

AGENDA

Meeting	Council of Governors
Date	Tuesday 28 March 2023
Time	16:30 – 18:00
Location	Board Room, Hambleton Wing, King's College Hospital, Denmark Hill

No.	Item	Purpose	Format	Lead	Time
1.	Standing Items				
	1.1. Welcome and Apologies	FI	Verbal	Chair	16:30
	1.2. Declarations of Interest				
	1.3. Chair's Action				
	1.4. Minutes of Previous Meeting – 8 December 2022	FA	Enc.		
	1.5. Matters Arising / Action Tracker	FR	Enc.		
QUALITY, PERFORMANCE, FINANCE AND PEOPLE					
2.	Report from the Chief Executive	FR	Enc	Site CEO, PRUH	16:35
3.	2022 Staff Survey Results	FD	Verbal	Chief People Officer	17:00
4.	Learning from Serious Incidents and Complaints	FI	Verbal	Acting Chief Nurse / Director of Midwifery	17:10
5.	Operational Plan	FD	Verbal	Site CEO, PRUH	17:20
GOVERNANCE					
6.	Election of new governors 2023	FR	Enc	Acting Director of Corporate Affairs	17:30
7.	DRAFT Governor Protocol	FD	Enc	Acting Director of Corporate Affairs	
8.	Appointment of a Lead Governor	FA	Enc	Acting Director of Corporate Affairs	
9.	Appointment of a NED	FD	Enc	Chair	
10.	Governor involvement and engagement				17:45
	10.1. Governor Engagement and Involvement Activities	FR	Verbal	Lead Governor	
	10.2. Observation of Board Committees	FI	Verbal	Governor Observers	

Key: *FDA: For Decision/ Approval; FD: For Discussion; FA: For Assurance; FI: For Information*

11.	FOR INFORMATION				
	11.1. Minutes of the Governor Strategy Committee 15 th December 2022	FI	Enc		
12.	Any Other Business	FI	Verbal	Chair	17:55
13.	Date of the next meeting: Tuesday 30 May 2023 in the Dulwich Room, Hambleton Wing, KCH, Denmark Hill.				

Charles Alexander	Chairman
Elected: Dr Devendra Singh Banker Tony Benfiled Victoria O'Connor Katie Smith Rashmi Agrawal Emily George Daniel Kelly Ibtisam Adem Deborah Johnston Devon Masarati Billie McPartlan David Tyler Dr Adrian Winbow Fidelia Nimmons Chris Symonds Jane Allberry Lindsay Batty-Smith Angela Buckingham Hilary Entwistle Jacqueline Best-Vassell Aisling Considine Dr Akash Deep Erika Grobler Christy Oziegbe Tunde Jokosenumi	Bromley Bromley Bromley Bromley Lambeth Lambeth Lambeth Lambeth Patient Patient Patient Patient Patient Patient Patient Southwark Southwark Southwark Southwark Southwark SEL System Staff - Allied Health Professionals, Scientific & Technical Staff - Medical and Dentistry Staff – Nurses and Midwives Staff - Medical and Dentistry Staff – Administration, Clerical & Management
Nominated/Partnership Organisations: Dr Dianne Aitken Cllr. Jim Dickson Cllr Robert Evans Phidlelma Liswoska Prof Dame Anne Marie Rafferty Ian Rothwell	SEL CCG Lambeth Council Bromley Council Joint Staff Committee King's College London South London & Maudsley NHS Foundation Trust
In attendance: Dame Christine Beasley Prof Yvonne Doyle Nicholas Campbell-Watts Professor Jon Cohen Akhter Mateen Prof Richard Trembath Steve Weiner Prof Clive Kay Jonathan Lofthouse Julie Lowe Dr Leonie Penna Mark Preston Clare Williams Lorcan Woods Beverley Bryant Chris Rolfe Siobhan Coldwell Zowie Loizou	Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Officer Site Chief Executive, PRUH & South Sites Site Chief Executive, Denmark Hill Chief Medical Officer Chief People Officer Chief Nurse & Executive Director of Midwifery Chief Finance Officer Chief Digital Information Officer Director of Communications Acting Director of Corporate Affairs Corporate Governance Officer

Council of Governors Meeting – Public Session

Draft Minutes of the Council of Governors (Public Session) meeting held on

Thursday 8 December at 18:00 – 19:30hrs

The meeting was held in the Boardroom, Hambleton Wing, Denmark Hill

Present:

Chair

Charles Alexander

Trust Chair

Elected Governors

Tony McPartlan

Bromley

David Jefferys

Bromley

Professor Daniel Kelly

Lambeth

Deborah Johnston

Patient

Devon Masarati

Patient

Billie McPartlan

Patient

Jane Allberry

Southwark (Lead Governor)

Hilary Entwistle

Southwark

Tunde Jokosenumi

Staff – Admin and Clerical

Aisling Considine

Staff – Allied Health Professionals, Scientific and Technical

Mick Dowling

Staff – Nursing & Midwifery

Erika Grobler

Staff – Nursing & Midwifery

Nominated/Partnership Organisations:

Cllr Jim Dickson

Lambeth Council

Phidelma Lisowska

On behalf of Staff Side Governor

In Attendance:

