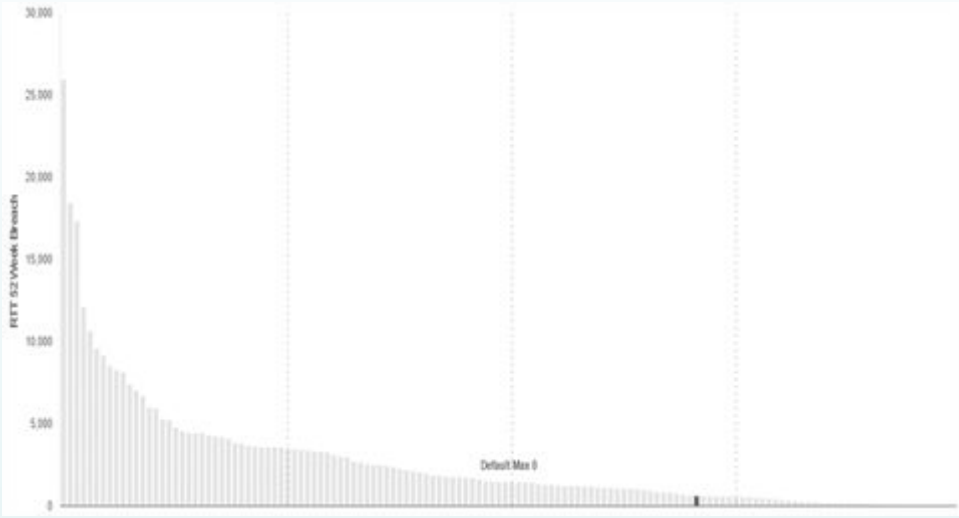


Selected Board Report NHSi Indicators

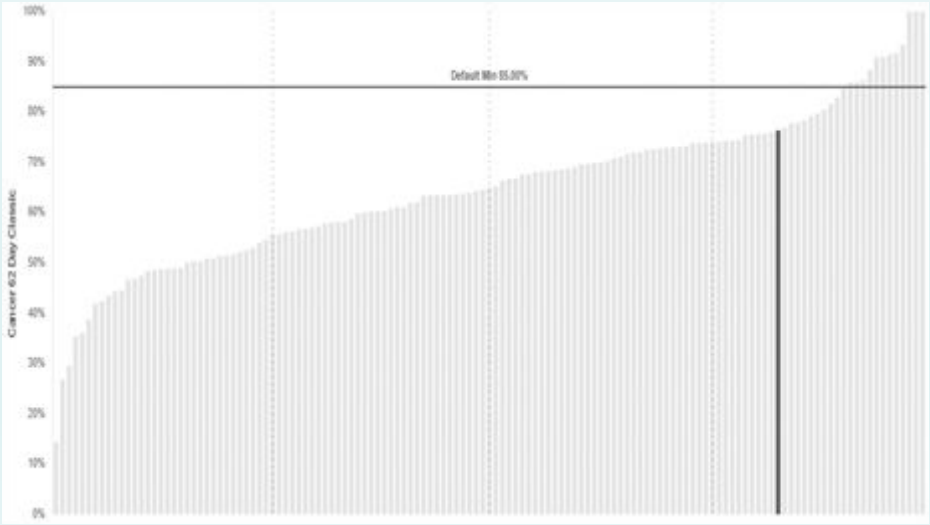
Based on data published from '*Public View*'



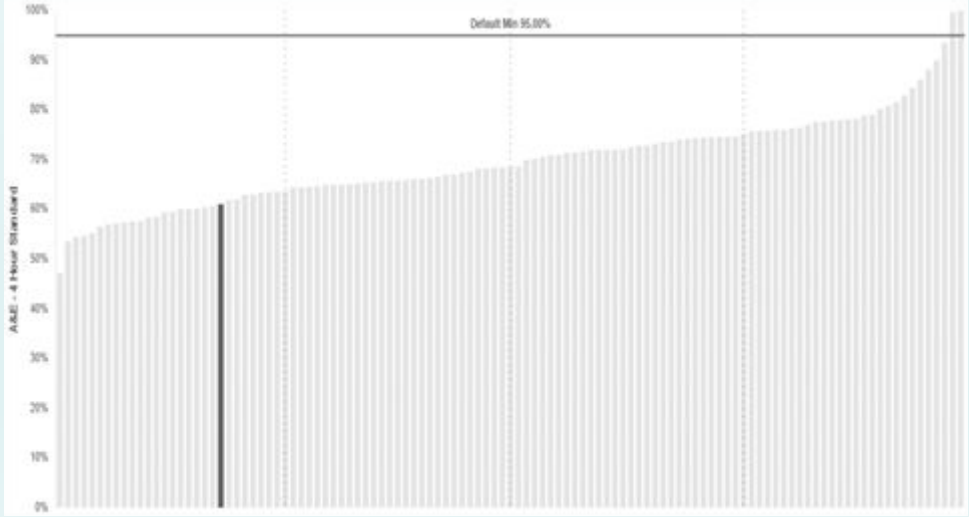
The chart above shows the national ranking against the DM01 diagnostic 6 week standard. Kings is ranked 9 out of 136 selected Trusts based on December 2022 data published.



The chart above shows the national ranking against the RTT 52 week standard. Kings is ranked 40 out of 136 selected Trusts based on latest December 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 23 out of 133 selected Trusts based on latest December 2022 data published.



The chart above shows the national ranking against the 4 hour Emergency Care Standard. Kings is ranked 93 out of 113 selected Trusts based on latest January 2023 data published.

Safety Dashboard

Safe

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
		Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	13 Month Trend
CQC level of inquiry: Safe														
Reportable to DoH														
2717	Number of DoH Reportable Infections	52	51	59	668	10	3	8	85	62	55	67	757	
Safer Care														
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.09	0.09	0.03	0.07	0.25	0.24	0.12	0.20	0.14	0.16	0.06	0.12	
1897	Potentially Preventable Hospital Associated VTE	1	0	0	11	2	0	1	12	3	0	1	23	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	0	0	6	0	0	0	0	0	0	0	6	
Incident Reporting														
520	Total Serious Incidents reported	13	8	6	74	4	9	6	56	17	18	12	131	
516	Moderate Harm Incidents	27	17	17	183	22	22	24	173	49	42	46	369	
509	Never Events	0	0	0	3	0	0	0		0	0	0	3	

HCAI

- There was one MRSA bacteraemia case reported for January with the previous cases last reported in May and July 2022.
- 7 new VRE bacteraemia cases reported in January and 61 cases year to-date.
- E-Coli bacteraemia: 10 new cases reported in January and 130 cases year to-date which is above the cumulative target of 103 cases.
- 9 Trust attributed cases of c-Difficile in January and 96 cases year to-date which is above the target of 90 cases for the month.

Complaints

- The number of complaints increased from 45 cases reported in December to 74 cases reported in January. The number of complaints not responded to within 25 days increased from 246 cases in December to 274 cases in January.

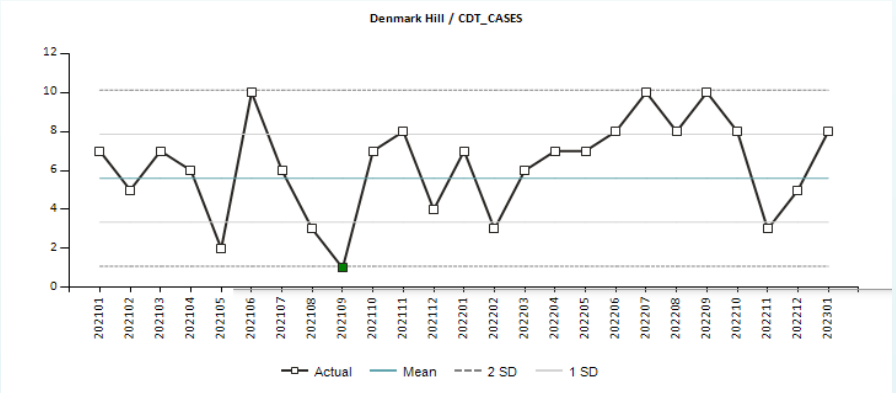
Inpatient Surgical Cancellations

- The number of inpatient surgical operations cancelled on the day reduced from 70 in December to 62 in January, above the Trust target of 47 cases.

HCAI

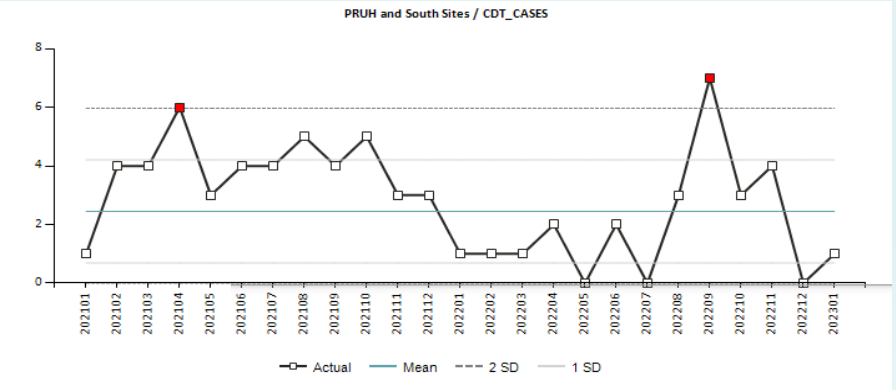
Denmark Hill performance:

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



PRUH performance:

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



MRSA:

- There were one MRSA bacteraemia case reported for January on an Acute Medicine ward - with the previous cases reported on an Acute Medicine ward at Denmark Hill in July, and on a Haematology ward at Denmark Hill in May 2022.

VRE:

- 7 new VRE bacteraemia cases reported in January with 6 cases reported on the Denmark Hill site – including 4 cases reported on Critical Care wards, 1 case on a Neurosciences ward and 1 case on a Renal ward.
- There was 1 case reported on the PRUH site on Chartwell Ward.

E-Coli:

- E-Coli bacteraemia: 10 new cases reported in January and 130 cases year to-date which is above the cumulative target of 104 cases. There were 8 cases were reported at Denmark Hill.
- There were 2 cases reported at PRUH/South Sites.

C-Difficile:

- 9 Trust attributed cases of c-Difficile in January and 96 cases year to-date which is above the cumulative plan of 90 cases.
- 8 cases reported on the DH site with 2 cases in a Neurosciences wards, 2 cases in Surgery wards, 2 cases in Critical Care wards, 1 case in a Renal ward and 1 case in a Child Health ward.
- There was one c-Difficile case reported on the PRUH site on Medical Ward 1.

Patient Experience Dashboard

Caring

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
		Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	13 Month Trend
CQC level of inquiry: Caring														
HRWD														
422	Friends & Family - Inpatients	93.6 %	94.6 %	93.8 %	93.7 %	96.8 %	96.7 %	94.3 %	94.4 %	94.8 %	95.4 %	94.0 %	94.0 %	
423	Friends & Family - ED	60.1 %	58.0 %	72.3 %	61.6 %	58.9 %	53.8 %	68.6 %	66.7 %	59.5 %	56.0 %	70.5 %	64.1 %	
774	Friends & Family - Outpatients	90.2 %	91.2 %	90.9 %	90.3 %	90.3 %	90.8 %	90.8 %	90.1 %	90.2 %	91.0 %	90.8 %	90.2 %	
775	Friends & Family - Maternity	86.2 %	80.0 %	85.5 %	84.6 %	92.8 %	90.0 %	90.6 %	91.3 %	90.9 %	86.7 %	88.8 %	89.0 %	
Complaints														
619	Number of complaints		33	44	457		12	30	245		45	74	708	
Operational Engagement														
620	Number of complaints not responded to within 25 Days		173	184	852		73	90	431		246	274	1,290	
3119	Number of PALS enquiries – unable to contact department				73				84				161	
Incident Management														
660	Duty of Candour - Conversations recorded in notes	95.2 %	93.6 %	96.2 %	92.3 %	100.0 %	83.9 %	94.1 %	95.0 %	97.7 %	88.7 %	95.1 %	93.7 %	
661	Duty of Candour - Letters sent following DoC Incidents	96.2 %	87.1 %	96.2 %	89.7 %	85.7 %	93.3 %	78.1 %	90.8 %	91.5 %	90.2 %	86.4 %	90.3 %	
1617	Duty of Candour - Investigation Findings Shared	0.0 %	4.0 %	7.7 %	8.9 %	6.9 %	3.7 %	0.0 %	13.8 %	3.1 %	3.6 %	3.2 %	11.1 %	

- **FFT – Inpatient:** The Trust score decreased by 1.4% to a 94.0% recommendation rate in January. 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:** The overall Trust scored increased significantly by 14.5% to 70.5% in January.
- **FFT – Outpatients:** The Trust FFT score for outpatients decreased marginally from 91.0% to 90.8% in January. Further cross-trust conversations have begun around standardising patient communication within '*MyChart*' as part of the Apollo programme and work developed a King's specific Communication and Engagement Plan has commenced.
- **FFT – Maternity (combined):** The overall Trust combined FFT maternity score increased by 2.1% to 88.8% in January. Feedback by SMS is now live for women across all key touchpoints; antenatal, labour and birth and community postnatal; and further work is being carried out to widen the patient sample.

Performance Dashboard

Performance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
		Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	13 Month Trend
CQC level of inquiry: Responsive														
Access Management - RTT, CWT and Diagnostics														
364	RTT Incomplete Performance	78.48 %	77.09 %	77.68 %	75.61 %	70.99 %	67.83 %	67.43 %	71.02 %	75.53 %	73.48 %	73.67 %	73.85 %	
632	Patients waiting over 52 weeks (RTT)	353	325	345	4,606	290	307	344	2,995	646	635	691	7,619	
4997	Patients waiting over 78 weeks (RTT)	30	36	30	524	7	13	8	159	37	49	39	684	
4537	Patients waiting over 104 weeks (RTT)	0	0	1	6	0	0	0	3	0	0	1	9	
4557	RTT P2 Admitted Pathways	1,378	1,382	1,557	12,533	546	537	598	5,807	1,927	1,920	2,155	18,360	
4558	RTT P2 Admitted Pathways waiting >4 weeks	48.1 %	56.7 %	52.0 %	50.4 %	52.2 %	65.0 %	54.9 %	55.7 %	49.3 %	59.1 %	52.8 %	52.1 %	
412	Cancer 2 weeks wait GP referral	96.36 %	96.48 %	96.45 %	94.84 %	96.38 %	96.21 %	96.59 %	95.38 %	96.36 %	96.37 %	96.52 %	95.06 %	
413	Cancer 2 weeks wait referral - Breast					94.20 %	100.00 %	87.50 %	96.12 %	94.20 %	100.00 %	87.50 %	96.12 %	
419	Cancer 62 day referral to treatment - GP	67.30 %	66.12 %	53.98 %	58.95 %	78.43 %	82.98 %	77.94 %	74.89 %	70.00 %	70.83 %	60.66 %	64.09 %	
536	Diagnostic Waiting Times Performance > 6 Wks	1.96 %	3.20 %	2.79 %	4.84 %		0.06 %	0.19 %	0.15 %	1.68 %	2.75 %	2.45 %	4.22 %	
Access Management - Emergency Flow														
459	A&E 4 hour performance (monthly SITREP)	52.28 %	52.90 %	60.96 %	57.07 %	59.93 %	54.12 %	61.18 %	63.85 %	55.71 %	53.46 %	61.06 %	60.08 %	
Patient Flow														
399	Weekend Discharges	21.1 %	24.0 %	22.9 %	22.5 %	17.7 %	19.9 %	18.0 %	18.3 %	20.1 %	22.8 %	21.4 %	21.2 %	
404	Discharges before 1pm	15.4 %	15.8 %	16.8 %	15.9 %	16.7 %	17.2 %	16.6 %	17.2 %	15.8 %	16.2 %	16.7 %	16.4 %	
747	Bed Occupancy	92.5 %	89.3 %	91.9 %	91.4 %	91.8 %	94.3 %	96.6 %	95.0 %	92.3 %	91.0 %	93.5 %	92.6 %	
1357	Number of Stranded Patients (LOS 7+ Days)	398	398	388	3,898	247	206	231	2,282	647	606	621	6,201	
1358	Number of Super Stranded Patients (LOS 21+ Days)	202	205	181	1,904	98	83	97	869	302	290	280	2,793	
762	Ambulance Delays > 30 Minutes				2,451				1,221				3,672	
772	12 Hour DTAs	190	304	281	1,490	682	905	844	5,952	872	1,209	1,125	7,442	
Theatre Productivity														
801	Day Case Rate	75.6 %	75.1 %	76.7 %	76.4 %	74.6 %	72.6 %	76.1 %	73.3 %	76.0 %	74.8 %	77.2 %	76.1 %	

A&E 4 Hour Standard

- A&E performance was non-compliant in January at 61.06% which has improved from 53.46% performance achieved in December.

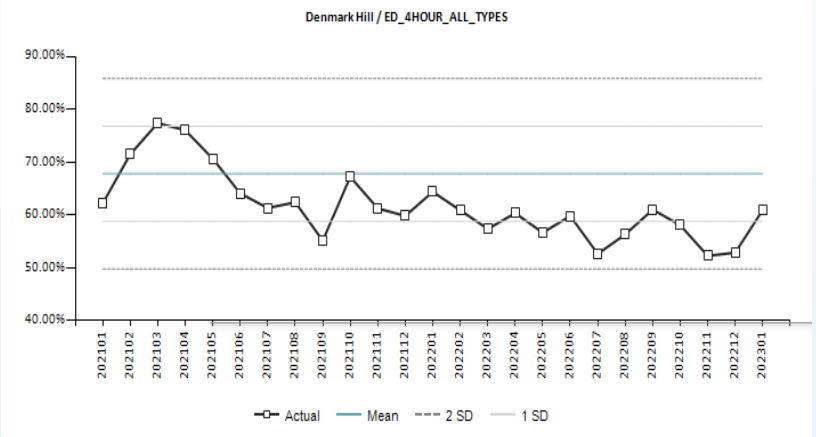
Cancer

- Treatment within 62 days of post-GP referral is not compliant – but reduced to 60.66% for January (target 85%) compared to 70.83% in December.
- The two-week wait from GP referral standard improved slightly to 96.52% in January and remains compliant with the national 93% target.

Emergency Care Standard

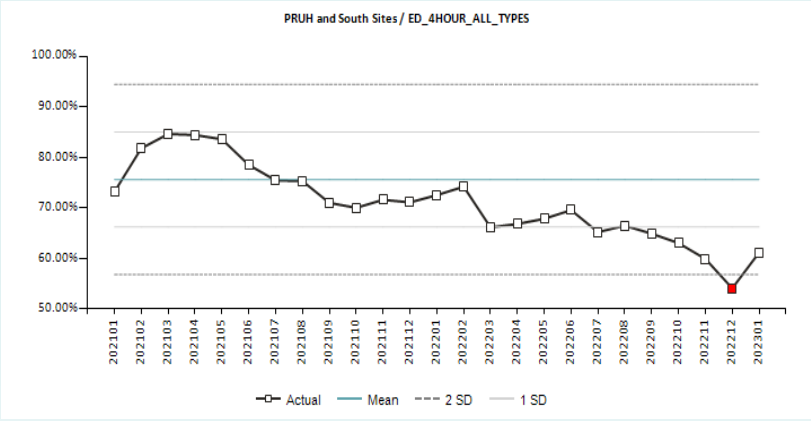
Denmark Hill performance:

- Executive Owner: Julie Lowe, Site Chief Executive
- Management/Clinical Owner: Emer Sutherland, CD



PRUH performance:

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



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 256 ambulance delays >60 minutes and 454 ambulance delays waiting 30-60 minute delays in January (un-validated) compared to 544 delays >60 minutes and 617 delays >30 minutes reported in December.

DH Actions:

- Overall position has improved significantly with performance at its highest since September 2022 - with time to initial assessment, referral, treatment and departure all improved.
- Weekly attendances were 14% lower in January compared to December but conversation rates were higher, with similar levels of admissions overall.
- The type 1 performance has improved but remains challenged. The ED team are working to deliver improvements in time to clinician assessment across AMA and SDEC for non-overnight patient cohorts and improvements in flow. Introduction of continuous flow model to support admitted patient pathway and reduce overcrowding.
- Type 3 performance is also improved and ambulance handover delays have increased with a renewed focus on LAS offload delays and escalation at senior level.

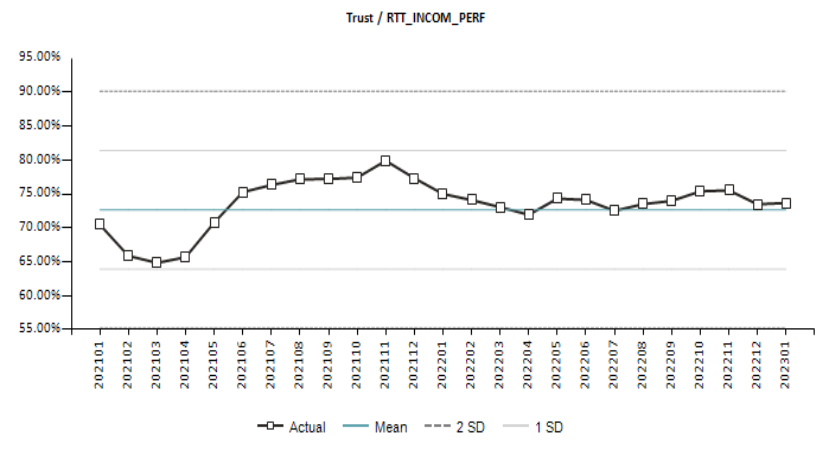
PRUH Actions:

- Since January 2023, a 'Star Chamber' approach has been taken to review each workstreams delivery against plan, with finalisation of focus until the end of Q4.
- As a result of strikes, emergency care at the front door has been under pressure, notably by the therapies absence when discharges fell across the site.
- The use of No Criteria to Reside patient level data is being embedded as part of the daily board round process with Transformation support. In addition, ED continues its collaboration between the Trust and One Bromley partners to establish a synchronised discharge process.
- SDEC footprint and created an expanded bedded discharge lounge area, to improve discharge lounge utilisation.

RTT

RTT Incomplete performance:

- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: James Eales, DOO



Background / target description:

- Ensure 92% of patients are treated within 18 weeks of referral.

Underlying issues:

- A shortfall in PRUH admissions resource continues to be managed short-term via the Bank, with recruitment underway.

Current RTT Incomplete position:

- RTT performance improved to 73.67% for January compared to 73.48% performance achieved in December. Total PTL increased by 520 to 79,820 pathways and the backlog reduced by 16 to 21,017 pathways.

DH Actions

- Work on a pre-assessment hub is progressing towards all specialties having a pool of pre-assessed patients. Supporting this work is insourcing from Xyla which started in February.
- Improved oversight of activity and key operational issues, eg cancellations, via the weekly exec meeting. The day surgery unit achieved the highest utilisation to date at the end of January.
- There has been a reduction in OP DNAs and an improvement in clinic utilisation.

PRUH Actions

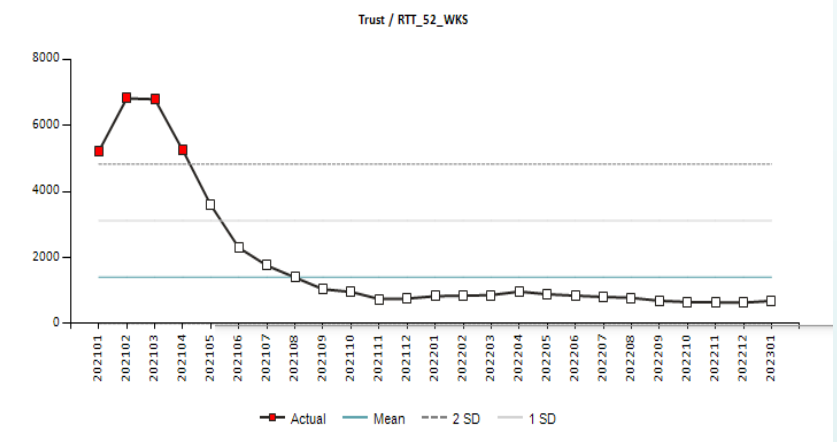
- The revised governance approach to effective theatre utilisation, agreed with the Site Director of Operations has begun with weekly specialty meetings with theatres, in conjunction with refreshed operational dashboards. Whilst the process is still embedding, there is a more senior focus on specialty accountability, session level trends and outliers.
- Targeted work is underway to improve pre-assessment (POA) capacity and throughput. A more stable workforce is in place managing circa 400 slots per week with time for outcoming assessments. The external support (Xyla) which commenced on 4 January has completed a period of triaging patients and completion of documentation updates, ahead of a further training period with 'in-house' staff and potentially a further period of triaging over the next three weeks.

RTT – 52 Weeks

RTT Incomplete performance:

- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: James Eales, DOO

RTT 52+ Week waiters:



Background / target description:

- Zero patients waiting over 52 weeks.

52 Week position:

- Increase of 56 breaches from 635 in December to 691 in January.
- The majority of the breaches are in General Surgery (126 patients), Bariatric Surgery (93 patients) and T&O (76 patients).
- The number of 52 week breaches at Denmark Hill has increased by 20 cases from 325 in November to 345 in January.
- The number of 52 week breaches at PRUH/South Sites increased by 37 cases from 307 in December to 344 in January.

Actions:

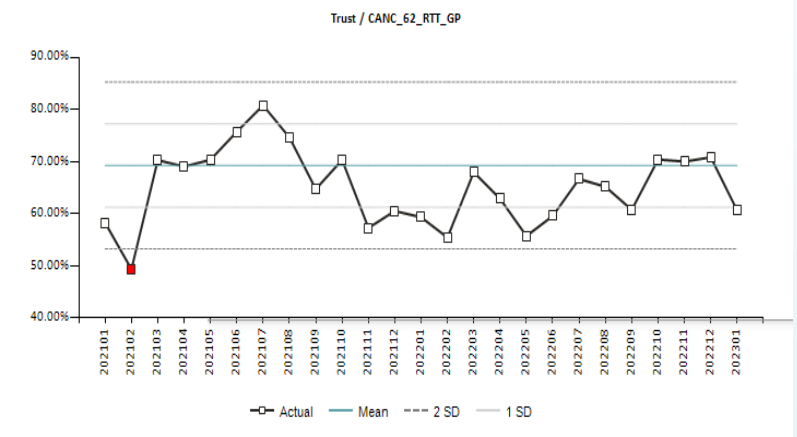
- **Bariatrics**: additional theatre capacity has been allocated at Denmark Hill in Q4, with plans to restart bariatric surgery operating at PRUH (target start April 2023). There are significant ongoing risks of cancellations due to ongoing industrial action and broader emergency pressures with the clinical prioritisation of patients superseding waiting time.
- **Cardiology**: The main challenges around AFO, PFO, and EP cohorts which had a delayed re-start following COVID and are capacity-constrained. The service have additional short-term capacity to reduce the backlog, with proposals being developed for longer-term capacity.
- **General Surgery**: large backlog accrued during COVID, which has been gradually improving through the last year. As with bariatrics significant risks remain from industrial actions and emergency pressures.

