

AGENDA

Meeting	Council of Governors
Date	Tuesday 5 December 2023
Time	16:30 – 18:00
Location	The Dulwich 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	Chairman	16:30
	1.2. Declarations of Interest			Chairman	
	1.3. Chair's Action			Chairman	
	1.4. Minutes of Previous Meeting – 30 May 2023	FA	Enc.	Chairman	
	1.5. Action Tracker	FD	Enc.	Chairman	
	1.6. Matters Arising	FI	Verbal	Chairman	
QUALITY, PERFORMANCE, FINANCE AND PEOPLE					
2.	Annual Report and Accounts 2022-23 Report from the External Auditor	FI	Enc.	Paul Dossett, Partner, Grant Thornton	16:35
3.	Board of Directors: Reflection & Reports	FI	Enc	Chair / Site CEO DH	17:00
4.	Trust Updates: Governor Focus Areas: 4.1. EPIC 4.2. Estates and Facilities	FI	Verbal	Senior Responsible Officer - Apollo Programme/ Site CEO DH	17:40
5.	Nominations Committee Update	FD	Enc.	Chairman	18:10
GOVERNANCE					
6.	Governor Involvement and Engagement				18:15
	6.1. Governor Engagement and Involvement Activities	FI	Enc.	Lead Governor	
	6.2. Observation of Board Committees	FI	Verbal	Governor Observers	
FOR INFORMATION					
9.	Minutes of the Sub-Committees of the Council of Governors 9.1. Minutes of the Patient Experience & Safety Committee 9.2. Minutes of the Governor Strategy Committee	FI	Enc.	Chair	
10.	Any Other Business				18.25
11.	Date of the next meeting: Tuesday 30 January 2024, The Boardroom, Hambleton Wing, King's College Hospital, Denmark Hill				

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

Members:	
Charles Alexander CBE	Chairman
Elected:	
Dr Devendra Singh Banker	Bromley
Tony Benfield	Bromley
Victoria O'Connor	Bromley
Katie Smith	Bromley
Rashmi Agrawal	Lambeth
Emily George	Lambeth
Prof Daniel Kelly	Lambeth (Lead Governor)
Ibtisam Adem	Lambeth
Deborah Johnston	Patient
Devon Masarati	Patient
Billie McPartlan	Patient
David Tyler	Patient
Dr Adrian Winbow	Patient
Fidelia Nimmons	Patient
Chris Symonds	Patient
Jane Allberry	Southwark
Lindsay Batty-Smith	Southwark
Angela Buckingham	Southwark
Hilary Entwistle	Southwark
Jacqueline Best-Vassell	SEL System
Aisling Considine	Staff - Allied Health Professionals, Scientific & Technical
Dr Akash Deep	Staff - Medical and Dentistry
Erika Grobler	Staff – Nurses and Midwives
Christy Oziegbe	Staff - Medical and Dentistry
Tunde Jokosenumi	Staff – Administration, Clerical & Management
Nominated / Partnership Organisations:	
Cllr. Jim Dickson	Lambeth Council
Cllr Robert Evans	Bromley Council
Prof Dame Anne Marie Rafferty	King's College London
Ian Rothwell	South London & Maudsley NHS Foundation Trust
Yogesh Tanna	King's College Hospital NHS Foundation Trust
In Attendance:	
Dame Christine Beasley	Non-Executive Director
Prof Yvonne Doyle	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Professor Jon Cohen	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Simon Friend	Non-Executive Director
Prof Clive Kay	Chief Executive Officer
Angela Helleur	Site Chief Executive, PRUH & South Sites
Julie Lowe	Site Chief Executive, Denmark Hill
Dr Leonie Penna	Chief Medical Officer
Mark Preston	Chief People Officer
Tracey Carter MBE	Chief Nurse & Executive Director of Midwifery
Lorcan Woods	Chief Finance Officer
Beverley Bryant	Chief Digital Information Officer
Chris Rolfe	Director of Communications
Bernadette Thompson OBE	Director of Equality, Diversity & Inclusion

Siobhan Coldwell Zowie Loizou	Director of Corporate Affairs Corporate Governance Officer (Minutes)
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Council of Governors Meeting – Public Session

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

Tuesday 30 May at 16:30 – 18:00hrs

The meeting was held in the Dulwich Room, Hambleton Wing, Denmark Hill

Present:

Chair

Charles Alexander

Trust Chair

Elected Governors

Jane Allberry
 Rashmi Agrawal
 Angela Buckingham
 Hilary Entwistle
 Deborah Johnston
 Tunde Jokosenumi
 Daniel Kelly
 Devon Masarati
 Fidelia Nimmons
 Lindsey Batty-Smith
 Chris Symonds
 Jacqueline Best-Vassell

Southwark Lead Governor
 Lambeth Public Governor
 Southwark Public Governor
 Southwark Public Governor
 Patient Governor
 Staff – Admin and Clerical
 Lambeth Governor
 Patient Governor
 Patient Governor
 Southwark Governor
 Patient Governor
 SEL System Governor

Nominated/Partnership Organisations:

Cllr Jim Dickson
 Cllr Robert Evans

Lambeth Council
 Bromley Council

In Attendance:

Rantimi Ayodele
 Dame Christine Beasley
 Prof Jon Cohen
 Siobhan Coldwell
 Joseph Hague
 Paulette Helisey
 Professor Clive Kay
 Zowie Loizou
 Julie Lowe
 Akhter Mateen
 Roisin Mulvaney
 Mark Preston
 Chris Rolfe
 Nicholas Campbell-Watts
 Clare Williams
 Lorcan Woods

Site Medical Director/ DCMO in PRUH & South Sites
 Non-Executive Director
 Non-Executive Director
 Acting Director of Corporate Affairs
 Chief Deputy Nurse
 Member of the Public
 Chief Executive Officer
 Corporate Governance Officer (minutes)
 Site Chief Executive – Denmark Hill
 Non-Executive Director
 Director of Quality Governance
 Chief People Officer
 Director of Communications
 Non-Executive Director
 Chief Nurse and Director of Midwifery
 Chief Finance Officer

Apologies:

Dr Devendra Singh Banker
 Tony Benfield
 Beverley Bryant
 Aisling Considine
 Emily George
 Jonathan Lofthouse
 Victoria O'Connor
 Ian Rothwell
 Dr Leonie Penna
 Katie Smith
 David Tyler

Bromley Governor
 Bromley Governor
 Chief Digital Information Officer
 Staff – Allied Health Professionals, Scientific & Technical
 Lambeth Governor
 Site Chief Executive – PRUH and South Sites
 Bromley Governor
 SLAM Governor
 Chief Medical Officer
 Bromley Governor
 Patient Governor

Item	Subject
Standing Items	
23/18	<p>Welcome and Apologies</p> <p>The Chair welcomed Governors/attendees. Apologies for absence were noted as above.</p>
23/19	<p>Declarations of Interest</p> <p>There were no declarations of interests.</p>
23/20	<p>Chair's Action</p> <p>There had been no Chair's actions since the last meeting.</p>
23/21	<p>Minutes of the Previous Meeting</p> <p>The minutes of the meeting held on 28 March 2023 were agreed as an accurate record of the meeting with previous additional commentary added from the Council of Governors.</p> <p>The Governors noted that the SEL ICS had informed the FTO that they would no longer be providing a nominated Governor for Council of Governors in their area.</p> <p>This means that Dr Dianne Atkin will no longer be attending meetings.</p> <p>Previous additional governor comments to be added to March CoG minutes.</p> <p style="text-align: right;">Action: FTO</p> <p>A glossary of acronyms to be circulated to Council of Governors.</p> <p style="text-align: right;">Action: FTO</p>
23/22	<p>Matters Arising/Action Tracker</p> <p>The Council noted the progress being made to implement actions from previous meetings. It was highlighted by the Council for priority discussion regarding staff disability and equity at the next Patient Experience & Safety Committee (PESC) on 22 June 2023.</p> <p>The Council noted the importance for the ICS System for further engagement level to reach maximum impact.</p> <p>The Council agreed for yellow Trust badges to be ordered for governors.</p> <p style="text-align: right;">Action: FTO</p>
QUALITY, PERFORMANCE, FINANCE AND PEOPLE	
23/23	<p>Report from the Chief Executive</p> <p><u>Quality Governance:</u></p> <p>Work had been ongoing following the CQC (Well-Led) inspection last year. The Trust continued to work through the action plans looking at quality controls and quality assurances.</p> <p><u>Patient Safety:</u></p> <p>The Patient Safety Incident Response Framework (PSIRF) implementation steering group had met on a number of occasions over the last few months to ensure a development plan and policy for patient safety incident response would be submitted to the ICB in September 2023. Three working groups had been created to look at the process and culture around PSIRF.</p>

Never Events:

The Council noted two Never Events declared both for Maternity and both at the Denmark Hill (DH) site, relating to retained swabs with a timeline of six weeks apart.

A recovering action implementation plan was put in place work is ongoing to mitigate processes, behaviour and human factor intervention.

Elective Activity:

Elective recovery continued to be challenged from legacy COVID and most recently industrial action. At the end of March 2023 13 patients had waited more than 78 weeks which puts the Trust in a good position in comparison with other NHS Hospitals. The focus for this would be ensuring no patient waits more than 65 weeks for treatment. Diagnostic services were improving with some impact due to industrial action.

Cancer services had been impacted with two week wait (2WW) patient compliance of 90.8% versus target of 95%. The Trust maintained cancer admissions for treatment within 62 days of referral at pre industrial level and action levels with 69.8% meeting the standard in March 2023.

Emergency Care was impacted by strike action but despite these disruptions the Trust's performance against 4-hour Emergency Care Standard for patients had not deteriorated. The March position of 60.77% remained almost unchanged versus the February position of 60.75%.

Financial Performance (Month 12):

The Trust had met the £20m deficit (subject to external audit) with an independent view available in September 2023. A Finance Awareness Course had been completed by the new governors.

An agreed financial plan for 2023/24 was put in place in line with the rest of the country. The Trust had agreed a planned deficit with a cost improvement target of £72m (5% cost reduction) with challenges envisaged. The Trust had established a revised Efficiency Board to meet monthly to monitor the delivery of the cost improvement programme.

Workforce Update:

The 2022/23 and 2023/24 pay awards have been agreed by the national Staff Council. For 2022/23 this will amount to a non-consolidated payment and for 2023/24, this will amount to a 5% pay increase with payments, including back pay to be made in June 2023. The Trust's vacancy rate had reduced to 12.48% in March 2023 from 14.47% in March 2022. The turnover rate stood at 14.61% which was a positive improvement from July 2022 when the rate was 15.27%.

Council Discussion:

The Council noted Bernadette Thompson OBE had been appointed as King's new Director of Equality, Diversity and Inclusion and would start in July 2023. Tracey Cater had been appointed as Chief Nurse and Director of Midwifery with a start date of 1 June 2023.

The work experience scheme had been launched (Kings Wex). The first EDI annual report had been published additionally the reasonable adjustment plan was also published.

The Council had asked about tours within the Maternity ward and it was agreed that this would be explored. Two short films had been created for the Maternity Unit and would be shared with the governors.

The Council was concerned that whilst the wheelchair initiative was very welcomed, payment options were very limited (card only). The Chief Deputy Nurse would explore further flexible options for visitors to access wheelchairs.

The Council of Governors were assured that patient cancellations due to industrial strike were checked a week before any strike action to give the patient as much notice as

possible, but due to the short period strike action notice, last minute cancellations could not be helped. Cancelled patients were the prioritised for re-booking.

Greenbrook performance had improved and the Council noted ongoing work to further improve service levels was underway. Reduction of police presence in the Emergency department for mental health patients was a concern and the Trust would flag this to the appropriate individuals.

Cost Improvement Plan (CIP) projects would undergo a quality impact assessment that is signed off independently by the Chief Nurse and Chief Medical Officer. Previous cost reduction initiative had focused primarily on non-pay expenditure. This year there would be pay efficiencies made. The new Critical Care Unit was near completion with final adjustments to take place and an open date for July 2023 was planned.

Apollo Go-Live

Apollo would Go-Live on 5 October 2023. Executive ownership had been transferred from IT to operations/clinical and the governance structure had been reviewed to ensure clear oversight. This would be the biggest EPIC Go-Live in the united Kingdom (UK).

Learning from previous Trust Go-Live's would be beneficial for the joint launch in October with an overview of limited implications for the Trust.

The PSIRF three working groups and 22 thematic review to be shared with the governors.

Action: Site Medical Director/ DCMO in PRUH & South Sites

Explore PSIRF governor engagement. Governors to attend future Patient Safety Implementation Group Meetings

Action: Site Medical Director/ DCMO in PRUH & South Sites

Maternity expected parent's video link to be shared with governors.

Action: Engagement and Experience Manager

Wheelchair docking stations flexible access for all visitors.

Action: Deputy Chief Nurse

The Council agreed and update for police presence in the ED department be brought to the next meeting.

Action: Site Chief Executive - Denmark Hill

The Council noted the report.

23/24 Update on the closure of the Nursery

The Trust was exploring a number of different options for a new nursery. One option had been to work with a commercial provider to redevelop the Camberwell old police station. A second option was a modular build at Lyndhurst Primary School.