Dame Christine Beasley

Non-Executive Director

Professor Yvonne Doyle

Non-Executive Director

Akhter Mateen

Non-Executive Director

Professor Clive Kay

Chief Executive Officer

Jonathan Lofthouse

Site Chief Executive – PRUH and South Sites

Dr Leonie Penna

Chief Medical Officer

Billie McPartlan

Patient

Funmi Onamusi

Director of Equality, Diversity & Inclusion

Mark Preston

Chief People Officer

Chris Rolfe

Director of Communications

Clare Williams

Chief Nurse and Director of Midwifery

Dianne Aitken

Co-Chair, Lambeth Together Care Partnership Board

Siobhan Coldwell

Association Director of Corporate Affairs

Zowie Loizou

Corporate Governance Officer (minutes)

Penny Dale

Member of Public

Apologies:

Rashmi Kumar

Lambeth

Lindsay Batty-Smith

Southwark

Angela Buckingham

Southwark

Beverley Bryant

Chief Digital Information Officer

Item	Subject	Action
22/40	Welcome and Apologies The Chair welcomed Governors/attendees and apologies for absence were noted as above.	
22/41	Declarations of Interest There were no declarations of interests.	

22/42 Chair's Action

There had been no Chair's actions since the last meeting.

22/43 Minutes of the Previous Meeting – 18.10.2022

The minutes of the meeting held on 18 October 2022 were agreed as an accurate record of the meeting.

22/44 Matters Arising/Action Tracker

- The Committee requested that the previous action in regard the complaints process and learning from feedback/complaints be kept on the action tracker and updated accordingly.
- The resourcing strategy for the recruitment plan was underway.

22/45 Reflection of the Board of Directors meeting and papers

The Council discussed the patient story which was presented at the Public Board meeting, featuring the Director of Vulnerable Adults. It was a patient account focused that focused on how vulnerable patients can feel whilst in hospital care. Additionally the story told of waiting times for an ambulance, a long waiting experience within ED, with absent test results. The patient felt vulnerable and had stressed the importance of looking at all people within the spectrum of vulnerability.

The Chair had discussed the anxiety caused to the patient and family with regard to the failure of communication in regard to test results. As a Trust, there was a need to reflect on the lessons learnt and to ensure that improvements were implemented.

In discussion the Council noted opportunities for the collaboration of Lambeth Together and King's other Partnerships and the work that the Trust was doing with the through the Health Inequalities Programme. The Trust were looking to partner with Centric and Health Watch to develop a programme around engagement with the community to ensure there were improvements to services and enable support and care to patients.

Concerns were raised around hybrid meetings for members who would like to attend the Board and Council meetings but attend face to face. The Trust required a balance and importance of hybrid meetings throughout COVID 19 was noted, however there was a feeling that to develop the working relationships that were needed to make organisations flourish, face to face interaction would be needed. Further solutions would be investigated.

The Council discussed forthcoming industrial action and the RCN vote for strike action. It was noted that although the Trust was not participating in the first wave, preparations were put in place for potential future strikes. The Chair highlighted that preparation was in place and stressed that although the Trust was not affected by the first strike, GSTT was, and that could affect the KCH, particularly through ED.

The Council noted an Emergency Preparedness Group had been formed, working together with HR, the Operational Team and Executive Nursing Colleagues. Shadow planning had commenced, in preparation for the possibility that the RCN might take strike action in January 2023. There had been close work with LAS and partner organisations to ensure that there was the right care and right support in place. It was noted that this was still in the early stages.

SOF 4 (previously financial special measures):

The Trust had now moved onto SOF 3. This was a significant milestone and the Chair recognised the significant efforts of the Executive Team. The Council noted the Trust was now more independent than previously.

DRAFT

22/46 Trust updates – Governor focus areas CQC**The Chair provided key highlights to the Committee.**

- There had been a lot of activity in regards to CQC visits at the Trust. Since July 2022, with seven unannounced inspections for six services, with DH visited on two occasions.
- The status of all these inspections are as follows:
 - Orpington – Care of the elderly was published with an overall rating of “requires improvement”
 - PRUH – This was published and not rated, therefore the previous “good” rating was carried through.
 - Maternity at the PRUH received a draft report and the Trust had now responded to the factual accuracy check.
 - Maternity at Denmark Hill, received a draft report and the Trust had responded to the factual accuracy.
 - Well-Led, Child Health and Care of the Elderly (DH) inspections were complete. Initial feedback had been positive but the draft report had not yet been received.
- The Chair commented on the two disappointing reports, one being Orpington and prompt action was taken by the Site Chief Executive, Denmark Hill and Acting Chief Nurse and Executive Director of Midwifery, to address these issues.
- It had been a disappointing result for Maternity at DH with a letter of concern which had been received after the inspection. The draft report had been received recently which acknowledged the fact that actions had been taken and responded to appropriately with many of the CQC’s concerns. The final report with these actions had been taken promptly in regard to these concerns.
- In response to concerns raised at the Orpington, a programme of work was initiated across all care groups to ensure that the essential standards of care were being met.
- A quality assurance group had been established, with regular meetings to review action plans. Additional participation from the Executives and two Non-Executive Directors was noted. The Chief Nurse of the Integrated Care Board of South East London had been invited.

Quality Assurance Framework

- The Acting Chief Nurse and Executive Director of Midwifery highlighted to the Committee that ongoing work in relation to the Quality Assurance Framework, had commenced with a monthly group meeting on a basis as part of the refresh work.
- A new audit system had been implemented as a tool for the wards as an incentive for team assurance and reassurance, to enable complete self-assessments in local areas, which included outstanding care, which were the key lines of enquiry.