- **104 Weeks (DH):** There were no patients waiting over 104 weeks at the end of January, and currently no identified February patient risks.
- **104 Week waits (PRUH)** – There were no patients waiting over 104 weeks by the end of January, and currently no identified February patient risks.

Cancer 62 day standard

62 days GP referral to first treatment performance:

- Executive Owner: Jonathan Lofthouse, Site Chief Executive
- Management/Clinical Owner: Emilie Perry, DOO



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:

- **Accelerated pathways** – implementation of accelerated pathways for prostate cancer. Notable improvement to 28-day performance at DH as a result (compliant with standard in Nov 2022). Challenges remain at PRUH due to workforce and operational challenges.
- **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 now in post (PRUH) but back out to advert for DH with interviews in March. Further HPB oncologist starting in March 2023.
- **Surgery** – reviewing pre-assessment process to ringfence slots for all cancer pathway patients.

DH Actions

- **Colorectal DH –** SELCA funded fixed term post appointed on a pilot basis to reduce patient delays in diagnostic phase (commenced mid-February 2023).
- **HpB** – Additional HCC and NET clinics now in place. New triaging process also in place for MDM additions from tertiary Trusts to reduce delays to discussion. Mini HCC MDM in place with radiology to reduce discussions in main MDM and steps in between pathways. Clear indication of where diagnostics should take place from MDM to reduce delays between referring Trusts and KCH.

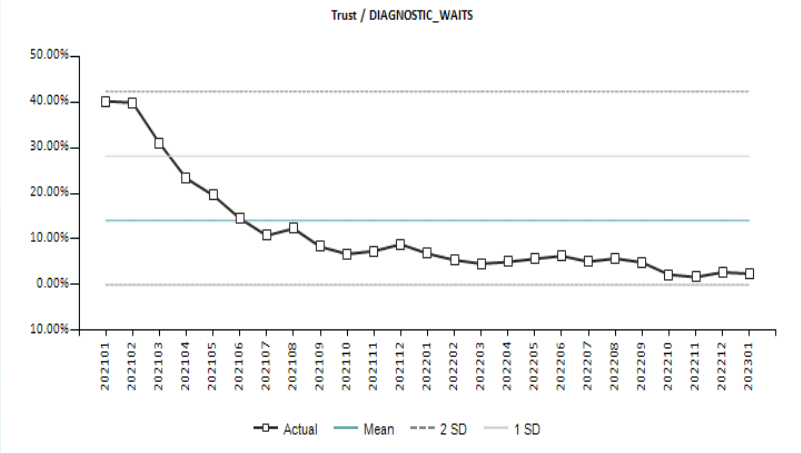
PRUH Actions

- **Head & Neck** - further re-design of 1-stop clinic to be discussed including haematology involvement to streamline diagnostic element of pathway.
- **Upper GI** - challenges in workforce has impacted on 2WW triaging, outpatient and virtual clinics. Cancer funding has supported mitigation to the end of 2022/23 and now business case approved for additional consultants to increase cover in these areas in long term.

Diagnostic Waiting Times

DM01 performance:

- Executive Owner: Jonathan Lofthouse/Julie Lowe, Site Chief Executive
- Management/Clinical Owner: James Eales, DOO



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 324 in December to 290 in January which equates to 2.45% patients waiting <6 weeks.
- Performance for the Denmark Hill site group reduced from 1.96% in November to 3.20% in December. Performance at the PRUH/South Sites site group reduced from 0.06% in December to 0.19% in January.

DH Actions

- **Cardiac MRI:** The 6 week backlog reduced from 92 in December to 54 in January following the return to full capacity. Workforce plans are under development between cardiology and radiology to reduce outsourced ISP activity with a proposal to March Investment Board.
- **GA Neuro MRI:** The backlog increased from 38 in December to 54 in January as a result of loss of capacity over New Year and increasing demand. The service are reviewing demand patterns to support remedial action plans.
- **Gastroscopy (Paediatric):** The backlog reduced from 46 in December to 23 in January. There is ongoing review of data to ensure that the correct patient cohorts are pulling through to the DM01 PTL.

PRUH Actions

- The DM01 position remained compliant in January with 3 breaches in endoscopy only reportable to the PRUH and South Sites executive group. There were 29 Urology cystoscopy and 2 MRI breaches which would have been reported in the Denmark Hill Site Group position.

Workforce Dashboard

Workforce

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
		Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	13 Month Trend
CQC level of inquiry: Well Led														
Staff Training & CPD														
715	% appraisals up to date - Combined									92.95 %	93.00 %	92.46 %		
721	Statutory & Mandatory Training									88.89 %	90.72 %	87.23 %		
Staffing Capacity														
875	Voluntary Turnover %	15.4 %	15.1 %	15.1 %		16.5 %	16.4 %	16.3 %		15.4 %	15.1 %	15.1 %		
732	Vacancy Rate %	11.07 %	11.31 %	10.65 %		11.55 %	11.39 %	10.39 %		13.22 %	13.43 %	12.52 %		
Efficiency														
743	Monthly Sickness Rate	4.89 %	6.09 %	4.57 %		4.93 %	6.07 %	4.68 %		4.87 %	5.90 %	4.56 %		

Appraisals

- The non-medical appraisal compliance rate of 92.46% for January has remained over the 90% target for the 6th consecutive month.
- The Medical & Dental rate has increased from December to 93.11% in January and is also over the 90% target this month.

Sickness

- The sickness and absence rate has reduced from 5.90% in December to 4.56% in January.
- There were a total of 2,851 staff off sick during January.

Training

- Statutory and Mandatory training compliance rate has decreased by 1.83% compared to the previous month to 87.23% for January, and is now below the 90% target.

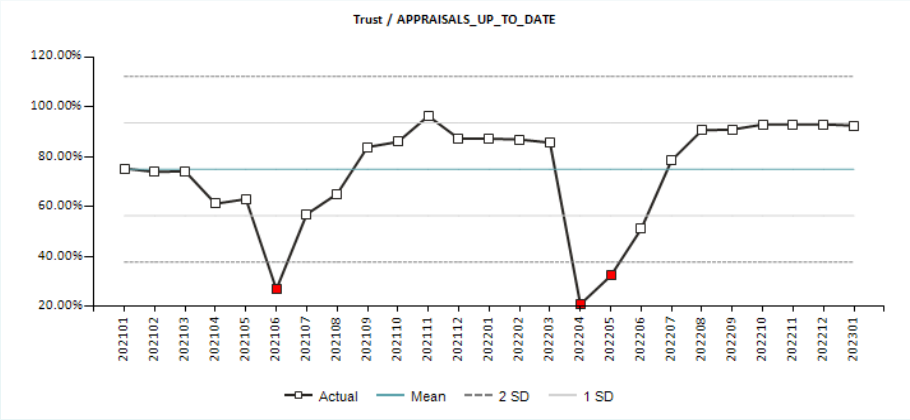
Staff Vacancy and Turnover

- The Trust vacancy rate has improved from 13.43% in December to 12.52% in December.
- The Trust Turnover rate has reduced from 15.11% in December to 15.06% in January and remains above the internal 14% target.

Appraisal Rate

Appraisal Rate:

- Executive Owner: Mark Preston, Chief People Officer
- Management/Clinical Owner: tbc



Performance Delivery:

- The non-medical appraisal compliance rate of 92.46% has remained over the 90% target for the 6th consecutive month.
- The Medical & Dental rate has increased from last month and it is also over the 90% target this month.

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 appraisal target has been met for 2022/23 and preparation is beginning for 2023/24.

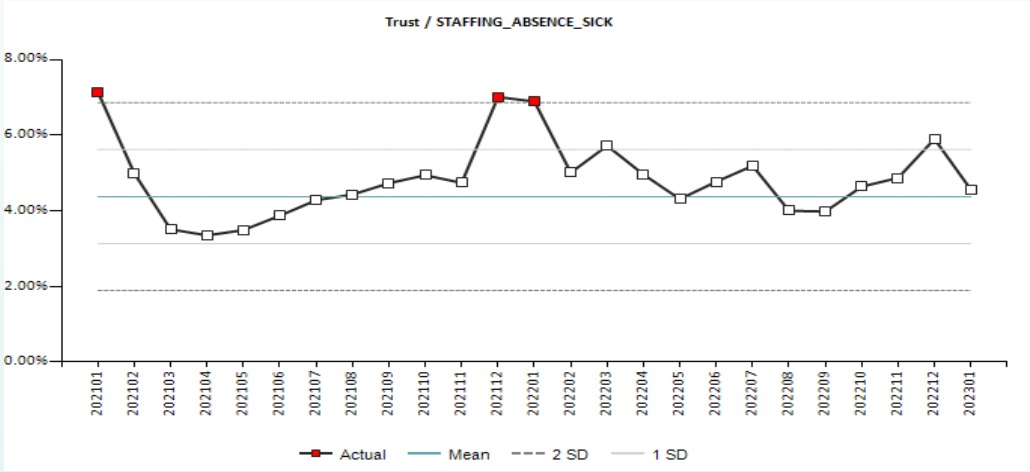
Medical:

- 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.

Sickness Rate

Sickness Rate:

- Executive Owner: Mark Preston, Chief People Officer
- Management/Clinical Owner: tbc



Performance Delivery:

- The sickness and absence rate has reduced from 5.90% in December to 4.56% in January.
- There were a total of 2,851 staff off sick during January.
- The split of COVID-19 and other absences was 0.13% and 4.43% respectively in January. COVID-related absence has changed marginally whilst other absence types have decreased by 1.25%.
- The highest absence reasons based on the number of episodes, excluding COVID-19 and unspecified, were:
  - Cold/Cough/Flu (29%),
  - Gastrointestinal problems (12%), and
  - Anxiety/stress/depression/other psychiatric illnesses (9%).
- On January 2022 the sickness rate reported was 6.89%. There is a significant reduction when compared to this month figure of 4.56%.

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.

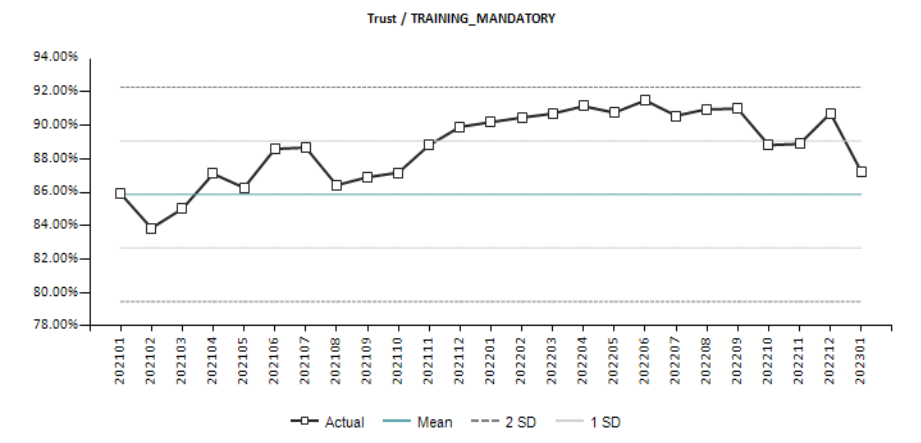
Actions to Sustain:

- Sickness rates are being monitored and managed. The ER Team Leader has fortnightly 1-2-1's with the ER Advisors 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.

Statutory and Mandatory Training

Statutory and Mandatory Training

- Executive Owner: Mark Preston, Chief People Officer
- Management/Clinical Owner: tbc



Performance Delivery:

- Statutory and Mandatory training compliance rate has decreased by 1.83% compared to the previous month to 87.23% for January, and is now below the 90% target.
- Following a planned change in the core skills audience for safeguarding children and resuscitation in December and January, our overall compliance rate has dropped below target.
- This was also impacted by a higher rate of new starters than leavers during this period.
- Plans are already underway with subject matter experts who have increased their training delivery capacity to compensate for this drop in compliance
- We have adapted our monthly core skills report to highlight in more detail, individuals with low or zero compliance

Background / target description:

- The percentage of staff compliant with Statutory & Mandatory training.

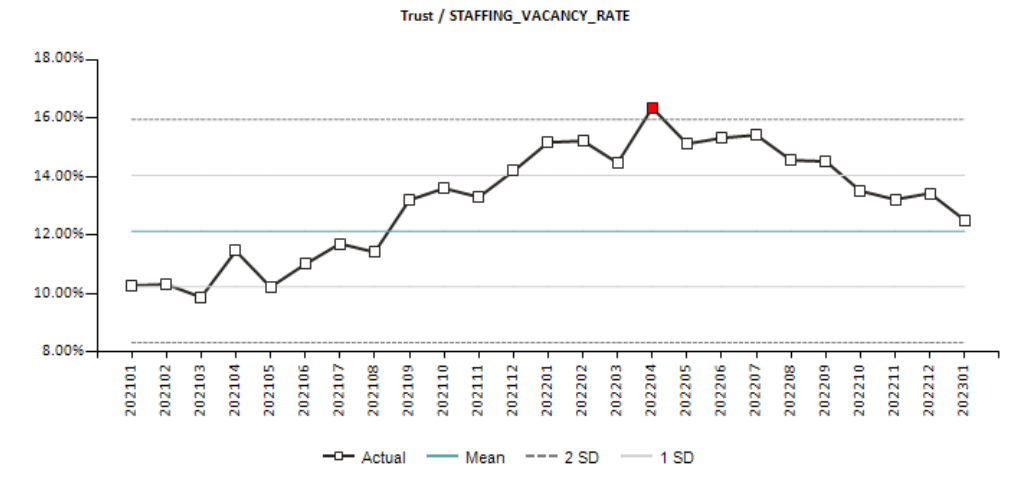
Actions going forward:

- Subject matter expertise have increased training capacity.
- We have increased the number of reminders to staff to complete their training.
- Care Group leaders receive a monthly report to actively target those staff show as non-compliant.
- Follow ups with the Site Directors of people for those staff who have completed no training as therefore 100% non-compliant. Managing down this number is a priority.
- We are reviewing the training needs analysis of our Core Skills Oversight Group to ensure that subject matter experts are engaged in monitoring and improving compliance for their core skills topics.

Vacancy Rate

Vacancy Rate:

- Executive Owner: Mark Preston, Chief People Officer
- Management/Clinical Owner: tbc



Performance Delivery:

- Extensive recruitment continues, with a total of 306 new starters in January.
- The vacancy rate for the PRUH and South Sites has reduced from 15.92% in January 2022 to 10.62% in January 2023.
- The vacancy rate for Denmark Hill has reduced from 13.55% in January 2022 to 10.96% in January 2023.
- The Medical & Dental vacancy rate was 9.37%, which is below the annual target of 10%.
- The Nursing & Midwifery registered vacancy rate has decreased from 14.03% in January 2022 to 12.10 in January 2023.
- The AHP vacancy rate reduced significantly from 14.75% in January 2022 to 11.51% in January 2023.
- The Trust headcount has increased by 650 between January 2022 and January 2023.

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:

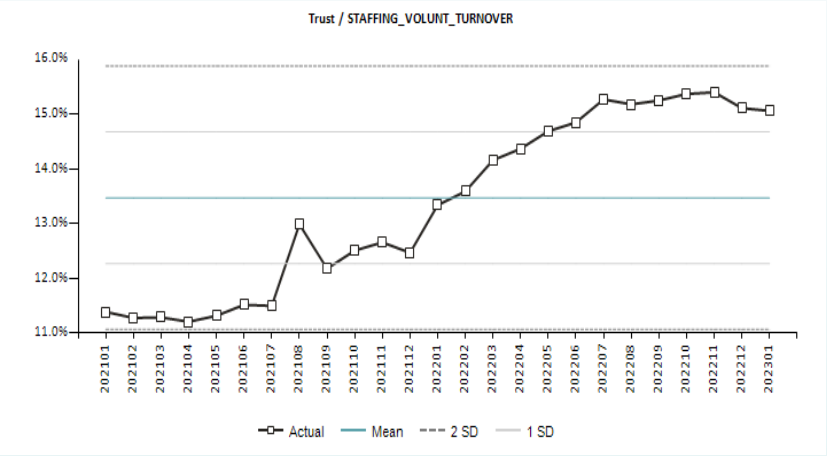
Priority areas of recruitment:

- 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.
- High levels of recruitment continues both locally, nationally and internationally. We are aiming to expand the number of countries we recruit from during 2023/24.

Turnover Rate

Turnover Rate:

- Executive Owner: Mark Preston, Chief People Officer
- Management/Clinical Owner: tbc



Performance Delivery:

- The Trust Turnover rate has reduced from 15.11% in December to 15.06% in January and remains above the internal 14% target.
- The three main reasons for leaving voluntarily during January were: Relocation (31%), Promotion (16%) and Work Life Balance (13%).
- 21% of all voluntary leavers (107) left within 12 months of service at King's.
- Kings will be receiving funding from the ICS to start a project to review how we address staff leaving within their first 12 months.

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 ICS have agreed to fund a programme at King's to review how we address staff leaving within their first 12 months.
- Further promotion of the King's Stars programme is also planned to increase nominations and raise awareness of instant recognition.

Finance Dashboard

Finance

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				
		Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	Nov 2022	Dec 2022	Jan 2023	F-YTD Actual	13 Month Trend
CQC level of inquiry: Well Led														
Overall (000s)														
895	Actual - Overall	6,688	(1,358)	(1,443)	23,444	980	540	3,277	18,460	8,479	13,607	8,621	68,527	
896	Budget - Overall	(2,579)	(1,089)	(4,322)	(3,571)	(472)	183	(249)	5,763	171	(122)	(286)	1,135	
897	Variance - Overall	(9,266)	269	(2,878)	(27,015)	(1,452)	(357)	(3,525)	(12,696)	(8,308)	(13,730)	(8,907)	(67,393)	
Medical - Agency														
602	Variance - Medical - Agency	(254)	(60)	(260)	(1,589)	(390)	(318)	(299)	(4,075)	(707)	(410)	(625)	(5,879)	
Medical Bank														
1095	Variance - Medical Bank	(871)	(816)	(1,036)	(9,791)	(571)	(487)	(590)	(4,674)	(1,501)	(1,348)	(1,671)	(14,866)	
Medical Substantive														
599	Variance - Medical Substantive	84	403	549	5,018	701	548	373	5,342	940	1,537	938	11,672	
Nursing Agency														
603	Variance - Nursing Agency	(287)	(382)	(157)	(2,717)	(164)	(287)	(238)	(1,681)	(646)	(775)	(544)	(5,962)	
Nursing Bank														
1104	Variance - Nursing Bank	(1,816)	(1,272)	(1,538)	(16,980)	(583)	(790)	(848)	(6,155)	(2,698)	(2,443)	(2,164)	(27,122)	
Nursing Substantive														
606	Variance - Nursing Substantive	1,933	1,622	1,162	19,846	857	672	848	8,948	3,070	2,560	2,286	32,418	

- **Operating income**: a favourable variance of £3.0m against budget in month from patient care income.
  - ❑ The main contributors for M10 under performance is additional income from NHSE Special Commissioning £1.15m.
  - ❑ Other Operating Income – favourable variance of £0.6m against budget in month.
  - ❑ £0.6m favourable variance in month is due to COVID testing income and R&D.

- **Employee operation expenses (Pay):** £9.7m overspend compared to plan YTD.
  - ❑ Looking across all categories after taking into account the pay award inflation, pay is broadly in line with the 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 (£6.6m), COVID (£8.9m) and mass vaccination (£1.4m).

- **Operating expenses (Non pay)**: an adverse variance in month of £8.6m against budget. Non-Pay costs are £0.1m lover than in month 9, and £8.6m overspent compared to budget. Main contributors are:
  - ❑ £0.9m overspend on Radiology ,Surgery and Woman's outsourcing in Denmark Hill.
  - ❑ £2.4m relates to Drugs overspend which is mostly offset by Income.

Domain 4: Finance

M10 (January) – Financial Performance

Surplus / (Deficit)

(£6.6m)	Actual M10
(£3.9m)	Average M1-10 22/23

Pay

(£76.5m)	Actual M10
(£75.4m)	Average M1-10 22/23

Non Pay

(£63.9m)	Actual M10
(£60.6m)	Average M1-10 22/23

COVID Costs

£13.3m	Actuals Total YTD
£3.4m	Pay YTD
£9.9m	Non Pay YTD

Payment Compliance

Debtor Days

15.3	Actual M10
13.5	Prior Month

Creditor Days

57.8	Actual M10
61.4	Prior Month

Capital

(£75m)
(£31.7m)

Key Metrics - IPR Summary

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

Trust (100)

January 2023

Performance

		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Responsive																		
Access Management - RTT, CWT and Diagnostics																		
364	RTT Incomplete Performance	75.00%	74.10%	73.06%	71.93%	74.31%	74.11%	72.52%	73.50%	73.98%	75.39%	75.53%	73.48%	73.67%	92.00%	73.85%	73.81%	
632	Patients waiting over 52 weeks (RTT)	832	847	865	971	890	848	809	781	693	655	646	635	691	0	7619	9331	
4997	Patients waiting over 78 weeks (RTT)	157	128	120	143	110	90	59	49	54	54	37	49	38	0	683	932	
4537	Patients waiting over 104 weeks (RTT)	53	29	4	3	3	1	1	0	0	0	0	0	0	0	8	41	
4557	RTT P2 Admitted Pathways	2108	2047	1918	1888	1680	1706	1686	1725	1793	1880	1927	1920	2155	2087	18360	22325	
4558	RTT P2 Admitted Pathways waiting >4 weeks	62.6%	55.7%	52.7%	55.7%	46.6%	51.5%	52.3%	53.0%	50.1%	49.6%	49.3%	59.1%	52.8%	56.1%	52.1%	52.5%	
412	Cancer 2 weeks wait GP referral	90.59%	95.89%	94.92%	92.05%	95.11%	95.50%	96.58%	96.24%	93.39%	92.43%	96.36%	96.37%	96.52%	93.00%	95.06%	95.11%	
413	Cancer 2 weeks wait referral - Breast	68.18%	92.16%	95.83%	93.10%	100.00%	88.89%	95.56%	97.67%	96.67%	98.39%	94.20%	100.00%	87.50%	93.00%	96.12%	95.77%	
419	Cancer 62 day referral to treatment - GP	59.34%	55.45%	67.97%	62.87%	55.74%	59.59%	66.67%	65.18%	60.77%	70.41%	70.00%	70.83%	60.66%	85.00%	64.09%	63.72%	
536	Diagnostic Waiting Times Performance > 6 Wks	6.83%	5.41%	4.63%	5.01%	5.69%	6.31%	5.06%	5.76%	4.89%	2.24%	1.68%	2.75%	2.45%	1.00%	4.22%	4.35%	
Access Management - Emergency Flow																		
459	A&E 4 hour performance (monthly SITREP)	68.01%	66.80%	61.22%	63.22%	61.57%	64.05%	58.27%	60.87%	62.75%	60.25%	55.71%	53.46%	61.06%	95.00%	60.08%	60.68%	
Patient Flow																		
399	Weekend Discharges	23.3%	20.7%	18.0%	21.2%	20.7%	18.5%	24.7%	18.9%	19.9%	23.5%	20.1%	22.8%	21.4%	20.8%	21.2%	20.9%	
404	Discharges before 1pm	17.8%	17.0%	16.4%	16.0%	17.0%	17.1%	17.1%	15.1%	16.7%	16.1%	15.8%	16.2%	16.7%	17.0%	16.4%	16.4%	
747	Bed Occupancy	88.2%	91.3%	90.6%	92.2%	92.7%	93.7%	92.3%	92.2%	92.9%	93.5%	92.3%	91.0%	93.5%	88.6%	92.6%	92.4%	
1357	Number of Stranded Patients (LOS 7+ Days)	534	574	600	565	570	609	609	664	654	656	647	606	621		6201	7375	
1358	Number of Super Stranded Patients (LOS 21+ Days)	248	252	261	251	254	252	249	290	314	311	302	290	280		2793	3306	
800	Delayed Transfer of Care Days (per calendar day)														0.0			
762	Ambulance Delays > 30 Minutes	614	515	818	821	759	664	759	669						0	3672	5005	
772	12 Hour DTAs	161	187	296	469	370	346	621	647	745	1038	872	1209	1125	0	7442	7925	
Theatre Productivity																		
801	Day Case Rate	76.9%	76.1%	76.2%	76.4%	76.1%	75.7%	75.7%	76.2%	75.2%	77.4%	76.0%	74.8%	77.2%	78.3%	76.1%	76.1%	

Quality

		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Month Target	F-YTD Actual	Rolling 12mth	Trend
CQC level of inquiry: Safe																		
Reportable to DoH																		
2717	Number of DoH Reportable Infections	66	50	54	55	57	60	74	117	104	106	62	55	67	66	757	861	

Business Intelligence Unit
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Created date: October 2019

BIU Business Intelligence Unit

Key Metrics - IPR Summary

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

Trust (100)

