King's College Hospital NHS Foundation Trust

AGENDA

Committee	**Board of Directors**
Date	**Thursday 14 March 2024**
Time	**11:30 – 14:30**
Location	**Dulwich Room, Hambleden Wing, King's College Hospital, Denmark Hill**

No.	Agenda item	Lead	Format	Purpose	Time
STANDING ITEMS					
1.	Welcome and Apologies	Acting Chair	Verbal	Information	**11:30**
2.	Declarations of Interest	Acting Chair	Verbal	Information	**11:30**
3.	Chair's Actions	Acting Chair	Verbal	Approval	**11:30**
4.	Minutes of the Meeting held 18 January 2024	Acting Chair	Enclosure	Approval	**11:30**
5.	Patient Story	Chief Nurse and Executive Director of Midwifery	Verbal	Discussion	**11:35**
6.	Report from the Chief Executive	Chief Executive	Enclosure	Discussion	**12:05**
QUALITY & SAFETY					
7.	Report from the Chair of the Quality Committee	Chair Quality Committee	Enclosure	Discussion/ Assurance	**12:15**
8.	Maternity & Neonatal Quality & Safety Integrated Report Q3	Chief Nurse and Executive Director of Midwifery	Enclosure	Discussion	**12:25**
PERFORMANCE					
9.	Integrated Performance Report Month 9	Site CEOs	Enclosure	Discussion	**12:35**
FINANCE					
10.	Report from the Chair of the Finance and Commercial Committee	Chair Finance & Commercial Committee	Enclosure	Discussion/ Assurance	**12:45**
11.	Financial Position Month 10	Chief Financial Officer	Enclosure	Discussion	**12:55**
12.	Apollo Programme Update	Senior Responsible Officer	Enclosure	Assurance	**13:10**
PEOPLE					
13.	Report from the Chair of the People, Inclusion, Education and Research Committee	Chair People, Inclusion, Education & Research Committee	Enclosure	Discussion/ Assurance	**13:20**
14.	National Staff Survey Results 2023	Chief People Officer	Enclosure	Discussion	**13:30**
15.	Adult and Paediatric Nursing Establishment Review	Chief Nurse and Executive Director of Midwifery	Enclosure	Discussion/ Assurance	**13:40**

16.	Bi-Annual Midwifery Staffing Review	Chief Nurse and Executive Director of Midwifery	Enclosure	Discussion/ Assurance	**13:50**
GOVERNANCE & ASSURANCE					
17.	Report from the Chair of the Audit Committee	Chair Audit & Risk Committee	Enclosure	Discussion/ Assurance	**14:00**
18.	Board Assurance Framework	Director of Corporate Affairs	Enclosure	Assurance	**14:10**
COUNCIL OF GOVERNORS					
19.	Council of Governors' Update	Lead Governor	Verbal	Information	**14:20**
ANY OTHER BUSINESS					
20.	Any Other Business	Acting Chair	Verbal	Information	**14:25**
DATE OF THE NEXT MEETING					
21.	**The next meeting will be held on Thursday 9 May 2024 at 11:30 – 14:30, The Dulwich Room, Hambleden Wing, King's College Hospital, Denmark Hill.**				

Members:	
Jane Bailey	Acting Chair
Dame Christine Beasley	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Prof Yvonne Doyle	Non-Executive Director
Simon Friend	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Prof Clive Kay	Chief Executive
Beverley Bryant	Chief Digital Information Officer
Tracey Carter MBE	Chief Nurse and Executive Director of Midwifery
Roy Clarke	Chief Financial Officer
Angela Helleur	Site CEO – PRUH and South Sites
Julie Lowe	Site CEO – Denmark Hill
Dr Leonie Penna	Chief Medical Officer
Mark Preston	Chief People Officer
Attendees:	
Siobhan Coldwell	Director of Corporate Affairs
Sara Harris	Head of Corporate Governance (Minutes)
Ellis Pullinger	Senior Responsible Officer, Apollo Programme
Chris Rolfe	Director of Communications
Bernadette Thompson OBE	Director of Equality, Diversity and Inclusion
Circulation List:	
Board of Directors & Attendees	
Council of Governors	