Nutrition and Hydration

- Nutrition and Hydration work had been ongoing over the last two years throughout COVID-19. A programme had been developed with the continuous quality improvement team looking at five different work streams which included education of all clinical staff around nutrition and hydration. Screening tools were looked at and how these were utilised.
- Work continued with policy and strategy framework review, around nutrition and hydration and information provided to patients as well as protective meal times.

Key Points:

- Work had started with the development team putting together a training package, there was an expectation that all clinical staff would complete this. The frequency of the training still needed to be agreed.
- The assessment tool had been reviewed for patients to identify malnutrition in admissions and the frequency in which this needs to be repeated. This would then be added to the electronic patient records system, which would enable staff to pull reports easily to check compliance.
- Work had been completed with the Patient Safety Team to look at the adverse incident codes relating to nutrition. There are too many codes currently, which had proved challenging to identify what the actual issues were.
- Work with the volunteer service in DH was ongoing and conversations with the senior nurses at PRUH to explore taking the volunteer service to the PRUH site.
- A small piece of work had been completed at KCH in one of the Health Effective Wards, where there had been 30 patients on the ward at any given time and 15 of those needed help with feeding. There was a reliance on nurses to provide this care which would not be feasible. Volunteers had been identified to participate during meal times to help feed patients.
- Staff in dietetics and Speech and Language would provide training to the volunteers to contribute to the service safely. So far there had been 70 volunteers and now this service will be rolling out to the third ward at DH. The objective was to ensure that nutrition and hydration becomes business as usual after the Quality Improvement Programme had been completed.

22/47

Governor involvement and engagement

- Questions around patient engagement in EPIC had been raised, as a significant number of people had volunteered to be patient influencers, but there had been limited engagement to date.

The Council praised the ongoing work that the Trust were doing, noting the ongoing challenges faced by King's and the health service more generally.

Governor Engagement and Involvement Activities**Governor Phidelma Lisowska**

- Members of Council of Governor committees were asked to ensure staff items are passed to the Trust for action. COG public updates passed to the Staff Side for their members, COG meetings and agenda input.

Jane Allberry

- 1 November, Learning from Complaints meeting. 3 November, Neuro and Trauma outcomes project group and King's Patient Voice. 7 November Cancer Support Worker Group and UK Brain Injury Forum Summit. 15 November - South London Neuro Patient/Carer Group. 17 November South East London Cancer Alliance Patient Experience and Engagement meeting. 30 November, spoke at meeting of Cancer Alliances on patient engagement at the South East London Cancer Alliance. 1 December - South East London Cancer Alliance board meeting.

Emily George

- Kings Maternity Voice Partnership general meeting 23 September 2022. Kings Maternity Voice Partnership "Walk the Patch" with service users 30 September 2022.

Devon Masarati

- Continued to attend EDI meetings. Continued with PESC. Attended the SELCA Patient experience event. Participated in PLACE on 11 and 13

October 2022. Attended the Learning from Complaints meeting. Attended KCPV meetings. Attended the patient /carer discussion group meeting about end of life care. At the end of September DM had been appointed Patient Safety Partner for the South East London ICS. Another patient involved in PLACE had also just been appointed. There were now three people involved and were awaiting training in this area.

Observation of Board Committees

Hilary Entwistle updated on the November QPPC meeting. She noted many of the issues covered had subsequently been covered by the Board of Directors. Whilst the papers were detailed and often complex, she recognised it was a privilege to be able to observe the meetings.

The Chair added that the Board were currently looking at the committee structure and content, as the quality agenda had changed rapidly over the years, and that the CQC would likely comment on this in their report.

22/48 Any other business

The Governors raised a question about contract management. The Council noted Chief Financial Officer and team were exploring this of improving contract management across the organisation were being implemented.

The Committee had noted that elections were coming up and thanks were given to those retiring Governors for their contributions, particularly given the difficulties in engagement during COVID-19.

22/49 Date of Next Meeting

Thursday 28 March 2022, 6:00pm – 7:30pm
KCH Board Meeting Room, Hambleden Wing.

Meeting:	Council of Governors	Date of meeting:	28 March 2023
Report title:	Report from the Chief Executive	Item:	
Author:	Siobhan Coldwell, Acting Director of Corporate Affairs	Enclosure:	
Executive sponsor:	Professor Clive Kay, Chief Executive Officer		
Report history:	Board of Directors 9 th Marc 2023.		

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 Council of Governors.

Board/ Committee action required (please tick)

Decision/ Approval		Discussion	✓	Assurance	✓	Information	✓
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The Council of Governors 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: <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓	Leadership, capacity and capability
✓	Outstanding Care: <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓	Vision and strategy
✓	Leaders in Research, Innovation and Education: <i>We continue to develop and deliver world-class research, innovation and education</i>	✓	Culture of high quality, sustainable care
✓	Diversity, Equality and Inclusion at the heart of everything we do: <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓	Clear responsibilities, roles and accountability
		✓	Effective processes, managing risk and performance
		✓	Accurate data/ information
		✓	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	<p>The report outlines how the Trust is responding to a number of strategic risks in the BAF including:</p> <ul style="list-style-type: none"> - 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	Governors 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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6. Workforce Update
7. Equality, Diversity and Inclusion
8. Apollo Programme
9. Emergency Preparedness Resilience and Response (EPRR)
10. Board Committee Meetings
11. Good News Stories

Appendix 1 – Consultant Appointments

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 Council of Governors.
- 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 Bazaar" 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 four 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	3 rd Feb 2023
Finance and Commercial Committee	9 th Feb 2023
Major Projects Committee	9 th Feb 2023
Quality, People and Performance Committee	23 rd Feb 2023
Strategy, Research and Partnerships Committee	23 rd Feb 2023
Council of Governors	8 th Dec 2022
Governor Patient Safety and Experience Committee	15 th Dec 2022
Governor Strategy Committee	15 th 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 **Southwark News: 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 **BBC One: 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 **The Guardian: '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 **Nursing Times: 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.