The previous KCL Vaccination Centre was also an option but would be a temporary solution for a maximum of three years. The Trust had explored alternative sites with a company called Attain and discussed these with the nursery Parent/Carers Representative Group. The Salvation Army had confirmed it would not be possible for them to host the nursery at their Denmark Hill site. The Trust objective would be to establish a nursery by the end of 2023, if a suitable cost effective solution can be found

The Council made note of the update.

23/25 Quality Assurance Framework

A new model for Quality Assurance had been developed in response to the Well-Led inspection last year. Three main components encompass the Quality Assurance Framework, *Quality Visits/Quality Review*, *Quality Audits and Quality Dashboards*.

The Council highlighted the importance for quality review packs to be distributed to the Council in a timely manner.

The Council made note of the update

23/26 Update on issues of interest to Governors

- **Improving communication with patients**

Deferred for discussion at the Complaints Position Meeting on 12 June 2023.

- **Progress on learning from complaints**

Deferred for discussion at the Complaints Position Meeting on 12 June 2023.

GOVERNANCE

23/27 Governor Protocol: FINAL

The Governors received the governor protocol, noting it had been updated to reflect governor feedback. The protocol outlines how Governors should raise issues and expectations on time-scales for issues to be dealt with.

The Council approved the Governor Protocol.

The Governors highlighted the importance for nameplates for Board and Governor Committee meetings as a recognised member of the Trust.

Nameplates for governors to be created.

Action: FTO

Governor Protocol log to be circulated.

Action: FTO

23/28 Appointment of a Lead Governor

The Council welcomed the new Lead Governor Daniel Kelly and a meeting would take place with the Acting Director of Corporate Affairs to establish role requirements.

Prof Daniel Kelly is very much looking forward to engaging in the role and communication with the Council of Governor's in accordance with the Trust to close the loop with raised issues and concerns.

23/29 Governor involvement and engagement

The Council highlighted the need for increased agenda time for governor comments/questions. The Chair considered this request and agreed some aspects of agenda item reports to be taken as read to allow more time.

- **Governor Engagement and Involvement Activities**

There was individual governor engagement with different groups of people and the Council thanked Lucy Hamer (Engagement and Experience Manager) for her support on patient communication.

A proportion of governors had engaged with the Cancer Patient Voice Group and other individual specialty groups. A Nomination Committee Meeting had taken place recently also previous Patient Experience Governor Committee and Strategy Committee had commenced.

The Council requested information on opportunities for further patient engagement across the Trust, importantly for the new governors recently in post.

The Engagement Team to provide a list of opportunities for governor patient engagement.

Action: Patient experience and involvement lead

Re-start and share fortnightly Governor Newsletter.

Action: FTO

- **Observation of Board Committees**

Observations were noted.

FOR INFORMATION

23/30

Minutes of the Patient Experience and Safety Committee 15th December 2022

The Council **NOTED** the Patient Experience and Safety Committee minutes.

Any Other Business

23/31

The Council thanked the Foundation Trust Office for change of venue to accommodate clearer hearing at the meeting.

The Council noted a minimum purchase of £2 at the Friends of King's shop would help enhance the charity.

23/32

Date of the next meeting:

Tuesday 26 September 2023 in the Dulwich Room, Hambleton Wing, KCH, Denmark Hill.

CoG ACTION TRACKER - Updated 5 December 2023					
Date / Item Ref	Action	Lead	Due Date	Status	Update
ACTIONS - DUE					
30/05/23 23/21	Minutes of the Previous Meeting Previous additional governor comments referred to the BMA survey and opportunities to engage to be added to March CoG minutes.	FTO	Dec-23	Complete	Amendments made. Propose to close.
30/05/23 23/21	Minutes of the Previous Meeting A glossary of acroynoms to be circulated to Council of Governors.	FTO	Dec-23	Complete	Circulated 02.06.23 Propose to close.
30/05/23 23/22	Matters Arising/Action Tracker Yellow Trust badges to be ordered for governors.	FTO	Dec-23	Complete	Yellow badges received and ditributed. Propose to close.
30/05/23 23/23	Report from the Chief Executive PSIRF three working groups and 22 thematic review to be shared with governors.	Site Medical Director/ DCMO in PRUH & South Sites	Dec-23	Complete	26.07.23. Thematic reviews emailed to governors. Propose to close.
30/05/23 23/23	Report from the Chief Executive - Patient safety Explore PSIRF governor engagement. Governors to attend future Patient Safety Implementation Group Meetings.	Site Medical Director/ DCMO in PRUH & South Sites	Dec-23	Complete	Daniel Kelly (lead governor) will attend future meetings - to nominate a governor to attend in DK's absence. Propose to close.
30/05/23 23/23	Report from the Chief Executive Maternity expected parents video link to be shared with governors	Corporate Communications Manager/Web Content Editor	Dec-23	Complete	Karen Frost provided links to video's - sent to governors 7/6/2023. Propose to close.
30/05/23 23/23	Report from the Chief Executive Wheelchair docking stations flexible access for all visitors.	Chief Nurse & Executive Director of Midwifery/Asst Diector of Patient Experience	Dec-23	Complete	29.06.23. Email from the Associate Director of Patient Experience forwarded to governors: <i>The Wheelshare scheme is available to anyone with a debit or credit card to hire a wheelchair for a period of up to 4 hours free of charge. For anyone without access to a physical credit or debit card, Helpdesk team and volunteer service have access to the 'dummy' card to facilitate access. Out of hours, patients can request security to call a porter.</i> <i>We are currently working with the provider to establish feasibility of introducing contactless payment and are in the process of designing additional signage to communicate information about the 'dummy' card.</i> Propose to close.
30/05/23 23/23	Report from the Chief Executive Update report on police presence in ED	Site Chief Executive – Denmark Hill	Dec-23	Complete	28.06.23 JL will provide an update at 5 December 2023 meeting. Propse to close.
30/05/23 23/27	Governor Protocol Nameplates for governors	FTO	Dec-23	Complete	Nameplates received. Propose to close.

CoG ACTION TRACKER - Updated 5 December 2023					
Date / Item Ref	Action	Lead	Due Date	Status	Update
30/05/23 23/27	Governor Protocol Log to be circulated	FTO	Dec-23	Complete	Circulated. Propose to close.
30/05/23 23/29	Governor involvement and engagement List of opportunities for governors to engage.	Engagement and Experience Manager	Dec-23	Complete	28.06.23 Email sent from the Associate Director of Patient Experience with details of how to participate in patient engagement: <i>Dear all, please accept my apologies for the confusion but for any involvement activities, can you please email the generic e-mail address kch-tr.KingsPPI@nhs.net stating your preferences and interested including the areas identified below and beyond? Your details will then be added to the involvement register and you will be contacted when opportunities arise.</i> Propose to close.
30/05/23 23/29	Governor involvement and engagement Re-start & Share fortnightly Governor Newsletter.	FTO	Dec-23	Complete	E-bulletin complete and distributed bi-monthly. Propose to close.
09/12/21 21/44-6	Issues Raised by Governors: Patient Experience Strategy The Patient Experience Strategy has now been developed and will be going to the Executive Team for review in the near future. Once this has been finalised, it will come to the Council of Governors.	Chief Nurse & Executive Director of Midwifery/Asst Director of Patient Experience	Dec-23	Complete	Ongoing. The patient experience strategy is not being progressed as had been envisaged with this action was agreed. The patient experience team has a number of priorities for the year and this will be brought to PESC meeting on the 21 March 2024 for discussion. Propose to close.
10/03/22 22/07-6	Trust Updates – The Board and NED role in championing disability The Chair would discuss the opportunities to act as champions and support disability and other protected characteristics, with the Executives and NEDs.	Chair/Director of Corporate Affairs	Dec-23	Complete	Ongoing. The Chairs of the Governor PESC committee have agreed to devote their June meeting to this topic, so that governors have a better understanding of what the Trust does in this area. Update: Discussed at the 4 May 2023 Nominations Committee and a way forward which would encompass a review of all champions. Nominations Committee Action update: Julie Lowe and Angela Helleur are the Execs that have been appointed King's Able Champions. Propose to close.

CoG ACTION TRACKER - Updated 5 December 2023					
Date / Item Ref	Action	Lead	Due Date	Status	Update
18/10/22 22/19	Integrated Care Board/Integrated Care System Consideration needs to be given as to how the Governors can engage with the ICB/ICS.	Director of Corporate Affairs/Director of Communications	Dec-23	Ongoing	Opportunities are offered as they arise.
28/03/23 1/5	PSIRF – Governor briefing session	Chief Medical Officer/Director of Quality Governance	Mar-24	PENDING	Ongoing. A set-up briefing in early 2024 with an update about progress in the soft go-live Nov/Dec.
28/03/23 1/5	Recruitment Plan	Chief People Officer	Dec-23	Complete	<p>Update 5/12: The formal Recruitment Plan is still being developed however actions are on-going to manage the Trust's vacancy rate, including international recruitment.</p> <p>These actions have supported a reduction in the Trust's vacancy rate from 13.51% in October 2022 to 9.32% in October 2023, (against a target of 10%).</p> <p>Along with this, the Trust's turnover rate has also reduced from 15.24% to 12.52% in the same period (against a target of 13%). Propose to close.</p>




King's College Hospital NHS Foundation Trust

Auditor's Annual Report for the
year ended 31 March 2023

June 2023



Contents



We are required under Schedule 10 paragraph 1(d) of the National Health Service Act 2006, to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The Code of Audit Practice issued by the National Audit Office (NAO) requires us to report to you our commentary relating to proper arrangements.

We report if significant matters have come to our attention. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.



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The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of completing our work under the NAO Code and related guidance. Our audit is not designed to test all arrangements in respect of value for money. However, where, as part of our testing, we identify significant weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all irregularities, or to include all possible improvements in arrangements that a more extensive special examination might identify. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting, on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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Executive summary



Value for money arrangements and key recommendation(s)

Under the National Audit Office (NAO) Code of Audit Practice ('the Code'), we are required to consider whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors are required to report their commentary on the Trust's arrangements under specified criteria and 2022/23 is the third year that we have reported our findings in this way. As part of our work, we considered whether there were any risks of significant weakness in the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Our conclusions are summarised in the table below.

Criteria	Risk assessment	2022/23 Auditor judgement on arrangements
Financial sustainability	The Trust's arrangements to adhere to the financial architecture for 2023/24 and to plan for longer term financial sustainability	R Significant weaknesses in arrangements for financial sustainability identified and one key recommendation made relating to ensuring there are plans in place achieve longer-term financial sustainability, and deliverability of the proposed 2023/24 CIP programme. We also identified two improvement recommendations
Governance	The Trust's arrangements for decision making and managing risk in the light of the outcomes of recent CQC inspections.	A No significant weaknesses in arrangements identified, but two improvement recommendation made in relation to timely review of policy documentation and embeddedness of new governance arrangements. We note the Trust's "well led" rating of good in 2022/23 as a clear demonstration of strong governance arrangements.
Improving economy, efficiency and effectiveness	No risks of significant weakness identified	A No significant weaknesses in arrangements identified, but improvement recommendation made in relation to strengthening arrangements around data quality and visibility of data quality issues.

- No significant weaknesses in arrangements identified or improvement recommendation made.
- No significant weaknesses in arrangements identified, but improvement recommendations made.
- Significant weaknesses in arrangements identified and key recommendations made.

Executive summary (continued)



Financial sustainability

The Trust's arrangements for financial planning and monitoring are sound. However, it does not possess the organisational capacity to deliver recurrent and sustainable savings required by the current NHS funding regime in 2023/24.

Against the backdrop of a challenging system context, legacy of COVID-19 and workforce constraints the Trust delivered a deficit of £19.9m in 2022/23. This deficit represents an adverse variation to the breakeven plan for the year, but met expectations of NHSEI to allow for Kings College Hospital's (KCH's) exit out of SOF4 into SOF3. Nationwide, the NHS is experiencing financial pressures which continue to intensify. Whilst KCH has agreed a £49m deficit plan for 2023/24, this is predicated on delivery of a £72m Cost Improvement Programme (CIP) – larger than what the Trust has been able to achieve in the past. It is also set in the context of the Trust's own assessment of its increasing underlying deficit – from circa £75m in 2021/22 to circa £120m 2022/23.

Due to the significance of this matter we have raised one key recommendation in respect of CIPs delivery and two improvement recommendations which -See pages 13-15 for more detail.



Governance

The Trust has put arrangements in place to strengthen its governance, in particular in relation to risk management and compliance with regulatory standards. Effectiveness of these arrangements was reflected in a 2022 CQC report that improved the Trust's 'Well Led' domain rating from 'Requires Improvement' to 'Good'.

We are satisfied that Informed decision-making at KCH is appropriately enabled and supported by the Trust's governance and reporting structures, and there is evidence of review and challenge of information from Those Charged with Governance. We note that the Trust has revised its Committee structure in-year following a review from Deloitte, and the embeddedness of these new arrangements should be reviewed and evaluated in 2023/24.

Our work has not identified evidence of significant weaknesses within the arrangements in place. However, we have identified two areas where the Trust could improve arrangements and as such, have raised two improvement recommendations See page 19 for more detail.