King's College Hospital NHS Foundation Trust

Board of Directors

DRAFT Minutes of the meeting held on Thursday 18 January 2024 at 11:30 – 13:30
Dulwich Room, Hambleden Wing, King's College Hospital, Denmark Hill

Members:

Charles Alexander CBE	Chairman
Jane Bailey	Deputy Chair / Non-Executive Director
Nicholas Campbell Watts	Non-Executive Director (left the meeting at 13.00)
Dame Christine Beasley	Non-Executive Director
Prof. Yvonne Doyle	Non-Executive Director
Simon Friend	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director
Prof Clive Kay	Chief Executive Officer
Beverley Bryant	Chief Digital Information Officer
Tracey Carter MBE	Chief Nurse & Executive Director of Midwifery
Angela Helleur	Site CEO - PRUH & SS
Julie Lowe	Site CEO - Denmark Hill
Dr Leonie Penna	Chief Medical Officer
Mark Preston	Chief People Officer

In attendance:

Siobhan Coldwell	Director of Corporate Affairs
Chris Rolfe	Director of Communications
Bernadette Thompson OBE	Director of Equality, Diversity, & Inclusion
Arthur Vaughan	Deputy Chief Financial Officer
Paul Burdett	Chief Nursing Information Officer
Tayo Onipede	Nursing Information Officer
Members of the Council of Governors	
Members of the public	

Apologies:

Ellis Pullinger	Senior Responsible Officer - Apollo Programme
Lorcan Woods	Chief Financial Officer

Item	Subject
24/01	**Welcome and Apologies** The Chairman welcomed all members to the meeting and apologies were noted from Ellis Pullinger and Lorcan Woods.
24/02	**Declarations of Interest** There were no declarations of interest.
24/03	**Chair's Actions** There were no chair's actions.

24/04 Minutes of the Previous Meeting

The Board approved the minutes of the meeting held on the 9th November 2023.

24/05 Staff Story

The Board welcomed Paul Burdett and Tayo Onipede to the meeting to talk about their experience of implementing the new Epic Electronic Patient Record, which went live on 5th October 2023. The implementation of the new system was a significant change programme with implications for clinical practice and the level of staff engagement was impressive. They noted there were some aspects of the programme that could have been more effective. The training material was of high quality, but lower than anticipated completion levels meant there was a significant reliance on just in time training and on digital champions being available to support staff. Logon and role permissions for some staff changed, and took some time to resolve. Many of the problems encountered at go-live, were easily resolvable, but some have been more fundamental e.g. safeguarding. They noted that there had been good cross-boundary collaboration throughout the programme and from a nursing perspective are moving towards optimisation.

The CEO thanked Paul and Tayo for their contribution to the programme and acknowledged that while go-live was successful and feedback from staff has generally been positive, there has been real frustration in some areas.

The Board discussed learning from others, noting it had been helpful to visit other Trusts that had experience of Epic implementation. The Board welcomed the level of clinical engagement in the programme and discussed to extent to which it is being used to adopt new ways of working. The data provided by the system is extensive and does allow an analysis of how individuals and teams are using the system so interventions can be targeted. The system, once fully optimised will provide significant opportunities for research, development of clinical practice and patient engagement.

24/06 Apollo Programme Update

The Chief Digital Information Officer provided the Board with an update on the progress of the post go-live activities of the Apollo programme and the stabilisation phase. The Apollo Joint Steering Board had received a report at its December meeting, confirming that the go-live had gone as well as it could have done given the scale and complexity of the programme. Progress continues, but there were a number of issues that had not been fully resolved. Both Trusts were able to start reporting, but additional administrative support has been needed. Ensuring the full range of operational data is available is a key priority for the stabilisation phase. The CDIO confirmed that the external resource, that had been supporting the programme management and assurance process had been exited, and that the programme continued to work closely with EPIC to ensure stabilisation was a success. The Board discussed the issues being raised by users through the ticket system. There has been some root cause analysis which flows through to the workflow optimisation structure. There is also a need for ongoing targeted training and a joint team has been established across GSTT and KCH to deliver this.

The Board noted the Apollo Programme Update.