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	06/02/202 3	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	12/12/202 2	Permanent
23/08/2022	Consultant in Nuclear Medicine	Dr Manuela Vadrucci	Replacement	12/12/202 2	Permanent
17/11/2022	Consultant Oral & Maxillofacial Surgeon (General)	Mr Navin Vig	Replacement	19/12/202 2	Permanent
17/11/2022	Consultant Oral & Maxillofacial Surgeon, with an interest in Craniofacial Surgery	Mr Benjamin Robertson	Replacement	01/01/202 3	Permanent
15/12/2022	Consultant Haematologist with an interest in Plasma Cell Disorders	Dr Arief Gunawan	Replacement	01/01/202 3	Permanent
29/11/2022	Consultant in Neuro-anaesthesia	Dr Rachel Steele	Replacement	02/01/202 3	Permanent
16/06/2022	Consultant Anaesthetist with an Interest in Cardiac Anaesthesia	Dr Amieth Yogarajah	Replacement	03/01/202 3	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 Consultant Ophthalmologist	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



Council of Governors

Report to:	Council of Governors
Date of meeting:	28 th March 2023
Presented by:	Siobhan Coldwell, Acting Director Corporate Affairs
Prepared by:	Foundation Trust Office
Subject:	Governor Elections 2023
Action Required:	For noting

Summary

In line with the provisions of the Trust Constitution, elections were held to elect new Governors.

Action Required

The Council is asked to:

- a) **NOTE** the election took place in line with the Trust Constitution in late 2022 concluding in early 2023
- b) **WELCOME** the new and returning Governors to the Council.

MAIN REPORT

1. As per the Trust Constitution, Governors are elected for a three year period. An election was held in late 2022 and early 2023. Votes were required for nine seats, these were a mix of public, patient and staff constituencies.
2. Two governors were elected uncontested: Cllr Ibtisam Adem (Lambeth constituency) and Christy Oziegbe (Staff – nursing and midwifery). No eligible candidates stood for the London Constituency.
3. Nine governors were elected following contest. The Council of Governors welcomes back Billie McPartlan, Hilary Entwistle and Dr Devendarsingh Banker for a second term. The following were also elected: Tony Benfield, Victoria O'Connor and Katie Smith (Bromley), Jacqueline Best-Vassell (SEL System) and Chris Symonds and Fidelia Nimmons (Patient).
4. All relevant checks have now been completed. All Governors are appointed for a three year term.
5. New Governors have been invited to attend a full days induction course on 2nd May 2023 and a number of other sessions are being organised that will focus on how King's is organised and run.

6. The full Report of Voting is attached at appendix 1.



Report of Voting

KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 27 JANUARY 2023

CONTEST: PATIENT

RESULT		3 to elect
MCPARTLAN, Billie	177	ELECTED
SYMONDS, Chris	152	ELECTED
NIMMONS, Fidelia	147	ELECTED
BENNETT, Justin	123	
MORLEY, Geoff	103	
MAWSON, David	41	

Number of eligible voters		2,809
Votes cast by post:	144	
Votes cast online:	145	
Total number of votes cast:		289
Turnout:		10.3%
Number of votes found to be invalid:		5
Total number of valid votes to be counted:		284

CONTEST: Public: Bromley

RESULT		4 to elect
O'CONNOR, Victoria	161	ELECTED
SMITH, Katie	150	ELECTED
BANKER, Devendarsingh	146	ELECTED
BENFIELD, Tony	127	ELECTED
MCPARTLAN, Tony	113	
NEWFIELD, Edward	68	
CHAPMAN, Judith	65	
BARNES, Douglas	64	
FUTCHER-SMITH, Tina	47	
PURNELL, Chris	38	
BENNETT, David George	36	
KUMAR, Chandra	18	



Number of eligible voters		2,327
Votes cast by post:	130	
Votes cast online:	168	
Total number of votes cast:		298
Turnout:		12.8%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		296

CONTEST: Public: SEL System

RESULT		1 to elect
BEST-VASSELL, Jacqueline	32	ELECTED
EMMANUEL, Nihal	27	
HEPBURN, Angus	22	
GARDNER, Susan	13	

Number of eligible voters		1,016
Votes cast by post:	62	
Votes cast online:	33	
Total number of votes cast:		95
Turnout:		9.4%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		94

CONTEST: Public: Southwark

RESULT		1 to elect
ENTWISTLE, Hilary	162	ELECTED
LAMB, Sunny	52	
MURRAY, Malcolm	31	
OKPARAOCHA, Edith	14	

Number of eligible voters		2,369
Votes cast by post:	143	
Votes cast online:	118	
Total number of votes cast:		261
Turnout:		11.0%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		259



Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of King's College Hospital NHS Foundation Trust