Improving economy, efficiency and effectiveness

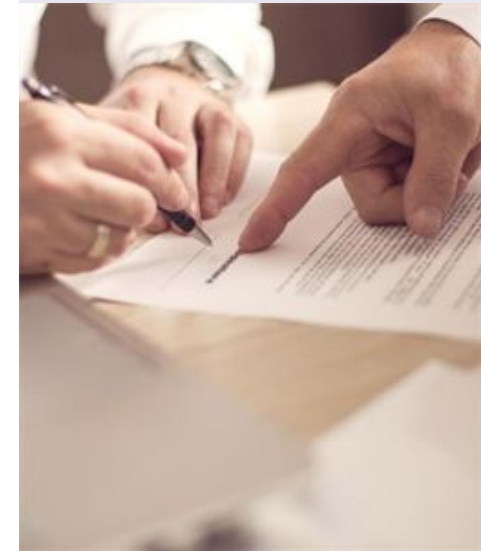
The Trust operates in a challenging operational environment, with significant pressures on its Accident and Emergency Department and the drive to reduce the COVID-19-associated elective care backlog. Appropriate arrangements are in place to ensure the Trust continues to focus on areas of underperformance, and on key recommendations arising from its recent CQC inspections. KCH could evidence a partnership approach in working to address these challenges, both through the Integrated Care System and the Acute Provider Collaborative.

Our work has not identified evidence of significant weaknesses within the arrangements in place. However, we have identified that arrangements to provide assurance over data quality could be improved, and as such, have raised an improvement recommendation See page 24 for more detail.



Financial Statements opinion

We have completed our audit of your financial statements and issued an unqualified audit opinion on **XX June 2023**, following the Audit Committee meeting on 15 June 2023. Our findings are set out in further detail on pages 25 to 30.





Value for money arrangements and key recommendations

Securing economy, efficiency and effectiveness in the Trust's use of resources

All NHS Foundation Trusts are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. The Trust's responsibilities are set out in Appendix A.

NHS Foundation Trusts report on their arrangements, and the effectiveness of these arrangements as part of their annual governance statement.

Under the Local Audit and Accountability Act 2014, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The National Audit Office's Auditor Guidance Note (AGN) 03, requires us to assess arrangements under three areas:



Financial Sustainability

Arrangements for ensuring the Trust can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years).



Governance

Arrangements for ensuring that the Trust makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and ensuring the Trust makes decisions based on appropriate information.



Improving economy, efficiency and effectiveness

Arrangements for improving the way the Trust delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.

In addition to our financial statements audit work, we perform a range of procedures to inform our value for money commentary:

- Review of Board and committee reports
- Regular meetings with Senior officers
- Interviews with other Board members and management
- Attendance at Audit Committee
- Considering the work of Internal Audit
- Reviewing reports from third parties including the Care Quality Commission and correspondence with NHS England
- Consideration of other sources of external evidence such as the NHS National Staff Survey, Healthwatch reports etc
- Reviewing the Trust's Annual Governance Statement and other publications



Our commentary on the Trust's arrangements in each of these three areas, is set out on pages 9 to 24.

The current NHS landscape



National context

As we emerge from the worst of the COVID-19 pandemic, the health and care sector continues to face extreme challenges. The backlog of postponed procedures and operations makes elective recovery a priority. Waiting lists are higher than they have been for a decade and those waiting the longest are often those with additional complexities. There are numerous workforce pressures including retention, recruitment, reducing reliance upon bank and agency staff and having staff with the right skills delivering the right services. The introduction of Integrated Care Systems has changed the NHS Landscape and encouraged greater partnership working not only with other health organisations, but also social care and Local Authority bodies. Shifting from the Commissioner / Provider model to system working will take time and relies upon the creation of strong and trusted relationships at both a senior and middle management level.

The changes in government leadership, coupled with the cost of living pressures, has meant that 2022/23 is seeing attention returning for grip and control over finances. The block funding seen during the pandemic is shifting to activity based and the regulators are expecting high clinical standards and improvements through savings or productivity to be delivered. Cash balances remained high during the pandemic which have initially allowed non-cash savings to be realised. However, cost savings or productivity improvements will now be required which necessitate wholesale redesign of services and the delivery of savings at a scale not seen for some years. Funding has increased from 2019 levels and yet productivity has not. The scale of transformation required to deliver more for less will take time to deliver.

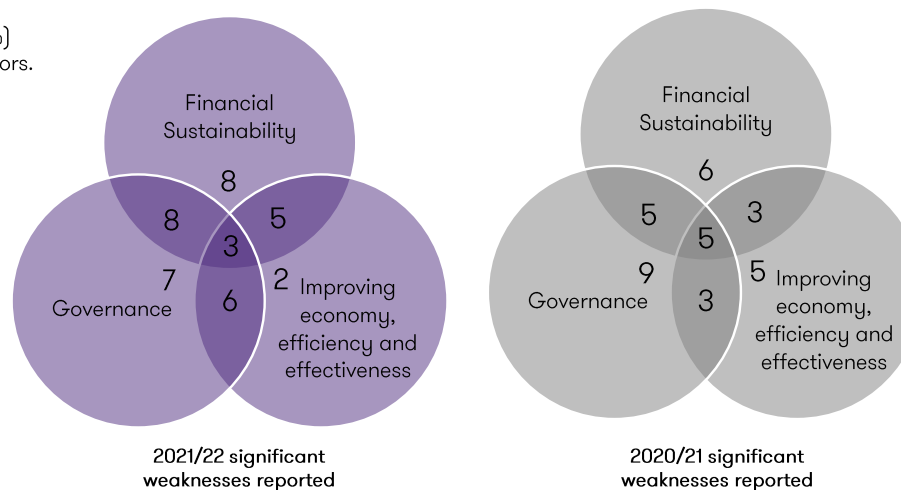
In 2021/22, the NAO published the Auditor’s Annual Report for 204 NHS Trusts. Of these, 39 (19%) reported significant weaknesses in their value for money arrangements identified by their auditors. Of these:

- 3 Trusts had significant weaknesses identified in each of the three Code criteria areas compared with 5 in 2020/21
- 19 Trusts reported two significant weaknesses compared with 11 in 2020/21
- Financial Sustainability and Governance were the two Code criteria with the greatest number of significant weaknesses identified (24 each across a total of 37 Trusts). In 2020/21 Governance was the Code criteria with the greatest number

Overall, more Trusts had significant weaknesses reported in their Auditor’s Annual Report. (36 in 2020/21). Whilst Improving economy, efficiency and effectiveness and Governance received a comparable number of reported significant weaknesses, there was an increase in the number of Trusts with significant weaknesses reported for their Financial Sustainability arrangements.

Due to the financial pressures being experienced by the NHS in 2022/23 and the greater focus from Government and Regulators, it is highly likely that this trend will continue and we have issued a large number of key recommendations for 22/23 in respect of financial

sustainability.
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The current NHS landscape (continued)



Local context

Overview of the Trust

King's College Hospital NHS Foundation Trust (the Trust) is a provider of healthcare services to the local residents of the London Boroughs of Lambeth, Southwark, Bromley, Bexley and Lewisham from its sites at King's College Hospital (Denmark Hill), Princess Royal University Hospital, Farnborough Common, and Orpington Hospital.

The Trust is also a designated major trauma centre for people across south-east London and Kent, as well as a heart attack centre and regional hyper-acute stroke centre. It provides tertiary services for liver disease and transplantation, neurosciences, diabetes, cardiac services, haematology and foetal medicine.

Like most NHS organisation nationwide, the Trust has experienced both financial and operational challenges in 2022/23. Whilst it has successfully exited SOF4 on the basis of improved financial performance, achieving long-term financial sustainability remains a challenge. The demand for elective care and emergency care remained high, and the outcome of the CQC visit to KCH's Maternity services in August 2022 resulted in some 'must-do' recommendations to urgently improve services.

The Trust has been working to address these challenges both on its own, and through partnerships with other organisations locally. KCH works closely with Guy's and St Thomas' (GSTT) NHS Foundation Trust, and the two Trusts share some Board positions, including a joint Chair. It is also part of an Acute Provider Collaborative, alongside GSTT and Lewisham and Greenwich NHS Trust, in order to better coordinate efforts amongst the acute providers in South East London and deliver better and more efficient care.

Overview of the system

The Trust is part of the South East London Integrated Care System (SEL ICS).

Each ICS has a statutory NHS Integrated Care Board (ICB) and a wider Statutory Integrated Care Partnership (ICP). The ICB, is responsible for making decisions about health services across its ten constituent boroughs and cities. The ICP, meanwhile, brings together a wider range of health and social care partner organisations, including local authorities, and wider public sector and community organisations, to improve the health and wellbeing of the population of South East London.

The ICS is a large and complex health and care system, with many different organisations and partnerships. Four of its Local Authorities are within the 20% most deprived in England, whilst 12 of its neighbourhoods are in the most deprived 10% of all areas in England.

It is within this context that we set out our findings on the Trust's value for money arrangements in 2022/23 and make recommendations to support improvements in its management of value for money in 2023/24.

Financial sustainability and financial governance



We considered how the Foundation Trust:

- identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds them into its plans
- plans to bridge its funding gaps and identify achievable savings
- plans its finances to support the sustainable delivery of services in accordance with strategic and statutory priorities
- ensures its financial plan is consistent with other plans such as workforce, capital, investment and other operational planning which may include working with other local public bodies as part of a wider system
- identifies and manages risk to financial resilience, such as unplanned changes in demand and assumptions underlying its plans
- approaches and carries out its annual budget setting process
- ensures effective processes and systems are in place to ensure budgetary control; communicate relevant, accurate and timely management information (including non-financial information); supports its statutory financial reporting; and ensures corrective action is taken where needed, including in relation to significant partnerships

Overview

We reviewed the Trust's financial sustainability and financial governance arrangements and have concluded that:

- The Trust has well-documented, and well embedded processes for budget-setting, in-year management of budgets and triangulating planning assumptions between its operational, financial and workforce plans.
- There were appropriate arrangements in place to identify and cost risks to financial resilience, and appropriate challenge from Trust Board and the relevant Committees to key assumptions underpinning the Trust's financial plans.
- The Trust has delivered a £19.9m deficit for 2022/23, which met the NHSEI criteria for exit from SOF4 into SOF3, but resulted in an adverse variance against the breakeven plan for the year. The Trust delivered £40.3m against a £55m CIP target in 2022/23, with £30m of savings assessed as recurrent.
- The 2023/24 £49m deficit plan agreed with the ICS and NHSEI contains a number of significant risks, including delivery of a challenging £72m CIP programme, inflation in excess of what is assumed and the cost of addressing staffing pressures. We are satisfied that these risks are appropriately monitored through the Trust's governance structures, but as at week ending 12 May 2023 over £54m of CIP schemes has yet to be developed. We consider the current gap to be a significant weakness in arrangements for financial sustainability, and have made a key recommendation. We recognise that financial plans were finalised with NHSEI after the 23/24 financial year started and it was only at this point that the scale of the Cost Improvement challenge was fully recognised. Up to this point the Trust had expected more NHSEI funding to be made available. This has made it difficult for the Trust to construct a Cost Improvement plan that is not back weighted in the year and therefore the scale and timing of delivery is a significant risk.
- The Trust does not currently have in place a Medium-Term or Long-Term Financial Plan which sets out how KCH is going to achieve financial balance. We consider this to be a weakness in arrangements for financial sustainability, and have made a improvement recommendation.

Our overarching view is that whilst the Trust has appropriate arrangements in place to monitor and report its financial performance, There is a significant risk around delivery of the proposed CIP programme for 2023/24.

We therefore identified a significant weakness in relation to the Trust's financial sustainability arrangements.

Financial sustainability and financial governance (continued)

Short and medium term financial planning

2022/23 Performance and 2023/24 plan

In 2022/23, the Trust has delivered a £19.9m deficit. Whilst this demonstrated the improvement to the Trust's financial position required to exit from SOF4 into SOF3, as per KCH's agreement with NHSEI, it was an adverse variance against the breakeven plan set at the start of the year.

The key drivers of the 2022/23 outturn position and the negative variance to plan were:

- Additional COVID-19 related costs (impact on staff sickness, incremental capacity, lost ERF overachievement and Infection Prevention & Control costs)
- Pay award underfunding
- Non-delivery of Cost Improvement Programme (£14.7m under-delivery)

For 2023/24, the Trust has agreed a £49m deficit plan. This is set in the context of the ICS intending to achieve a breakeven position. It is also predicated on delivery of a £72m Cost Improvement Programme - larger than the Trust has previously been able to deliver (a scale driven by the timing of funding arrangements for 23/24) and containing significant cost savings and productivity challenges.

In addition to the £72m CIP programme, the 2023/24 plan has been developed based on a number of income and cost assumptions that appear reasonable. We are satisfied that both the assumptions and the risks have been set out in planning papers and updates presented to the Finance, Commercial and Sustainability Committee and the Trust Board, and received an appropriate level of challenge from the Trust's senior leadership.

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Underlying deficit

Following revision of the Trust's baseline in 2021/22, and recategorisation of some COVID-associated sources of income as recurrent, the Trust assessed its underlying deficit as £75m. Coming out of 2022/23, this was revised to circa £120m, representing approximately a 60% increase.

Whilst the Trust has put in place a financial plan for 2023/24, which has been agreed with its ICS, there isn't yet a medium-term financial plan to reduce the underlying deficit to the lowest feasible level. This is a matter of some concern

In the context of a challenging 2023/24 plan, which includes a large CIP programme and a number of risks (see the following section), we consider this to represent a weakness in relation to financial sustainability.