		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Month Target	F-YTD Actual	Rolling 12mth	Trend
Safer Care																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.09	0.14	0.17	0.13	0.08	0.17	0.06	0.10	0.08	0.20	0.14	0.16	0.06	0.19	0.12	0.12	
1897	Potentially Preventable Hospital Associated VTE	0	2	1	3	4	2	1	5	3	1	3	0	1	0	23	26	
538	Hospital Acquired Pressure Ulcers (Category 3 or 4)	2	2	0	0	1	1	1	2	0	1	0	0	0	0	6	8	
945	Open Incidents			46			48			66			17			131	177	
Incident Reporting																		
520	Total Serious Incidents reported	11	15	14	10	19	14	7	7	8	19	17	18	12		131	160	
516	Moderate Harm Incidents	30	32	36	37	40	33	25	35	20	42	49	42	46		369	437	
509	Never Events	1	0	1	1	0	0	0	0	0	2	0	0	0	0	3	4	
CQC level of inquiry: Caring																		
Friends & Family Test																		
422	Friends & Family - Inpatients	96.4%	95.2%	94.5%	92.7%	94.0%	93.6%	93.3%	94.3%	94.0%	93.7%	94.8%	95.4%	94.0%	96.0%	94.0%	94.1%	
423	Friends & Family - ED	78.8%	73.7%	64.5%	66.8%	64.7%	66.1%	66.8%	67.0%	60.4%	60.2%	59.5%	56.0%	70.5%	86.0%	64.1%	65.0%	
774	Friends & Family - Outpatients	90.7%	90.7%	89.4%	90.0%	89.9%	90.1%	89.8%	90.3%	89.7%	89.8%	90.2%	91.0%	90.8%	85.0%	90.2%	90.2%	
775	Friends & Family - Maternity	89.2%	92.4%	87.2%	91.0%	92.4%	90.3%	88.0%	86.9%	90.7%	85.4%	90.9%	86.7%	88.8%	94.0%	89.0%	89.0%	
Complaints																		
619	Number of complaints	65	81	133	85	73	87	64	88	105	87		45	74	94	708	922	
Operational Engagement																		
620	Number of complaints not responded to within 25 Days	65	50	78	74	85	57	122	31	170	231		246	274	74	1290	1418	
3119	Number of PALS enquiries – unable to contact department	29	25	35	28	40	38	35	20						35	161	221	
Incident Management																		
660	Duty of Candour - Conversations recorded in notes	87.5%	91.7%	95.5%	92.3%	94.2%	98.0%	92.0%	82.1%	96.9%	100.0%	97.7%	88.7%	95.1%	92.3%	93.7%	93.7%	
661	Duty of Candour - Letters sent following DoC Incidents	79.1%	87.5%	92.1%	85.7%	91.7%	96.0%	91.7%	86.1%	93.9%	91.4%	91.5%	90.2%	86.4%	86.2%	90.3%	90.2%	
1617	Duty of Candour - Investigation Findings Shared	39.5%	25.6%	19.2%	20.0%	14.6%	27.0%	18.2%	11.4%	16.1%	7.6%	3.1%	3.6%	3.2%	28.0%	11.1%	12.8%	
CQC level of inquiry: Effective																		
Improving Outcomes																		
831	Standardised Readmission Ratio	94.4	94.5	94.1	94.7	95.2	95.6	96.0	96.1	95.7	94.6				105.0			
436	HSMR	98.4	96.9	98.5	97.7	96.8	97.5	98.6	99.6	99.1	99.1	98.0			100.0			
4917	SHMI (NHS Digital)	101.0	99.6	99.9	99.1	98.3	98.6	98.6	98.8						105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	86.8%	80.0%	74.4%	83.3%	69.7%	89.7%	74.2%	76.0%	76.5%	90.0%	80.0%	76.7%	87.5%	75.1%	80.1%	79.5%	
625	Diagnostic Results Acknowledgement	12.7%	12.1%	11.5%	12.0%	13.2%	11.7%	11.4%	12.3%	12.2%	11.7%	11.8%	11.8%	10.0%	11.9%	11.8%	11.8%	

Workforce

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Key Metrics - IPR Summary

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Trust (100)

CQC level of inquiry: Well Led

Staff Training & CPD																	
715	% appraisals up to date - Combined	87.25%	86.89%	85.66%	20.96%	32.36%	51.08%	78.58%	90.59%	90.90%	92.90%	92.95%	93.00%	92.46%	90.00%		
721	Statutory & Mandatory Training	90.19%	90.46%	90.70%	91.14%	90.76%	91.49%	90.57%	90.97%	90.98%	88.82%	88.89%	90.72%	87.23%	90.00%		
Staffing Capacity																	
875	Voluntary Turnover %	13.3%	13.6%	14.2%	14.4%	14.7%	14.9%	15.3%	15.2%	15.3%	15.4%	15.4%	15.1%	15.1%	14.0%		
732	Vacancy Rate %	15.17%	15.22%	14.47%	16.35%	15.12%	15.32%	15.42%	14.56%	14.52%	13.51%	13.22%	13.43%	12.52%	10.00%		
Efficiency																	
743	Monthly Sickness Rate	6.89%	5.01%	5.72%	4.96%	4.31%	4.77%	5.19%	4.00%	3.98%	4.64%	4.87%	5.90%	4.56%	3.50%		

Finance

		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Month Target	F-YTD Actual	Rolling 12mth	Trend
Overall (000s)																		
895	Actual - Overall	9,030	30,633	22,029	10,277	2,457	6,021	5,848	1,442	5,845	5,930	8,479	13,607	8,621	(286)	68,527	121,190	
896	Budget - Overall	(89)	(80)	298	4,388	4,388	5,406	(12,410)	(89)	(150)	(163)	171	(122)	(286)		1,135	1,353	
897	Variance - Overall	(9,120)	(30,713)	(21,731)	(5,889)	1,932	(615)	(18,258)	(1,531)	(5,995)	(6,093)	(8,308)	(13,730)	(8,907)	0	(67,393)	(119,837)	
Medical - Agency																		
602	Variance - Medical - Agency	(718)	(710)	39	(563)	(652)	(875)	(991)	(471)	(540)	(45)	(707)	(410)	(625)	0	(5,879)	(6,550)	
Medical Bank																		
1095	Variance - Medical Bank	(1,948)	(1,110)	1,154	(1,379)	(1,550)	(1,347)	(1,284)	(1,503)	(1,510)	(1,772)	(1,501)	(1,348)	(1,671)	0	(14,866)	(14,823)	
Medical Substantive																		
599	Variance - Medical Substantive	965	842	2,754	706	1,301	1,065	784	1,025	2,300	1,074	940	1,537	938	0	11,672	15,267	
Nursing Agency																		
603	Variance - Nursing Agency	(495)	(538)	(496)	(422)	(471)	(488)	(533)	(606)	(832)	(645)	(646)	(775)	(544)	0	(5,962)	(6,995)	
Nursing Bank																		
1104	Variance - Nursing Bank	(4,115)	(2,435)	(3,866)	(2,484)	(2,867)	(2,261)	(2,496)	(3,167)	(3,369)	(3,173)	(2,698)	(2,443)	(2,164)	0	(27,122)	(33,424)	
Nursing Substantive																		
606	Variance - Nursing Substantive	1,863	3,644	3,658	3,152	3,400	3,200	3,099	3,097	5,790	2,765	3,070	2,560	2,286	0	32,418	39,720	

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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

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Key Metrics - IPR Summary

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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
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: elective admissions, 18+, in General & Acute beds (not including satellite sites) with a LOS of 7 days or more.
1358	Number of super-stranded patients: elective admissions, 18+, in General & Acute beds (not including satellite sites) with a LOS of 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).
4997	Number Patients waiting over 78 weeks (RTT). DOH submitted figures

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Created date: October 2019

King's College Hospital NHS Foundation Trust

Meeting:	Public Trust Board	Date of meeting:	9 March 2023
Report title:	**M10 Financial Position**	Item:	5.0.
Author:	Arthur Vaughan	Enclosure:	5.1.
Executive sponsor:	Lorcan Woods, Chief Finance Officer		
Report history:	King's Executive		

Purpose of the report

To provide an update on the M10 financial position.

Board/ Committee action required (please tick)

Decision/ Approval		**Discussion**	✓	**Assurance**		**Information**	

King's Executive are asked to note the current financial position.

Executive summary

As at month 10, the Trust has reported a year to date deficit of (£38.4m).

The Trust plan includes £35m of cost improvement (£23.3m pay and £11.7m non-pay) and £20m of income improvement above block contracts. The programme to date has identified (£49.7m) of schemes broken down as (£12.2m) in Red, (£1.3m) in Amber and (£36.3m) in Green which leaves an unidentified planning gap of (£5.3m).To address this gap, there are (£8.1m) of schemes currently in the pipeline which need further development by the care groups.

The King's plan, in line with national assumptions for minimal COVID, assumed for 50 COVID beds and normalised sickness. Throughout the year, King's has had on average 150+ 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 9 it is estimated the direct impact of excess COVID patients is c. £17.1m.

As part of exiting SOF 4 the Trust agreed a forecast outturn of £27.7m. This assumed that the Trust would achieve £7.0m of overseas Irish CAR-T income and mitigate H2 inflation pressures of £5m through government funding. Both of these items represent a significant risk to the Trust outturn:

- £1.5m-2m pressure on energy in H2 – unfortunately like most NHS Trusts the Trust's energy costs are below the thresholds which qualify for government funding
- £2.5m pressure in relation other non-pay inflation predominantly the impact of PFI and RPI on external contracts – there is no mechanism for these to be funded in H2.
- CAR-T and overseas income is forecast to outturn at £3.5m following the commissioning of CAR-T in Ireland and reduction in pipeline.

The Trust is confident that it can mitigate these pressures and achieve a deficit of £19.9m following receipt of some additional income and a few stretch actions. This will require the Trust to maintain grip over the last two months of the year.

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**		

Key implications

Strategic risk - Link to Board Assurance Framework	Financial Sustainability
Legal/ regulatory compliance	
Quality impact	
Equality impact	
Financial	
Comms & Engagement	

Committee that will provide relevant oversight

Finance and Commercial Committee

Month 10 – January 2022 Finance Report

Board of Directors

February 2023

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Contents

Summary of Year to Date Financial Position*

Year to date the Trust reports a deficit of £(38.4)m. This is predominantly driven by higher than expected inflation, CIP gap of £5.3m, incremental costs of reset and recovery and COVID (£17m) .

	Last 3 Months			Current Month				Year to Date				Run Rate
	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Operating Income	139.6	136.6	132.9	131.0	133.0	136.6	3.6	1,288.4	1,327.0	1,350.2	23.2	3.7
Employee Operating Expenses	(76.5)	(76.7)	(75.4)	(75.9)	(74.4)	(76.5)	(2.1)	(705.1)	(744.2)	(753.9)	(9.7)	(1.1)
Operating Expenses Excluding Employee Expenses	(60.9)	(60.4)	(64.0)	(57.9)	(55.3)	(63.9)	(8.6)	(557.7)	(554.5)	(605.7)	(51.3)	0.1
Non Operating Expenses	(3.9)	(4.5)	(0.9)	(3.2)	(2.9)	(2.8)	0.1	(31.7)	(29.4)	(29.3)	0.1	(1.9)
Trust Total	**(1.7)**	**(4.9)**	**(7.4)**	**(6.0)**	**0.3**	**(6.6)**	**(6.9)**	**(6.1)**	**(1.1)**	**(38.8)**	**(37.6)**	**0.7**
Less Depr On Donated Assets	0.1	0.1	0.1	0.1	0.1	0.1	(0.0)	1.1	0.8	1.3	(0.5)	0.0
Less Donated Assets Income	(0.8)	0.0	0.0	(2.5)	(0.0)	(0.0)	(0.0)	(3.2)	(0.1)	(0.9)	0.8	(0.0)
Less Fixed Asset Impairments												0.0
Less Impairment, donated income	**(0.7)**	**0.1**	**0.1**	**(2.4)**	**0.1**	**0.1**	**(0.1)**	**(2.1)**	**0.6**	**0.4**	**0.3**	**(0.0)**
Operating Total (including ERF)	**(2.3)**	**(4.8)**	**(7.3)**	**(8.4)**	**0.3**	**(6.5)**	**(7.0)**	**(8.2)**	**(0.5)**	**(38.4)**	**(37.4)**	**0.7**
Less Elective Recovery Fund	(1.6)	(1.6)	(1.6)	(0.7)	(1.6)	(2.6)	1.0	(19.3)	(16.0)	(17.0)	1.0	(1.0)
Operating Total (excluding ERF)	**(3.9)**	**(6.4)**	**(8.9)**	**(9.1)**	**(1.2)**	**(9.1)**	**(6.0)**	**(27.5)**	**(16.5)**	**(55.4)**	**(36.3)**	**(0.3)**

*The above figures include consolidation of KFM surplus's in non pay as a single line item.

Key Messages:

As at month 10, the Trust has reported a year to date deficit of (£38.4)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. The programme to date has identified (£49.7m) of schemes broken down as (£12.2m) in Red , (£1.3m) in Amber and (£36.3m) in Green which leaves an unidentified planning gap of (£5.3m).To address this gap, there are (£8.1m) of schemes currently in the pipeline which need further development by the care groups.

The King's plan, in line with national assumptions for minimal COVID, assumed for 50 COVID beds and normalised sickness. Throughout the year, King's has had on average 150+ 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 9 it is estimated the direct impact of excess COVID patients is c.£17.1m.

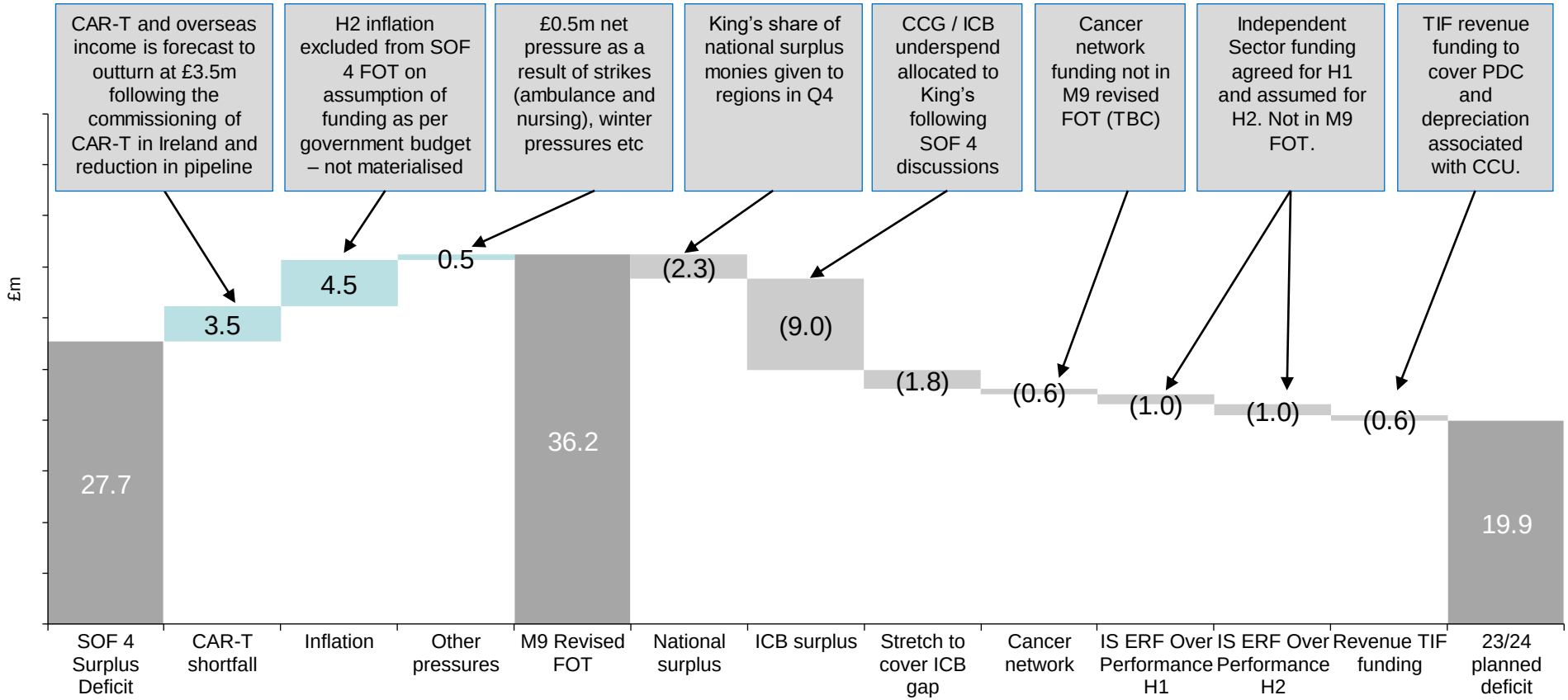
As part of exiting SOF 4 the Trust agreed a forecast outturn of £27.7m. This assumed that the Trust would achieve £7.0m of overseas Irish CAR-T income and mitigate H2 inflation pressures of £5m through government funding. Both of these items represent a significant risk to the Trust outturn:

- £1.5m-2m pressure on energy in H2 – unfortunately like most NHS Trusts the Trust's energy costs are below the thresholds which qualify for government funding
- £2.5m pressure in relation other non pay inflation predominantly the impact of PFI and RPI on external contracts – there is no mechanism for these to be funded in H2.
- CAR-T and overseas income is forecast to outturn at £3.5m following the commissioning of CAR-T in Ireland and reduction in pipeline.

The Trust is confident that it can mitigate these pressures and achieve a deficit of £19.9m as articulated overleaf. This will require the Trust to maintain grip over the last two months of the year.

Revised ICB Target

The Trust agreed a FOT of £27.7m deficit as part of SOF 4 exit. The bridge below shows the various changes to the forecast and the items which lead to the current £19.9m deficit forecast.



Detail (1/3) – Operating Income

Actuals	Last 3 Months			Current Month				Year to Date				Run Rate Change
	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
NHS England	49.2	52.1	49.0	45.1	49.2	51.9	2.7	449.7	492.5	501.7	9.2	2.9
Clinical Commissioning Groups	56.2	56.9	53.5	56.1	54.8	56.7	1.9	577.0	565.4	564.5	(0.9)	3.3
Pass Through Drugs Income	18.1	13.8	17.5	15.0	15.9	15.9	(0.0)	141.6	145.8	150.5	4.7	(1.6)
NHS Foundation Trusts	0.0	0.0	0.0	(0.2)		0.0	0.0	(0.2)		0.0	0.0	(0.0)
NHS Trusts	(0.0)	(0.1)	0.5	0.1	0.1	0.1	(0.0)	1.0	1.2	0.9	(0.3)	(0.4)
Local Authorities	0.3	0.3	0.3	0.8	0.3	0.3	(0.0)	3.1	3.2	3.1	(0.1)	(0.0)
NHS Other (Including Public Health England)	0.4	0.4	0.2	(0.1)	2.0	0.2	(1.8)	2.6	9.8	3.9	(5.9)	0.0
Non NHS: Private Patients	1.2	0.9	0.4	0.3	0.9	1.0	0.1	3.6	8.7	7.9	(0.8)	0.6
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	0.2	3.5	0.2	0.3	0.3	0.3	(0.0)	3.2	3.0	6.2	3.2	0.1
Injury Cost Recovery Scheme	0.2	0.4	0.4	0.3	0.3	0.4	0.2	3.0	2.8	3.8	1.0	0.0
Non NHS: Other												0.0
Operating Income From Patient Care Activities	125.8	128.1	122.0	117.6	123.8	126.7	3.0	1,184.6	1,232.4	1,242.5	10.0	4.8
Research and Development	1.7	1.7	2.0	2.2	1.4	2.1	0.7	15.4	14.0	17.5	3.5	0.0
Education and Training	4.7	4.2	3.5	3.2	3.2	3.4	0.2	36.2	37.7	37.5	(0.2)	(0.1)
Cash Donations / Grants For The Purchase Of Capital Assets	0.8	0.0	0.0	2.5	0.0	0.0	(0.0)	3.2	0.1	0.9	0.8	0.0
Charitable and Other Contributions To Expenditure	(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	0.7	0.9	1.0	0.9	0.9	(0.0)	10.2	9.2	9.5	0.3	(0.0)
PSF, FRF, MRET funding and Top-Up	1.2	0.5	0.6	1.2		0.4	0.4	13.4		12.3	12.3	(0.2)
Income In Respect Of Employee Benefits Accounted On A Gross Basis	0.6	0.9	0.9	1.1	1.0	0.6	(0.4)	6.6	8.8	7.2	(1.5)	(0.3)
Rental Revenue From Operating Leases	0.2	0.1	0.1	0.1	0.1	0.1	(0.0)	1.0	0.9	1.0	0.1	(0.0)
Other (Operating Income)	3.5	0.4	2.9	1.9	2.6	2.4	(0.2)	18.0	23.8	21.8	(2.0)	(0.5)
Other Operating Income	13.8	8.5	10.9	13.3	9.2	9.8	0.6	103.9	94.5	107.7	13.2	(1.1)
Finance Income				0.0				(0.1)				0.0
Finance Income				0.0				(0.1)				0.0
Operating Income	139.6	136.6	132.9	131.0	133.0	136.6	3.6	1,288.4	1,327.0	1,350.2	23.2	3.7

1

Operating Income from Patient Care – an favourable variance of £3.0 m against budget in month

The main contributor for M10 are :

- Additional income from NHSE Special Commissioning £1.15m
- Recognising £1.0m funding for EFR Independent Sector for H1
- Recognising RAAR funding of £0.75m

2

Other Operating Income – favourable variance of £0.6m against budget in month

£0.6m favourable variance in month is due COVID testing income and R&D.

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

Actuals	Last 3 Months			Current Month				Year to Date				Average Run Rate	
	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9	
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	
Substantive Staff	(22.2)	(22.3)	(21.8)	(21.2)	(23.1)	(22.2)	0.9	(205.6)	(231.3)	(219.6)	11.7	(0.4)	1
Bank Staff	(1.8)	(1.5)	(1.4)	(2.0)	(0.0)	(1.7)	(1.7)	(13.3)	(0.2)	(15.1)	(14.9)	(0.3)	
Agency / Contract	(0.1)	(0.8)	(0.5)	(0.8)	(0.1)	(0.7)	(0.6)	(7.3)	(0.8)	(6.6)	(5.9)	(0.2)	
Medical Staff	(24.1)	(24.6)	(23.6)	(24.0)	(23.2)	(24.6)	(1.4)	(226.3)	(232.3)	(241.3)	(9.1)	(0.9)	
Substantive Staff	(26.5)	(26.6)	(26.7)	(26.1)	(28.9)	(26.6)	2.3	(246.5)	(293.5)	(261.1)	32.4	0.1	2
Bank Staff	(4.1)	(3.5)	(2.9)	(4.7)	(0.8)	(2.9)	(2.2)	(31.9)	(7.0)	(34.2)	(27.1)	0.0	
Agency / Contract	(0.8)	(0.8)	(0.9)	(0.6)	(0.1)	(0.7)	(0.5)	(6.1)	(1.1)	(7.0)	(6.0)	0.2	
Nursing Staff	(31.3)	(30.8)	(30.5)	(31.4)	(29.7)	(30.2)	(0.4)	(284.4)	(301.7)	(302.3)	(0.7)	0.3	
Substantive Staff	(11.1)	(11.3)	(11.2)	(10.8)	(11.8)	(11.5)	0.3	(101.9)	(119.7)	(110.8)	8.9	(0.4)	3
Bank Staff	(0.3)	(0.5)	(0.5)	(0.8)	(0.0)	(0.3)	(0.3)	(4.6)	(0.2)	(3.9)	(3.7)	0.2	
Agency / Contract	(0.3)	(0.2)	(0.1)	(0.0)	0.0	(0.4)	(0.5)	(2.7)	(0.0)	(2.7)	(2.7)	(0.4)	
Admin & Clerical	(11.7)	(12.0)	(11.7)	(11.6)	(11.9)	(12.3)	(0.4)	(109.2)	(119.9)	(117.4)	2.5	(0.5)	
Substantive Staff	(8.7)	(8.6)	(8.8)	(8.5)	(9.9)	(8.7)	1.1	(80.6)	(97.4)	(86.1)	11.3	0.0	
Substantive Staff (Apprentices)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.2)	(0.3)	(0.1)	0.1	0.0	
Bank Staff	(0.2)	(0.3)	(0.3)	(0.4)	(0.0)	(0.3)	(0.3)	(2.4)	(0.2)	(2.7)	(2.5)	(0.0)	
Agency / Contract	(0.5)	(0.3)	(0.5)	0.0	(0.1)	(0.5)	(0.4)	(1.9)	(0.8)	(3.9)	(3.2)	0.0	
Other Staff	(9.5)	(9.2)	(9.5)	(8.9)	(10.0)	(9.5)	0.5	(85.2)	(98.6)	(92.8)	5.8	(0.0)	
CIP Target Pay					0.4		(0.4)		8.3		(8.3)	0.0	
Pay Savings Target					0.4		(0.4)		8.3		(8.3)	0.0	
Substantive Staff (Pension Charge)												0.0	
Pay Reserves												0.0	
Employee Operating Expenses	(76.5)	(76.7)	(75.4)	(75.9)	(74.4)	(76.5)	(2.1)	(705.1)	(744.2)	(753.9)	(9.7)	(1.1)	
Substantive Staff Total	(68.4)	(68.9)	(68.4)	(66.7)	(73.4)	(69.1)	4.3	(634.8)	(734.0)	(677.8)	56.2	(0.7)	4
Bank Staff Total	(6.4)	(5.8)	(5.0)	(7.8)	(0.8)	(5.2)	(4.4)	(52.3)	(7.6)	(55.8)	(48.2)	(0.1)	
Agency / Contract Total	(1.6)	(2.0)	(1.9)	(1.4)	(0.3)	(2.3)	(2.0)	(18.0)	(2.6)	(20.4)	(17.7)	(0.3)	
Employee Operating Expenses	(76.5)	(76.7)	(75.4)	(75.9)	(74.4)	(76.5)	(2.1)	(705.1)	(744.2)	(753.9)	(9.7)	(1.1)	

1 **Medical – an adverse variance in month of £1.4m against budget**

The medical expenditure is consistent against the trend.

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

3 **A&C – an adverse variance in month of £0.4m**

The overspend on pay line is offset by overperormance on R&D income

Other staff – 0.5m underspend mainly due to vacancies in Denmark Hill and PRUH which are not fully covered by bank and agency staff

2 **Nursing – an adverse variance in month of £0.4m 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.

The international Nursing recruitment in recent months has increased which attracted additional expenditure relating in double run cost. (Overseas Nursing are supernumerary till obtaining OSCE exam)

4 Looking across all categories after taking into account the pay award inflation, pay is broadly in line with the trend. However work needs to be done to start achieving CIPs, in order to meet the Trust's plan to breakeven.