UNCONTESTED REPORT

KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 8 DECMEBER 2022

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: LAMBETH 1 TO ELECT
The following candidate is elected unopposed: Ibtisam Adem

STAFF: NURSES AND MIDWIVES 1 TO ELECT
The following candidate is elected unopposed: Christy Oziegbe

PUBLIC: LONDON (REST OF) 1 TO ELECT
No valid nominations were received <i>1 vacancy remains</i>

**Ciara Hutchinson
Returning Officer
On behalf of King's College Hospital NHS Foundation Trust**





Council of Governors

Report to:	Council of Governors
Date of meeting:	28 th March 2023
Presented by:	Siobhan Coldwell, Acting Director Corporate Affairs
Prepared by:	Foundation Trust Office
Subject:	Governor Elections 2023
Action Required:	For discussion/approval

Summary

Governors have proposed that a protocol is developed to provide guidance to governors on how to raise issues with the Trust on behalf of their Constituents.

Action Required

The Council is asked to:

- a) **CONSIDER** the draft protocol as laid out below.
- b) **APPROVE** the protocol subject to any amendments agreed at the meeting.

MAIN REPORT

1. Governors are often contacted by Trust Members (their constituents) about concerns. These may be specific issues related to their appointments, treatment or care, or more general issues e.g. car parking or accessibility or signage.
2. In order to ensure that any issues are addressed in a timely manner, Governors have requested that a protocol is agreed outlining how issues should be raised. Based on feedback received from Governors, the following protocol is put forward for discussion.

PROTOCOL FOR GOVERNORS WHO WISH TO RAISE ISSUES WITH THE TRUST

ISSUE	ROUTE
Seek advice about individual complaints/requests from individuals about individual patient care	<p>Issue to be referred to the relevant ward or department (details available on the Trust website).</p> <p>Or:</p> <p>Issue to be referred to Patient Advice and Liaison Service (PALS) or Complaints:</p> <p>PALS Denmark Hill kch-tr.palsdh@nhs.net 020 3299 3601</p> <p>PRUH Kch-tr.palspruh@nhs.net 01689 863252</p> <p>Complaints: 020 3299 3209 Kch-tr.complaints@nhs.net</p>
Membership queries	<p>Email kch-tr.members@nhs.net</p>
General issues	<p>Email the Foundation Trust Office: Kch-tr.fto@nhs.net</p> <p>The FTO will:</p> <ul style="list-style-type: none"> - Acknowledge response within 2 working days and outline what steps will be taken to address the issue. - Endeavour to provide a full response within 10 working days. If this is not possible, an explanation will be provided, with a new deadline.

ISSUE	ROUTE
<p>Questions for the Board of Directors (or individual Board Members)</p>	<p>Option 1: Email the Foundation Trust Office: Kch-tr.fto@nhs.net</p> <p>The FTO will:</p> <ul style="list-style-type: none"> - Acknowledge response within 2 working days and outline what steps will be taken to address the issue. - Endeavour to provide a full response within 10 working days. If this is not possible, an explanation will be provided, with a new deadline. - If the issue is for an individual board member, the FTO will forward the question to them, cc'ing the governor that has raised the concern. <p>Option 2: Email the Chair of the Trust or relevant Committee Chair (cc the Foundation Trust Office)</p> <p>Option 3: Use the "Meet the NED/COG" sessions to raise issues of interest to the Governors with the NEDs.</p> <p>Option 4: If the Governors wish to submit a question to a formal Board meeting Email the Trust Secretary (cc the FTO) Siobhan.coldwell@nhs.net</p>
<p>Questions from staff</p>	<p>This likely to be most relevant to staff governors:</p> <p>If there are specific issues relating to an individuals, options include:</p> <ul style="list-style-type: none"> - Staff Side - Freedom to Speak Up Guardian - Guardian of Safe Working - Seek advice from the Health and Safety Team - Log issues via InPhase (previously DATIX) - Talk to a relevant senior manager <p>If there are general issues to raise:</p> <ul style="list-style-type: none"> - Discuss with the Chair of the Council of Governors - Raise a question with the Board of Directors (via the FTO).



Council of Governors

Report to:	Council of Governors
Date of meeting:	28 th March 2023
Presented by:	Siobhan Coldwell, Acting Director Corporate Affairs
Prepared by:	Foundation Trust Office
Subject:	Appointment of a Lead Governor
Action Required:	For noting/approval

Summary

In line with the provisions of the Trust Constitution, the Council of Governors may appoint a Lead Governor. Jane Allberry has been undertaking this role since 2019, and has indicated that she would like to stand down from the role.

Action Required

The Council is asked to:

- a) **NOTE** the process and **APPROVE** the proposed timetable for electing a new lead governor.

MAIN REPORT

1. As per the Trust Constitution, the Council of Governors may elect a lead Governor (see para 14.2 of the Constitution – extract attached at appendix 1).
2. The role of the Lead Governor is to:
 - Facilitate communication between Governors and the Board of Directors.
 - Assist the Chair in setting the agenda for the Council of Governor meetings (and other relevant governor meetings)
 - Chair the Council of Governors when required to do so by the standing orders
 - Contribute to the appraisal of the Chair
 - Initiate proceedings to remove a Governor where the circumstances for removal have arisen (as per the Constitution)
 - Liaise as appropriate with Councils of Governors of other Trusts
 - Such other duties, consistent with the 2006 Act and the constitution, as approved by the Governors.
3. Jane Allberry has signalled her intention to step down from the role. The process for appointing a lead governor is laid out in the constitution in paragraph 14.2. For ease of reference this has been duplicated at appendix 1 of this report.
4. It is proposed the following process/timetable is put in place to elect a new lead governor:

Task	Deadline
Any eligible Governor to nominate themselves to the to the Chair	By 30 th April 2023
Appointment Meeting	11 th May 2023

5. If no nominations are received, the appointment meeting will be cancelled, and the post will remain vacant.
6. If a single nomination is achieved the meeting will go ahead as per the constitution, and the governor that has been nominated, will be appointed by the Council.
7. If more than one nomination is received, there will be a ballot at the meeting (if the meeting is virtual, electronic voting will be used).