Managing risks to financial resilience

The Trust's financial planning documentation demonstrates awareness of key risks to achieving its plans.

As part of the reporting on 2023/24 plan, the key financial, operational, capital and working capital risks are detailed with mitigations suggested. These have been appropriately communicated to the Finance Committee.

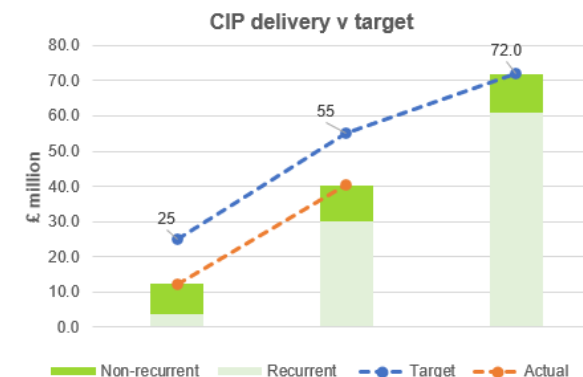
Key risks the Trust has raised include:

- CIP delivery, in particular where cost reduction is involved (range of up to £30m). In the last two years, the Trust failed to achieve its CIP targets (see the following section), and the proposed target for 2023/24 is likely to be challenging.

- Higher inflation above planning assumptions in relation to prescribing costs, PFI costs and energy costs. This is consistent with the national picture.
- Successful business case implementation and recruitment higher than planned (range of £5m-£10m)
- Ability to achieve 110% elective recovery threshold.

Annual savings

2022/23 Performance



The graph above represents the Trust's track record of CIP delivery in 2021/22 and 2022/23, as well as the proposed plan for 2023/24.

Financial sustainability and financial governance (continued)

In 2022/23, the Trust delivered £40.3m of cost improvement initiatives versus the planned programme of circa £55m. Of the £40.3m delivered, £30m of initiatives were recurrent and £10.3m were non-recurrent.

2023/24 CIP programme

Acknowledging the CIP target for 2023/24 and historical challenges in delivering its CIPs, the Trust has strengthened its governance and monitoring arrangements.

A Sub Efficiency Board has been set up, monitoring identification and delivery of CIP schemes, reporting into the Executive-level Efficiency Board, chaired by the Trust Chief Executive. The Trust has established a planning timetable with the programme to be fully identified by September 2023.

The plan is to deliver £61m of recurrent schemes, and £11m of non-recurrent schemes. As at week ending 12 May 2023 the Trust has identified £17.1m, of schemes against the programme, with over £54m of schemes yet to be developed. Achieving these savings in 2023/24 feels really challenging **We consider this to represent a significant weakness in relation to financial sustainability and financial governance.**

Stakeholder engagement

The Trust could evidence appropriate levels of stakeholder engagement and consultation in development of its CIP programme. Central workstreams were in place to assist sites and Divisions in developing initiatives, including provision of benchmarking information to help identify opportunities. An established QIA process was in place to ensure the impact of initiatives on quality and safety.

Alignment to wider plans

The Trust has appropriate arrangements in place to align internal financial planning assumptions to other key internal and external plans.

Internal plans

The Trust's financial plans are developed alongside the workforce, operational and capital plans, with key assumptions showing planned movements in WTE and key operational targets.

The Trust has a £51.8m capital expenditure plan for 2023/24, with the Apollo (EHR replacement) the single largest scheme at £16.3m. The indicative requirement for capital expenditure in 2023/24 is c.£73m with the Trust seeking additional funding from other national sources on top of the SEL allocation.

The cost of capital investments are appropriately reflected in the revenue budget.

External plans

Financial planning was undertaken in collaborative manner with partners across the system/APC. Assumptions and methodologies were shared amongst partners to ensure risks and opportunities were understood and assumptions were transparent.

Significant programmes are overseen by the Major Projects Committee including the development of the 'Modernising Medicine' programme and the 'Apollo' programme (implementation of a new EHR system) in partnership with GSTT, and SEL Pathology (Also a joint venture with GSTT).

Budget setting and budgetary control

The Trust has well-established processes and procedures for annual budget setting and in-year budgetary control.

Business planning and budget setting

The Trust's budget-setting processes are broadly consistent with prior year, and ensure that:

- All WTE and £ budgets and activity plans are agreed by Care Groups and sites
- There is discussion and challenge at monthly Care Group performance meetings and budget holder meetings
- Site and Care Group management teams are engaged in development of budgets and key supporting assumptions – for example, development of efficiency plans, workforce, investments and capital plans
- As part of the business planning and operational planning process for 2023/24 there is evidence of the analysis of the impact of different scenarios and consideration of risks to the financial plan

In-year budgetary control and financial reporting

There is an ongoing process of check and review of budgets by the Care Groups following submission of the 2023/24 financial plan on 4 May 2023.

Each Care Group receives a detailed pack with run rate analysis, variance analysis and month on month productivity metrics. Each budget holder gets a budget statement showing run rate and variances.

Financial sustainability and financial governance (continued)

In-year budgetary control (continued)

Trustwide, finance reporting is provided to the Trust Board and Finance, Commercial and Sustainability Committee (FCSC). The report is tailored to each meeting but will always contain a summary of key messages, I&E position, analysis of pay, non-pay and run rate, update on the efficiency programme and activity information, as well as any other relevant information – for example, balance sheet, cashflow information, detailed analysis on areas of focus and others.

The Trust also has appropriate arrangements in place to ensure performance of its key partnerships and ventures is reported on.



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Follow-up of previous recommendations

In 2021/22 we raised six improvement recommendations in relation to the Trust's financial sustainability and governance arrangements:

- Recommendation A in relation to reporting of progress against all SOF 4 exit criteria
- Recommendation B in relation to greater scrutiny of the Trust's underlying position
- Recommendation C in relation to appropriate external oversight of exit from SOF4 into SOF3
- Recommendation D in relation to de-risking for the 2022/23 financial plan to reduce underlying deficit position
- Recommendation E in relation to inclusion of performance against savings schemes in the monthly finance report
- Recommendation G in relation to development of medium-term plans.

We are satisfied that recommendations A, B, C and E have been actioned by management and are therefore closed. Recommendations D and G has been superseded by a significant weakness raised in this report in relation to the financial sustainability and governance.

Key recommendation – financial sustainability & financial governance

Criteria impacted by the significant weakness



Financial Sustainability



Financial Governance

Auditor judgement

Based on the work undertaken, we are not satisfied that the Trust has proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources in 2022/23. We have therefore identified a significant weakness in arrangements.

Identified significant weakness in arrangements

The Trust has agreed with its ICS a £49m deficit plan for 2023/24. We note that it is predicated on a number of assumptions and carries a significant level of risk, including delivery of a £72m CIP programme – a number in excess of what the Trust had been able to achieve in the past. As of May 2023, the Trust has only identified circa 24% of schemes against the programme.

We consider this to represent a risk to the Trust’s longer-term financial sustainability – particularly in the context of increasing financial pressures across the NHS.

Recommendation 1

As the Trust is going through the development its CIP programme, it should continue to reassess the level of risk contained in it, how this risk can be mitigated, and communicate with the ICS if there is going to be a likely impact on its ability to deliver the overall financial plan for 2023/24.

The programme, once fully developed should be underpinned by robust assumptions, validated by staff delivering the CIPs and triangulated with other supporting plans, for example workforce and activity plans, as well as with system plans. Progress against delivery should be reported to the FCSC and the Board, and support provided to services to deliver remedial action as soon as possible, if delivery is off track.

Management comments

The Trust is currently developing its £72m CIP programme with the aim of having 60% identified by the end of June. The Trust is also constantly reviewing the capacity to deliver the programme through its Efficiency Board which meets bi-weekly.

Progressing the actions management has identified to address the recommendations made will support the Trust in addressing the weaknesses identified from our work. We consider that the timescales provided by management are appropriate and encourage the Audit Committee to monitor progress of implementation to gain assurance over the arrangements in place.

Improvement recommendation – financial sustainability & financial governance

Criteria impacted



Financial Sustainability



Financial Governance

Auditor judgement

Our work has enabled us to identify a weakness in arrangements which we do not consider to be significant, but have raised a recommendation to support management in making appropriate improvements.

Improvement recommendation identified

Whilst the Trust has made improvements to its financial position, which resulted in its exit into SOF3, its own assessment of its underlying deficit has increased from circa £75m to circa £120m. Although the Trust understands the size of its deficit, and has been monitoring its trajectory over the last 23 months, it does not currently have a medium- or a long-term financial plan in place to get back to an underlying and reported breakeven position.

Given the size of the underlying deficit and its % of turnover, we consider this to be a risk to the Trust's long-term financial sustainability.

Recommendation 2


We recommend that the Trust develops a longer-term financial plan, supported by a multi-year efficiency/financial improvement programme, to provide assurance that the Trust can get back to a reported and underlying breakeven financial position.

Management comments

The Trust is working up its medium-term financial strategy alongside the ICS and in line with the national timetable. This will be completed in Autumn 2023.

Progressing the actions management has identified to address the recommendations made will support the Trust in addressing the weaknesses identified from our work. We consider that the timescales provided by management are appropriate and encourage the Audit Committee to monitor progress of implementation to gain assurance over the arrangements in place.

Improvement recommendation – financial governance

Criteria impacted	 Financial Governance
Auditor judgement	Our work has enabled us to identify a weakness in arrangements which we do not consider to be significant, but have raised a recommendation to support management in making appropriate improvements.
Improvement opportunity identified	<p>The Trust is an active participant in the ICS and Trust leadership receives regular updates on key system activities and initiatives. However, we note that there is currently no regular reporting of system financial position to the Trust Board or its Committees.</p> <p>Given the increased focus on system working, and the expectation of ICSs to work together to address collective challenges, we suggest financial reporting arrangements are strengthened and formalised.</p>
Recommendation 3	As part of the reporting to FCSC and Trust Board, we recommend the Trust provides regular updates on the system financial position and risks to delivery of the system plan.
Management comments	Accepted and the ICS financial results will be included in Finance and Commercial Papers from Month 3 reporting.

Progressing the actions management has identified to address the recommendations made will support the Trust in addressing the improvements identified from our work. We consider that the timescales provided by management are appropriate and encourage the Audit Committee to monitor progress of implementation to gain assurance over the arrangements in place. The range of recommendations that external auditors can make is explained in Appendix B.

Governance



We considered how the Trust:

- monitors and assesses risk and gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud
- ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency
- monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of staff and board member behaviour

Overview

We reviewed the Trust’s governance arrangements and have concluded that:

- The Trust has appropriate risk management processes and procedures in place to manage strategic, corporate and operational risks. Where issues have been raised before, the Trust has put actions in place to address these – for example, in relation to closing down old risks on its Corporate Risk Register (CRR).
- The Trust has recently implemented some changes to its governance as a result of a Deloitte governance review, which resulted in changes of remit for some Committees, and retirement of others.
- Although previous governance arrangements were functional and did not represent a significant weakness or a risk, there were concerns that the remit of the Quality, People and Performance Committee was too broad, and some areas of both people and performance agendas could benefit from further attention. There was also desire for the Board to meet more frequently together as a group.
- Whilst we did not identify any issues as part of this year’s work, these arrangements are new and continuing to embed, and this will be revisited as part of 2023/24 VFM audit.
- Informed decision-making at KCH is appropriately enabled and supported by the Trust’s governance and reporting structures, and there is evidence of appropriate review and challenge of information from Those Charged with Governance.
- Appropriate arrangements are in place to ensure compliance with relevant regulatory and legislative standards.

We did not identify any significant weaknesses in relation to the Trust’s governance arrangements. We have raised two new improvement recommendations in relation to timely review of Trust policies and effectiveness review of the newly implemented Committee governance arrangements.



The Board Assurance Framework (BAF)

- The BAF brings together in one place all of the relevant information on the risks to the board’s strategic objectives
- They should remain a live document and drive strategic risk management across the Trust and in Board agendas
- Assurances in place and gaps in controls should be mapped to each risk, drawing on many sources of information including internal audit and external regulators
- Using a scoring matrix, risks can be assessed to allow greater scrutiny to those most significant
- We have assessed that with too many strategic objectives or too many risks, it is difficult to maintain a meaningful BAF

Governance (continued)

Risk management and internal controls

The Trust has appropriate structures in place to manage strategic and corporate risks, and could provide evidence of improvement on prior year's arrangements.

Strategic and corporate risk management

The Trust has in place a Risk and Governance Committee responsible for delivery of the Trust's risk management strategy and improvement to the Trust's risk management processes and procedures. The RMC decides whether a risk should be placed on a Corporate Risk Register and/or escalated.

Strategic risk is managed by the Trust through its Board Assurance Framework (BAF), which is reviewed at Board and Committee. The BAF is a live document and we noted evidence of risks being discussed and updated, as well as consideration of how other Trust activities may affect risk – for example, through introduction of a new Trust strategy. The BAF also appropriately considered systemwide risks and the Trust's plans to help mitigate these.

KCH has undertaken significant work in year to streamline its approach to management of corporate risk. This included undertaking a review of old risks and more proactive management of risk from opening to closure. The number of open risks was appropriate for the Trust's size and complexity.