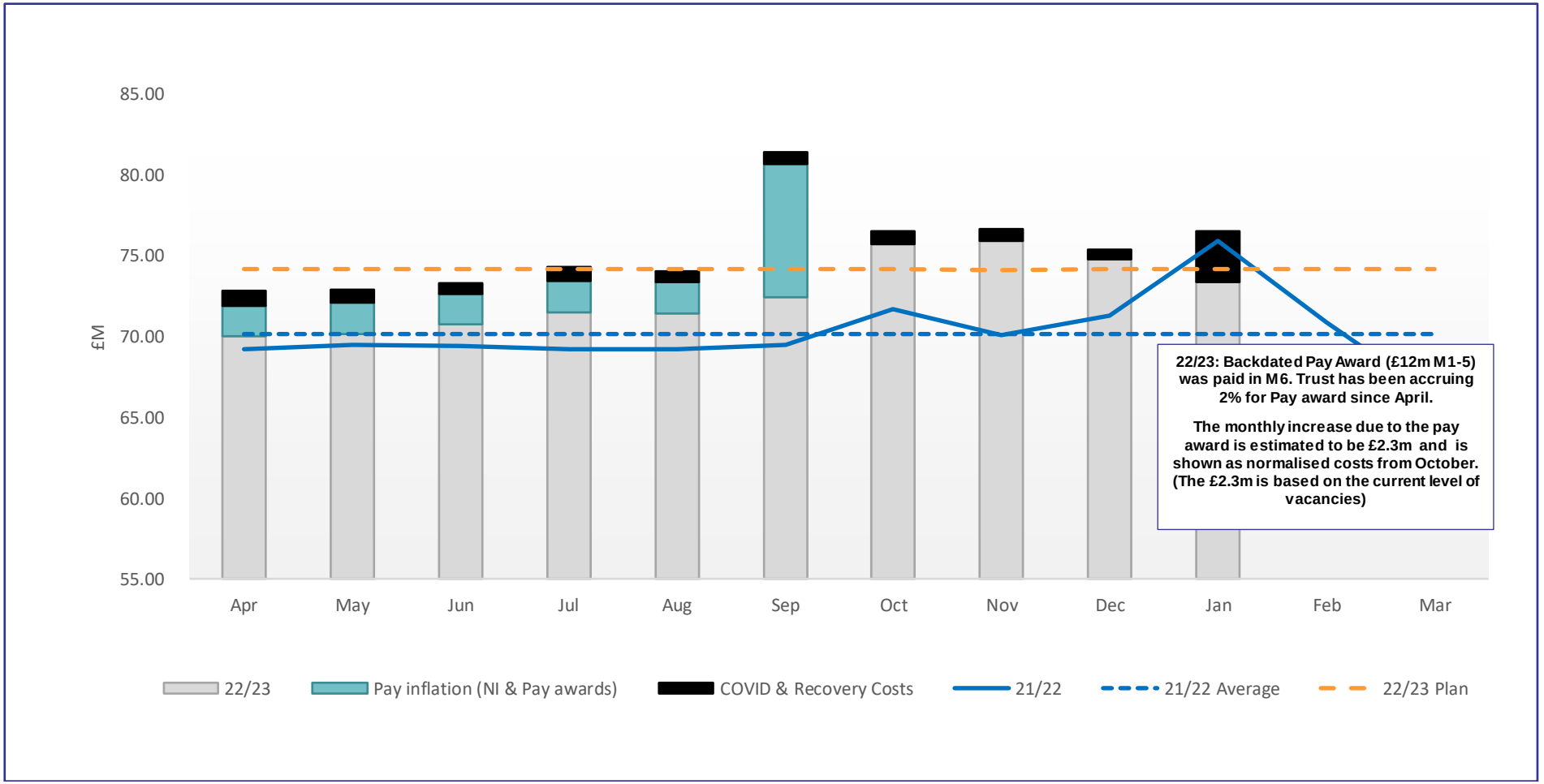
Pay includes YTD costs; reset & recovery (£6.6m), COVID (£8.9m) and mass vaccination (£1.4m).

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 pay inflation (1% NI, and 5.3% AfC and 3.5% Medical pay award). From November onwards employer NI was reduced by 1.25% (From 15.05% to 13.8%)

Allowing for inflation, pay is in line with the 2021/22 average, £70m.

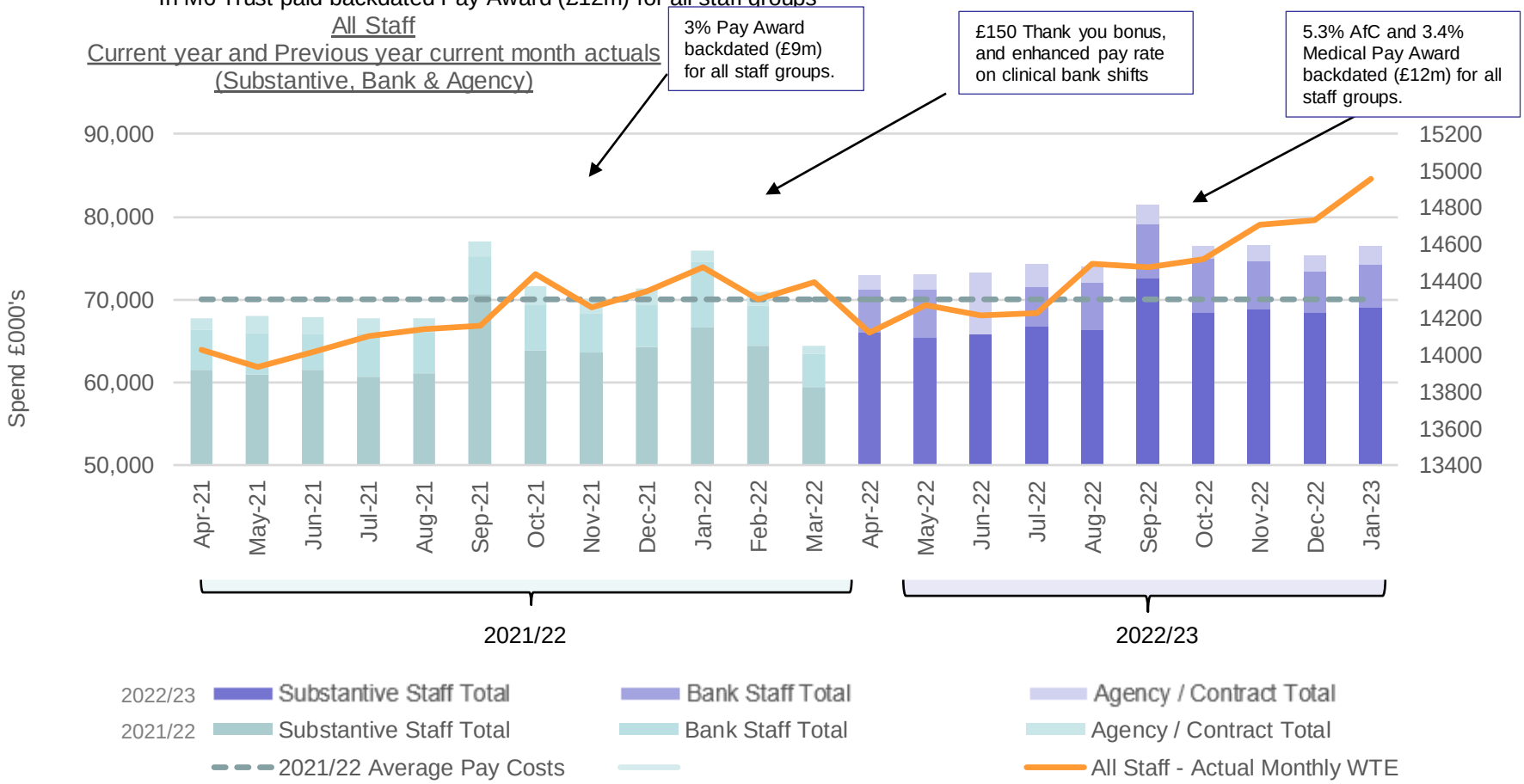
Pay includes YTD costs; reset & recovery (£6.6m), COVID (£8.9m) and mass vaccination (£1.4m).



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. In 22/23 underlying pay run-rate remain consistent averaging (£75.4m) per month.

- 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. From M8 the NI contribution went back to 13.8% as per NHSE guidance.
  - Pay award of 2% on substantive pay has been accrued (in previous years, it wasn't recognised until paid).
  - In M6 Trust paid backdated Pay Award (£12m) for all staff groups



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

Actuals	Last 3 Months			Current Month				Year to Date				Average Run Rate
	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M09
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Purchase Of Healthcare From NHS Bodies	(1.2)	(0.6)	(0.4)	(1.2)	(1.1)	(1.5)	(0.3)	(9.6)	(11.5)	(9.2)	2.3	(1.0)
Purchase Of Healthcare From Non-NHS Bodies	(16.0)	(15.6)	(15.2)	(19.8)	(15.7)	(15.6)	0.0	(167.1)	(155.8)	(154.9)	0.9	(0.5)
Non-Executive Directors												0.0
Supplies and Services - Clinical (Excluding Drugs Costs)	(2.7)	(2.1)	(2.6)	(2.9)	(1.3)	(2.0)	(0.8)	(27.0)	(14.5)	(25.0)	(10.5)	0.5
Supplies and Services - General	(0.2)	(0.2)	(0.1)	(0.5)	(0.1)	(0.2)	(0.1)	(4.8)	(0.9)	(1.2)	(0.3)	(0.1)
Drugs costs – on tariff	(2.2)	(2.4)	(2.6)	(3.7)	(2.1)	(2.4)	(0.3)	(40.1)	(21.1)	(23.9)	(2.8)	0.2
Pass Through Drugs Cost	(14.2)	(17.0)	(15.4)	(12.1)	(13.5)	(15.6)	(2.1)	(116.7)	(134.7)	(149.0)	(14.3)	(0.1)
Consultancy	0.4	(0.3)	(1.1)	(0.1)	(0.2)	(0.6)	(0.3)	(2.3)	(2.4)	(3.7)	(1.3)	0.5
Establishment	(1.3)	(1.2)	(1.3)	(2.4)	(0.9)	(1.4)	(0.5)	(11.4)	(9.4)	(11.5)	(2.1)	(0.1)
Premises - Business Rates Payable To Local Authorities	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.6)	(0.2)	(3.9)	(3.8)	(4.0)	(0.1)	(0.2)
Premises - Other	(13.7)	(12.5)	(14.9)	(3.6)	(11.1)	(11.8)	(0.7)	(80.3)	(111.2)	(121.3)	(10.0)	3.1
Transport	(1.0)	(0.7)	(1.0)	(0.9)	(1.0)	(1.0)	(0.0)	(9.3)	(9.9)	(9.6)	0.3	(0.0)
Depreciation	(3.1)	(2.8)	(3.0)	(4.6)	(3.0)	(2.9)	0.1	(28.9)	(30.4)	(29.7)	0.6	0.0
Amortisation	(0.2)	(0.2)	(0.2)			(0.2)	(0.2)			(1.9)	(1.9)	(0.0)
Fixed Asset Impairments net of Reversals												0.0
Increase/(Decrease) In Impairment Of Receivables	(0.4)	0.6	(0.5)	(0.1)	(0.3)	(0.2)	0.1	(2.2)	(3.5)	(3.2)	0.3	0.3
Audit Fees and Other Auditor Remuneration	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	0.1	(0.3)	(0.2)	(0.2)	(0.0)	0.1
Clinical Negligence	(3.9)	(3.9)	(3.9)	(4.1)	(3.9)	(3.9)	0.0	(40.5)	(38.5)	(38.5)	0.0	0.0
Research and Development - Non-Staff	(0.3)	(0.1)	(0.1)	(0.0)	(0.2)	(0.1)	0.1	(0.4)	(2.1)	(1.4)	0.7	0.0
Education and Training - Non-Staff	(0.7)	(0.6)	(0.9)	(0.8)	(0.6)	(0.6)	(0.0)	(4.4)	(5.8)	(5.3)	0.5	0.3
Operating Lease Expenditure (net)	(0.3)	0.1	(0.2)	(0.1)	(0.1)	(0.3)	(0.2)	(1.4)	(1.0)	(1.8)	(0.8)	(0.1)
Charges To Operating Expenditure For Ifric 12 Schemes (eg PFI / LIFT) On Ifrs Basis												0.0
Other	0.2	(0.6)	(0.2)	(0.6)	(1.4)	(3.2)	(1.7)	(7.2)	(13.7)	(10.5)	3.2	(3.0)
Operating Expenses Excluding Employee Expenses	(61.1)	(60.4)	(64.0)	(57.9)	(56.9)	(63.9)	(7.0)	(557.7)	(570.3)	(605.7)	(35.4)	0.1
CIP Target Non Pay	0.2				1.6		(1.6)	0.0	15.9	0.0	(15.9)	0.0
Non Pay Savings Target	0.2				1.6		(1.6)	0.0	15.9	0.0	(15.9)	0.0
Operating Expenses Excluding Employee Expenses	(60.9)	(60.4)	(64.0)	(57.9)	(55.3)	(63.9)	(8.6)	(557.7)	(554.5)	(605.7)	(51.3)	0.1

1

Operating expenses – an adverse variance in month of £8.6m against budget

Non-Pay costs are £0.1m lover than in month 9, and £8.6m overspend compared to budget.

The overspend in month 10 the main contributors for overspend are :

- £0.9m overspend on Radiology ,Surgery and Womans outsourcing in Denmark Hill
- £2.4m relates to Drugs overspend which is mostly offset by Income

In the plan, we have evenly phased the following items:

- £12m Non-Pay inflation (£1m per month) .
- £7m Energy excess inflation (£0.6m per month). The inflation across the Trust is much higher than the plan assumption.
- Business Cases not yet started £5.6m

£7.5m inflationary cost (RPI and AfC) Has been recognised YTD in commercial areas mainly in KFM, PFI and ACU.

Underlying Position

- The Trust's M1-10 normalised position is broadly an average deficit of £4.9m a month which extrapolated on a straight line would lead to a year end deficit of £62.2m.

- If the Trust was to remove other non recurrent items (COVID and redistributed elements of System top up) the average underlying deficit of £10.8m would lead to annual deficit of £129.6m which is c.£31m lower than the 2021-22 underlying deficit calculated on like for like basis. However, this is predominantly driven by £33m 22-23 ERF funding being assumed as recurrent in nature. Adjusting for this and the Trust has marginally improved its underlying position.

	M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9	M 10
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	125.9	132.0	131.8	133.1	140.5	141.1	139.6	136.6	132.9	136.6
Employee Operating Expenses	(72.8)	(73.0)	(73.3)	(74.3)	(74.0)	(81.4)	(76.5)	(76.7)	(75.4)	(76.5)
Operating Expenses Excluding Employee Expenses	(56.6)	(59.3)	(60.8)	(60.0)	(61.2)	(58.7)	(60.9)	(60.4)	(64.0)	(63.9)
Non Operating Expenses	(2.7)	(3.4)	(2.6)	(3.9)	(2.7)	(2.0)	(3.9)	(4.5)	(0.9)	(2.8)
Trust Total	**(6.2)**	**(3.7)**	**(4.9)**	**(5.1)**	**2.6**	**(1.1)**	**(1.6)**	**(4.9)**	**(7.4)**	**(6.6)**
Less Impairment, donated income	0.2	0.1	(0.1)	(0.2)	0.4	0.1	(0.7)	0.1	0.1	0.1
Operating Total (including ERF)	**(6.0)**	**(3.6)**	**(5.0)**	**(5.3)**	**3.0**	**(1.0)**	**(2.3)**	**(4.8)**	**(7.3)**	**(6.5)**
Normalising one off adjustments:										
Eplex	0.6	0.6	0.6	0.6	(4.2)					
Demand and Capacity Funding							(1.1)			
Prior year drug over performance				(2.7)		(2.6)				
ERF Independent sector funding H1	0.2	0.2	0.2	0.2	0.2	0.2				(1.0)
One off VAT costs / benefits	0.3	0.3	0.3	0.3	(1.3)				(0.7)	
One off COVID	0.1	0.1								
KHP Credits					(0.4)					
Pay award income	1.2	1.2	1.2	1.2	1.2	(5.9)				
Pay award costs	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	3.0				
Overseas Income	0.7	0.7	0.7	0.7	0.7			(3.3)		
Merit Award Overstatement							(1.1)	1.1		
Neuro ISP under accrual	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.5		
PFI RPI	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.5		
PBU Prior Year over accrual									(0.9)	
Prior year accrual review									(0.7)	(1.0)
GRNI Benefit									(1.0)	
KCL - KHP Fundraising										(0.5)
R&D prior year income adjusment (CTO)										0.6
Rent adj for CW & Hinton rd (prior months)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	0.2
Modular adjustment								(0.7)	0.7	
Prior year commercial PFI benefits	(0.4)	(0.4)		0.2						
QM Theather GSTT charge (prior months)									(0.1)	0.4
Deficit post normalising adjustments:	**(4.1)**	**(1.7)**	**(2.8)**	**(5.6)**	**(1.6)**	**(6.6)**	**(4.8)**	**(6.8)**	**(10.1)**	**(7.8)**
System non recurrent top up	(2.5)									(2.5)
System COVID funding	(2.3)	(2.3)	(2.3)	(2.3)	(2.3)	(2.3)	(2.3)	(2.3)	(2.3)	(2.3)
Spec Comm CCU Funding										
Underlying position	**(8.9)**	**(8.1)**	**(8.4)**	**(11.2)**	**(7.3)**	**(12.2)**	**(10.4)**	**(12.4)**	**(15.7)**	**(13.4)**

Average normalised deficit is £5.2m a month which equates to annualised deficit of c.£62.2m

Average normalised deficit is £10.8m a month which equates to annualised deficit of c.£129.6m

Inflation

- The Trust has been tracking inflation to understand the risk to date and going forward. The Trust was funded £7m at the beginning of the year for inflation but it is currently crystallising at c.£15m.

Crystalised Inflation

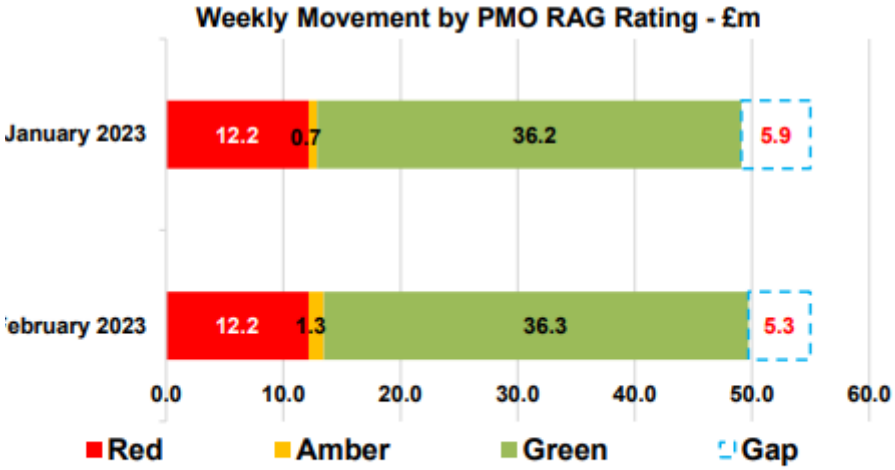
- Currently we have the following pressure YTD (FYE) which is broadly covered by the £15m incremental inflation funding we got at beginning of the year:
  - Non pay on clinical consumables - £1.5m (c.1%).
  - Pathology - £1.5m
  - Energy – £5.5m
  - PFI and other soft FM contracts - £7.5m

The other risk which is being quantified is the impact on the gilt rate which significantly impacts the lease on Willowfield.

Scoping/identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £49.7m of which £36.3m is in Green and ready for implementation

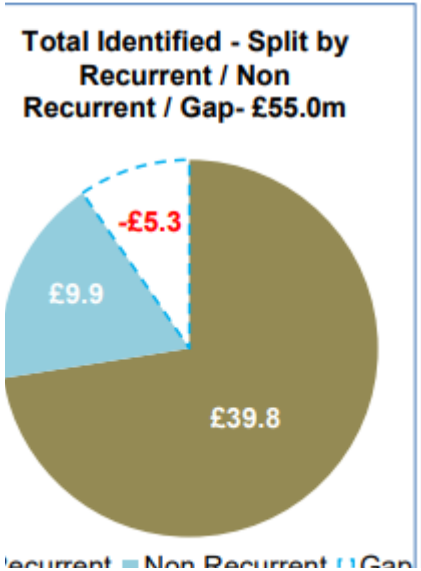
adlines of schemes in scoping/identification stage:

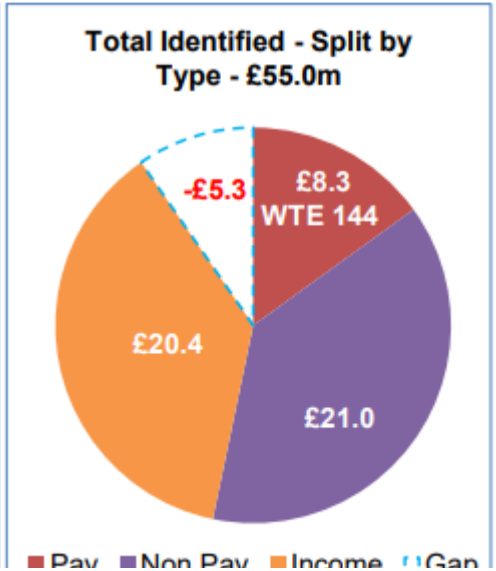
The Kings Group Efficiency Programme target is £55m.
The programme to date has identified £49.7m of schemes. This is broken down as £12.2m in Red, £1.3m in Amber and £36.3m in Green.
The identified schemes are currently split Recurrent £39.8m and Non-Recurrent £9.9m.
This leaves a £5.3m gap which is yet to be identified.
To address and mitigate this gap, there are £8.1m of schemes currently in the pipeline to be matured, agreed and reflected. These schemes need further development by the care groups.

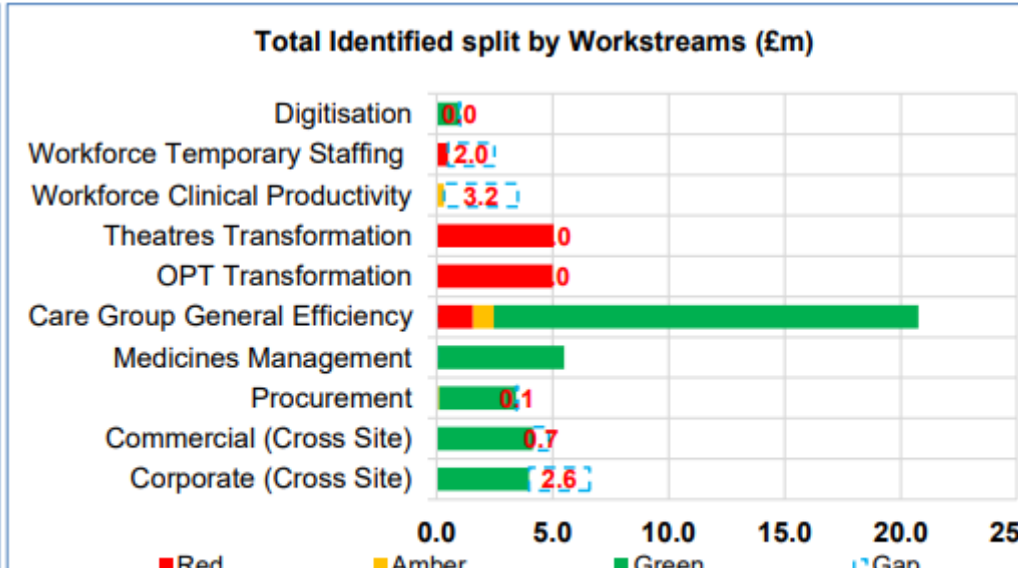


Total identification - Target vs. Identified

Site	Target	Pipeline Scheme	Identified	Gap	Red	Amber	Gre
Denmark Hill	24.1	1.1	21.4	(2.7)	1.6	1.3	18.
PRUH and South Sites	7.6	0.1	8.9	1.3	0.0	0.0	8.8
Corporate	4.2	1.5	4.7	0.5	0.0	0.0	4.7
Commercial	3.1	0.0	4.2	1.1	0.0	0.0	4.2
Unallocated	16.0	5.3	10.6	(5.4)	10.6	0.0	0.0
Total	**55.0**	**8.1**	**49.7**	**(5.3)**	**12.2**	**1.3**	**36.**







Delivery of schemes in Green - The overall Trust Efficiency Programme has delivered £24.9m of efficiency as at M10 and based on the schemes that are currently in Green are forecasting to deliver £35.1m by year end

tal schemes in implementation	In Month (M10)			YTD (M1-M10)			FOT Against Overall Plan (M1-M12)			Forecast Against Green (M1-M12		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Green Schemes	Actual	Variar
mark Hill	2.0	2.2	0.2	20.1	10.3	(9.8)	24.1	18.1	(6.1)	18.5	18.1	(0.5)
H and South Sites	0.6	1.4	0.8	6.3	7.3	1.0	7.6	8.1	0.5	8.8	8.1	(0.7)
orate	0.3	0.5	0.1	3.5	3.9	0.4	4.2	4.7	0.5	4.7	4.7	0.0
mercial	0.3	0.2	0.0	2.6	3.5	0.9	3.1	4.2	1.1	4.2	4.2	0.0
llocated	1.3	(0.1)	(1.5)	13.3	0.0	(13.4)	16.0	0.0	(16.0)	0.0	0.0	0.0
al	**4.6**	**4.1**	**(0.4)**	**45.8**	**24.9**	**(20.9)**	**55.0**	**35.1**	**(19.9)**	**36.3**	**35.1**	**(1.2**

plan values reported above are as per our financial plan. The total 55.0m has been profiled equally throughout the year. The actual values are ed on all schemes that are currently in the green category only. This does not reflect schemes which are in red or amber stages of the programme.

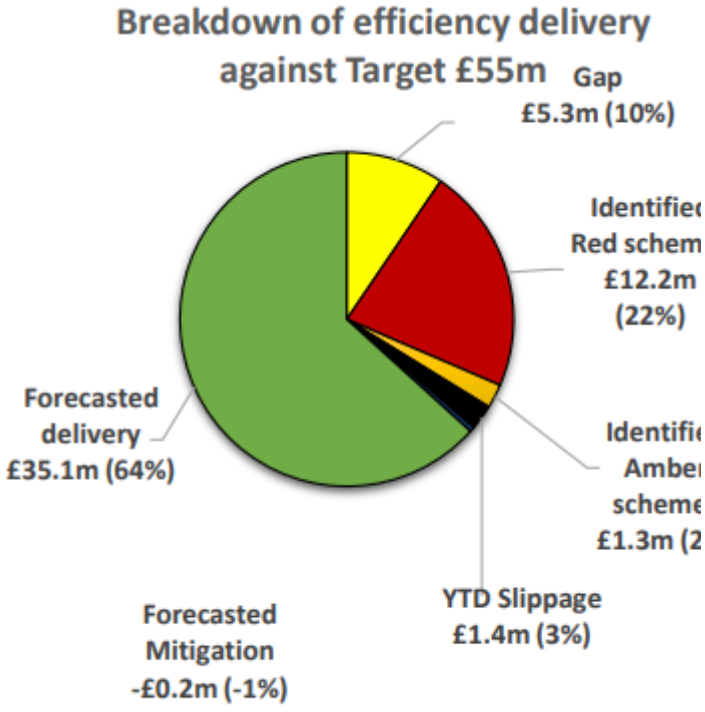
10 Efficiency Reporting Headlines:

As at M10 reporting, the Trust has delivered a total of £24.9m of efficiency. Against the YTD planned position (where the efficiency is evenly phased across the year), the Trust is £20.9m behind plan.