Appendix 1 – Extract from the Constitution

- 14.2 The Council of Governors may elect a lead governor.
- 14.2.1 When a vacancy occurs, an appointment meeting of the Council of Governors shall be called.
- 14.2.2 Any Governor with at least one year of their term remaining, may nominate themselves for the office of Lead Governor by giving notice to the Chair at least ten clear days before the Appointment Meeting.
- 14.2.3 As long as at least one nomination has been received in accordance with paragraph 14.2.1, the Council of Governors shall appoint the Lead Governor at the Appointment Meeting.
- 14.3 If:
- one nomination has been received, the nominated Governor shall be appointed Lead Governor at the Appointment Meeting;
 - more than one nomination has been received, the Council of Governors shall choose the Lead Governor by paper ballot at the Appointment Meeting, and if there is an equality of votes, the tied nominees shall draw lots to decide which of them shall be chosen;
 - no nomination has been received, the office shall lie vacant until the next Appointment Meeting.
- 14.4 The Lead Governor may resign from the office at any time by giving written notice to the Chair, and shall cease to hold the office immediately if they cease to be a Governor.
- 14.5 If a Lead Governor ceases to hold office during their term, the second- placed nominee in the last ballot for the office shall be offered the opportunity to assume the vacant office for the unexpired balance of the retiring Lead Governor's term. If that candidate does not agree to fill the vacancy it will then be offered to the third-placed nominee and so on until the vacancy is filled. If no candidate is available or willing to fill the vacancy, the office shall remain vacant until the next Appointment Meeting.
- 14.6 The Lead Governor's duties shall be as follows:
- facilitating communication between Governors and members of the Board of Directors;
 - assisting the Chair in settling the agenda for meetings of the Council of Governors and other meetings involving Governors;
 - chairing the Council of Governors when required to do so by the Standing Orders attached at Annex 2;
 - contributing to the appraisal of the Chair in such manner and to such extent as the person conducting the appraisal may see fit;
 - initiating proceedings to remove a Governor where circumstances set out in this Constitution for removal have arisen (without prejudice to the right of any other Governor to initiate such proceedings);
 - liaising, as appropriate, with councils of governors for other NHS Foundation Trusts, and
 - such other duties, consistent with the 2006 Act and this Constitution, as may be approved by the Governors.
- 14.7 If NHSI has appointed a panel for advising governors, a Governor may refer a question to that panel as to whether the Trust has failed or is failing to act in accordance with this Constitution or Chapter 5 of Part 1 the 2006 Act. A Governor may only refer a question

under this paragraph if more than half of the members of the Council of Governors voting approve the referral.

- 14.8 The Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.



Council of Governors

Report to:	Council of Governors
Date of meeting:	28 th March 2023
Presented by:	Siobhan Coldwell, Acting Director Corporate Affairs
Prepared by:	Foundation Trust Office
Subject:	Appointment of a Non-Executive Director/Deputy Chair
Action Required:	For noting/approval

Summary

Sue Slipman retired as Deputy Chair in July 2022. The Nominations Committee discussed succession with the previous Chair of the Trust and agreed that a headhunter should be appointed to support the process.

Action Required

The Council is asked to:

- a) **NOTE** the process and timetable for appointing a replacement for Sue Slipman.

MAIN REPORT

1. Sue Slipman retired as Deputy Chair in July 2022. The Nominations Committee discussed the process for replacing her with the previous Chair of the Trust, noting that the new Chair, Charles Alexander would need to be involved in any appointment. The Nominations Committee have also discussed the skills and experience required for the role.
2. During the appointment of the Chair in Common, the Nominations Committee agreed a role description for a Deputy Chair. This has been further refined as follows:

The Board's Deputy Chair will:

- chair a major Board Committee
- from time to time, will deputise for or represent the Chair of the Trust at internal and external meetings and events.
- represent the Trust at external meetings as appropriate (including at the APC Committee in Common as laid out in the APC Governance Model)
- through the Committees and other related processes (and in partnership with other Committee Chairs), support the Chair in ensuring:
 - that governance and assurance processes at the Trust focus on the continuous improvement of patient safety and clinical outcomes and, as far as is possible, are aligned with those in the partner organisation;

- that performance at the Trust is accurately measured against appropriate standards
 - that performance on equality, diversity and inclusion for patients and staff is accurately measured and progressed against national frameworks, including WRES, WDES, and EDS;
 - take on enhanced responsibility, in liaison with the Chair and the Chief Executive at each Trust, for providing visible leadership and support, on behalf of the Board, to the staff and patients of the organisation;
 - support the Chair in maintaining good relationships with the Council of Governors including attendance at key governor committees (the Chair will remain, formally, the Chair of the Council of Governors).
3. The Nominations Committee agreed that a Recruitment Consultant should be appointed to support the recruitment process. This is now complete. A timetable for the appointment has been drafted and subject to further refinement, it is anticipated that an appointment will be made in mid-June 2023.
4. On behalf of the Council of Governors, the Nominations Committee will responsible for:
- Agreeing a longlist of candidates to be interviewed by the recruitment consultant;
 - Agreeing a shortlist of candidates, based on the outcome of the interviews above;
 - Interviewing the shortlist of candidates;
 - Recommending the preferred candidate to the Council of Governors for approval.
5. All candidates will be required to demonstrate they meet the eligibility criteria to be a Non-Executive Director of King's, and will be required to be a member of the Trust.