The Trust's Internal Audit and LCFS function is provided by KPMG LLP. The Audit and Risk Committee receives progress LCFS and IA updates at every meeting.

Internal controls

The outcomes of internal audits undertaken in year have been in line with management expectation. Reports are presented to the audit committee alongside dashboard summaries and there is adequate information to allow for follow-up as required, including tracking of recommendations.

Upon completion of the IA plan, KPMG concluded that they are able to provide *significant assurance with minor improvement opportunities*, consistent with the HOIA opinion in 2021/22.

Informed decision making including the Audit Committee

Our work did not identify any evidence of unlawful decision-making or concerns regarding the 'tone from the top' from Trust leadership. The Trust has been proactive in working on improvement areas previously identified in relation to its leadership.

Leadership of Those Charged with Governance

CQC undertook an inspection of the Well-Led domain, which resulted in a rating of Good.

This presented an improvement from previous rating of Requires Improvement. The report commended the Trust for improved focus and accountability of its leadership team and commitment to improving outcomes for its patients.

Governance arrangements are supported by a range of policies and procedures. We identified some Trust policies, such as the Policy on Raising Concerns: Whistleblowing, that were out of date. **We have therefore raised an improvement recommendation in relation to keeping policies up-to-date.**

Corporate governance and decision-making

Governance and reporting arrangements in place ensure decision-makers are provided with relevant information in a timely manner to discharge their responsibilities – this includes reporting on activities of the ICS and the Acute Provider Collaborative (APC). Our review of papers and minutes under both old and new structures identified a good level of challenge provided to and through the Audit Committee and other Committees.

Upon appointment, the new Trust Chair expressed reservations about the size and breadth of some Committees' agendas, and the time the Trust Board was able to take out together as a group. These did not represent a significant weakness, but it was felt further improvements could be made to streamline the process.

The Trust subsequently commissioned a review into its governance structures, delivered by Deloitte.

As a result of the review, Committee structures and remit were changed as follows:

- Strategy, Research and Partnerships Committee and Major Projects Committee were retired
- Remit of the FCSC was expanded to cover Major Projects and Digital Agenda
- A new Committee – People, Education and Research – was established.

These changes are still embedding, and although our work in year did not identify any concerns, we suggest the Trust takes time in 2023/24 to consider effectiveness of these new arrangements. **We have raised this as an improvement recommendation.**

Governance (continued)



NHS Leadership

- Leadership plays a key role in shaping the culture of an NHS organisation
- NHS leaders are facing considerable challenges, including significant financial and operational pressures and high levels of regulation
- This is reflected in high vacancy rates and short tenures among senior leaders that risk undermining organisational culture and performance
- Many of the recent NHS failures have come from poor leadership. This may be a focus on one aspect of delivery at the expense of another, e.g. prioritising financial performance over clinical care
- Senior leadership should welcome honesty in their assurances, creating an environment where staff can be open and flag risks
- Boards should remain alert to the question, “could we have a problem and how do we know we don’t”?

Standards and behaviours

The Trust has appropriate frameworks in place to ensure compliance with relevant regulatory, legislative and professional standards. Our VFM work this year did not identify any instances of non-compliance that would suggest these arrangements are not effective.

Frameworks to ensure compliance with standards

The Trust has an appropriate governance framework in place, including Standing Financial Instructions and Standing Orders. This is supported by a suite of policies, including the Conflict of Interest Policy and the Fit and Proper Persons Requirement Policy.

Leadership interests are appropriately declared and reviewed on an annual basis; a copy of the register is available in the public domain. Assurance over completion of the FPPT is carried out by the Remuneration and Appointments Committee.

The Trust's policies and procedures are reviewed and available to staff via shared drives/Intranet, and employee awareness is reinforced and recorded as part of the annual appraisal process.

Data and cyber security

There is no evidence of a significant cyber attack in year. The has sought proactive advice and regular updates on its Cyber Security and data protection arrangements.

Follow up of previous recommendations

In 2021/22 we raised four improvement recommendations in relation to the Trust’s governance:



- Recommendation F in relation to frequency of BAF review;
- Recommendation H in relation to timing of presenting sub-committee reports to the Trust Board

- Recommendation I in relation to Committee-level oversight of the CQC action plan
- Recommendation J in relation to flow of information between the APC, the IC and the Trust Board.

We are satisfied that all four recommendations have been actioned by management and are therefore closed.



Improvement recommendations - Governance

Criteria impacted	 Governance
Auditor judgement	Our work has enabled us to identify a weakness in arrangements which we do not consider to be significant, but have raised a recommendation to support management in making appropriate improvements.
Improvement opportunity identified	Policies and procedures need to be updated to reflect any relevant legislative or regulatory changes, support best practice and to protect staff and patients. Out of date policies can result in behaviours or actions that do not support good governance and healthcare. Our review identified several policies that are out of date, such as the Policy on Raising Concerns: Whistleblowing.
Recommendation 4	We recommend the Trust continues to focus on clearing the backlog of policy reviews, prioritising those that are most high-risk and the areas that are most affected.
Management comments	Accepted and being addressed in line with CQC well led actions
Criteria impacted	 Governance
Auditor judgement	Our work has enabled us to identify a weakness in arrangements which we do not consider to be significant, but have raised a recommendation to support management in making appropriate improvements.
Improvement opportunity identified	The Trust has undergone a refresh in its governance arrangements following a review from Deloitte in 2022/23. This resulted in change of remit, retirement and review of a number of Committees. These arrangements were new and still embedding at the time of our work. It was therefore too early to assess whether these were effective.
Recommendation 5	In 2023/24, once the new governance structures are fully embedded, the Trust should take time to revisit these and assess their effectiveness – in particular in relation to the Finance, Commercial and Sustainability Committee, where the remit has been expanded significantly. Feedback from the effectiveness review should be used to further tailor and shape the new structure.
Management comments	The new committee structure will be evaluated for effectiveness in Q4 2023/24.

Improving economy, efficiency and effectiveness



We considered how the NHS Foundation Trust:

- uses financial and performance information to assess performance to identify areas for improvement
- evaluates the services it provides to assess performance and identify areas for improvement
- ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives
- where it commissions or procures services assesses whether it is realising the expected benefits

Overview

We reviewed the Trust's economy, efficiency and effectiveness arrangements and have concluded that:

- The Trust operates in a challenging operational environment, with significant pressures on its Accident and Emergency Department and the drive to reduce the COVID-19-associated elective care backlog.
- Appropriate arrangements are in place to ensure the Trust continues to focus these on areas of underperformance, and on key recommendations arising from its recent CQC inspections.
- The Trust regularly reports performance information across different levels of the organisation; however, the arrangements to provide assurance over data quality could be strengthened.
- The Trust engages proactively and regularly in key partnerships, such as the Integrated Care System and the Acute Provider Collaborative, and contributes to local ICS plans.
- There are processes in place to ensure the Trust is monitoring performance of its key service providers, subcontractors and major projects.

We did not identify any significant weaknesses in relation to the Trust's governance arrangements. We have raised one new improvement recommendation in relation to timely review of Trust policies.

Assessing performance and identifying improvement

Performance reporting

The Board regularly receives an integrated performance report (IPR) which includes a summary dashboard and supporting narrative, focusing on exception reporting.

The IPR presents key metrics on quality, performance, workforce and finance, with an additional dashboard for KPIs related to its SOF rating. Indicators are RAG rated and broken down by site. Detailed reporting is provided for indicators that require particular attention, such as appraisal rates, sickness rates, RTT and Emergency Care.



Improving economy, efficiency and effectiveness (continued)

Assessing performance and identifying improvement (continued)

Data quality

The Trust has arrangements in place to ensure the data it reports on is of adequate quality – this involves validation and scrutiny of data.

However, we note that Internal Audit undertook a data quality review in year resulting in partial assurance with improvements required. The outcome of the audit was discussed and a framework to drive compliance will be developed and monitored through the Risk and Governance Committee, thus we are satisfied appropriate action was taken.

However, the Trust would benefit from more complete and informative consideration of data quality in its IPR – for example, through use of data quality kitemarks – we therefore raised an improvement recommendation. This would help identify areas or specific indicators where data quality may affect accuracy and therefore should be considered in decision-making.

Operational and quality performance

The Trust was subject to several CQC inspections in year, including an unannounced inspection of the Well-Led domain, two unannounced inspections at Denmark Hill of services for Children and Young People and Medical care (including older people’s care) and an unannounced inspection of the Maternity Services.

The outcome of the Well-Led inspection were positive, with an improvement in rating from ‘Requires Improvement’ to ‘Good’. The Trust was commended for improvements in its leadership, strength of its strategy and increased focus on management of risk.

Outcomes of service inspections, particularly Maternity, resulted in a number of ‘must’ and ‘should’ do actions. These are monitored through the Quality and Performance Committee, and we noted extensive reporting of Maternity performance in particular, given increased focus nationwide following the Kirkup report. The Trust Board is also kept apprised of actions and improvements in relation to the CQC compliance, both through the Chief Executive reports and the highlight reports from QPPC.

Review of the Trust’s internal performance reporting and our own benchmarking data identified RTT and A&E performance as two key areas of challenge for the Trust. Cancer performance is generally better than peers.

We reviewed arrangements in place for monitoring and improving performance within these services and noted that:

- Within the IPR, both areas are reported on in detail due to challenges in performance – this involves reporting on trends, underlying issues and actions by site.
- Within Emergency Care Standard, ‘Star Chamber’ reviews were implemented at the Princess Royal site in 2023, to challenge delivery against improvement plans.
- Multi-specialty SDEC was opened on the Denmark Hill site in January to support zero-day admissions.
- Length of Stay reviews were ongoing with Transformation team support.
- For RTT performance, the focus has been on theatre productivity, including deep dives into late start/early finishes and weekly specialty meetings with theatres staff to plan for the week ahead.
- Additionally, the is in the process of developing a tool to help with patient scheduling, and set to assist with data cleansing of the PTL prior to move to the new EPIC EPR.

Indicator	Target	2022/23
A&E waiting times less than 4 hours	>95%	60.18%
RTT – patients waiting over 104 weeks	0	8
RTT – patients waiting over 78 weeks	0	721
RTT – patients waiting over 52 weeks	N/A	9156
Cancer – 2ww, all urgent	>93%	94.72%
Cancer – 2ww, breast	>93%	95.19%
Cancer – 31 day diagnosis to treatment	>96%	91.43%
Cancer – 62 day GP referral to treatment	>85%	64.57%

Source: Trust IPR, 2022/23 M12

Improving economy, efficiency and effectiveness (continued)



Workforce pressures

There are significant workforce challenges across all roles and all regions. Many bodies are reporting that the recruitment and retention of skilled and experienced staff is their greatest risk.

How the NHS found itself in this position is a complex picture; a perfect storm.

- **Historic understaffing:** inadequate workforce planning with insufficient funding and infrastructure
- **Declining wellbeing:** delivering care amid persistent staff shortages with agency staff and normalised increased workloads
- **Early retirements:** staff choosing to retire earlier than planned has reduced both capacity and experience
- **Poor retention:** greater workloads and stressful working conditions have increased attrition
- **Pay pressures:** recent strike action has highlighted the level of feeling from NHS workers

Operational and quality performance

We are therefore satisfied that the Trust has put appropriate arrangements in place in order to monitor areas of quality and operational underperformance, and work towards delivering sustained improvement.

Partnership working

The Trust is a key player in the local ICS and has a lead role in the Acute Provider Collaborative to improve care pathways.

Activity and key decisions of the ICS and APC are fed back to the Board through the CEO report. The Trust CEO leads the APC Committee in Common, and systemwide meetings for specific issues are attended by other Trust Executives.

The Trust is also part of the King’s Health Partner’s Partnership with GSTT, South London and Maudsley (SLAM) and King’s College London. Our review indicates there are clear governance structures and decision-making and accountability frameworks outlined and in place for the Trust’s key partnerships. Updates on progress of the partnership is reported to the Strategy, Research and Partnerships Committee (SRPC) as a standing agenda item. Updates are then communicated to the Board.

Commissioning and procurement

Procurement arrangements

Procurement activity is managed by Kings Facilities Management (KFM) a wholly-owned subsidiary of the Trust, on behalf of KCH. The Trust has been implementing some improvement activity in relation to its procurement and contract management practices.

The Trust and KFM are working collaboratively across the ICS to deliver procurement efficiency – for example, through monthly meetings and planning sessions between KCH/KFM and system partners about key areas where efficiencies can be made, for example, through temporary staff sharing.

Single Tender Waiver reports are presented to the Trust’s Audit and Risk Committee. Internal Audit and LCFS highlighted that the volume of single tender waivers remained substantial, with improvements being embedded to clear escalation and follow-up processes. An action plan is in place to address this and is reported appropriately.

Monitoring of projects and programmes

For majority of the year, significant programmes delivered by the Trust have been monitored by the Major Projects Committee. Following a review of the Trust’s Committee Structure, this role was assumed by the Finance, Commercial and Sustainability Committee.



Improving economy, efficiency and effectiveness (continued)

Commissioning and procurement

Monitoring of projects and programmes (continued)

It is expected that there will be capacity to set up task and finish groups for large projects and programme as required.

The Trust's capital programme is monitored through the FCSC and reported at each Trust Board via the FCSC highlight report. There is no evidence of adverse impact on performance from ongoing build projects.