Based on the total identified green schemes £36.3m, the Trust is forecasting a year end delivery of £35.1m. The slippage between the total identified green schemes and the year end forecast is **(£1.2m)**

The risk to the programme displayed by the chart to the right, reflects a YTD slippage of £1.4m (3%) and a forecasted mitigation to the programme of £0.2m (-1%). These percentages are based on the full year target of £55m, resulting in a gap of £19.9m (36%) of schemes to identify over the coming weeks.

The YTD slippage is (£1.4m). The main schemes that are contributing to the slippage include **(1)** £0.2m DH Child Health bank & agency due to delayed recruitment **(2)** £0.4m PRUH Endoscopy insourcing – due to delay in authorisation to recruit **(3)** £0.2m PRUH Private Patients activity due to re-phased expected income. **(4)** £0.5m DH Radiology - supplier refund amendment **(5)** £0.1m DH Haematology stem cell due to delayed capital works. The forecasted mitigation £0.2m is in relation to DH Radiology - supplier refund phasing change to Q4.



y Actions for Remainder of the Year:

Convert the schemes sitting in red and amber into implementation to help bridge the current gap
Denmark Hill site to identify the remainder site gap to help bridge the overall gap of the programme, specifically focusing on recurrent expenditure reduction
Sites to focus on delivery of schemes that are currently in the programme
Sites to mitigate any slippages and forecast risks for schemes in delivery
Monitor the impact of patchwork and continue to drive bank/agency reductions with vacancy reviews
Focus now to switch to 23/24 CIP programme planning and identifying schemes and workstreams

Better Payment Practice Code

Better payment practice code	YTD Number	YTD £'000
Non NHS		
Total bills paid in the year	204,090	994,772
Total bills paid within target	144,777	820,316
Percentage of bills paid within target	**70.9%**	**82.5%**
NHS		
Total bills paid in the year	2,235	39,485
Total bills paid within target	1,212	16,551
Percentage of bills paid within target	**54.2%**	**41.9%**
Total		
Total bills paid in the year	**206,325**	**1,034,257**
Total bills paid within target	**145,989**	**836,867**
Percentage of bills paid within target	**70.8%**	**80.9%**

- The Better Payment Practice Code target is to pay all NHS and non-NHS trade payables within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed
- Compliance against this target is for at least 95% of invoices to be paid within the thirty days or within agreed contract terms.
- The Trust is not currently meeting this target and has identified the following areas affecting this performance which are being addressed.
- Time taken to process invoices through the Pharmacy Department (high invoice volume and impact of COVID pressures on the team).
- Delayed payment of Agency invoice due to delayed processing and approval of timesheets
- Delays in approval processes for low value NHS invoices.
- However it should be noted that the measure of Creditor Days has reduced significantly indicating continued improvement in this area.

Appendices

Appendices 1.0
Run Rate Detail

1.1 Run Rate Detail – Operating Income

12 Months Rolling Run Rate	Feb-22	Mar-22	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
NHS England	45.7	77.4	44.9	49.2	50.4	49.1	50.6	55.3	49.2	52.1	49.0	51.9	624.7
Clinical Commissioning Groups	56.8	53.8	67.3	46.1	51.4	55.4	60.7	60.4	56.2	56.9	53.5	56.7	675.1
Pass Through Drugs Income	14.3	16.5	0.0	25.6	19.1	15.4	10.1	14.9	18.1	13.8	17.5	15.9	181.3
NHS Foundation Trusts	0.0	0.1	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
NHS Trusts	(0.0)	(0.5)	1.0	(0.8)	0.1	0.1	(0.1)	0.1	(0.0)	(0.1)	0.5	0.1	0.4
Local Authorities	0.3	(0.4)	0.3	0.2	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	3.0
NHS Other (Including Public Health England)	0.8	(0.8)	0.1	0.6	0.3	1.2	0.3	0.1	0.4	0.4	0.2	0.2	3.9
Non NHS: Private Patients	1.0	0.9	0.6	0.9	0.4	0.8	1.1	0.6	1.2	0.9	0.4	1.0	9.8
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To	0.2	0.3	0.2	0.2	0.2	0.4	0.7	0.3	0.2	3.5	0.2	0.3	6.7
Injury Cost Recovery Scheme	0.2	0.3	0.2	0.9	0.3	0.4	0.4	0.2	0.2	0.4	0.4	0.4	4.3
Non NHS: Other	0.0	2.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.1
Operating Income From Patient Care Activities	**119.2**	**149.8**	**114.6**	**123.0**	**122.6**	**123.3**	**124.2**	**132.2**	**125.8**	**128.1**	**122.0**	**126.7**	**1,511.5**
Research and Development	2.1	1.1	2.7	1.6	1.1	0.7	2.6	1.4	1.7	1.7	2.0	2.1	20.7
Education and Training	3.9	4.6	3.6	3.6	3.6	4.1	3.4	3.3	4.7	4.2	3.5	3.4	46.0
Cash Donations / Grants For The Purchase Of Capital Assets	0.1	3.4	(0.1)	0.0	0.2	0.3	(0.3)	0.0	0.8	0.0	0.0	0.0	4.4
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	0.1
Non-Patient Care Services To Other Non Wga Bodies	1.1	0.9	1.1	0.8	0.9	1.2	1.1	0.8	1.1	0.7	0.9	0.9	11.4
PSF, FRF, MRET funding and Top-Up	3.8	1.6	0.9	0.8	0.6	0.5	6.0	0.8	1.2	0.5	0.6	0.4	17.7
Income In Respect Of Employee Benefits Accounted On A Gross	0.4	1.1	0.9	0.4	0.6	0.7	1.4	0.2	0.6	0.9	0.9	0.6	8.8
Rental Revenue From Operating Leases	0.1	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	1.4
Other (Operating Income)	1.4	7.3	2.2	1.7	2.1	2.3	2.1	2.2	3.5	0.4	2.9	2.4	30.6
Other Operating Income	**13.0**	**20.4**	**11.4**	**9.0**	**9.2**	**9.8**	**16.4**	**8.9**	**13.8**	**8.5**	**10.9**	**9.8**	**141.1**
Finance Income	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0
Finance Income	**0.0**	**2.0**											**2.0**
Operating Income	**132.2**	**172.2**	**125.9**	**132.0**	**131.8**	**133.1**	**140.5**	**141.1**	**139.6**	**136.6**	**132.9**	**136.6**	**1,654.6**

1.2 Run Rate Detail – Employee Expenses

12 Months Rolling Run Rate	Feb-22	Mar-22	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Substantive Staff	(21.0)	(19.5)	(21.4)	(21.2)	(21.2)	(21.6)	(21.4)	(24.4)	(22.2)	(22.3)	(21.8)	(22.2)	(260.2)
Bank Staff	(1.1)	1.1	(1.4)	(1.6)	(1.4)	(1.3)	(1.5)	(1.5)	(1.8)	(1.5)	(1.4)	(1.7)	(15.1)
Agency / Contract	(0.8)	(0.0)	(0.6)	(0.7)	(1.0)	(1.1)	(0.5)	(0.6)	(0.1)	(0.8)	(0.5)	(0.7)	(7.5)
Medical Staff	**(23.0)**	**(18.4)**	**(23.4)**	**(23.5)**	**(23.6)**	**(23.9)**	**(23.4)**	**(26.6)**	**(24.1)**	**(24.6)**	**(23.6)**	**(24.6)**	**(282.7)**
Substantive Staff	(24.4)	(24.1)	(24.7)	(24.6)	(24.4)	(24.8)	(25.0)	(31.3)	(26.5)	(26.6)	(26.7)	(26.6)	(309.6)
Bank Staff	(3.1)	(4.5)	(3.1)	(3.5)	(3.3)	(3.3)	(3.5)	(4.1)	(4.1)	(3.5)	(2.9)	(2.9)	(41.7)
Agency / Contract	(0.6)	(0.6)	(0.5)	(0.6)	(0.6)	(0.6)	(0.7)	(0.9)	(0.8)	(0.8)	(0.9)	(0.7)	(8.3)
Nursing Staff	**(28.1)**	**(29.2)**	**(28.3)**	**(28.7)**	**(28.4)**	**(28.7)**	**(29.2)**	**(36.2)**	**(31.3)**	**(30.8)**	**(30.5)**	**(30.2)**	**(359.6)**
Substantive Staff	(10.9)	(7.7)	(11.8)	(11.4)	(12.0)	(12.1)	(11.8)	(6.6)	(11.1)	(11.3)	(11.2)	(11.5)	(129.4)
Bank Staff	(0.4)	(0.3)	(0.4)	(0.4)	(0.4)	(0.1)	(0.5)	(0.6)	(0.3)	(0.5)	(0.5)	(0.3)	(4.6)
Agency / Contract	(0.1)	(0.2)	(0.2)	(0.3)	(0.4)	(0.4)	(0.2)	(0.3)	(0.3)	(0.2)	(0.1)	(0.4)	(3.1)
Admin & Clerical	**(11.4)**	**(8.2)**	**(12.4)**	**(12.0)**	**(12.7)**	**(12.6)**	**(12.4)**	**(7.5)**	**(11.7)**	**(12.0)**	**(11.7)**	**(12.3)**	**(137.0)**
Substantive Staff	(8.2)	(8.1)	(8.2)	(8.2)	(8.1)	(8.2)	(8.3)	(10.2)	(8.7)	(8.6)	(8.8)	(8.7)	(102.3)
Substantive Staff (Apprentices)	(0.0)	(2.8)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(2.9)
Bank Staff	(0.2)	(0.4)	(0.3)	(0.3)	(0.2)	(0.2)	(0.2)	(0.4)	(0.2)	(0.3)	(0.3)	(0.3)	(3.2)
Agency / Contract	(0.1)	(0.1)	(0.2)	(0.2)	(0.3)	(0.6)	(0.5)	(0.4)	(0.5)	(0.3)	(0.5)	(0.5)	(4.1)
Other Staff	**(8.5)**	**(11.3)**	**(8.7)**	**(8.7)**	**(8.6)**	**(9.0)**	**(9.0)**	**(11.0)**	**(9.5)**	**(9.2)**	**(9.5)**	**(9.5)**	**(112.6)**
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	(31.2)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(31.2)
Pay Reserves		**(31.2)**											**(31.2)**
Employee Operating Expenses	**(70.9)**	**(98.5)**	**(72.8)**	**(73.0)**	**(73.3)**	**(74.3)**	**(74.0)**	**(81.4)**	**(76.5)**	**(76.7)**	**(75.4)**	**(76.5)**	**(923.3)**
Substantive Staff Total	(64.4)	(93.5)	(66.1)	(65.5)	(65.7)	(66.7)	(66.4)	(72.6)	(68.4)	(68.9)	(68.4)	(69.1)	(835.7)
Bank Staff Total	(4.8)	(4.0)	(5.2)	(5.7)	(5.4)	(4.8)	(5.7)	(6.6)	(6.4)	(5.8)	(5.0)	(5.2)	(64.6)
Agency / Contract Total	(1.7)	(1.0)	(1.6)	(1.8)	(2.2)	(2.7)	(2.0)	(2.3)	(1.6)	(2.0)	(1.9)	(2.3)	(23.0)
Employee Operating Expenses	**(70.9)**	**(98.5)**	**(72.8)**	**(73.0)**	**(73.3)**	**(74.3)**	**(74.0)**	**(81.4)**	**(76.5)**	**(76.7)**	**(75.4)**	**(76.5)**	**(923.3)**

1.3 Run Rate Detail – Operating Expenses

12 Months Run Rate	Feb-22	Mar-22	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Purchase Of Healthcare From NHS Bodies	(0.7)	(0.0)	(0.7)	(0.9)	(0.9)	(0.8)	(0.9)	(1.2)	(1.2)	(0.6)	(0.4)	(1.5)	(9.9)
Purchase Of Healthcare From Non-NHS Bodies	(14.6)	(36.7)	(15.3)	(15.4)	(15.0)	(15.3)	(16.1)	(15.3)	(16.0)	(15.6)	(15.2)	(15.6)	(206.3)
Non-Executive Directors	0.0	(0.2)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.2)
Supplies and Services - Clinical (Excluding Drugs Costs)	(3.1)	(6.3)	(2.9)	(2.6)	(2.6)	(2.6)	(2.8)	(2.1)	(2.7)	(2.1)	(2.6)	(2.0)	(34.4)
Supplies and Services - General	0.1	(0.6)	(0.2)	(0.0)	(0.1)	(0.1)	(0.1)	(0.0)	(0.2)	(0.2)	(0.1)	(0.2)	(1.7)
Drugs costs – on tariff	(2.9)	(3.7)	(3.7)	(1.2)	(2.5)	(2.3)	(2.3)	(2.3)	(2.2)	(2.4)	(2.6)	(2.4)	(30.5)
Pass Through Drugs Cost	(13.1)	(13.0)	(11.0)	(17.8)	(14.5)	(13.9)	(15.3)	(14.3)	(14.2)	(17.0)	(15.4)	(15.6)	(175.1)
Consultancy	(3.6)	1.8	(1.6)	(0.2)	(0.8)	(0.6)	1.5	(0.5)	0.4	(0.3)	(1.1)	(0.6)	(5.6)
Establishment	(0.2)	(0.6)	(1.0)	(0.7)	(1.3)	(1.1)	(1.1)	(1.1)	(1.3)	(1.2)	(1.3)	(1.4)	(12.3)
Premises - Business Rates Payable To Local Authorities	(0.4)	(0.5)	(0.4)	(0.4)	(0.0)	(0.6)	(0.2)	(0.5)	(0.4)	(0.4)	(0.4)	(0.6)	(4.8)
Premises - Other	(10.7)	74.3	(10.6)	(9.6)	(12.3)	(12.4)	(11.7)	(11.8)	(13.7)	(12.5)	(14.9)	(11.8)	(57.7)
Transport	(0.9)	(0.7)	(1.0)	(0.8)	(0.9)	(1.2)	(1.1)	(1.0)	(1.0)	(0.7)	(1.0)	(1.0)	(11.2)
Depreciation	(1.8)	(2.3)	(3.2)	(3.6)	(2.4)	(2.9)	(2.9)	(2.8)	(3.1)	(2.8)	(3.0)	(2.9)	(33.8)
Amortisation	0.0	(2.0)	0.0	0.0	(0.9)	(0.3)	(0.3)	0.5	(0.2)	(0.2)	(0.2)	(0.2)	(3.9)
Fixed Asset Impairments net of Reversals	0.0	(6.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(6.0)
Increase/(Decrease) In Impairment Of Receivables	(0.2)	0.2	0.3	(0.1)	(0.2)	(0.4)	(2.3)	(0.1)	(0.4)	0.6	(0.5)	(0.2)	(3.2)
Audit Fees and Other Auditor Remuneration	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.0)	(0.0)	0.0	(0.2)
Clinical Negligence	(1.8)	(3.6)	(3.7)	(3.7)	(4.2)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(43.9)
Research and Development - Non-Staff	(0.5)	0.2	(0.3)	(0.2)	0.0	(0.1)	(0.1)	(0.1)	(0.3)	(0.1)	(0.1)	(0.1)	(1.7)
Education and Training - Non-Staff	(0.7)	0.1	(0.6)	(0.6)	(0.4)	(0.5)	(0.3)	(0.1)	(0.7)	(0.6)	(0.9)	(0.6)	(5.9)
Operating Lease Expenditure (net)	(0.3)	(6.2)	(0.2)	(0.2)	(0.2)	(0.0)	(0.1)	(0.3)	(0.3)	0.1	(0.2)	(0.3)	(8.4)
Charges To Operating Expenditure For Ifric 12 Schemes (E.G. PFI / LIFT) On Ifrs Basis	0.0	(68.3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(68.3)
Other	(1.0)	1.8	(0.4)	(1.6)	(1.5)	(1.0)	(1.0)	(1.3)	0.2	(0.6)	(0.2)	(3.2)	(9.6)
Operating Expenses Excluding Employee Expenses	**(56.4)**	**(72.3)**	**(56.6)**	**(59.4)**	**(60.8)**	**(60.1)**	**(61.2)**	**(58.3)**	**(61.1)**	**(60.4)**	**(64.0)**	**(63.9)**	**(734.5)**
CIP Target Non Pay	0.0	0.0	0.0	0.1	0.0	0.0	0.0	(0.4)	0.2	0.0	0.0	0.0	0.0
Non Pay Savings Target	**0.0**	**0.0**	**0.0**	**0.1**	**0.0**	**0.0**	**0.0**	**(0.4)**	**0.2**	**0.0**	**0.0**	**0.0**	**0.0**
Operating Expenses Excluding Employee Expenses	**(56.4)**	**(72.3)**	**(56.6)**	**(59.3)**	**(60.8)**	**(60.0)**	**(61.2)**	**(58.7)**	**(60.9)**	**(60.4)**	**(64.0)**	**(63.9)**	**(734.5)**
Finance Expense	(3.2)	(7.3)	(3.3)	(3.3)	(3.3)	(4.5)	(3.5)	(3.4)	(3.8)	(4.3)	(3.3)	(3.5)	(46.6)
Gains/(Losses) On Disposal Of Assets	0.0	(0.2)	0.0	0.0	0.0	0.0	(0.0)	0.0	(0.0)	0.0	0.0	0.0	(0.2)
Share Of Profit/ (Loss) Of Associates/ Joint Ventures	0.0	0.0	0.6	(0.0)	0.7	0.6	0.7	1.4	0.3	(0.2)	2.4	0.6	7.2
Corporation Tax Expense	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.4)	0.0	0.0	0.0	(0.4)
Non Operating Expenses	**(3.2)**	**(7.5)**	**(2.7)**	**(3.4)**	**(2.6)**	**(3.9)**	**(2.7)**	**(2.0)**	**(3.9)**	**(4.5)**	**(0.9)**	**(2.8)**	**(40.0)**
Non Operating Expenses	**(3.2)**	**(7.5)**	**(2.7)**	**(3.4)**	**(2.6)**	**(3.9)**	**(2.7)**	**(2.0)**	**(3.9)**	**(4.5)**	**(0.9)**	**(2.8)**	**(40.0)**
Finance Expense	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 Operating Expenses		**0.0**											**0.0**
Obsolete Subjective Codes (since Dec-16)		**0.0**											**0.0**
Trust Total	**1.7**	**(6.0)**	**(6.2)**	**(3.6)**	**(4.9)**	**(5.0)**	**2.6**	**(1.1)**	**(1.7)**	**(4.9)**	**(7.4)**	**(6.6)**	**(43.1)**
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	1.5
Less Donated Assets Income	(0.1)	(3.4)	0.1	0.0	(0.2)	(0.3)	0.3	(0.0)	(0.8)	0.0	0.0	(0.0)	(4.4)
Less Fixed Asset Impairments	0.0	6.0											6.0
Less Impairment, donated income	**(0.0)**	**2.8**	**0.2**	**0.1**	**(0.1)**	**(0.2)**	**0.4**	**0.1**	**(0.7)**	**0.1**	**0.1**	**0.1**	**3.1**
Operating Total (including ERF)	**1.7**	**(3.3)**	**(6.0)**	**(3.5)**	**(4.9)**	**(5.2)**	**3.0**	**(1.0)**	**(2.3)**	**(4.8)**	**(7.3)**	**(6.5)**	**(40.0)**
Less Elective Recovery Fund	(0.2)	(0.2)	(1.7)	(1.7)	(1.7)	(1.1)	(1.6)	(1.7)	(1.6)	(1.6)	(1.6)	(2.6)	(17.3)
Operating Total (excluding ERF)	**1.5**	**(3.4)**	**(7.7)**	**(5.2)**	**(6.7)**	**(6.3)**	**1.4**	**(2.7)**	**(3.9)**	**(6.4)**	**(8.9)**	**(9.1)**	**(57.3)**

King's College Hospital NHS
NHS Foundation Trust

3 Monthly Safer Staffing Report for Nursing and Midwifery

Nov 2022 – Jan 2023

Trust Board January 2023

Clare Williams
Interim Chief Nurse

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

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3 Monthly Nursing Report

King's College Hospital NHS Foundation Trust

Background

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

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

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

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

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

Staffing Position

King's College Hospital NHS Foundation Trust

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

For each of the 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 January 2023, 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
86%	89%	90%	102%	6.9	3.1	10.0

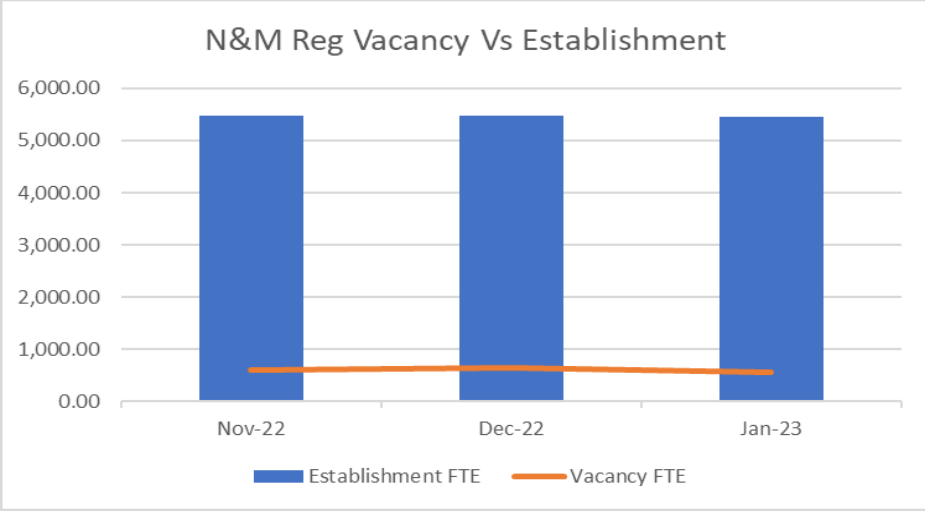
- Total CHPPD at 10.0 is reasonable representing a minor increase from the previous report (9.6). Lower RN/Midwives fill rates are noted due to some clinical areas not achieving planned staffing levels due to vacancies/sickness (traditionally raised in winter months) and significant raised levels of maternity leave. Staffing levels are maintained through relocation of staff, use of bank staff and where necessary agency staff to ensure safety. Significant engagement work with local leads has improved data accuracy and submission compliance over this 3 month period. Finally 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. has seen a significant drop .

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.

Registered N&M Vacancies

King's College Hospital NHS Foundation Trust

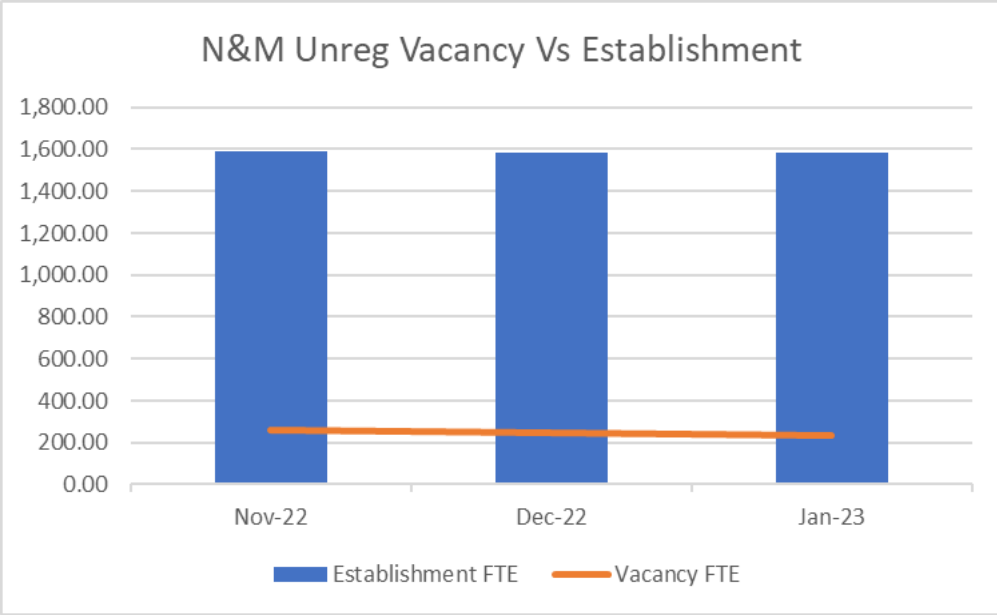
- The current vacancy for January 2023 is 10.5% (572.28 FTE) for registered Nursing and Midwifery staff a significant decrease from October 2022 12.11% (661.72 FTE).
- **Registered vacancies have decreased between Nov-22 – Jan-23:**
  - This drop in vacancy represents 220 registered staff joining the organization over 3 month period.
  - The Trust's In person IEN deployments have continued over this 3 month period deployments on 25th November (44 IEN's) and 6th of January (48 IEN's). There are two more scheduled deployments for this financial year with 53 IENs arriving on 24th February and a final cohort of approximately 30 (Visa's pending) for 24th March. This should result in an approximate intake of 360+ deployed IENs over 22/23 financial year. Alongside the preexisting candidates awaiting deployment, a revised 7 weekly deployment cadence and further 10 international recruitment trips planned through to 2024 our IEN's represent a robust pipeline moving forwards.
  - With the final planned 22/23 NQN deployments scheduled to commence through March the focus has now commenced for the 2023/24 NQN cohorts. Conditional offers of employment have been sent to all HTS with 94 Adult; 32 Paeds NQN's and 25 Midwives accepting offers to date. External NQN adverts have run through February with extremely strong engagement and interviews are being arranged early March.