24/07 Report from the Chief Executive Officer

The Chief Executive provided the Board of Directors with a summary of the key issues facing the Trust. He noted that the winter has been difficult operationally, but that progress is being seen with Epic, and the Trust continues to challenge itself to achieve benefits. The patient experience team have been providing support to patients in relation to MyChart, and the uptake

has been much better than expected. The Trust is implementing the new Patient Safety Incident Reporting Framework (PSIRF).

Operational performance over the period has been affected by industrial action as well as the implementation of Epic. In the period post go-live, planned activity levels were deliberately lower, to allow staff time to acclimatise to the new system. Two periods of industrial action have led to significant cancellations, particularly of day-case and outpatient activity, and admin teams are working hard to rebook affected patients as soon as possible. Emergency care has been less impacted. Ambulance handover times have stabilised but flow remains challenged and both sites are working outside their risk appetite. Boarding is in use in order to spread the risk, and EPIC is helpful in ensuring informed decisions are being made in relation to risk and patient safety. In relation to cancer, the Board noted that the two week wait targets are no longer a requirement but the 28 day faster diagnosis standard (FDS) is now in place.

In relation to finances, the M8 position remained challenged. Operational pressures as highlighted above, combined with the impact of inflation, are putting significant pressure on the Trust's financial position. The Board noted that the drivers of deficit have remained consistent through the year, and the Trust is committed to mitigating the position as far as possible over the last quarter of the year.

In relation to workforce, the use of bank and agency has reduced, with the exception of medical cover during industrial action. There has been progress in identifying a new nursery site, in partnership with South London and the Maudsley, and a business case is being developed. The flu vaccination programme is underway, and although the Trust is outperforming other Trusts in South East London, take up is lower than pre-COVID-19. A number of equality and diversity initiatives have been delivered and the Trust is on track to complete the Equality Delivery Scheme submission in line with NHSE timescales.

The Board welcomed the confirmation that the Critical Care Unit was now fully open. It is a state of the art facility and will greatly benefit patients and staff.

The Board discussed the operational performance data, and whether the drop in activity was as high as indicated in the report. The Board noted it was difficult to disentangle how much was planned and how much was related to industrial action at the start of October. Additionally, there were some known data issues related to outcoming appointments which would be resolved over Quarter 4. It was anticipated that activity would return to pre-go-live levels by the end of March 2024.

The Board noted the report from the Chief Executive.

24/08 Maternity Incentive Scheme Year 5: Final Position

The Board considered the final position in relation to compliance with Year 5 of the Maternity Incentive Scheme. The Trust met six of the ten requirements, but has improved against all requirements and it anticipated that there will be full compliance in Year 6. The Board noted that the ability to meet training requirements was impacted by industrial action. The NED maternity safety champion has been engaged throughout the year and was assured that the position being put forward in the submission is a fair representation.

The Board noted that non-compliance meant that the Trust would not receive a rebate on the CNST contribution (c£3m), but would receive some funding to invest in improving compliance in Year 6. The Board was concerned that some of the areas of non-compliance should have

been achievable. The Trust has acknowledged this and has focused on establishing good process and governance, to ensure that the right cultures are in place.

The Board approved the Year 5 Maternity Incentive Scheme response for submission to NHS Resolution.

24/09 Care Quality Commission (CQC) Single Assessment Process

The CQC have introduced a new regulatory approach to assessments and this was introduced in the London Region in early January 2024. Their expectations in relation to care and treatment have not changed, but there have been some additional areas of focus including treating people as individuals, equality of access, experience and outcomes and staff wellbeing. A new scoring framework has also been introduced.

The Board noted the new framework.

24/10 Patient Safety Incident Response Process and Policy

The Trust soft-launched the new patient safety incident response framework (PSIRF) in the autumn, in line with Trusts across south east London. Since then, the Trust ceased reporting serious incidents and has been piloting and refining patient safety panels, which provide oversight and determine the learning from each incident. The plan and policy have been developed in consultation with the Integrated Care Board and are based on the national framework. Progress to date has been good. In-house training has been rolled out and the care group panels are in place. The transition from the previous system is underway and it is anticipated all open investigations will be completed by the end of March 2024. InPhase is working well and is providing better analytics that Datix. A further report will be brought back to the Board in six months to update on progress.