Follow up to previous recommendations


In 2021/22 we raised two improvement recommendations in relation to the Trust's economy, efficiency and effectiveness arrangements:

- Recommendation K in relation to reporting of benchmarking information to Board
- Recommendation L in relation to service-line reviews and assessment of cost-effectiveness of services

We are satisfied that both recommendations have been actioned by management and are therefore closed.



Improvement recommendations – economy, efficiency and effectiveness

Criteria impacted		Economy, efficiency and effectiveness
Auditor judgement	Our work has enabled us to identify a weakness in arrangements which we do not consider to be significant, but have raised a recommendation to support management in making appropriate improvements.	
Improvement opportunity identified	Opportunity to provide increased assurance at Board and Committee level that reported performance is based on good quality data, and clarity over any weaknesses.	
Recommendation 6	The Trust should consider the use of Data Quality Assurance Indicators or other tools to inform users of the IPR and other performance reports of any data quality risks attached to the data that might impact decision making. Data quality assurance indicators include completeness, uniqueness, consistency, timeliness, validity and accuracy.	
Management comments	Accepted – The Trust will review and look at incorporating data quality indicators in the IPR.	

Progressing the actions management has identified to address the recommendations made will support the Trust in addressing the improvements identified from our work. We consider that the timescales provided by management are appropriate and encourage the Audit Committee to monitor progress of implementation to gain assurance over the arrangements in place. The range of recommendations that external auditors can make is explained in Appendix B.



Opinion on financial statements

Opinion on the financial statements



Grant Thornton provides an independent opinion on whether the Trust's financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of its expenditure and income for the year then ended
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23, and
- have been prepared in accordance with the requirements of the National Health Service Act 2006

We conducted our audit in accordance with:

- International Standards on Auditing (UK)
- the Code of Audit Practice (2020) published by the National Audit Office, and
- applicable law

We are independent of the Trust in accordance with applicable ethical requirements, including the Financial Reporting Council's Ethical Standard.

Audit opinion on the financial statements

We issued an unqualified opinion on the Trust's financial statements on 30 June 2023.

The full opinion is included in the Trust's Annual Report for 2022/23, which can be obtained from the Trust's website.

Further information on our audit of the financial statements is set out overleaf.



Opinion on the financial statements



Timescale for the audit of the financial statements

- The Audit Plan was issued to the Audit and Risk committee in March 2023
- Planning was carried out between December 2022 and February 2023. An interim audit visit was undertaken in March 2023, while the final accounts audit work was completed during May and June 2023.
- The Trust provided draft financial statements in line with the national timetable
- There were no significant issues that had an impact on the timely completion of the audit
- The opinion on the financial statements was issued on 30 June 2023 in line with the national timetable

Findings from the audit of the financial statements

Findings against our assessed significant risks for the audit are as follows:

- Presumed risk of management override of controls, in particular journal entries, management estimates and transactions outside the course of business as a significant risk. We evaluated the design of relevant controls, performed testing of journal entries that were deemed to be potentially unusual or high risk, and challenged key judgements and estimates. We identified 2 low risk control recommendations in our journals testing and two improvements to estimation uncertainty disclosures relating to PPE valuations.
- Fraud in revenue recognition - occurrence and accuracy of non-block income streams and the existence of associated receivable balances. We evaluated the design of relevant controls, performed sample testing of non-block income streams and receivables balances, and investigated significant unmatched revenue and receivable balances using the DHSC mismatch report. We identified 1 low risk control recommendation.

- Fraud in expenditure recognition - completeness of non-pay expenditure and the associated payable balances. We evaluated the design of relevant controls, and tested a sample of payments made and invoices received after year end. We identified one error which we projected but this was immaterial and the accounts were not amended.
- Valuation of land and buildings, in particular land and buildings with large and/or unusual changes to their valuation. We evaluated the processes and assumptions used in the valuation and the competence, capabilities and objectivity of management's expert valuer, challenged information and assumptions used by the valuer including changes to the MEA approach, and tested a sample of revaluations. We identified 1 control recommendation from the prior year was only partially addressed.

We did not identify any significant adjustments to the financial statements submitted for audit

We identified a number of low and medium risk control recommendations but did not make any significant recommendations as a result of the financial statements audit

More detailed findings are set out in our Audit Findings Report, which was presented to the Trust's Board on 27 June 2023. Requests for this Audit Findings Report should be directed to the Trust.

Other reporting requirements



Remuneration and Staff Report

Under the Code of Audit Practice (2020) published by the National Audit Office, we are required to audit specified parts of the Remuneration and Staff Report included in the Trust's Annual Report for 2022/23. These specified parts of the Remuneration and Staff Report have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022-23.

Annual Governance Statement

Under the Code of Audit Practice (2020) published by the National Audit Office, we are required to consider whether the Annual Governance Statement included in the Trust's Annual Report for 2022/23 does not comply with the guidance issued by NHS England, or is misleading or inconsistent with the information of which we are aware from our audit. We have nothing to report in this regard.

Annual Report

Under the Code of Audit Practice (2020) published by the National Audit Office, we are required to consider whether, based on the work undertaken in the course of the audit of the Trust's financial statements for 2022/23, the other information published together with the financial statements in the Trust's Annual Report for 2022/23 is consistent with the financial statements. We have nothing to report in this regard.

Whole of Government Accounts

To support the audit of Consolidated NHS Provider Accounts, the Department of Health and Social Care group accounts, and the Whole of Government Accounts, we are required to examine and report on the consistency of the Trust's consolidation schedules with their audited financial statements. This work includes performing specified procedures under group audit instructions issued by the National Audit Office.



The use of auditor's powers

We bring the following matters to your attention:

Statutory recommendations

Under Schedule 7 of the Local Audit and Accountability Act 2014, auditors can make written recommendations to the audited body

We did not issue any statutory recommendations to the Trust in 2022/23.

Section 30 referral

Under Section 30 of the Local Audit and Accountability Act 2014, the auditor of an NHS body has a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be referred to the Secretary of State, and/or relevant NHS regulatory body as appropriate

We did not issue a section 30 referral to the Secretary of State for Health and Social Care. We do not consider that any unlawful expenditure has been made or planned for.

Public Interest Report

Under Schedule 7 of the Local Audit and Accountability Act 2014, auditors have the power to make a report if they consider a matter is sufficiently important to be brought to the attention of the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not issue a report in the Public Interest with regard to arrangements at the Trust for 2022/23.

Appendices

Appendix A: Responsibilities of the NHS Trust

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.

The directors of the Trust are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The directors are required to comply with the Department of Health & Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. An organisation prepares accounts as a 'going concern' when it can reasonably expect to continue to function for the foreseeable future, usually regarded as at least the next 12 months.

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.



Appendix B:

An explanatory note on recommendations

A range of different recommendations can be raised by the Trust's auditors as follows:

Type of recommendation	Background	Raised within this report	Page reference(s)
Statutory	Written recommendations to the Trust under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014.	No	N/A
Key	The NAO Code of Audit Practice requires that where auditors identify significant weaknesses as part of their arrangements to secure value for money they should make recommendations setting out the actions that should be taken by the Trust. We have defined these recommendations as 'key recommendations'.	Yes	P13.
Improvement	These recommendations, if implemented should improve the arrangements in place at the Trust, but are not a result of identifying significant weaknesses in the Trust's arrangements.	Yes	P14, 18, 23



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Council of Governors

Report to:	Council of Governors
Date of meeting:	5 th December 2023
Presented by:	Charles Alexander CBE, Chairman
Prepared by:	Siobhan Coldwell, Director Corporate Affairs
Subject:	Report from the Nominations Committee.
Action Required:	For decision

Summary

The following paragraphs provide a summary of the activity of the Nominations Committee over the autumn.

Action Required

The Council is asked to:

- a) **NOTE** the Nominations Committee received a report from the Chairman of the Board of Directors in relation to Non-Executive Director Appraisals.
- b) **NOTE** the Nominations Committee received a report from the Senior Independent Director in relation to the Chairman's Appraisal.
- c) **NOTE** the progress in appointing a new Non-Executive Director to replace Prof Jonathan Cohen
- d) **RATIFY** the decision of the Nominations Committee to appoint Nicholas Campbell-Watts for a further four year term.

MAIN REPORT

1. The terms of reference of the Nominations Committee of the Council of Governors includes responsibilities in relation to the appointment of non-executive directors (NEDs) and receiving reports annually on the performance evaluation process and outcome for the Chairman and NEDs.

NED Appointments

2. The Council will be aware that Prof Jon Cohen is retiring from the Board at the end of December, having served two terms of four years. The Nominations Committee met in October to discuss the skills, knowledge and experience needed to ensure the Board is able to fulfil its broad range of responsibilities, and agreed a candidate specification for a NED recruitment process.
3. Nicholas Campbell Watts is nearing the end of his first term. The Committee also reviewed a proposal from the Chairman to reappoint him for a second term. The Committee approved the proposal, subject to ratification by the Council of Governors.

NED appraisals

4. The Committee received a report from the Chair of the Board of Directors, confirming that NED appraisals were undertaken between August and September 2023, and adhered to the NHSE Good Practice Guide, which includes reviewing performance to date and setting objectives for the next year. The Chairman confirmed that all NEDs had an objective related to equality, diversity and inclusion. The Committee also noted that all NEDs met the requirements of the 'Fit and Proper Persons' Test.
5. At the same meeting, Dame Christine Beasley, the Senior Independent Director met with the Committee to feedback on the appraisal of the Chairman. She confirmed that this was done in line with the NHSE guidance and included feedback from internal and external stakeholders. She confirmed that objectives had been set for the forthcoming year and that the relevant documentation would be submitted to NHSE.



Council of Governors

Report to:	Council of Governors
Date of meeting:	5 th December 2023
Presented by:	Prof Daniel Kelly, Lead Governor
Prepared by:	FTO and Governors
Subject:	Governor Engagement and Involvement Activities
Action Required:	For information/discussion

Summary

The following paragraphs provide a summary of the activity of the Governors over the autumn.

Action Required

The Council is asked to **NOTE** the report.

MAIN REPORT

1. The following pages provide Governors with a summary of how governors have fulfilled their roles over recent months. This includes detailed feedback from a number of governors about the meetings and events they have attended.
2. The Council held a productive development session on 6th September to discuss the role of Governors and how governors could make best use of the opportunities available to them. Jane Bailey and Nicholas Campbell Watts were also present and there was a useful discussion about how governors could support NEDs. A number of actions were agreed including a commitment to re-establish governor walkarounds in 2024.
3. The Governor Strategy Committee met in September and received updates in relation to the implementation of Epic, the Trust's new electronic patient record, as well as an update on the health inequalities programme. Akhter Mateen attended the meeting and provided summary of recent board committees including the audit committee and the finance committee.
4. The Patient Experience and Safety Committee also met in September and considered progress against the Trust's quality priorities, the integrated quality report and the End of Life Care Annual Report.
5. There have been two 'Meet the NED' sessions since the Council last met. These meetings are opportunities for the Governors to hear from the NEDs about how they fulfil their roles

and to discuss in detail any issues of concern. Over the two sessions, the Governors heard from Akhter Mateen, Prof Yvonne Doyle, Nicholas Campbell-Watts and Prof Jon Cohen. Further sessions will be scheduled during 2024.

6. A number of governors have provided feedback on activities they have been involved in. This is outlined below.

Council of Governors Report Template
Update from 30 May 2023 to 5 December 2023

Name	Designation	Date of Activity	Commentary	Any suggestions/comments/learning for the consideration at the COG meeting	Items to include in the next Council of Governors Bulletin (please detail or tick ✓)
Jacqueline Best-Vassell	Lambeth Public Governor	7 & 9 November 2023	PLACE The PLACE Assessments are a wonderful opportunity to get your feet wet so to speak with the running of the Hospital from a different perspective as Governors and gives you a chance to see and experience how things are run on a deeper level and is very rewarding.	I would urge ALL new Governors who have never had the opportunity to take part in the PLACE Assessments to do so as is a National Annual Review of the Care Environment and serves as a way of directly being involved in the future of getting the Hospital up to scratch so to speak and as it done once a year it will not infringe too much on people's time but the value is GREAT,	
Jacqueline Best-Vassell	Lambeth Public Governor	14 November 2023	Anti-Bullying This Webinar Event was a great event that was well attended over 140 attendees in and outside the Trust and run but Bernadette who made the event! The learning was personal for me and gave me great insight and I asked if the recording could be shared with the rest of the	One consideration would be to include it in a Governors away-day programme of some sort as it would be a brilliant topic to come to terms with.	

			Governors at some time as it would serve as a great way of understanding what Bullying really is as most people see it as a problem for Schools.		
Jacqueline Best-Vassell	Lambeth Public Governor	29 September 2023	ICS Strategy This was a wonderful engagement and a great opportunity for learning and input run by the NHS SEL ICB Engagement Team again one that gave you value and as a Governor	Rosemary Watts the Assistant Director of Engagement for NHS SEL said she would be more than willing to attend a COG if she was invited to do so and share some of the learning and importance of Governors having their say and input, so this is something for the FTO to think about and the topic to discuss.	
Jacqueline Best-Vassell	Lambeth Public Governor		I also sit on two Other Committees along with several Other Governors PESC and the Strategy Committee as well as the Critical Care Steering Group and the Worries and Concern Project GREAT to be a part of.		
Jane Allberry	Southwark Public Governor	King's Cancer Patient Voice cancer support worker working group – June – and miscellaneous dates over the period	I chair this working group which is overseeing implementation of the cancer support worker project. I think it is an interesting idea to have a patient chair, but tricky as of course as a patient difficult to know the politics surrounding issues and the feasibility of taking things forward. Fascinating to see how difficult it is to roll out what	<ol style="list-style-type: none"> 1. Why is it so difficult to bring about change in the Trust? 2. How to motivate staff when it is so challenging to deliver the results they want to deliver. 3. HR processes make recruitment really difficult and slow – scope to improve? 	