Unregistered N&M Vacancies

King's College Hospital NHS
NHS Foundation Trust

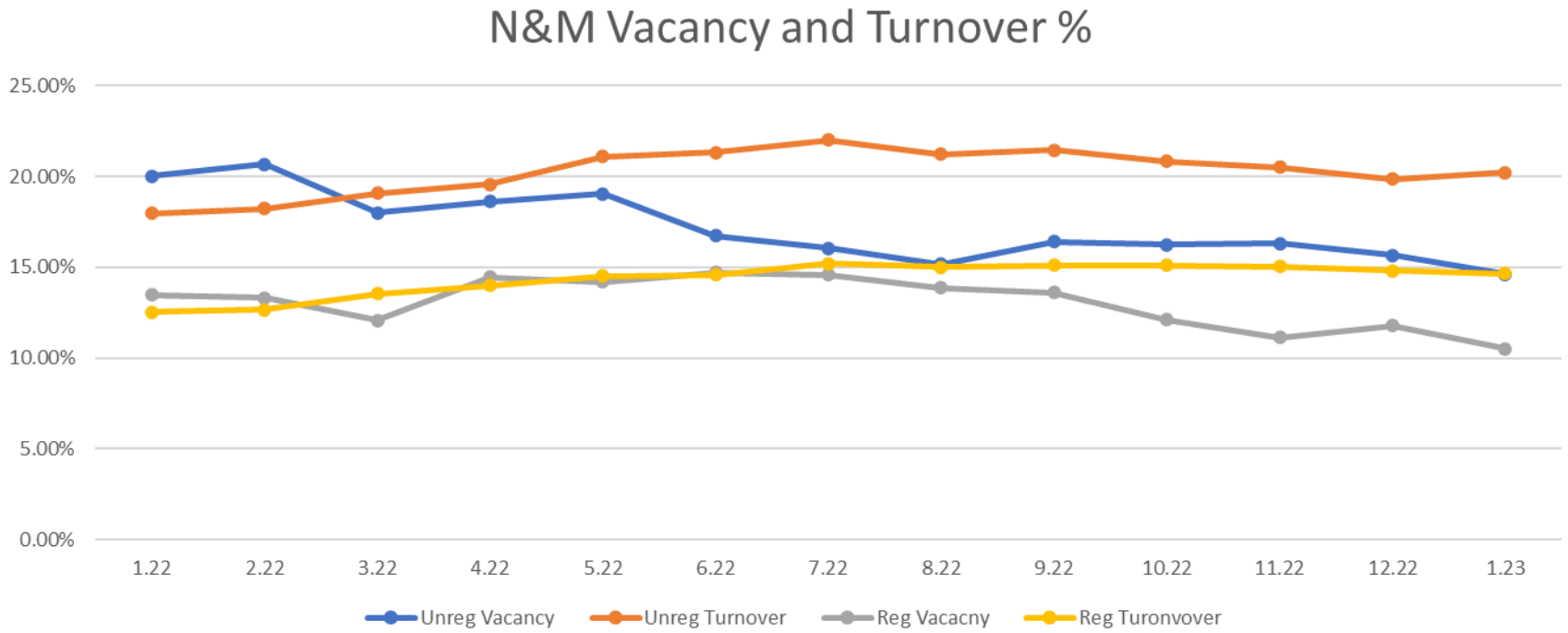
- The current vacancy for January 2023 is 14.63% (231.97 FTE) for unregistered Nursing and Midwifery staff a significant drop from October 2022 vacancy 16.24% (259.07 FTE) .
  - HCA advertising, recruitment centers and widening participation work has been increased in line with the national drive to tackle Health Care Support Worker vacancies with support from NHSE/I.
  - Our most recent HCA open day occurred at the PRUH on 26th November. Despite the rail strikes there were 90 attendees on the day, 66 interviews on the day, 39 offers to date and 20 virtual interviews. Two further dates have been scheduled for Spring 2023: DH 29th April and PRUH 13th May. These larger events have been shifted back to allow for clinical teams to better track their B2 vacancies following the B2-3 consultation process. Everyday HCSW recruitment continues however, 2 weekly interview cycles, with a current pipeline of 76 in pre-employment checks and 77 with scheduled induction dates Feb – April.
  - It is also important to note this data is not reflectively of purely HCSW it also includes many non-clinical administrative roles that sit with N&M budgets. The actual HSCW unregistered vacancy is 175.63 (56.34 WTE difference).



Nursing and Midwifery Vacancy and Turnover

King's College Hospital NHS Foundation Trust

As of January 2023, the voluntary turnover for registered nursing and midwifery staff is 14.63% and is currently 20.22% for the unregistered workforce. The monthly Site Specifc N&M Workforce Governance meetings 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%.



	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23
Unreg Vacancy	20.04%	20.68%	18.02%	18.63%	19.05%	16.74%	16.05%	15.19%	16.43%	16.24%	16.32%	15.65%	14.63%
Unreg Turnover	17.98%	18.24%	19.08%	19.57%	21.09%	21.32%	22.02%	21.23%	21.46%	20.85%	20.53%	19.88%	20.22%
Reg Vacacny	13.48%	13.33%	12.09%	14.46%	14.18%	14.70%	14.58%	13.88%	13.62%	12.11%	11.12%	11.77%	10.50%
Reg Turonvover	12.55%	12.67%	13.54%	14.00%	14.53%	14.60%	15.22%	15.00%	15.11%	15.09%	15.05%	14.81%	14.65%

Recruitment Hotspot & Next Steps

King's College Hospital NHS Foundation Trust

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%

Inpatient areas with a vacancy rate above 20% are listed below:

- **DH:** AECU (38.9%)
- **DH:** Paediatric ED Nurses (35.71%)
- **DH:** Adult ED (20.45%)
- **DH:** NICU (24.71%)
- **DH:** Toni and Guy (25.27%)
- **DH:** Liver Endoscopy Unit (22.25%)
- **DH:** Charles Polkey (21.12%)
- **DH**: Frank Cooksey Rehab Unit (20.23%)
- **PRUH:** LNU (Prev S.C.B.U) (28.03%)
- **PRUH:** AFAU (45.18%)
- **PRUH:** Qubec (21.03%)
- **PRUH:** Ambulatory Unit (21.77%)
- **PRUH:** ED PRUH Nursing (22.16%)
- **PRUH:** Chartwell CDU (28.12%)
- **PRUH:** Farnborough (21.43%)
- **PRUH:** M4 (26.14)
- **PRUH:** S3 (27.21%)

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.

Recruitment & Retention Next Steps

King's College Hospital NHS
NHS Foundation Trust

The below points further highlight the key work streams/priorities being focussed on to further improve vacancy and turnover % in N&M. Updates in relation to the below are shared at Nursing and Midwifery Board monthly and at relevant Workforce & Education Trust wide updates.

Recruitment:

- Undertaking the NHSI/E HCSW direct support programme to support the accelerated recruitment of HCSW into our vacancies
- Workforce transformation:
- NA programme continues with 29 qualified NA's working with organisation; recruitment for January 2023 cohort was successful with 20 candidates offered TNA positions; 8 due to qualify in September and further cohort dates planned in 2023.
- Progress continues with the B2-3 consultation work stream following the successful consultation process. A task and finish group has been leading on the development of interview and management resources in partnership with key union stakeholders, with the aim of recruiting and embedding the revised establishments Q1 2023/24.

- International nurse recruitment:
- In person international recruitment continues with an additional 10 international trips scheduled through to Jan 2024
- Our most recent IEN cohort to undertake the OSCE exam (Jan 23) had an initial 45% pass rate. While this number is lower than expected, it is both reflective of the national picture, due to the volume of additional OSCE stations, and has improved on previous months results. To date of the 280 IEN's undertaking the OSCE in the 22/23 fiscal year 142 passed on their fist attempt (51%) with >95% of our IEN's are successful on their second sittings.

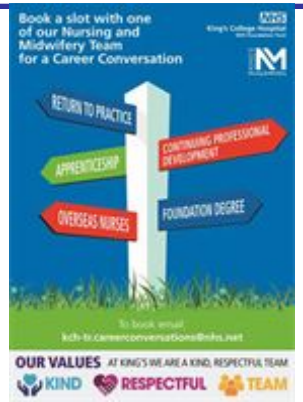
- Recruitment events & widening participation
- HR and N&M teams continue to attend in-person events with attendance at 11 national recruitment events scheduled for 2023 Feb - Nov
- Widening participation work remains ongoing in the local community with organized visits to Sixth Form Colleges & Job Centres
- The trust are continuing to partner with 'Generation' to support people in accessing careers in healthcare
- Following the success of the first RN open house further dates have been planned at the PRUH site with the next event scheduled for 20th May 2023.
- Our Adult HTS recruitment event was held in February with over 80 HTS attending on the day, with talks from 14 clinical divisions, executive nursing, preceptorship and some of our current NQN's. The event had extremely positive feedback with over 88 preferences for clinical divisions being returned within a week of the event. Similar events will be held for both our Child HTS (3rd March) and for our Midwives HTS (late March).

Recruitment & Retention Next Steps

King's College Hospital NHS Foundation Trust

Retention:

- 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
- Transfer Window ran through Jan with 17 staff utilising this programme to move internally, commencing their new positions in April
- Face to Face leavers forums are currently being trialled cross site 17th (PRUH) and 21st (DH) March to help identify learning, from their experience's both positive and negative.
- Preceptorship:
- IEN Preceptorship cohorts are continuing to roll out through 2023 with the goal of offering the programme to all our international recruits. Additionally a poster based on this work stream will be presented at the RCN Education National Conference in April.
- 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. The opening of the academy has been slightly delayed until June 2023 due to Capital fit out. New partnerships are progressing with Kingston University for academic pathways, with 4 new modules commencing Autumn 2023. This increased accessibility to CPD will positively impact on retention.
- IEN's
- There are scheduled changes to the language requirements for IEN's who currently work within the NHS in 2023 however further clarification is being sought from the NMC, our IEN and Band 2-3 team will continue to work together to identifying and supporting eligible staff interested in the process and a further cohort of 24 HCSW will be commencing their OET training in March.
- Due to the increased volume of IEN's over 23/24 and the incredibly positive feedback they receive, we are now scheduling both a summer and winter graduations with the next scheduled graduation date in late June.



King's College Hospital NHS Foundation Trust

Meeting:	The Board of Directors	Date of meeting:	9 March 2023
Report title:	**Board Committee Structure**	Item:	8.0
Author:	Siobhan Coldwell, Acting Director of Corporate Affairs Steven Picken, Deloitte	Enclosure:	8.1 & 8.2
Executive sponsor:	Prof Clive Kay, Chief Executive Officer		
Report history:	King's Executive 27th February. Agreed for onward submission to Board of Directors for approval.		

Purpose of the report

To provide the Board of Directors with an update on the work being supported by Deloitte to refresh the Board's governance structure and to present the final draft for discussion and agreement.

Board/ Committee action required (please tick)

Decision/ Approval	✓	**Discussion**		**Assurance**		**Information**	

The Board of Directors is asked to endorse the proposed Board and Board Committee structure as outlined below and to review the supporting terms of reference.

Executive summary

In the autumn of 2022, the Board invited Deloitte to review the Board and Committee structure, with a view to reconfiguring the structure. As part of the process board members were invited to comment of the efficacy of the current structure, in order to inform any changes. A number of themes emerged:

- There were too few full Board meetings per year
- The remit for the Quality, People and Performance Committee was felt to be too broad, and dominated by Quality items, to the detriment of people and performance issues.
- The Bromley Committee had been useful in the past, but was felt to have served its purpose.
- Strategy, Research & Partnership (SRP) covered issues that should be the purview of the full Board.
- There were mixed views about the efficacy of the Major Projects Committee and whether its remit could be filled more effectively in different way.
- There felt to be a number of issues that were not sufficiently covered in the existing structure.

Attached at appendix 1 is a proposed new structure, aimed at addressing the issues highlighted above. The key changes are as follows:

- Board of Directors will meet more regularly as a full Board, with a number of key areas of responsibility (strategy, partnerships, performance) being led at this level
- The Bromley, SRP and Major Projects Committees are retired.

- The remit of FCSC will be expanded to cover the major projects and the digital agenda, with the capacity to set up task and finish groups as necessary, and as directed by the Board of Directors (e.g. for Apollo).
- A new committee – People, Education and Research will be established.

Terms of reference have been drafted to support the new structure and once agreed, annual workplans will also be developed. These will be reviewed in detail by the Committees at their first meeting and any further changes will be brought back to the Board for ratification at the next available meeting.

It is recommended that the new arrangements are reviewed after 12 months.

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**			

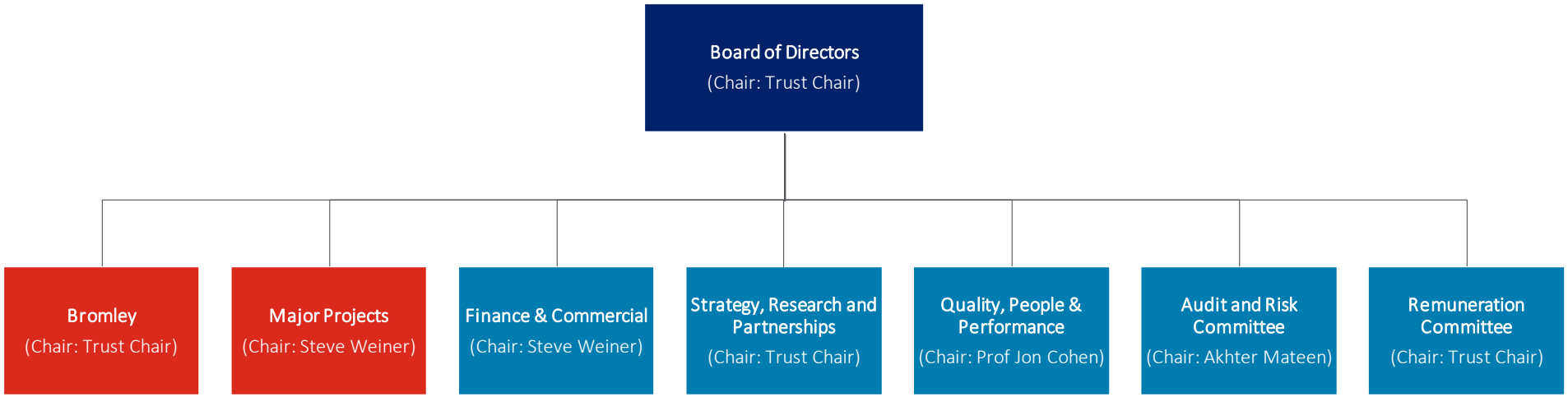
Key implications	
Strategic risk - Link to Board Assurance Framework	N/A but all new committees will be required to review/refresh BAF risks for which they are responsible.
Legal/ regulatory compliance	The proposed structure will ensure the Board is able to fulfil its legal and compliance responsibilities. The structure will ensure that all relevant decision-making is done transparently and in line with relevant legislation.
Quality impact	The proposed structure should ensure appropriate focus on quality issues.

Equality impact	The EDI agenda will be specifically addressed through the People, Education and Research Committee but it is anticipated it will be a core consideration of all committees.
Financial	n/a
Comms & Engagement	n/a
Committee that will provide relevant oversight Board of Directors	

Appendix 1 – Board Governance Structure

Appendix 2 – Draft Terms of reference

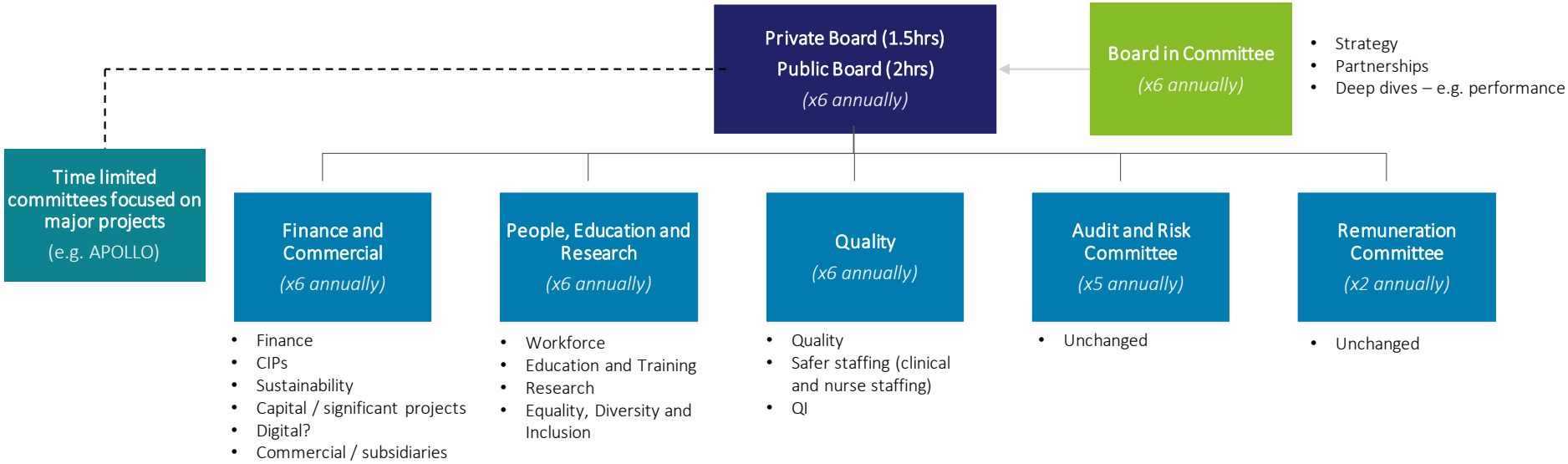
Current Board Governance Structure



Summary of views gathered from Board members on current structures

- **Bromley Committee –** Broad consensus that once served a important purpose but is now anachronistic and should cease.
- **Major Projects –** Generally felt that whilst useful this could be managed at Board, F&C and Executive level without the need for a separate Committee. Some diverging views as to how useful this committee is to the Board from an assurance perspective.
- **Strategy, Research and Partnerships –** Broad consensus that the Strategy and Partnerships aspects should be a matter for the whole Board.
- **Quality, Performance and People –** A large agenda and consensus that quality will likely continue to crowd out performance and/or workforce matters regardless of any tinkering outside of reducing the scope of the committee. Divergent views as to how best to re-organise or refine the scope of this committee to be discussed as part of exploration of the proposal overleaf.
- **General** – Various perceived gaps highlighted including: Education, Transformation, QI, Research, Digital (non-Apollo), time spent together as a Board when not in public, clear feed in to Board of assurance from committees

New Board Governance Structure: option for discussion



Discussion points

- **Board in Committee** – Space for the whole Board to have open/frank discussion about matters which are formative/exploratory in nature and have yet to reach the point when the Board can make a formal decision in public. Will include a focus on the strategy and partnerships agenda.
- **Performance** – Will go directly to the Board in the from of the IPR who will then delegate deep dives (to Board in Committee or committees as appropriate).
- **People, Education and Research Committee** – To align the frequency with public Board/other committees for clarity of / flow of assurance
- **Quality Committee** – Will including of focus on QI and also on the safe staffing aspects of the workforce agenda (not strategic workforce matters).
- **Major Projects** – This business will be dealt with by Board in Committee, F&C or time limited committees for mega/high risk projects.
- **Digital** – Included in F&C so assurance on the digital agenda has a clear flow up to the Board.

King's College Hospital NHS Foundation Trust

Terms of Reference Applicable to All Board Committees

1. Authority

1.1. Each Committee is constituted as a Committee of the Board of Directors and is subject to its Standing Orders. Their constitution and terms of reference shall be as set out in this document, subject to amendment at future Board of Directors meetings.

1.2. Each Committee is authorised by the Board of Directors to review activities falling within its terms of reference and from time to time to act on behalf of the Board. It is authorised to seek any information it requires from any member of staff, and all members of staff are directed to cooperate with any request made by the Committee, including requests to attend its meetings.

1.3. Each Committee is authorised by the Board of Directors to obtain external legal or other independent professional advice and to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

1.4. The Committee is authorised to establish and approve the terms of reference of such sub-committees, groups or task and finish groups as it believes are necessary to fulfil its terms of reference.

2. Membership

2.1. The Trust Chair and Chief Executive are ex-officio members of all committees.

2.2. At the discretion of the Chair, business may be transacted through a teleconference or videoconference provided that all Board members present are able to hear all other parties and where an Agenda has been issued in advance. Participation in a meeting via electronic means shall constitute presence in person at the meeting.

3. Reporting Responsibilities

3.1. The minutes of all meetings shall be formally recorded and submitted, together with recommendations where appropriate, to the Board of Directors.

3.2. The Chair of each Committee shall provide a summary report of the Committee's work to each meeting of the Board of Directors.

3.3. Each Committee will consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee as part of the reporting requirements, and to report any areas of significant concern to the Board.

3.4. Each Committee shall prepare an annual report on its role and responsibilities and the actions it has taken to discharge those responsibilities for inclusion in the Trust's annual report.

3.5. Each Committee shall undertake an annual self-assessment of its effectiveness, including an assessment of compliance with its terms of reference, to be submitted to the Board of Directors.

4. Review Frequency

4.1. The Terms of Reference of each Committee shall be reviewed by the Board of Directors at least every three years.

King's College Hospital NHS Foundation Trust

Finance & Commercial Committee

Terms of Reference

1. Purpose / Remit

1.1. To seek assurance on behalf of the Board in relation to the delivery of the Trust's financial plans and strategies, including revenue, capital, working capital, any financial recovery programme and compliance against NHSI governance and financial risk ratings.

1.2. To provide advice to the Board on the development of future year financial plans and strategies and any financial recovery plans.

1.3. To provide assurance to the Board on the operational and financial delivery of the Trust's commercial entities.

2. Duties

2.1. The Committee's overriding responsibility is to seek and provide the Board with assurance that there is effective stewardship of the Trust's finances and commercial interests by being responsible for reviewing, monitoring and where necessary proposing action in relation to the following:

- Financial Budgets
- Financial Statements
- Outline Capital Programme
- Delegated limits
- Financial Strategy
- Working Capital Requirements
- Projected and Actual Cash Flow
- Use and availability of working capital facilities
- Aged debtors and creditors
- Capital Programme and major variances.

Full year and medium-term forecasts:

- Funding requirements
- Borrowing requirements
- Income and Expenditure
- Balance Sheet position
- Efficiency and productivity programmes (including CIPs) Updates including RAG rated proposals.

2.2. To consider and address any other matters arising related to the Trust's Finances.

2.3. To consider significant business cases/capital investment proposals to ensure that they are appropriate, sustainable and aligned to the Trust's strategy.

2.4. To consider and approve any financial and performance submissions to the ICS/ICB and/or NHSE/I on behalf of the Board of Directors with provision that if there are significant variance/exceptions in the submissions, the submission would be escalated for consideration to the full board (via correspondence or a meeting in person) for comment and approval.

2.5. To seek assurance in relation to the delivery of significant major projects (capital or otherwise) as directed from by the Board of Directors.

2.6. To seek assurance in relation to digital strategies and plans including review of key milestones for significant digital projects.

2.7. To review the delivery of significant IT programmes, including benefits realisation, value for money and approaches to the prioritisation of resources

2.8. To review the Trust's sustainability strategy and plans provide input and recommendations to the Board for approval. This will include monitoring of their implementation and impact once approved.

2.9.	To review any annual reporting to be submitted for publication or to external bodies in relation to matters regarding sustainability, climate adaptation and carbon reduction and other related areas of corporate responsibility prior to recommendation to the Boardy.
2.10.	To review the operational and financial performance of the Trust's commercial entities (including KFM, KCS and Synnovis).
2.11.	To ensure that any risks associated with the Trust's commercial entities are managed appropriately.
2.12.	To ensure that the Trust fulfils its responsibilities as shareholder or member of each of the commercial entities.

3. Authority

The Committee has delegated authority to make financial decisions on behalf of the Board including loan resolutions and leases up to a value of £XXX,XXX, beyond which threshold any decision must be escalated to the Board (depending on timing of receipt of documentation and timing of Board meetings).

4. Membership	5. Attendance
Chair: **Members:** **Quorum:** Three members of the committee including at least one non-executive director and at least two executive directors. Members of the Committee must attend at least half of all meetings each financial year but should aim to attend all scheduled meetings.	The following will be invited to attend meetings as appropriate: • Deputy Chief Finance Officer • Director of Capital • Director Financial Management Information and Analysis • Director of Financial Strategy, Planning & Investment • Associate Director of Sustainability • Representatives of KCS, KFM, Synnovis
6. Frequency	**7. Administrative Support**
6 times per year, with additional meetings as deemed necessary.	The Foundation Trust Office

King's College Hospital NHS Foundation Trust

People, Education & Research Committee

Terms of Reference

1. Purpose / Remit

1.1. To seek assurance on behalf of the Board in relation to the development and delivery of the Trust's Workforce and EDI Strategies and the effectiveness of the Trust's Workforce Planning arrangements

1.2. To seek assurance on behalf of the Board in relation to the development and delivery of education and training strategies, plans and programmes by the Trust; including those which are internally sourced and delivered, externally sourced and delivered, and those developed and delivered in partnership with other organisations.

1.3. To seek assurance that the Trust's Research and Innovation Strategy is being effectively managed and delivered to achieve its core aims of increasing commercial and academic research activity, developing an Advanced Therapies and Biomedical Sciences Hub, and developing a supportive Trust-wide research culture

2. Duties

2.1. Workforce

2.1.1. Oversee the Trust's workforce strategies, plans and performance including a focus on organisational development, workforce planning, leadership development and career progression programmes and pathways, recruitment, resourcing and deployment, reward, recognition, health and wellbeing.

2.1.2. As part of its responsibility for workforce matters, review assurance and reporting regarding staff experience, including:

- Employee relations;
- Insight gathered from pulse surveys, internal staff engagement activities and exit interviews;
- Thematic analysis of staff experience issues escalated from Care Groups or Sites;
- Outcomes from the staff survey;
- Periodic reports from the Freedom to Speak Up lead related to staff experience; and
- Action/improvement plans related to any of the above.

2.1.3. Review and monitor areas of strategic or operational risk in respect of workforce that may jeopardise the Trust's ability to deliver its strategic objectives and the plans for mitigation in such instances.

2.2. Equality Diversity and Inclusion

2.2.1. Review and scrutinise reporting in relation to the equality, diversity and inclusion agenda and oversight of the delivery of the Trust's EDI Strategy and achievement of related milestones and targets.

2.2.2. Review and recommend to the Board sign-off of the Trusts position against Workforce Race Equality Standards (WRES), Disability Workforce Equality Standards (WDES) and the Gender Pay Gap.

Monitor and review the Trust's recruitment and employment policies and practices to ensure these comply with, or exceed, any legislative requirements and/or public sector employment and equality duties.

2.3. Education

2.3.1. Oversee the Trusts education strategies and plans (both those developed and delivered internally and those developed in partnership with other organisations, specifically in relation to:

- The undergraduate and postgraduate education and training of healthcare professionals across the medical, nursing and allied health professions; and
- The professional development and training offering for the non-clinical workforce.