Governors' Strategy Committee Minutes

Minutes of the Meeting of the Governors' Strategy Committee held on Thursday 15 December 2022, 2:00pm - 4:00pm via MS Teams.

Members Present:

Dr Devendra Singh Banker	Bromley Public Governor (Chair)
Jane Clark	Bromley Public Governor
Daniel Kelly	Lambeth Public Governor
Lindsay Batty-Smith	Southwark Public Governor
Hilary Entwistle	Southwark Public Governor
Debbie Johnston	Patient Governor
Tunde Jokosenumi	Staff Governor – Administration, Clerical and Management
Erika Grobler	Staff Governor – Nurses and Midwives
Dr Dianne Aitken	Nominated Governor - ICS
Akhter Mateen	Non-executive Director

In Attendance:

Edmund NG	Senior Strategy Advisor
Mike Cooshnea	Director of Operations - Apollo
Simon O'Donoghue	Head of Equality, Diversity and Inclusion Patients and Communities
Zowie Loizou	Corporate Governance Office (minutes)

Apologies:

Jane Allberry
Angela Buckingham
Roxanne Smith

Item	Subject	Action
22/28	<p>STANDING ITEMS</p> <p>Welcome and Apologies Welcome and apologies were noted.</p> <p>Minutes of Previous Meeting on 1 September 2022 The minutes of the previous meeting were approved as an accurate record of the meeting.</p> <p>Matters Arising/Action Tracker There were no matters arising.</p>	
22/29	<p>TRUST STRATEGIC FOCUS</p>	

Strategy Delivery Update

The Trust was working towards delivering the plan of action for 2022/23 as had been discussed at a previous meeting. The following pointers were made:

- It was noted that this was a public facing document which had been published in May 2022 encapsulating 20 concrete actions that would be delivered during 2022/23.
- This strategy was mapped against the BOLD vision, which could be found in the Trust's five year strategy plan and in the interests of transparency would be published showing the focus across the Trust and regular updates against the 20 key actions would be brought to this group.

- The five year strategy had four main ambitions; to have brilliant people delivering outstanding care for patients; to be leaders in research, innovation and education; and to have EDI at the heart of the Trust's activity.
- There were five concrete actions stated in the plan for action in 2022/23.
- There was progress for the 20 actions with exception to one around innovation culture against which there had been some progress on the SC1 innovation hub which had been launched in June 2022.
- The Trust had launched the kaleidoscope, an online learning platform, with a new suite of learning and organisational development content, which includes leadership programmes that were available to all staff across the Trust.
- The Trust had identified potential opportunities in 2023/2024 for further progress to ensure there was sufficient opportunity to engage with staff across the Trust to ensure that the right priorities were articulated. It would be important to allow enough time for this to go through appropriate governance processes internally and to ensure that all clinical leaders were also aware of this.
- Apollo would go live in 2023 and would be the main focus for the Trust in diversifying the research workforce.
- The King's Academy for nursing, Midwifery, and Allied Health Professional project had been established to provide a training area for nurses, midwives and allied health professionals, realising the benefits of this for staff and commercial opportunities.
- Looking forward, the Trust would continue to deliver Domestic Quality and Inclusion in year two of the road map.
- The Trust had been making progress towards Net Zero in line with the NHS national ambition. The Trust had a plan with a number of ambitions to be met.
- Teams across the Trust who were involved in patient engagement, co-production with community engagement were working on the co-production of a community engagement strategy plan, with a further workshop scheduled for January 2023.
- The Trust was working closely with other acute Trust providers within SEL to focus on the backlog of elective recovery with numerous teams working on the best pathway for patients going forwards.
- The purpose of the Anchor Programme was to recognise the Trust's influence across the community beyond just healthcare. The Trust would be looking at ways to use these qualities to benefit the local community. This was also part of the five year strategy and the Trust would make a concerted effort for a positive impact across SEL. The Trust had formally established a steering group that would lead this with a structured programme around the five elements of the Health Foundation Anchor Programmes, particularly focussing on widening access to quality work, looking at purchasing locally, and reducing our environmental impacts. Collectively the Trust would be addressing the five domains of the Health Foundations Anchors Framework, which was positive progress.
- The Kings executive team had recently considered a proposal which addressed health inequalities in the local area. The programme had been approved and work was on-going to establish a governance structure that would bring the work together.
- The vital 5 programme had been originally started by King's Health Partners which identified the five behavioural or risk factors that were the primary drivers of health inequalities in SEL. The Trust was looking at patients across Lambeth and Bromley in addition to Trust staff. There was development of a Health Inequalities Dashboard, which related back to the elective care waiting list.
- The Trust would continue to develop the strategy delivery plan for 2023/2024, with an engagement plan planned for April 2023 which would

include the Board and the Executives to ensure that there was a robust delivery plan for in plan. An update on the strategy plan report would be taken back to the board in Q3.