		<p>King's Cancer Patient Voice meetings – every month or so</p>	<p>seems to be a no brainer in terms of an important way to improve patient experience and to take pressure of busy healthcare professionals.</p> <p>These are really important meetings for cancer patients to raise issues and input into changes. They link into the WGs in the cancer programme, eg the one above on cancer support workers.</p>	<ol style="list-style-type: none"> 1. How can governors help take forward the issues? Eg the complete frustration of the haemo-onc patients that their O/P facilities are so dreadful? OK no money to develop unit 6, but is there no scope for improvements? 2. The group has suggested that we meet with a wide range of patient groups to look at shared eggs, eg communication about O/P appointments. Could the CoG facilitate this? 	
Jane Allberry	Southwark Public Governor	Launch of new cancer strategy – 8/6/23	Disappointing to see very little engagement from top of the trust – Chair and NEDs not present. Good patient engagement but little information available about implementation!	Normal governor scepticism that easy to have a strategy, difficult to deliver it. How to help focus on implementation?	
Jane Allberry	Southwark Public Governor	<p>Neurorehab outcomes What matters most – patient outcomes learning event – 6/6/23 – and also many meetings of the</p>	Improving neurorehab outcomes is a King's quality account priority. Excellent group of people working on this, and I am a carer rep on the group. And we were asked to present at a learning event. The WG has agreed draft outcomes to be measured, and they are	Loads of goodwill but as ever things move very slowly and lack of resources make one very sceptical that anything will come out of this. How can a busy Trust, with so many pressures, deliver patient outcome improvements in a	

		<p>neurorehab patient outcomes group</p> <p>Also I am part of South London neuroscience patient/carer group – which meets every couple of months.</p> <p>Attended a neuropsychiatry conference on 14 and 15/9</p>	<p>currently being tested with patients.</p> <p>Needs more patient/carer engagement. Does sometimes discuss things that patients and carers can usefully contribute on, but think patients and carers do not believe it is useful enough to make a sustained effort with. As a member of the group I helped make a training video for receptionists but this never seems to have seen the light of day!</p> <p>Good reminder of the relationship between physical and mental health</p>	<p>service which has traditionally been a bit of a backwater?</p> <p>Is there scope to engage with relevant patient groups within King's?</p> <p>Start discussions again with SLAM governors?</p>	
Jane Allberry	Southwark Public Governor	<p>Governor PESC and strategy committee meetings – 22/6/23 and 7/7/23</p>	<p>Various important items discussed but not enough time to input and no proper follow up on governor views/comments</p>	<p>How could we use the governor committees more effectively to help drive improvements? Why are the next meetings not until next March?</p>	

Jane Allberry	Southwark Public Governor	Misc meetings with the EoLC team to bring a governor focus to the area	Have learned a lot from these meetings, but not sure how best governors can contribute – so perhaps need governor reps with more experience of eolc at King's?	? Discuss at a forthcoming meeting how we might contribute more in this area?	
Jane Allberry	Southwark Public Governor	Patient Outcomes Committee – 12/7/23	Only attended one meeting so far – as patient/carer/governor rep – not yet worked out how best to contribute.		
Jane Allberry	Southwark Public Governor	Chair breakfast meetings – 13/7/23 and 2/11/23	Useful informal meetings with the Chair, when governors can raise whatever issues they want to in an informal setting.	Tricky to attend if live some distance away and yet would probably not work so well if hybrid?	
Jane Allberry	Southwark Public Governor	Board meetings – 13/7/23 and 9/11/23	Useful to hear discussions and to learn what is going on.	Can the meetings be in the Dulwich Room so people can observe online?	
Jane Allberry	Southwark Public Governor	PLACE assessment – 7/11/23	Excellent way for governors to see and comment on the hospital environment. Quite shocked to see how badly positioned we were last year – need to look at this further?	Can the CoG analyse the results of last year's PLACE assessments and see what is being done to tackle issues?	
Angela Buckingham	Southwark Public Governor	PLACE assessments – 7/11/23	Willowfield and Haematology Ward		

Angela Buckingham	Southwark Public Governor	October Governor Newsletter	Wrote Article for Governors Newsletter on my self-volunteering		
Angela Buckingham	Southwark Public Governor	25 th October	Attended meeting with Lucy and Patients on feedback on Welcome booklet for patients who are on a ward .		
Angela Buckingham	Southwark Public Governor	9 th November	Observed the Board Meeting		
Angela Buckingham	Southwark Public Governor	14 November 2023	Attended Diversity and Inclusion event Race Ethnicity and Cultural Heritage		

Patient Experience & Safety Governor Committee (PESC)

Draft Minutes of the meeting held on Thursday 22 June 2023 at 09:30 - 11:30
 Virtual meeting via MS Teams

Present:

Billie McPartlan	Patient Governor (Committee Chair)
Ibtisam Adem	Public Lambeth Governor
Jane Allberry	Public Governor/ Lead Governor Southwark
Lindsay Batty-Smith	Public Southwark Governor
Tony Benfield	Public Bromley Governor
Angela Buckingham	Public Southwark Governor
Nicholas Campbell-Watts	Non-Executive Director
Hilary Entwistle	Public Southwark Governor and Deputy Chair
Robert Evans	Public Bromley Governor
Erika Grobler	Staff Governor, Nursing
Deborah Johnston	Patient Governor
Tunde Jokosenumi	Staff Governor, Admin, Clerical & Management
Rashmi Kumar	Public Lambeth
Devon Masarati	Patient Governor
Fidelia Nimmons	Patient Governor
Victoria O'Connor	Public Bromley Governor
Christy Oziegbe	Nurses and Midwives
Devendra Singh Banker	Public Bromley Southwark
Katie Smith	Public Bromley Governor
Chris Symonds	Patient Governor

In Attendance:

Siobhan Coldwell	Acting Director of Corporate Affairs
Steffan Gough	Equality, Diversity & Inclusion Lead (Item 2.)
Sara Harris	Interim Head of Corporate Governance (Minutes)
John Lodge	Programme Director (Item 3.1.)
Patricia Mecinska	Assistant Director of Patient Experience
Kudzai Mika	Head of Quality Governance, Assurance & Compliance
Roisin Mulvaney	Director of Quality Governance
Karen Roberts	Head of Complaints

Apologies:

Jacqueline Best-Vassell	SEL
Prof John Cohen	Non-Executive Director
Aisling Considine	Deputy Chief Pharmacist, Emergency Planning & Business Dev.
Debbie Hutchinson	Site Director of Nursing (on behalf of Jonathan Lofthouse)
Jonathan Lofthouse	Site Chief Executive, PRUH & South Sites
Simon O'Donoghue	Head of EDI (Patients and Communities)
David Tyler	Patient Governor

Item Subject

1. STANDING ITEMS

23/014 Welcome and Apologies

The Chair welcomed members and attendees to the meeting.

The Committee noted the above apologies.

23/015 Declaration of Interests

No interests were declared at the meeting.

23/016 **Chair's Action**

There were no actions from the Chair.

23/017 **Minutes of the previous meeting held on the 16 March 2023**

The minutes of the previous meeting were approved as an accurate reflection of the meeting.

23/018 **Action Tracker / Matters Arising**

The Committee reviewed the action tracker and other pending actions.

The Committee stressed the importance of receiving the bundle in advance of the meeting and not the day before. The Committee agreed that a partial bundle would be circulated with a note to confirm which reports were outstanding and a cover sheet to accompany all reports.

2. FOCUS ON DISABILITY

23/019 **Equality, Diversity and Inclusion (EDI) Performance Report**

Steffan Gough, Equality, Diversity & Inclusion Lead presented this item to the Committee.

The Committee noted the Roadmap to Inclusion was first published in May 2022 which included key priorities. The consultation was for the Reasonable Adjustments Plan which was launched on 20th April which identified key areas for disability. The staff survey highlighted that disability was not as high profile and there had been a worse trend seen across the London Region.

Key highlights presented from the survey:

- Reasonable Adjustment had decreased by 3% and this was reflected in the staff survey pre-Covid, with bullying and harassment data had shown a decline.
- Recognised that it was important to get it right around the reasonable adjustment plan and ensure there was adequate training and education for staff around disability and disability confidence.
- 17% of staff had completed the survey and had identified themselves as having a long term health condition; there was disparity with those staff who decided to share that information on the staff record system and those who shared the information on the annual staff survey.
- An action plan, dashboard and roadmap to inclusion had been formulated.
- Several key projects had been identified and the main area of focus was reasonable adjustment due to a shortfall in this area.
- Strengthen and improve people the King's Health. Increasing employment for people with Disabilities and Neurodiversity in terms of recruitment and retention.
- A framework and guidance document had been formed to aid Managers and also for staff to use.
- Recruitment training session had been launched with several bite size training courses on disability, confidence, hidden disabilities, neurodiversity, inclusive language and communication.
- Approximately 100 people had undertaken the training sessions to date.

- A coaching or mentoring programme, based on lived in experience.
- The 2023 Disability Equality Standards indicated that the Trust was not great when it came to disability and decreased again by over 3% when it came to the reasonable adjustment metric.
- 33% of our Board Membership had an unknown status when it came to disability
- One of the key priorities was to have an action plan with accurate data. To ratify a reasonable adjustment policy which was currently undergoing consultation via the policy review group.
- The training programme to enable staff to have access to the best educational content around disability with the launch of the recruitment training Part 2.
- Launching a positive action disability leadership programme at the end of this year called Calibre. A cohort of 20 people would undertake the training.

Angela Buckingham to contact Patricia Mecinska re: volunteers.

Action: Angela Buckingham / Patricia Mecinska

- The Equality Act 2010 states disability is defined as *"It is assumed that you have a long term health condition expected to last 12 months or more"*. The responsibility of the employer would be to put in place reasonable adjustments.
- The Committee noted the data in terms of their disability from the exit interviews had not been as robust and was this due to people felt their disability had not been appropriately dealt with? **There was work with the retention staff in workforce to review this area.**
- The Committee noted that reasonable adjustments was an important programme.

The Committee noted the Equality, Diversity and Inclusion Performance report.

23/020

Integrated Quality Report

Ro Mulvaney, Director of Quality Governance presented the Integrated Quality Report.

Key highlights presented to the Committee:

- The IQR reported data between April 2022 and April 2023.
- A change in the incident reporting system from Datix to a system called InPhase. There were teething issues during migration which had now been resolved.
- The new system would enable more effective triangulation of data, and tracking of actions arising to ensure that lessons are learned.

RM highlighted the increase in the percentage of significant harms following go-live with InPhase. RM explained that the new system allows us to look at this metric now with a pure focus on patient safety – i.e. the denominator has changed, which means that the new rate of harm is not strictly comparable to previous data. There will be close monitoring of harm levels within the new metric to identify any areas of concern. RM also noted that she was assured to see that there had been no impact on levels of reporting during go-live of the new system.

- There were 14 serious incidents declared in the month and closed 11 serious incident investigations and a further 3 had also had their action plan reviews closed. The Committee noted all actions identified through the SIs were closed in the month.

- The Committee was made aware of the number of incidents reported at varying levels of harm, and the vast majority of them were either no harm, near misses and of low harm.
- There were 2 never events in April 2023, of which the governors had previously been made aware.
- The bi-annual staffing establishments had been completed for nursing and midwifery using the nursing care tools, birth rate plus which would also be used for staffing in the Emergency Department.
- The Committee requested to hear about when things go wrong. The process to review patient safety incidents was to look at the systems staff were working within, to identify could another staff member make the same error. The Committee noted there may be on occasions whereby some situations actually required more training for an individual, team and more broadly across the organisation, though this was dependent on the investigation.
- In terms of reparations, the Parliamentary Health Service Ombudsman (PHSO) their compliance process offers redress where the Trust felt that was appropriate and in line with the PHSO standards. The detailed information on the financials was submitted to the Risk and Governance Committee on a monthly basis.
- There was focused work looking at cauda equina syndrome and missed subarachnoid haemorrhage.

A request was made to present the data on falls during winter time / overnight to be visible on InPhase.

Action: Roisin Mulvaney

- A thematic review was completed with pressure ulcers and blood transfusion type incidents.
- There had been a significant increase in the number of the PALS contact. There were concerns with quality of care, recorded information, which had been reflected and captured. The DH PALS was now under the remit of the Patient Advice team and all was working well in terms of incident reporting.

The Committee welcomed and noted the Integrated Quality Report.

23/021

Integrated Quality Report: Quality Improvement

John Lodge, Programme Director, Quality Improvement presented the Quality Improvement section of the IQR to the Committee.

Key areas highlighted:

- The Committee was informed of the low degree of patient and public involvement, the recorded data showed 15%.
- Other areas being worked on defining and describing data analysis.
- Lower than expected testing and improvement with a whole raft of actions.
- The amount of projects in the testing phase of improvements in their service areas was up by 100% over the last five months.