2.3.2. Seek and provide assurance to the Board on the requirements, reporting and recommendations from external partners, professional bodies and regulators in relation to the standards of education and training provided by or at the Trust (across all healthcare professions). This should include seeking assurance that appropriate actions are being planned and implemented where findings are identified.

2.4. Research

2.4.1. Oversee the Trust's Research Strategy and receive reporting on key delivery milestones linked to the strategy in order to provide assurance to the Board that it is being effectively implemented.

2.4.2. Seek assurance and review the systems for Research Governance, ensuring that the Board is assured of continued compliance through its annual report and through reporting by exception when required.

2.4.3. Conduct an annual review of research performance and outputs for the previous year to inform a research annual plan with targets and objectives.

3. Membership	4. Attendance
Chair: TBC **Members:** **Quorum:** Three members of the committee including at least one non-executive director and at least two executive directors. Members of the Committee must attend at least half of all meetings each financial year but should aim to attend all scheduled meetings.	The following will be invited to attend meetings as appropriate: • Director of Research and Development • Director of Medical Education • Deputy Chief Nurse
5. Frequency	**6. Administrative Support**
6 times per year, with additional meetings as deemed necessary.	The Foundation Trust Office

King's College Hospital NHS Foundation Trust

Quality Committee

Terms of Reference

1. Purpose / Remit

1.1. To provide assurance to the Board through monitoring and reviewing the overall quality of services provided by the Trust across the key domains of patient safety, patient experience and patient outcomes.

1.2. To ensure that the services delivered by the Trust comply with all external regulatory requirements including compliance with CQC registration. Seek assurance on behalf of the Board that an effective and impactful culture and approach to continuous quality improvement is in place at the Trust.

2. Duties

2.1. Oversee the implementation and delivery of the quality strategy and the achievement of its key performance indicators and manage risk as it relates to clinical quality.

2.2. Oversee an effective system for monitoring, reporting and maintaining the safety of services provided by the Trust including incident reporting and management systems, infection prevention and control, decontamination, safeguarding vulnerable children and adults. Explicit reporting will be provided to the Committee in relation to:

- Any never events which have taken place since the last meeting of the Committee and actions to prevent recurrence.
- Any significant adverse findings or patient safety risks resulting from inquests, litigation or serious incident reporting.
- Regular reporting on the insight and data available to the Trust in relation to the levels of medical and nurse staffing in order to ensure that these remain safe.

2.3. Oversee an effective system for delivering a high-quality experience for all patients, service users, families, carers and staff, with particular focus on EDI, involvement and engagement for the purposes of learning and making improvements from patient complaints and feedback.

2.4. Oversee an effective system for monitoring clinical/patient outcomes and clinical effectiveness; with a particular focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities. This will include oversight of assurance in relation to compliance with national clinical guidelines and standards, mortality indicators and outlier alerts.

2.5. Ensure legislative and regulatory compliance including compliance with national performance targets by overseeing the Trust's accreditation and assessment arrangements, including those related to the CQC fundamental standards, NHS Resolution, the statement of compliance with CQC the Quality Accounts and that the Trust remains accreditation where required from regulatory bodies in relation to the provision of any of its clinical or support services.

2.6. Receive and monitor the findings and Trust response to regulatory inspection and accreditation reports.

2.7. Receive and scrutinise assurance in relation to both the Trust's overarching approach to continuous Quality Improvement (QI) and the focus, progress and impact of Trust-wide/corporately steered QI Programmes.

3. Membership	4. Attendance
Chair: **Members:**	The following will be invited to attend meetings as appropriate: • Director of Quality Governance

Quorum: Three members of the committee including at least one non-executive director and at least two executive directors.	Members of the Committee must attend at least half of all meetings each financial year but should aim to attend all scheduled meetings.
5. Frequency	**6. Administrative Support**
6 times per year, with additional meetings as deemed necessary.	The Foundation Trust Office

King's College Hospital NHS Foundation Trust

Audit and Risk Committee

Terms of Reference

1. Purpose / Remit

The Audit Committee has overall responsibility for the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

2. Duties

2.1. Integrated Governance, Risk Management and Internal Control

2.1.1. To review the establishment and maintenance of an effective system of corporate, clinical and information governance, including the work of the other Board committees, risk management and internal control across the whole of the Trust's activities, that supports the achievement of the Trust's objectives.

2.1.2. In particular, to review the adequacy and effectiveness of:

2.1.2.1. All risk and control related disclosure statements, in particular the annual governance statement, together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances, prior to submission to the Board of Directors.

2.1.2.2. The underlying assurance processes that indicate the degree of achievement of the Trust's objectives, the effectiveness of the management of principal risks and the appropriateness of the above assurance statements.

2.1.2.3. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.

2.1.2.4. The policies and procedures for all work related to counter fraud, bribery and corruption as required by NHS Counter Fraud Authority (NHSCFA).

2.1.2.5. The structures, processes and responsibilities at the Trust with regard to Emergency Preparedness, Resilience and Response & Business Continuity (EPRR).

2.1.3. In carrying out this work, the Committee will primarily utilise the work of internal audit, external audit and other assurance functions but will not be limited to these. The Committee will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

2.1.4. This will be evidenced through the Committee's use of an effective assurance framework to guide its work, and the audit and assurance functions that report to it.

2.1.5. The Committee will ensure that it has effective relationships with other key committees of the Trust, seeking assurance that they are properly managing the risks delegated to them.

2.2. Internal Audit

2.2.1. To ensure that there is an effective internal audit function which provides appropriate independent assurance to the Committee, the Chief Executive and the Board of Directors.

2.2.2. To consider the effectiveness and standing of the internal audit service, and the costs involved in providing it, through periodic reviews of its work; and to advise the Chief Financial Officer accordingly.

2.2.3. To review and approve the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the Trust as identified in the assurance framework.

2.2.4. To consider the major findings of internal audit reports and management's responses to them, monitoring progress in implementing agreed recommendations.

2.2.5. To ensure appropriate coordination between internal and external audit to optimise use of audit resources.

2.3. External Audit

2.3.1. To assess the external auditor's work and fees and, based on this assessment, make a recommendation to the Council of Governors with respect to the re-appointment of the auditor.

2.3.2. To oversee the conduct of a market testing exercise for the appointment of an auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the auditor.

2.3.3. To discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure coordination, as appropriate, with other external auditors in the local health economy.

2.3.4. To review external audit reports, including the annual audit letter, together with the management response, and to monitor progress on the implementation of recommendations.

2.3.5. To develop and implement a policy on the engagement of the external auditor to supply non-audit services.

2.4. Other Assurance Functions

2.4.1. To review the findings of other significant assurance functions, both internal and external, and consider their implications for the governance of the Trust.

2.4.2. To review the work of other committees of the Trust whose work can provide relevant assurance to the Committee's own areas of responsibility.

2.4.3. The Committee will receive an annual letter of assurance, and other reports from time to time as required by applicable laws and regulations, from the Chairs of the Board's Committees to the effect that they have disclosed to the Committee and to the external auditor all significant deficiencies and material weaknesses in the design or operation of internal controls.

2.4.4. The Committee shall monitor compliance with the Trust's Standing Orders and Standing Financial Instructions through receipt of waivers for all variations.

2.4.5. The Committee will receive regular reports relating to debt write off, use of waivers, losses and special payments.

2.5. Counter Fraud

2.5.1. To consider whether the Trust's arrangements for counter fraud, bribery and corruption are adequate and meet the NHSCFA's standards, and advise the Chief Financial Officer accordingly.

2.5.2. To review the outcomes of the Trust's counter fraud work and to monitor actions that arise from them.

2.6. Information Governance

2.6.1. To consider the adequacy of the Trust's information governance arrangements which includes cyber security.

2.7. Financial Reporting

2.7.1. To monitor the integrity of the Trust's financial statements and any formal announcements relating to its financial performance.

2.7.2. To ensure that the systems for financial reporting to the Board of Directors are subject to review as to the completeness and accuracy of the information provided. To review the annual report and financial statements, before they are presented to the Board of Directors, to determine their objectivity, integrity and accuracy. This review will cover:

- the wording of the annual governance statement and other disclosures relevant to the Committee's terms of reference;
- changes in, and compliance with, accounting policies, practices and estimation techniques;
- unadjusted misstatements in the financial statements;

- significant judgements in preparation of the financial statements;
- significant adjustments resulting from the audit;
- letters of representation;
- explanation of significant variances;
- the schedule of losses and special payments;
- any reservations and disagreements between the external auditors and management not satisfactorily resolved.

2.8. Whistleblowing

2.8.1. To review the effectiveness of the arrangements in place for allowing staff to raise, in confidence, concerns about possible improprieties in financial, clinical or safety matters and for ensuring that any such concerns are investigated proportionately and independently.

2.9. Standing Orders, Standing Financial Instructions and Standards of Business Conduct

2.9.1. To review on behalf of the Board of Directors the operation of, and proposed changes to, the SOs and SFIs, the Constitution, Codes of Conduct and Standards of Business Conduct, including the maintenance of appropriate registers.

2.9.2. To examine the circumstances of any significant departure from the requirements of any of the foregoing.

2.9.3. To review from time to time the expense claims of directors and senior staff.

2.9.4. To review the Scheme of Delegation.

3. Membership	4. Attendance
Chair: Akther Mateen **Members:** Three non-executive directors, at least one of whom should have recent and relevant financial experience. **Quorum:** Two members of the Committee	**To attend all routine meetings:** Chief Financial Officer Director of Financial Operations Director of Corporate Affairs Chief Nurse Chief Digital Finance Officer Head of Internal Audit External Auditor **To attend at least 2 meetings per year:** Counter fraud specialist
5. Frequency	**6. Administrative Support**
• At least 5 times per year, with additional meetings as deemed necessary. • The external auditors shall be afforded the opportunity at least once per year to meet with the Committee without executive directors present. • Members of the Committee are expected to attend at least half of all meetings each financial year but should aim to attend all scheduled meetings.	The Foundation Trust Office **7. Access** The Head of Internal Audit and a representative of the external auditors have a right of direct access to the Chair of the Committee.

King's College Hospital NHS Foundation Trust

Remuneration and Appointments Committee

Terms of Reference

1. Purpose / Remit

1.1. The Remuneration and Appointments Committee will act under the delegated authority of the Board of Directors to approve and oversee the arrangements for the appointment, remuneration and terms of service of the Chief Executive and all Executive Directors.

1.2. The Committee will also be responsible for agreeing the remuneration of any other VSM posts with remuneration outside of the Agenda for Change framework and Medical & Dental Terms and Conditions of Service.

1.3. To review and make recommendations to the Board of Directors on the composition, balance, skill mix and succession planning of the Board.

2. Duties

2.1. Remuneration

2.1.1. Determine the policy and framework for the remuneration of the Chief Executive, Executive Directors and other very senior managers (VSM) whose remuneration is greater than the upper pay point of the Agenda for Change framework having due regard to national and local benchmarking information, all relevant laws and regulations, and all relevant national policy requirements and guidance.

2.1.2. Review and agree the remuneration and terms and conditions of office of the Chief Executive, Executive Directors and other VSMs.

2.1.3. Give due consideration to all relevant laws and regulations, the provisions of the Code and published guidelines or recommendations regarding the remuneration of the Executive Directors.

2.2. Performance

2.2.1. Receive and review a report on the objective setting and annual appraisals of Executive Directors including the extent to which their objectives have been achieved.

2.3. Appointments

2.3.1. Review the structure, size and composition of the Board and make recommendations to the Board of Directors and Nomination and Remuneration Committee of the Council of Governors where appropriate.

2.3.2. To consider succession planning and talent management arrangements for Executive Directors and other VSMs, taking into account the challenges and opportunities facing the Trust and the skills and expertise required.

2.3.3. Agree and oversee the recruitment and selection process for the appointment of the Chief Executive. The appointment shall be subject to the approval of the Council of Governors (in accordance with the Trust's Constitution).

2.3.4. Agree and oversee the recruitment and selection process, including the preparation of a description of the role and capabilities required, for the appointment of Executive Directors.

2.3.5. Approve the appointment of Executive Directors based on the recommendation of the appointments panel agreed by the Committee.

2.3.6. Receive assurance reports in relation to compliance with the Fit and Proper Persons requirements in accordance with national regulations and Trust policy.

3. Membership	4. Attendance
Chair: The Committee shall be chaired by the Senior Independent Director.	The following will be invited to attend meetings as appropriate:

Members Membership of the Remuneration and Appointments Committee will include the Chair of the Trust and all of the Non-Executive Directors. **Quorum:** Three members of the committee.	The Chief Executive and the Chief People Officer shall be invited to attend meetings except for any items relating to their own roles, performance or remuneration. Members of the Committee must attend at least half of all meetings each financial year but should aim to attend all scheduled meetings.
5. Frequency	**6. Administrative Support**
The Committee will meet at least twice a year and then as required to fulfil its responsibilities, as determined by the Chair.	The Chief People Officer shall act as the Secretary of the Committee and will ensure that the Committee receives information in a timely manner to enable full and proper consideration to be given to the issues.

King's College Hospital NHS Foundation Trust

Board in Committee

Terms of Reference

1. Purpose / Remit

1.1. This Committee is concerned with those matters which would benefit from input and engagement from all members of the Board which are developmental/exploratory in nature and which do not require (or are not yet at a mature enough the stage to require) a debate leading to a formal decision that would warrant inclusion in the agenda of a meeting of the Board (in Public or in Private) under the terms of the Standing Orders.

1.2. Whilst the Board may direct the Board in Committee to undertake a 'deep dive' or exploratory review regarding any matter, the Board in Committee will primarily be concerned with:

- The ongoing development and evolution of the Trust's strategy and the transformation programme and activities that the Trust develops to deliver the strategy.
- The positioning of the Trust in relation to its key strategic partnerships and relationships and how the Trust engages and in collaborative strategy and planning activities with its key partners.
- Undertaking 'deep-dives' into areas any specific areas of performance as directed by the Board.

2. Duties

2.1. Strategy

2.1.1. To review the design, development of the Trust's overarching strategy and to keep this under review to ensure that it evolves and is amended to reflect changing priorities driven by both the internal and external environment.

2.1.2. To review the key elements of the Trust's transformation programme and activity with regard to how these effectively support the delivery of the Trust's overarching strategy.

2.2. Partnerships

2.2.1. Development and scrutiny of the overarching governance developed in relation to the Trust's strategic partnership and partnership agreements. This includes consideration and discussion of the establishment of any joint governance arrangements developed with the third parties related to specific projects or programmes.

2.2.2. Oversight of how the Trust is represented at the key partnership forums which it is engaged in.

2.2.3. Oversight of the strategies and plans being developed and agreed at partnership forums which the Trust is engaged in (or that are developed in partnership with third parties) with respect to how these interface with and support the Trust's own overarching strategic priorities.

2.2.4. Exploration and discussion of any new strategic partnership agreements or arrangements into which the Trust is considering or being asked to enter into.

2.3. Performance

2.3.1. Seek, review and challenge more detailed assurance on behalf of the Board in relation to any area of underperformance or concern identified by the Board of Directors through its receipt of the Integrated Performance Report or any other form of performance or assurance reporting. These should be primarily focussed on those areas in which another Board committee is not already undertaking to seek more detailed assurance as part of its remit.

2.4. Other matters

2.4.1. To undertake detailed scrutiny of and seek assurance in relation to any matter as directed by the Board of Directors.

3. Membership	4. Attendance
Chair: The Committee shall be chaired by the Chair of the Trust.	The following will be invited to attend meetings as appropriate:

<table>
<tr><td>Members: Membership of the Board in Committee will include the Chair of the Trust and all of the Executive and Non-Executive Directors.

Quorum: At least six members of the committee, three of which shall be non-Executive members.</td><td>- TBC

Members of the Committee must attend at least half of all meetings each financial year but should aim to attend all scheduled meetings.</td></tr>
<tr><td>5. Frequency</td><td>6. Administrative Support</td></tr>
<tr><td>5 times per year, with additional meetings as deemed necessary.</td><td>The Foundation Trust Office</td></tr>
<tr><td colspan="2">7. Reporting Responsibilities</td></tr>
<tr><td colspan="2">The Committee Chairman will brief the Board meeting in public about its deliberations as far as is possible.</td></tr>
</table>

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	9 March 2023
Report title:	**Board Assurance Framework – Q4 Update**	Item:	9.0
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 Board 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. Five 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)
- High Quality Care (BAF 7); and
- Demand and Capacity (BAF 9).

Since the Board considered the BAF in December 2022 all 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. None of the scores have changed over the period. The BAF risks will be reviewed and updated for 2023/24, in response to the forthcoming strategy delivery plan for the year. The revisions will be brought back to the next meeting of this Board.

King's College Hospital NHS Foundation Trust

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**
				✓	**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**			

King's College Hospital NHS Foundation Trust

Board Assurance Framework

Summary – Q3 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	**16 (4 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)**	↔	8

- **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

King's College Hospital NHS

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	Q3 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People	✓	Person- centred		Link to BAF & CRR	SR2 – Culture & Values 3866- Staffing Vacancies
	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 (2022/23)	Q2 (2022/23)	Q3 (2022/23)	Q4 (2021/22	Change from previous quarter	Gross risk	Target risk*
Likelihood	**4**	4	4	4	↔	5	12
Consequence	**4**	4	4	4		5	
Risk Score	**16**	16	16	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	

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

King's College Hospital NHS Foundation Trust

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	Q3 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People	✓	Person- centred	✓	Link to BAF & CRR	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 (2022/23)	Q4 (2021/22)	Change	Gross risk	Target risk*
Likelihood	**3**	3	3	3	↔	4	9
Consequence	**4**	4	4	4		4	
Risk Score	**12**	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

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	

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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	Brilliant People		Person- centred		Link to CRR	3943- Financial recovery targets
	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 (22/23)	Q4 (21/22)	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	5	5	4	↔	5	8
Consequence	4	4	4	4		4	
Risk Score	16	20	20	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 (*Significant assurance with minor improvement opportunities*) • Internal audit reports 2021/22 - Financial planning/ budgetary responsibility (*Significant assurance with minor improvement opportunities*)
	• NHS System Oversight segmentation – SOF4 • Financial performance reporting - Underlying deficit 22/23 • Unfunded pay award (2022/23)

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 was approved by Audit Committee in in October 2022. It will go to Board in Dec 2022 for ratification.
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

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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	Q3 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	4191 – Non-compliance Health & Safety at Work Act 4472 – Nosocomial CV-19 infections 4524 – Fire Safety 4975 – Infection control (estate) 5017 – Ventilation and air handling
	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	4	4	4	4	↔	5	8
Consequence	4	4	4	4		5	
Risk Score	16	16	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.	

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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			

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	31/3/2023	

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

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

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative & Planned)**

King's College Hospital NHS Foundation Trust

• 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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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	Q3 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			

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	3	3	3	3	↔	4	6
Consequence	3	3	3	3		3	
Risk Score	**9**	**9**	**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 • 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	Ongoing	A research nurse has been appointed, but space constraints continue to be a concern.
Launch an Innovation Steering Group to set the direction for innovation across the Trust	Director of Strategy	December 2022	Delayed

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BAF 7				16
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	Q3 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR	2919 – Failure to recognise the deteriorating patient 4460 – Harm from patient falls 4914 – Quality compliance
	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 (2022/23)	Q2 (2022/23)	Q3 (2022/23)	Q4 (2021/22)	Change from previous quarter	Gross risk	Target risk*
Likelihood	**3**	3	4	3	↑	5	6
Consequence	**4**	4	4	4		4	
Risk Score	**12**	12	16	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 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)

• Policy and clinical guidelines framework • MEG Audit Process • Integrated Quality Report	• CQC ED reports (DH and PRUH)– 2021 and action plan progress updates • CQC Inspection – Orpington – Safe domain downgraded to inadequate, overall rating downgraded to requires improvement • CQC Maternity action plan in place • Internal Audit reports 202/23 – Data Quality (partial assurance with improvements required)
	• CQC Well-Led (Nov 2022) • CQC DH Inspections – Medicine/Paediatrics (Oct 2022)

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, supported by Deloitte
Complete thematic review programme (Amber incidents)	Chief Nurse	Q3 2022/23	Reviews are ongoing.
Strong Roots, Quality Care	Chief Executive	Q3 2022/23	Programme developed and being implemented across the Trust.
Executive-led Quality Assurance Group established	Chief Executive	Q3 2022/23	Meetings in place. Initial focus is on CQC response.

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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	Q3 2022/23

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	3	3	↔	4	9
Consequence	3	3	3	3		4	
Risk Score	9	9	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	

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	

King's College Hospital NHS Foundation Trust

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	Q2 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	270 – Elective waits 597 – Theatre capacity (Neurosurgery) 1178 – Care of MH patients 2679 - Ophthalmology demand and capacity 2739 – Theatre capacity (emergency) 3941 – Delay to Treatment DH ED 4297 – Non-delivery of ECS 5005 – Further COVID-19 waves
	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 2022/23	Q2	Q3 2022/23	Q4 2021/22	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	4	4	4	↔	5	9
Consequence	4	4	4	4		5	
Risk Score	**16**	**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

Gaps in controls & assurances	
• Additional site and workforce capacity	

Actions/Activities planned			
Action	**Lead**	**Due date**	**Update**
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) Valmar options appraisal ongoing.
Workforce planning and recruitment activities to support increased workforce capacity	CPO	Multiple – See BAF 1	See BAF Risk 1 – Recruitment & Retention
Review of arrangements for services e.g. ENT and cancer pathways underway.	Site CEOs	By end Q3	
Action plans to address ambulance handover at both sites	Site CEOs	By mid-October	

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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	Q3 2022/23	

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 (22/23)	Q2 (22/23)	Q3 (21/22)	Q4 (21/22)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	8
Consequence	4	4	4	4		5	
Risk Score	12	12	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 • New monthly joint meeting in place to test readiness for a cyber-attack, Membership includes key 3rd parties including Viapath and KFM,	• 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	

Actions planned			
Action	**Lead**	**Due date**	**Update**
Implementation of internal audit recommendations	CDIO	Q1 2022/23	Progress reviewed by RGC. Progress in line with expectation.

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	Q3 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People	✓	Person- centred		Link to BAF & CRR	SR2 – Culture & Values 3866- Staffing Vacancies
	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 (2022/23)	Q2 (2022/23)	Q3 (2022/23)	Q4 (2021/22	Change from previous quarter	Gross risk	Target risk*
Likelihood	**4**	4	4	4	↔	5	12
Consequence	**4**	4	4	4		5	
Risk Score	**16**	16	16	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 • EDI dashboard – reviewing staff representation at Site performance review meetings • Quarterly Staff Pulse Survey results
Gaps in controls & assurances	
• Talent management and succession planning • Leadership development	

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
Collaborative working with SEL ICS to make South East London a place to live and work	CPO	Q1-Q4 2023/24	Work on-going across the ICS to support recruitment and retention in South East London
Review of Trust Turnover	CPO	Q4 2022/23	To review reasons staff leave the Trust and implement programmes of work to support retention
Review of Trust vacancies	CPO	Q4 2022/23	Undertaking review of vacancies to understand where 'hot spot' areas exist and develop interventions to support overall reduction
Develop a temporary staffing recruitment strategy, utilising the Trust's technology partners to gain access to a wider pool of medical staff and using capability within the in-house bank team to grow recruitment for other staff groups	CPO	Q1/Q2 2023/2024	The Trust has worked with a new technology partner (Patchwork) since August 2023 and is now focussing on recruiting medics via their wide pool of candidates. To date, over 120 medics have been recruited via the platform A recruitment strategy covering all temporary staffing will also be developed
Closer alignment of bank and agency rates across SEL ICS	CPO	Q4 2023/2024	Agreement between SEL ICS CPOs to look at closer rate alignment on a per staff group basis, with work due to commence in Q1 2023/2024

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	Brilliant People	✓	Person- centred	✓	Link to BAF & CRR	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, reciprocal mentoring • EDI activity plan 2022/23 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 • National Staff Survey People Priorities	• 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 • Formal Talent Management scheme and succession planning • Robust flexible working scheme	• Composite culture measure • Reporting dashboard • EDI Dashboard

• Review and refresh of workforce policies to embed our new values (See BAF 1)	

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.

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	Q4 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	3943- Financial recovery targets
	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 (22/23)	Q4 (22/23)	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	5	5	5	↔	5	8
Consequence	4	4	4	4		4	
Risk Score	16	20	20	20		20	

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative & Planned)**
• Annual integrated activity financial plan • Capital prioritisation process • Key financial system controls framework • Investment Board review and challenge of revenue and capital business cases. Board committee review of business cases >£2.5m • Financial performance review meetings – at Care Group and Site level • Vacancy/Pay controls incl. temporary staffing controls • ESR and Ledger reconciliations • 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 • Scheme of Delegation and Standing Financial Instructions (SFIs) (Control)	• Unqualified (Clean) External Audit accounts and VFM opinion – 2021/22 • Financial performance reporting (22/23 plan) – KE, FCC & Board • Achievement of 2021/22 plan • Transition from SOF 4 to SOF3 • Internal audit reports 2022/23: Improving NHS financial sustainability • NHS System Oversight segmentation – SOF3 • Financial performance reporting - Underlying deficit 22/23 • Unfunded pay award (2022/23) • CIP and 2022/23 budget off-target

Gaps in controls & assurances	
• 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).	

Update Q4

No change in overall risk score:

- Trust continues to record an overspend (see M9), and is off-track to deliver a break-even position at year end. Mitigations are in place, with engagement of clinicians and senior managers across the Trust. Inflationary impact beginning to be seen (NB not unexpected).
- Enhanced governance is in place to deliver the 2022/23 CIP and plan for 2023/24.
- The Trust is fully engaged with regional and system colleagues with ICS acceptance of Trust forecast.

Actions planned

Action	Lead	Due date	Update
Review and refresh of Scheme of Delegation and SFIs	CFO/ DCA	Q32021/22	DELIVERED: SFIs agreed by Board of Directors on 8th Dec 2022
Review current arrangements to support the delivery and oversight of the 22/23 CIP plan	CFO	Sept 2022	DELIVERED: Efficiency Board established and meeting monthly. Challenge sessions in place for Care Groups.
COVID-19 Impact to be described and impact assessed.	D/CFO	Sept 2022	DELIVERED: included in M4 forecast.