- The Trust would identify how it could work with partners, for example, ICS and the anchors programme, in developing health and care plans.

The committee noted the importance of a strategy being put forward and its outcomes. It would also be important for staff to receive support for training and development.

22/30

EDI and Health Inequalities Programmes

The committee noted that the report gave an update on progress against the projects outlined in the Roadmap to Inclusion 2022-2024 which were identified for delivery in H1 and H2 of 2022.

- The health inequalities programme which was now established within the governance structures from the start of September 2022. A Darzi fellow had been specifically recruited to support the development of the health inequalities programme and drive forward the research initiatives. There was a Trust wide approach to engagement and co-production with a number of people across the Trust who had looked at options to progress the work to ensure that tools and support services were imbedded. The King's Executive Team would consider this further in the early 2023.
- The Trust had been working on guidance for trans and non-binary patients. The staff trans and non-binary guide policy had recently been published, however there remained some challenges around patient guidance. A big consultation event had been launched with a number of Trust clinicians working with NHS England's LGBTQ plus advisors on a detailed consultation which would be published early in 2023. Following approval guidance would be rolled out with a launch aiming to support staff on the frontline in delivering good quality patient care for those who identified as transgender or non-binary.
- A number of audits had been carried out and as a result the Trust and had developed a number of action plans which would support the ongoing work in 2023. This included looking at the Trust's recruitment systems and processes.
- The Trust was developing an EDI toolkit which was likely to be a one stop shop for staff to talk about issues, such as bullying and harassment.
- The Trust had launched its own interface and belief network, the fifth of the staff diversity networks, which took place earlier in 2022 with a big launch event.
- The committee noted that the Trust had launched the reciprocal mentoring programme, with over 120 mentors and mentee profiles on the platform. They would work alongside workforce colleagues to add coaching and mentoring opportunities for staff.
- Black History Month activities had been wide ranging including development of a toolkit for staff relating to race and ethnicity across the Trust, but also looking outwards. The Trust was actively addressing issues of racial discrimination and disparity, in access, experience and outcome as well as running a series of workshops and webinars for staff.
- A large part of the health inequalities work was linked to what was happening within boroughs, ICS and national levels. There were a large list of stakeholders to ensure those voices from the community were heard, alongside patients and communities advisory groups. Local voluntary and community sector organisation academics would be invited to look at different areas of work, developing an online platform that encompassed project areas where comments and real time feedback given. There was currently a model of recruiting community members, training members in research to work with the working groups in developing research questions

to take to the community and produce solutions alongside local partners to deliver important health initiatives.

- There was ongoing work to strengthen communication with the ICS involving sufficient collaboration from different internal and external stakeholders. The Trust had some ongoing big projects and programmes, in particular with health and inequalities with outputs due in early 2023.

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NED COMMITTEE UPDATES

Audit Committee

The Non-Executive Director (Akhter Mateen) had informed the Committee of the purpose of the Audit and Risk Committee and the progression over the last four months.

- Ongoing discussions between NHS England and the Executive Team with the removal of the Trust from the status SOF 4 into SOF 3. There had been a significant well-led review by CQC, who had interviewed the Non-Executive Directors as a group in addition to individually endeavour and ascertain how they regarded the Trust and the organisation in terms of leadership of its well-led position. The team awaited the report on this.
- There Trust's contract management was being reviewed, with a new system 'Atomise' due to be introduced which was aligned with other NHS systems. 'Atomise' adopted a new approach to evaluating contracts into high risk, high value categorisations, so that the gold ones, which were both high value and high risk, would be very carefully monitored with a dedicated person identified as a responsible person for the contract, to bring everything into scope of the procurement. For example, if the Trust did not have a proper pay order, then the order would be rejected and the invoice not be paid, this kind of approach operated elsewhere. This approach had been reviewed and formally agreed with the Finance Team who had recommended this in the schedule of the standing financial instructions. This schedule of delegation of financial authorities in the Trust had been approved at Board Level.
- The review of the board assurance framework showed 10 strategic risks which were reviewed regularly by the Board and Assurance Committees. It had been agreed, on the recommendation of the QPPC, to elevate the risk on high quality care for the score, which had been 12 and escalated to 16.
- There corporate risk register had been reviewed and good progress had been made with embedding risk management and looking at trends and implementing the recommendations of the Good Governance Institute. Looking at the new Datix system that the Trust had implemented and this currently seemed to be missing a few capabilities, this was being reviewed as to next steps.
- The Trust had an internal audit review and conducted jointly with counter fraud, focusing on procurement. There was positive assurance given on this review by the Internal Audit Team.
- The concern of current high living costs in relation to the Kings tight budget was raised and the contracts that would run in the Trust till early 2024. This would help avoid big increases and NHS England were looking at the ICS as a whole and a vision to see South East London reach an even position.
- There had been discussion at previous Audit and Risk Committee's meeting with Grant Thornton regarding the process for 2023/2024 audit plan. The Audit and Risk Committee had focused with regards to both auditors and the finance team, to be better prepared for 2023/2024.

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ANY OTHER BUSINESS

- It was noted that the Learning and Development Team would connect with staff members on what projects and development plans there would be within the Trust for 2023.

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DATE OF NEXT MEETING

Thursday 16 March 2023 14:00 - 16:00pm MS Teams