The Board approved the Patient Safety Incident Response Policy and Process. The Board approved the formal go-live date of 22nd January 2024 and approved the transition plan in relation to the ongoing management of patient safety incidents reported prior to 1st November 2023.

24/11 Board Committee Highlight Reports

The Board noted the reports from the Board Committees. The following points were highlighted:

- Quality Committee will need to consider how it assures itself in relation to patient safety in the context of PSIRF.
- There is concern in relation to commercial trials. The People, Education, Inclusion and Research Committee will be reviewing the impact and mitigations at the April 2024 meeting.

24/12 Council of Governors' Update

Hilary Entwistle fed back to the Board of Directors on behalf of the Council of Governors. Governors care about patient safety and experience and recognise that this is a difficult balance in the context of winter pressures, patient acuity and industrial action. They have welcomed the progress in relation to EPIC implementation and are interested to know how this will impact on staffing models in the future.

24/13 Any Other Business

There were no items of any other business.

24/14 Date of the next meeting:
Thursday 14 March 2024 at 11:30 - 14:30, Dulwich Room, Hambleden Wing, King's College Hospital, Denmark Hill.

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**Report from the Chief Executive**	Item:	6.0.
Author:	Siobhan Coldwell, Director of Corporate Affairs	Enclosure:	-
Executive sponsor:	Professor Clive Kay, Chief Executive Officer		
Report history:	n/a		

Purpose of the report

This paper outlines the key developments and occurrences since the last Board meeting held on 18th January 2024 that the Chief Executive wishes to discuss with the Board of Directors.

Board/ Committee action required

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

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

Executive summary

Strategy

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

	Person- centred **Digitally-enabled**	**Sustainability** **Team King's**		

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

King's College Hospital NHS Foundation Trust:

Report from the Chief Executive Officer

CONTENTS PAGE

1 Introduction

1.1 This paper outlines the key developments and occurrences since the last Board meeting on 18th January 2024 that I, the Chief Executive Officer (CEO), wish to discuss with the Board of Directors, that are not covered elsewhere on the agenda for this meeting.

Industrial Action

1.2 Since the Board of Directors last met, there has been another round of BMA strikes. As I have stated on many occasions, I fully respect the right of colleagues to take industrial action. However, it is important to note that each additional day of industrial action significantly impacts adversely on our ability to reduce elective waiting times for our patients. Furthermore, while we will continue to do all we can to maintain safety, deliver emergency care and prioritise those most in need of scheduled care, delays of this scale are inevitably leading to increased anxiety for patients and families.

1.3 The strikes are difficult to prepare for and manage, and I am extremely grateful to all my colleagues who continue to support our efforts in this regard. I am also very grateful to all our clinical colleagues who have worked tirelessly to provide safe and effective services. The repeated strikes since March last year now pose a very real risk to the safety and care of patients, which is why it is vital that the Government and BMA and other Unions find a way forward.

Financial Challenges

1.4 As well as managing the strikes, hospitals throughout the country are also facing financial challenges this year. The Trust's financial position is particularly challenged at present. At the start of the financial year, we committed to delivering a deficit of £49 million by the end of March 2024. Unfortunately, we have not delivered our financial plans for the year to date, and as a result, our year end deficit is going to be much greater than £49m.

1.5 There are several reasons why the position has worsened over recent months. There are some external factors over which we have little or no control - including the costs associated with the industrial action, and the rising cost of energy - but these are problems that hospitals across the country are all grappling with. It has become clear that the measures put in place to deliver savings (including the cost improvement programme (CIP), and restrictions around recruitment and the use of bank and agency staffing, for example) have not reduced costs as much as had been expected.

1.6 The King's Executive have put in a number of measures aimed at reducing costs quickly. Budget holders have been reminded that money should only be spent on activities that are essential to maintaining services and keeping patients safe. A panel overseen by the executive team will also now scrutinise non-pay spending, both clinical and non-clinical, to ensure we only spend money on things which are essential for delivery of services. The Trust is also subject to enhanced scrutiny from the Integrated Care System and NHSE London Region; this is referred to as a 'triple lock'.