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	Q4 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	4191 – Non-compliance Health & Safety at Work Act 4472 – Nosocomial CV-19 infections 4524 – Fire Safety 4975 – Infection control (estate) 5017 – Ventilation and air handling
	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	4	4	4	4	↔	5	8
Consequence	4	4	4	4		5	
Risk Score	16	16	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. Draft funding allocation post 2022/23 being worked through. • Impact of inflation on capital programme presents an increasing risk to delivery.	

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	31/3/2023	

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 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			

Risk Scoring (current)							
Quarter	Q1	Q2	Q3	Q4	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	9
Consequence	4	4	4	4		4	
Risk Score	**12**	**12**	**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 strengthened. • 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	Feb 2023	

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 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			

Risk Scoring (current)							
Quarter	Q1 (22/23)	Q2 22/23)	Q3 (22/23)	Q4 (22/23)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	6
Consequence	3	3	3	3		3	
Risk Score	**9**	**9**	**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 • 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 • KHP Ventures in place.
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)	

Update Q4
- No change in overall risk score - Trust is the highest recruiter nationally to NHIR portfolio studies - Research and Innovation Team to be renamed as Research and Development. The Innovation portfolio is being moved to the CQI team. QI and Innovation Strategies are being developed.

Actions planned			
Action	**Lead**	**Due date**	**Update**
Develop plans to increase the Trust's accredited research capacity at the PRUH	CMO	Ongoing	A research nurse has been appointed, but space constraints continue to be a concern. There is a plan in place to free up space later in 2023.
Innovation Strategy to be developed.	Director of Continuous Improvement	March 2023	

BAF 7				16
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 Experience Committee	Latest review date	Q4 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR	2919 – Failure to recognise the deteriorating patient 4460 – Harm from patient falls 4914 – Quality compliance
	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 (2022/23)	Q2 (2022/23)	Q3 (2022/23)	Q4 (2022/23)	Change from previous quarter	Gross risk	Target risk*
Likelihood	**3**	3	4	4	↔	5	6
Consequence	**4**	4	4	4		4	
Risk Score	**12**	12	16	16		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	• 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 2022/23 – Child safeguarding (*Significant assurance with minor improvement opportunities*) • GGI Quality Governance Programme Report • Incident reporting backlog • Outstanding complaints backlog • External service reviews (ad hoc) • CQC Inspection – Medicine PRUH – overall rating maintained at Good.

• Thematic review process developed for 'amber' incidents • Policy and clinical guidelines framework • MEG Audit Process – self assessment • Integrated Quality Report • Daily executive GOLD meetings reviewing performance	• CQC ED reports (DH and PRUH)– 2021 and action plan progress updates • CQC Inspection – Orpington – Safe domain downgraded to inadequate, overall rating downgraded to requires improvement • CQC Inspection - Maternity action plan in place and pending reports • Internal Audit reports 202/23 – Data Quality (partial assurance with improvements required) • Trust performance data – daily executive reports and monthly reports – outlining operational issues with demand, capacity, MH and Ambulance handovers. • CQC Well-Led (Nov 2022) • CQC DH Inspections – Medicine/Paediatrics (Oct 2022)

Gaps in controls & assurances

- Implementation of external review actions
- Quality improvement assurance
- Safer medical staffing metrics

Actions Planned

Action	Lead	Due date	Update
Complete thematic review programme (Amber incidents)	Chief Nurse	Q3 2022/23	Reviews are ongoing.
Strong Roots, Quality Care	Chief Executive	Q3 2022/23	Programme developed and being implemented across the Trust.
Executive-led Quality Assurance Group established	Chief Executive	Q3 2022/23	Meetings in place. Initial focus is on CQC response.
Quality Assurance Framework	Chief Nurse	Q4 2022/2023	Workstream set up, supported by Deloitte
Quality Governance refresh	Chief Nurse and Chief Medical Officer	Q4 2022/2023	Workstream set up, supported by Deloitte
ED Safety Summit	Chief Executive	Q4 2022/2023	Complete

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	Q3 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF& CRR	BAF 8 Partnership working
	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 (2021/22)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	9
Consequence	3	3	3	3		4	
Risk Score	9	9	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 • Internal Audit review of system governance
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	

Actions planned			
Action	**Lead**	**Due date**	**Update**
SEL APC governance framework to be developed and agreed	CEO	March 2022	Complete
Establish a 'Trust Anchors' programme to align with the ICS Anchors initiative and coordinate current 'anchor institution activities	Director of Strategy	September 2022	An update has been provided to SRP on 1/12/2022. Programme is ongoing.
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	

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	Q4 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	270 – Elective waits 597 – Theatre capacity (Neurosurgery) 1178 – Care of MH patients 2679 - Ophthalmology demand and capacity 2739 – Theatre capacity (emergency) 3941 – Delay to Treatment DH ED 4297 – Non-delivery of ECS 5005 – Further COVID-19 waves
	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 2022/23	Q2	Q3 2021/22	Q4 2021/22	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	4	4	4	↔	5	9
Consequence	4	4	4	4		5	
Risk Score	**16**	**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

Gaps in controls & assurances	
• Additional site and workforce capacity	

Actions/Activities planned			
Action	**Lead**	**Due date**	**Update**
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) Valmar options appraisal ongoing.
Workforce planning and recruitment activities to support increased workforce capacity	CPO	Multiple – See BAF 1	See BAF Risk 1 – Recruitment & Retention
Review of arrangements for services e.g. ENT and cancer pathways underway.	Site CEOs	Complete	The Trust has agreed to provide some elements of a service particularly in relation to two week waits (Cancer), whilst a system-wide solution is agreed.
Action plans to address ambulance handover at both sites	Site CEOs	Complete	A full response is in place at both sites.
Industrial action response	Site CEO (DH) with relevant directors	Ongoing	A full response is in place to manage the impact on industrial action, there is a known impact capacity. This is being quantified and managed and where necessary, harm reviews are in place.

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 2022/23	

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 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	8
Consequence	4	4	4	4		5	
Risk Score	12	12	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 • New bi-monthly joint meeting in place to test readiness for a cyber-attack, Membership includes key 3rd parties including Synnovis and KFM,	• 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	

Actions planned			
Action	**Lead**	**Due date**	**Update**
Implementation of internal audit recommendations	CDIO	Q1 2022/23	Progress reviewed by RGC. Progress in line with expectation.

Committee Highlight Report for Trust Board			
Committee Chair	Akhter Mateen	Date of Meeting	3 February 2023
Committee:	Audit & Risk Committee		

Agenda ref.	Item	Link to BAF
3.	**Finance** **Accounting Updates** The Committee considered the changes to the DHSC Group Accounting Manual (GAM) applicable to 2022/23 and considered its impact on the Trust. **Better Payment Practice Update** The Committee noted the Better Payment Practice Code (BPPC) is a key financial metric, measuring whether the Trust was paying its creditors on time. The Committee was informed that a consistent approach was being applied to the performance on a monthly basis.	BAF 3 Financial Sustainability
4.	**Governance** **Corporate Risk Register Report** The Committee considered the 34 Risks on the Register remained unchanged, with the addition of the ambulance strikes which had now been included. The Datix system is being replaced, with a new system being implemented with an anticipated delivery date of April 2023. The Committee would be in receipt of bi-annual updates. **Risk and Governance Committee Update** The Committee noted good progress had been made with delivery of internal audit recommendations and it was anticipated all red-rated recommendations would be implemented in 2 to 3 months' time. **Report from Apollo Joint Oversight Group** The Committee noted the new set up of the Apollo Joint Oversight Group and the creation of a smaller working group to meet monthly following on from the main meeting. Both Apollo groups would report into both Boards. **New NHS Code of Governance** The new NHS Code of Governance goes live on the 1 April 2023 with the old code of 2014 currently in use.	BAF 3 Financial Sustainability BAF 5 Apollo Implementation BAF 7 High Quality Care BAF 9 Demand and Capacity
5.	**Internal Audit** **Internal Audit Recommendations Implementation** The Committee noted progress made and understood the reasons for the delay with closure of the 20 recommendations. The Committee acknowledged the clearer and firmer position of the Internal Audit Recommendations Implementation.	N/A

Agenda ref.	Item	Link to BAF
	Internal Audit Progress Report The Committee noted the Internal Audit Progress plan of action and the programme of works. Three reviews had been finalised and the remaining four reviews being progressed to conclusion. **Improving Financial Sustainability in the NHS** The Committee noted the scores from the Internal Audit review of the self-assessment on Improving Financial Sustainability in the NHS completed by King's. It was described as balanced, supported by evidence, and in line with core financial processes. The Committee was assured by the findings of the report and was pleased to note that the overall scores by the Trust were slightly higher than the average of the 23 other Trusts covered by the Internal auditors. **Child Safeguarding** The Committee was assured that following a review of the design of children safeguarding controls at King's, KPMG rated King's with significant assurance with minor improvement opportunities. This was described as being positive following a reorganisation of the team and extensive redesign of ways of work. **Trust Strategy Implementation** The Committee received the Trust Strategy Implementation report which provided satisfactory levels of assurance with good mechanisms in place and highlighted how actions were tracked. Minor improvement opportunities were identified.	
5.2	**Counter Fraud** The Committee was assured by the Counter Fraud progress report, noting the ongoing work to review conflicts of interest and temporary staffing issues. The Committee noted the need for mitigation to address sickness absence levels.	BAF 3 Financial Sustainability
5.3	**External Assurance** **Update on Prior Year External Audit Recommendations** The Committee was assured that the improvements which had resulted from last year's external audit recommendations. The Fixed Assets Register was reset and noted the Trust was in a good position with clearer KPIs and additional controls in place. **Indicative Audit Plan** The Committee noted the International Financial Reporting Standard (IFRS) 16 was applicable to all NHS bodies and had been implemented from 1 April 2022. The focus was on the new auditing standards on IT Controls and a renewed focus on financial reporting on expenditure with more scrutiny on the performance dashboard.	BAF 3 Financial Sustainability BAF 7 High Quality Care BAF 9 Demand and Capacity

Agenda ref.	Item	Link to BAF
	Informing Audit Risk Assessment The Committee noted further exploration on the fraudulent financial reporting. **FT Sector Update** The Committee noted the FT sector update report which highlighted some of the emerging national issues and developments for the Trust.	

Committee Highlight Report for Trust Board			
Committee Chair	Steve Weiner Non-Executive Director	Date of Meeting	9 February 2023
Committee:	Finance, Commercial and Sustainability Committee (FCSC)		

Agenda ref	Item	Link to BAF
2.1	**Finance Report M9** The Trust reported a deficit year to date deficit of £31.9m, against a previous SOF 4 target exit of £27.7m. Month 8 pressures included non-pay inflation, higher energy costs and PFI contract inflation. Pay spend had increased as a result of increased recruitment, the use of bank and agency and also winter pressures. Other pressures include reduced CART-T activity and the achievement of CIPs. The Committee discussed the plans in place achieve the agreed end of year out-turn. Mitigations were in place but the Committee noted the challenges of achieving the target. The Committee noted there was good support across the system to ensure that all financial targets were met. In relation to cash, although levels were low, this would not impact on the Trust's ability to meet its financial commitments.	BAF 3 Financial Sustainability
2.2	**KCH Group 2022/23 Capital Financial Position – M9** The KCH group capital envelope was £74.6m, spilt between the SEL envelope and funds the Trust had secured from national programmes and commercial opportunities. This was an increase of £7.6m from the prior month. There had been some adjustments for the month of February mainly the result of the Trust securing extra money from national bids. FCSC noted in M9 the Trust had spent £28.8m on capital projects, and was forecasting to spend £75.2m by year-end. The KCH Group Q4 planned expenditure was forecasted to spend £46.4m from January to March 2023. The Trust had identified contingency projects that could be delivered if there was a risk that the capital budget would not be fully utilised.	BAF 3 Financial Sustainability and BAF 4 Maintenance of the Trust Estate
2.3	**Apollo Financial Update** The Committee considered a report outlining changes that have occurred in the Apollo financial model over the last twelve months and to seek approval of the current re-forecast of the capital and revenue costs for the programme. The paper also provided an updated benefits plan. The Committee discussed the reasons for the deterioration in the position and how the impact would be mitigated. The Committee noted the paper and the work to identify benefits and address productivity gaps. The Committee also welcomed the extent of the joint working between GSTT and KCH on the project.	BAF 3 Financial Sustainability and BAF 5 Apollo
2.4	**23-24 Planning Guidance** The central planning guidance was launched in late 2022. It included stretching operational targets but by far the biggest stretch would be elective recovery where Trusts were expected to reach 110% activity. In South East London, work was ongoing to triangulate this with the financial envelope. The Committee	

Agenda ref	Item	Link to BAF
	noted that KCH was currently forecasting a deficit budget and on the basis of current assumptions the Trust would have to deliver efficiency savings of over 10% which was unrealistic. The Committee noted that most other London acute Trusts were in a similar position. Further conversations about targets and the ability to increase activity e.g. around theatre utilisation would need to take place. The Trust continued to work towards a break even position. The Committee agreed the Board needed to be engaged in this conversation in relation to the 2022/2023 delivery.	
2.5	**KHP Ventures Update** The Committee considered an update from KHP Ventures, noting the two Trusts (i.e. KCH and GSTT) were the first Trusts in the UK to work with its academic partner at this scale. The venture was going well, despite initial teething issues, and now firmed up with the appointment of a Managing Director in place. The Committee discussed the plans for its development over the next 12 months.	
3.1	**Sustainability - Carbon Reporting Scope 3** PwC had looked, pro-bono, at the Trust's supply chain carbon footprint and had identified opportunities to reduce the carbon footprint. Sixty opportunities have been identified but further engagement was needed with Care Groups to consider what change management capability was needed. Pharmacy offered significant opportunities and the Chief Pharmacist is engaged.	
3.2	**Patient Transport** The Committee noted the Trust had undertaken a joint procurement exercise with GSTT in the summer of 2022 and agreed the contract for the non-emergency patient transport contract. GSTT had raised some concerns and it had been agreed that a contract be signed for three years, rather than five years. Negotiations had been unsuccessful because of investment plans and the contract had been signed, and pre-mobilisation of the contract was underway with the go live time expected to be May 2023. The Trust expected to see £1.7m of savings if the provider delivered on the set of KPIs. As part of their investment plans, the contractor had commissioned ultra-low omission vehicles. Mobilisation was underway and anticipated the new service will go live in May 2023.	
4.1	**BAF Risk 3 - Financial Sustainability** It was felt that it was unrealistic for risks to be given a score of 8. The Committee noted the Board Assurance Framework.	

Committee Highlight Report for Trust Board			
Committee Chair	Steve Weiner	Date of Meeting	9 February 2023
Committee:	Major Projects Committee		

Agenda ref	Item	Link to BAF
1.5	**Summary of Major Projects** - The Committee noted the current status of all major projects including ongoing discussions at SEL ICS in relation to extending endoscopy provision at the PRUH. - A detailed review of the DH Modernising Medicine Programme will be considered at the next MPC, but the Willowfield facility was now open. - The list of programmes will be subject to review in the context of the 2023/24 strategy delivery plan. - The CCU is on track for completion by the end of the financial year.	
2.1	**Apollo** - The Committee noted that activity and focus was increasing at KCH and in April, there would be increased governance as the Trust approaches go-live in October. There was good clinical engagement but also scope for more operational engagement. KCH was benefiting from GSTT learning and there was good collaboration between the two Trusts. The Committee noted the risks facing the programme and agreed there needed to be a better understanding of whether there would be any implications for KCH if the programme was delayed at GSTT. - The Committee discussed benefits realisation, noting the joint oversight Committee would be considering this in detail at a future meeting. - The Committee noted the added value being provided by the external assurance contract. - The data reporting workstream is making progress but it was unclear that all the issues would be resolved before GSTT goes-live. This should be less of an issue for KCH. The Committee noted progress.	
	Pathology - The transition to the new arrangements was complete. Transformation continued and would not be completed until the hub and Apollo were in place. Synnovis are well engaged in the Apollo programme. - Discussions were ongoing in relation to the redevelopment of unit 6 and planning permission had been granted.	
	Valmar - The business case would be delivered by the end of the financial year.	
	PRUH Car Park	

Agenda ref	Item	Link to BAF
	- The first phase of the programme was delivered on time and budget.	
	Capital Programme - The programme was behind budget and there was a concerted focus bringing this back into line in Q4. There were mitigations in place to ensure the full budget was used if necessary.	
	Estates Compliance - The Committee noted the work in place to ensure all Trust sites are compliant.	
	BAF The Committee discussed the risks in relation to maintaining and developing the Estate. There were a number of planned mitigations that if achieved would provide positive assurance and may lead to consideration of whether the risk could be reduced. In relation to Apollo, the Committee discussed whether the focus of the risk was right. The Committee agreed a further risk was needed in relation to the critical path and go-live, as well as mobilisation and transition.	

Committee Highlight Report for Trust Board			
Committee Chair	Prof Jon Cohen	Date of Meeting	23 February 2023
Committee:	Quality, People and Performance Committee (QPPC)		

Agenda ref	Item	Link to BAF
2.1	**Integrated Performance Report** The Committee reviewed the M9 IPR which provided details of the latest performance achieved against key national performance, quality and patient waiting times targets. The Committee were made aware that COVID-19 continued to impact activity and performance for December 2022. A number of measures had been put in place in regard to boarding of patients and continuous flow is being used. The action plans in place on both sites are beginning to show improvement and the delays in ambulance handovers are reducing. The Committee noted that strike action remained an ongoing risk and impacted on both sites' ability to implement action plans. The numbers of patients experiencing mental health continues to be an issue and the Committee noted the ongoing engagement with system mental health partners. At its next meeting, the Committee will review the plans to achieve the 2023/24 target of 76%. Good progress is being made in achieving the diagnostic target (DMO1), the simplification of the prostrate pathway has led to improvements. In relation to elective waiting times, the Committee was reassured there are no patients waiting more than 104 weeks and plans were on track to meet the national targets in relation to 78, 65 and 52 week waits. The Committee discussed theatre capacity and bed space and the mechanisms in place to balance priorities across care groups.	
2.2	**Cancer** The Committee considered a paper on cancer outcomes by tumour group. SEL had improved one-year survival rates and outperformed in many tumour groups, but improvement was required regarding longer-term rates against the benchmark groups of London and England. The Committee discussed the importance of screening programmes, noting outcomes were impacted by late diagnosis. Screening rates in SE London were low and this is a priority for the Integrated Care Board (ICB).	
3.1	**Workforce Metrics** The Committee noted the Trust vacancy rate had decreased to 12.52% from 13.43% during January 2023, with a reduction of staff groups, with exception to Estates and Facilities who had a significantly higher vacancy rate of 19%. Voluntary turnover had decreased to 15.06% from 15.11% last month, with targeted work focused on turnover and funding for six months from the Integrated Care System (ICS) with an appointed position to study the analysis of data and to start work on potential interventions. The Committee noted that the main focus	

Agenda ref	Item	Link to BAF
	for the Trust was retention of staff and work was ongoing to mitigate the challenges in keeping staff in the organisation.	
3.2	**Equality, Diversity and Inclusion Update** Work had been undertaken in line with the Workforce Relation Team to collate data which showed a 13% increase in representation with senior levels from 2021/22 to 2022/23. There had been a 9.8% reduction in disciplinary cases across the year and it was stressed that this figure had come from actual cases within the Trust and not the staff survey. There had been an increase in the Freedom To Speak Up complaints process, which was a different process from staff members going through disciplinary process. There had been more early resolution with a 28% increase in the use of this process, which was a positive step. Work on inclusivity was highlighted as the area with the least amount of progress. In light of a draw back with structures in place to make this more accessible for staff, there were challenges between implementation of process and putting the framework in place. The Equality, Diversity and Inclusion team were working with the Patient Experience Team and the Accessibility Group to find a resolution.	
3.3	**King's Apprenticeship Plan** The Committee was informed the Trust had undertaken a review on apprenticeships, with the current number of 270 apprenticeships within the organisation. The Trust were looking at what flexibilities were feasible in supporting the local area. National Apprenticeship Week had generated a large interest which would help in increasing the Trust's apprenticeship number. Currently a widening participation group were involved in the steering and management of this project. This was associated around the BOLD strategy with an expectation of increased stretch internally and externally for the organisation. The Committee noted that the Trust anticipated a collaborative approach to use resources by overlapping into schools in regard to work experience. It was agreed that the Trust should use their resources to include schools with re-setting work experience for 2023.	
3.4	**National Staff Survey Results 2022** The Committee was provided with a summary of the results from the national staff survey. The results were embargoed until 9 March 2023 and noted there had been a positive 8% increase in the number of people who responded to the staff survey.	
3.5	**Gender Pay Gap Report** The Committee reviewed the latest Gender Pay Gap Report, as well as the actions in place to address any gaps. The Committee noted that achieving change will take time. The Trust's latest average (mean) pay gap had marginally worsened. Median pay gaps and bonus pay gaps had significantly improved. In 2021/2022 the median pay gap had reduced whilst the average pay gap had worsened by 0.04%. With respect to ethnicity for the gender pay gap, the average was 17% with black and ethnic minority being the lowest at 4.8%.	

Agenda ref	Item	Link to BAF
	Performance against Guy's and St Thomas', and Lewisham and Greenwich hospitals had shown the Trust was marginally behind its peers. The Committee approved the report for publication.	
4.1	**Board Assurance Framework (BAF)** BAF 1, in relation to recruitment and retention the detail had not changed. A number of initiatives were being developed and would be brought back to the next QPPC meeting. A red risk score of 16 remained in place with open vacancies in key areas of the Trust and plans would be put in place to resolve this. BAF 2, leadership and culture within the organisation, had been covered in detail at the previous meeting, was in a positive position, with an amber risk rating. BAF 7, quality risks remained 16, with recent positive assurance from the recent CQC report publication regarding Children's and Adult Medicine. It was noted that work was still ongoing with the Quality Assurance Framework which would be submitted to the King's Executive meeting for review. The report would then be presented to the Committee to provide assurance that the appropriate arrangements had been put in place. BAF 9, demand and capacity had a red risk of 16. The Committee agreed the wording of the risk should be reviewed.	
4.2	**Health and Safety Q3** The Committee noted the number of health and safety incidents recorded across the Trust in Q3. There had been an increase of RIDDOR reports in the last quarter, which was a significant increase in comparison to the two previous quarters. There were concerns around accidents in staff handling beds, specifically in adjusting of bed rails. A plan had been put in place to reduce this type of incident from happening in the future.	
5.1	**Integrated Quality Report** The Committee considered the integrated quality report. There were no Never Events reported, there had been one HSIB case reported, which had involved an intrauterine death at home. The largest Serious Incident (SI) themes showed an increase in the number of delayed diagnosis, which the Trust were looking into for further mitigation. There were a number of concerns in relation to decontamination which were being addressed. The Committee heard about the efforts being made to improve antibiotic stewardship. The Quality Improvement strategy now included more profiling with new KPI's for the Quality Improvement Team and continued tracking of the quality improvement projects. It was noted that ongoing work for the duty of candour process had created a more streamlined and robust system in place for patients and relatives. The Committee praised the quality improvement work and progress made.	
5.2	**Patient Outcomes (including learning from deaths) - Quarterly Report** The Committee was presented with the Q3 Patient Outcomes report which showed that majority of indicators were green with two at red. Two key successes were identified in relation to mortality. Issues were noted in regard to risk adjusted re-admissions related to the PRUH. Non-mortality reports were	

Agenda ref	Item	Link to BAF
	satisfactory. The Committee discussed how concerns about outcomes were addressed, noting that increased surveillance was put in place. Issues generally often related to coding rather than quality but late presentation of disease remained a concern. The ICB attended the Patient Outcomes C and were aware of the challenges.	
5.3	**Quality Summit – Urgent and Emergency Care** The Committee noted the summary of the Quality Summit held in January 2023 to review how patient safety and experience were being prioritised in the emergency care pathway, given the demand and capacity pressures facing both Emergency Departments. The Committee noted the actions in place and discussed the work being led by the Chair of South London and the Maudsley to improve access to mental health beds in London.	
5.4	**CQC Maternity Reports and Action Plans** The Committee was informed of the CQC visits that had taken place at the DH and the PRUH maternity services in August 2022, with both reports published on 23 December 2022 and rated as Requires Improvement. High-level improvement themes had been undertaken with mandatory training, equipment and environment checks, medication safety, infection prevention and control, investigation of incidents and patient risk assessments. The Board's Maternity Safety Champion, Dame Christine Beasley commented that she made regular visits to the maternity units and had seen improvement since the inspection.	
5.5	**QPPC - Joint Safeguarding Q1 and 2 update** The Committee received H1 update from the adults and children's safeguarding teams. The Committee noted there had been improvements in partnership working and the Trust was fully engaged with Local Authority partners. The provision of domestic violence support was now a 7 day service. The Trust had seen approximately 900 adult referrals in Q1-Q2 and 1100 paediatric referrals. Training compliance had improved but there was some way to go to meet targets for learning disability training compliance. The Committee noted the commitment to agree a learning disability strategy by the end of the financial year.	
5.6	**2022/23 Quality Account Priorities Progress - Quarterly Report** The deteriorating patient priority had progressed well particularly in relation to adult patients with a successful application through the NHSE Patient Worry and Concern Project. The CQUIN data for Q3 showed further improvement in overall compliance in terms of understanding of patients being managed well, with unplanned admissions to ICU reducing. This data was now live on the dashboard. Maternity and Paediatrics were behind trajectory in relation to deteriorating patients, and action plans were in place. The priority to Support Positive Behaviour to increase staff and patient safety had been supported by a short film exploring King's staff experiences of violence and aggression launched in November 2022. The event was attended and feedback had been positive.	

Agenda ref	Item	Link to BAF
5.7	**Planning – Quality Account Priorities 2023/24** The Committee supported the proposed continuation of the deteriorating patient priority for 2023/24 to ensure the traction of the improvement work was in relation to Maternity and Paediatrics, with an additional focus on sepsis and improvement in the identification and management of patients. The Committee was concerned that the wording of the sepsis action was too broad. The Committee approved the priorities for 2023/24.	
6.6	**Guardian of safe Working Report** The Committee was made aware the Trust had now established junior doctor's forum for each site, with a growing number of junior doctor representatives and attendees. Exception reporting had no new trends. Issues were noted in relation to inequalities regarding exception reporting. Previous Trust objectives had been to make exceptional reporting easily accessible, however, this had not yet happened. Further funding was needed in order to purchase adequate software to enable accessibility for all staff, along with an effective communication strategy with junior doctors. There had been a number of HEE visits. The trainees in occupational health have been removed, but this was not related to contractual hours.	