- Launched a digital platform in the next six weeks which would allow members of the public and the community to engage with the quality improvement work.
- There would be better engagement and access with project leads to share their expertise and their ideas with those projects. The Committee noted the QI team work as an in-house consultancy, though they do not identify problem areas.
- The QI team picked up to two awards for innovation work.
- The Committee was assured that patient involvement across King's was a fundamental part of the patient experience.
- Development of a whole suite of tools for visits to clinical areas, visits to community organisations, visits to Bobby's pubs, etc.
- The mechanism used for volunteers applying for roles has built in metrics to offer more support and would help automate the collection of data around engagement, which would be tracked over time.

The Committee noted the Integrated Quality Report: Quality Improvement.

23/022

The Transitional Duty of Candour Policy

Due to time constraints this item was not discussed.

The Committee noted the Transitional Duty of Candour policy.

4. GOVERNOR FEEDBACK

23/023

Feedback from Governors on Activities

Due to time constraints this item was not discussed.

Quality Committee - Governor Observer Summary

Due to time constraints this item was not discussed.

5. ANY OTHER BUSINESS

23/024

No other business was discussed at the meeting.

Dates of future meetings via MS Teams at 09:30 – 11:30:

Thursday 14 September 2023, via MS Teams.

Governors’ Strategy Committee

DRAFT Minutes of the meeting held on Thursday 22 June 2023, 14:00-16:00 via MS Teams

Members Present:

Dr Devendrasingh Banker	Bromley Public Governor (Chair)
Victoria O’Connor	Bromley Public Governor
Prof Daniel Kelly	Lambeth Public Governor
Jane Allberry	Southwark Public Governor
Angela Buckingham	Southwark Public Governor
Hilary Entwistle	Southwark Public Governor
Lindsay Batty-Smith	Southwark Public Governor
Debbie Johnstone	Patient Governor
Devon Masarati	Patient Governor
Fidelia Nimmons	Patient Governor
Chris Symonds	Patient Governor
Aisling Considine	Staff Governor - Senior Pharmacist
Erika Grobler	Staff Governor - Nurses and Midwives
Tunde Jokosenumi	Staff Governor - Administration, Clerical and Management

Nominated/Partnership Organisations:

Dame Prof Anne Marie Rafferty	King’s College Hospital Governor
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In Attendance:

Siobhan Coldwell	Director of Corporate Affairs
Mike Cooshneea	Director of Operations - Apollo
Steffan Gough	Organisational Development
Sara Harris	Head of Corporate Affairs
Sarah Lafond	Deputy Director of Strategy
Zowie Loizou	Corporate Governance Office (Minutes)
Muktai Panchal	Senior Strategy Advisor
Akhter Mateen	Non-Executive Director

Apologies:

Beverley Bryant	Chief Digital Information Office
Emily George	Lambeth Public Governor
Akhter Mateen	Non-Executive Director
Christy Oziegbe	Staff Governor - Nurses and Midwives
David Tyler	Patient Governor
Jacqueline Best-Vassell	SEL Public Governor

Item	Subject
23/12	Standing Items
23/13	Welcome and Apologies The Committee Chair welcomed members and attendees to the meeting and introductions were made. The above apologies were noted.
23/14	Declarations of Interest There was no declarations of interests.
23/15	Chair’s Action There were no actions from the Chair.
23/16	Minutes of the meeting held on 16 March 2023

The minutes of the previous meeting held on Thursday 16 March 2023 were approved as an accurate record of the meeting subject to the following amendments:
Angela Buckingham, to be noted as present at the last meeting.

23/17 Action Tracker / Matters Arising

The Committee noted the updates to the action tracker.

Strategy Delivery Update

23/18 The Committee noted the following highlights from the report:

The Committee were presented with the external facing 'Plan for Action', which communicated the key priorities for the Trust in the coming 12 months.

Key highlights for this year's plan were presented as follows:

Brilliant People

- Four key priorities were, supporting staff, focus and support in careers, routes to employment at King's and the NHS staff survey using these results to improve issues raised.

Outstanding People

- Support staff wellbeing and careers at King's, continuing to develop diverse routes into employment at King's and ensuring the Trust respond to the results of our Staff Survey.

Leaders in Research, Innovation and Education

- The Trust had the launch for the new King's Academy for Nursing, which will take place on 5 July 2023 with an additional focus on raising funds for MedTech and Innovation.

Diversity, Equality & Inclusion

The Trust's objective focus this year is to tackle health inequalities; minimise bias when recruiting staff, make King's more accessible for staff, patients and visitors, continue to be an anchor organisation and continue to promote and celebrate inclusivity and diversity.

A launch date is yet to be agreed and would be available on the Trust website. Additionally pamphlets will be left in staff rooms and distributed at various events for staff and patients.

Key changes for the Apollo programme and implementation of EPIC was now included under 'Outstanding Care' to reflect the considerable patient benefits and improvements to clinical care.

The Trust would invest £19m to build additional diagnostic capacity for the new standalone Endoscopy clinic at the Princess Royal University Hospital (PRUH) and new state of the art technology. The Trust's operational planned target for elective recovery focus for patients waiting no longer than 65 weeks by the end of 2023/24. For next year, the Trust's Elective Recovery Fund (ERF) access plan target would be 114% additional activity.

The Committee was assured delivery plans were documented internally which included actions, delivery leads and key milestones with Key Performance Indicators, (KPI's). This report is presented to the Board quarterly.

The Committee agreed a document demonstrating the Elective Recovery Fund operational plan be presented at the next meeting.

Action: Director of Performance & Planning

The Committee noted the report.

Health Inequalities Programme

23/19

The Committee considered a presentation which highlighted the delivery and monitoring structure for the Health Inequalities Programme (HIP).

The mission statement for the programme was as follows:

“King’s Health Inequalities Programme aims to reduce unfair and avoidable differences in health for patients and staff, by tackling areas that we can meaningfully influence and change.”

Three areas were identified: Operationalising the Vital 5, Research Health, Inequalities and Developing a Health Inequalities Dashboard. In addition a clinically-led HIP project led by clinicians which helps to tackle Health Inequalities across various care groups. There were 13 projects being tracked to date.

A successful Health Inequalities Showcase Event took place on the 22 March 2023 at the PRUH and a repeat event on the 20 April 2023 at the Denmark Hill site. An accompanying brochure was developed for the event which detailed 13 projects being delivered by Care Groups aimed at reducing disparities in access, experience and outcome. Both events were introduced by the respective Site CEOs and had presentations from the Health Inequalities Programme Team and some featured project leads.

The Trust would continue to utilise the brochure in communications with external partners and build on the new stakeholder relationships acquired at the events. The Committee was provided with a summary of progress to date which included completion for the first version of the Health Inequality Dashboard to aid the Trust in identifying differences.

A secured £100k fund was provided to pilot support to our patients on the waiting list for surgery and a staff questionnaire to source out how the Trust can better support staff to enhance their health and wellbeing.

Committee members highlighted the importance of consideration with patient appointment times where the patient’s health, location and age be taken into consideration when booking appointments. It was noted patients with less engagement would be in need of extra support.

The Committee noted the report.

People and Culture Strategy Update

23/20

The Committee noted the following highlights from the report:

The report provided an overview with an update on the King’s People and Culture Plan which was launched 12 months ago. Objectives had been set out for the Trust to deliver in the next three to four years. This will be part of the brilliant people strand of the BOLD strategy.

Five named key areas highlighted were Belonging to King’s, Being our Best, Looking after our People, Inspiring Leadership and Ensuring our People Thrive. The Committee noted the key messages summarised for each area. Progress had been intermittent particularly in January 2023, primarily due to industrial action and some other operational issues that the Trust had faced.

The Trust had appointed a new Equality, Diversity and Inclusion Director starting on 3 July named Bernadette Thompson. A refreshed roadmap was established which coincides with Health Inequality and a positive development on Staff Network was established with the Race, Ethnicity and Cultural Heritage network (REACH), alongside Women’s Network, Interface Network, Kings and Queers and the Disability Network.

A participation programme had been developed called the Anchor Project which entitled the Apprenticeship 500, with an objective to enlist 500 apprentices across the Trust by 2024 and thereby including apprenticeships from the local community.

The Trust had relaunched the work experience programme for the summer, helping young people to gain opportunities and develop.

The Trust completed The Workforce Race Equality Standard (WRES) in line with the workforce disability scheme with a large piece of work being developed around the reasonable adjustment plan for staff with disabilities at the Trust and to ensure staff needs were met. The Trust values Kind, Respectful, Team was directed towards the organisation as a whole to incorporate these values into the Trust's policies and procedures.

Recognising and rewarding staff was a pivotal part of the Trust and a plan to re-ignite this recognition was in development with a work plan in place. Last year the Trust held the first in person annual awards events which was a success with positive feedback and noted, this event would be taking place again in 2023/24.

The Trust had established permanent Well-Being Hubs at Denmark Hill and Orpington sites, with a location identified at the PRUH. Nicholas Campbell-Watts the Non-Executive Director would be undertaking the role as Well-Being Guardian.

The Trust launched King's Kaleidoscope the new on-line learning and development portal which contained a King's Leaders component. A new internal coaching skills programme to support personal development had been introduced and external coaching for senior leaders via Skills for Health. The Trust's Leadership Forum had been re-introduced with talent management and succession planning processes being developed for launch in 2023. The Trust had seen a significant reduction in the number of vacancies with a lower turnover rate.

The Committee were informed about the roles and responsibilities of the Trust's Freedom to Speak up Guardians with a clear definition of the referral process and concerning matters some of which would fall under the human resources remit. In particular, junior doctors concerns around senior management fair work distribution was highlighted as an example.

It was noted a more robust rota system be established for junior doctors to mirror other staff groups with rota's completed 6 weeks in advanced and for junior doctors to raise any concerns relating to work ethics at the Trust. It was highlighted that a system is in place at the London Deanery for junior doctors to feedback any concerns raised with annual appraisals in place.

The Chief People Officer acknowledged the need to further explore an alternate rota system for junior doctors.

The Committee considered a briefing be held with Jacqueline Coles, Freedom to Speak up Guardian and the governors for further insight into the role.

Action: Director of Corporate Affairs / Freedom to Speak up Guardian

The Committee noted the report.

Apollo Programme Update

23/21

Mike Cooshneea joined the meeting to provide an update on the progress of the Apollo programme. He highlighted MyChart an online web portal and mobile app, powered by EPIC that aims to transform the relationship with patients by offering personalised and secure online access to manage and view information about the patients care at the organisation and community services.

As part of the Apollo Programme the Trust would deliver one shared instance of the MyChart platform across King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts. EPIC go-live on 5 October 2023, with MyChart predicted to be launched 2/3 weeks in advance.

The Committee received the key functional benefits for MyChart with a focus on signing up as many patients as possible to use MyChart, in line with agreed roll-out plans and ensuring patients had all the support they needed to use the portal safely and effectively.

Further functionality would also be added to MyChart in post go-live optimisation for services to consider such as the use of patient to clinician direct messaging and further scheduling features.

The Trust acquired a benefit stream mapping system of changes for members of staff at the Trust with no known redundancies to date and further additional roles incorporated with the launch of EPIC.

The Committee requested a report to show percentage data figures of job roles impacted following the EPIC launch.

Action: Senior Responsible Officer – Apollo Programme

The Committee were assured MyChart interfaces would not change due to the implementation of EPIC. Work on the compatibility with patient apps was ongoing and patient notifications were still in place.

It was noted if there were any issues in terms of inaccessibility on MyChart, a support function via a helpdesk was in situ to assist patients to contact the Trust. A phased strategy for staff in relation to a change of culture with the implementation of EPIC behaviour changes toward EPIC would be put in place to adopt new ways of working with the new transition system.

The Committee noted the report.

NED Committee Updates

23/22 The Committee noted the following updates:

The Trust had met the agreed deficit target of £19.9m for 2022/23 and achieved the capital target of £75m. The Trust’s planned deficit for 2023/24 is £49.9m with a fund target of elective activity at 114%.

The Committee noted the Endoscopy business case to develop additional endoscopy capacity at the PRUH. The project was part of a wider plan to develop capacity for the Argon Plasma Coagulation (APC) and was approved contingent to external funding being secured.

The Trust had agreed to deliver a £72m cost improvement programme (CIP) for 2023/24. This will be a real challenge for the Trust, but is needed in order to deliver the £49.9m deficit.

Two previous audit committees had received the external auditor’s unqualified opinion showing no significant findings or concerns highlighted. A recommendation was made to ensure there were plans in place to achieve long-term financial sustainability for the proposed 2023/24 CIP. It was notable that the Trust was improving and delivering with a positive outlook ensuring the management of the improvement programme cost was democratically distributed through the care groups.

The annual report and accounts, which include the audit opinion will be approved by the Board of Directors on 27th June, and submitted to NHSE by the deadline on 30th June. Thereafter, it will be laid before Parliament by the Secretary of State.

The External Auditor will present his findings to the next Council of Governors meeting in September.

The Committee noted the NED Committee update.

Any Other Business

23/23 There were no updates for this item.

Date of the next meeting

23/24 Thursday 14 September 2023 at 14:00 - 16:00 via MS Teams.