2024/25 Operational and Financial Planning

1.7 As well as working hard to minimise the overspend highlighted above, preparations are underway to agree the operational and financial plan for King's and for South East London. The Trust is collaborating with key partners to ensure that plans are in place to meet the operational targets set by NHSE in key areas such as referral to treatment (RTT), emergency care, diagnostics, and cancer, as well as the financial envelope allocated to the system.

Board Changes

1.8 There have been several changes at Board level since the last meeting. Charles Alexander resigned as Chair, and Jane Bailey has agreed to become Acting Chair, whilst a new Chair is recruited. I am grateful to Charles for his efforts over the past 12 months, and I know he will continue to play a vital leadership role in South East London as Chair of Guy's and St Thomas'.

1.9 Lorcan Woods, Chief Financial Officer, has resigned from his role at the Trust. Lorcan commenced at King's in July 2018. As well as leading the development of the Trust's BOLD strategy, Lorcan will leave an impressive visible legacy at King's with the recent completion of our world leading Critical Care Unit, the opening of the Willowfield Building and the King's Academy, and the recently commenced work on the new Endoscopy Unit at the PRUH. On behalf of the Board, I would like to thank Lorcan for all his hard work at the Trust, and I am sure you will join me in wishing him the best in his future endeavours.

1.10 I am pleased to share that Roy Clarke has been appointed as our new Chief Financial Officer. He has joined the Trust on a 12-month secondment from Norfolk & Norwich University Hospitals NHS Foundation Trust, where he has been Chief Financial Officer since April 2020.

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

Never Events

2.1 There have been no Never Events since my last update to the Board. Investigations into all Never Events that occurred in 2023 have been completed. The Trust is engaging in a national review of the Never Events Framework.

Implementing the National Patient Safety Strategy

2.2 The Trust formally launched the Patient Safety Incident Response Framework (PSIRF). The Trust's Patient Safety Incident Response Plan and Policy were approved by the Trust Board in January and are available on our public facing website. The formal launch follows a successful soft launch in November and December. Appetite and engagement for PSIRF has been very positive throughout the organisation, with PSIRF panels implemented across all Care Groups and at Site Executive level.

2.3 As previously reported PSIRF training has been developed, and is being delivered in house, by the Patient Safety Team for Learning Response Lead, Engagement Lead and

Oversight Lead roles. Demand for this training, and feedback on the training, has been very encouraging. Training for all courses continues each month with dates scheduled at both DH and the PRUH through late 2024.

2.4 Improvement groups for our key patient safety priorities are being established to support a shift in resource from repeatedly investigating the same issues to implementing effective improvements.

2.5 One further patient safety incident investigation has been commissioned since the start of January, regarding an event in Ophthalmology and is being led by our Patient Safety Team. The Trust has also identified a patient safety incident requiring a cross-system learning response following a delayed cancer diagnosis in a patient whose pathway crossed multiple providers in SEL. The ICB are coordinating this cross-system learning response, the first of its kind in SEL following the introduction of PSIRF.

Patient experience

2.6 In preparation for the Care Quality Commission's Urgent and Emergency Care survey sampling period, which took place throughout February 2024, the Patient Experience team has worked closely with Emergency Departments across both sites to secure improvements for our patients. These included launching a new menu for patients in the Emergency Department at Princess Royal University Hospital for those experiencing long waits. There are also new food and drink options available in the in Ambulatory Majors Area (AMA) at Denmark Hill. Princess Royal University Hospital's Emergency Department has replaced seating in the sub-acute waiting area following consistent complaints from patients. At Denmark Hill, both Majors and the triage area have been refurbished (including flooring, walls, ceilings, and stations) across both adults and paediatric services. A patient information leaflet has also been co-designed, explaining how Emergency Departments are organised and how support available to our patients, including with pain management. The document is available in print and via a QR code.

2.7 Our volunteer service secured £48K to expand our youth volunteering provision via the Thameslink Community Fund to recruit, train, and support young people to carry out volunteering at King's involved in roles such as:

- Mealtime Buddies: Supporting patients; helping at mealtimes, delivering activities to fend off boredom, or providing companionship for isolated patients.
- Digital Pioneers: supporting digitally excluded patients to develop skills to keep in touch with family and friends, and to access the King's Patient Entertainment System.
- Patient Admission Support Service (PASS) Volunteers: Welcoming each patient on admission to the ward, providing them and their families and friends with information and support.

2.8 To date, our volunteers contributed 61,940 hours in 2023/2024. This is equivalent to 36 additional members of staff providing support across the Trust. At band 3 level, this amounts to £1.2million worth of funding. I would like to take this opportunity to thank all our volunteers for the incredible amount of support they provide across our sites.

2.9 Our Patient Experience team is leading a South East London partnership that is currently working on securing funding of £550K to co-design a new volunteering model across the Integrated Care Board's footprint. The partnership includes Guy's and St Thomas' NHS FT, South London and the Maudsley NHS FT, Lewisham and Greenwich Trust, Oxleas NHS FT, and the SEL Integrated Care Board's Jobs Hub team alongside all volunteer centres across the footprint.

4. Workforce Update

Industrial Action

4.1. As noted above, a further period of industrial action by junior doctors took place between 23 and 28 February 2024. National negotiations to resolve the pay dispute with consultants and SAS grades is ongoing. To date, no further strikes have been confirmed.

Learning and Organisational Development

4.2. The Learning and Organisational Development team are working closely with the two Site Leadership teams, Clinical Directors, General Managers, and the Heads of Nursing on a variety of OD interventions with a view to the development of specialised interventions.

4.3. Introduction to mentoring masterclasses has begun and there has been strong attendance.

4.4. The Trust has developed the plan for the 2024 Appraisal process and the target will continue to be that more than 90% of staff will have a completed appraisal by the end of the appraisal window.

4.5. The Trust now has 300 learners on apprenticeship programmes which is the highest number the Trust has had at one time. We are also heavily involved with SEL ICB and other pan-London working groups to improve the experience for learners across our sites.

Staff Vaccination Programmes

4.6. The Trust's annual influenza vaccination programme for staff, which opened on 26 September, has now been extended to the end of March, following national recommendations from NHSE. The Trust's current compliance rate is 41% which is higher than the Trust's uptake in 2022/23 and our local SEL Acute providers.

4.7. The Trust is planning to understand reasons for the low uptake and to inform plans for the 2024/25 vaccination season.

4.8. In response to national concern around measles, the Trust's Occupational Health Team are planning the delivery of an MMR vaccination programme to target unvaccinated staff in high risks areas which will commence in March 2024.

Mapother House Staff Nursery

4.9. The Trust continues to work with South London and the Maudsley NHS Foundation Trust to develop plans for a joint staff nursery at Denmark Hill. A full business case is being prepared for review by the Trusts' Executive teams which is planned to be completed by mid-March. Users of the nursery and nursery staff have been kept up to date on progress.

5. Equality, Diversity and Inclusion

5.1. During this period, the Trust achieved significant milestones in relation to with key statutory and contractual frameworks, as well as the implementation of training and mentoring programmes.

5.2. We continued the implementation of our training and positive action career development programmes via:

- A half-day career development course to help ethnic minority staff flourish and progress in their careers (WRES 2,7; NHSE EDI plan Action 2).
- The implementation of our CQ training programme via the first full day workshops as well as a launch event with over 125 attendees (NHSE EDI Action 6)
- The delivery of an inclusive leadership session to Clinical Management Group Cohort, led by the Director of Equality, Diversity, and Inclusion.
- The delivery of a Vital 5 workshop, bringing colleagues across SEL ICS, local Government and Trusts.

5.3. We ensured compliance in relation to key statutory and contractual frameworks. Particularly we published:

- Our 2023 Gender Pay Gap report and action plan. The report highlights a continued gender pay gap in favour of men (heavily influenced by the over-representation of male medical consultants).
- The Trust's latest Equality Delivery System (EDS) report across all three domains with a score of **15.5/33** (Making us a "developing" organisation.) The outcomes are evaluated and scored by representative stakeholder groups using available evidence and insight across maternity services, workforce, health and wellbeing, and inclusive leadership.

5.4. We also continued to drive an inclusive culture by marking National Diversity dates:

- During LGBT+ History Month 6 events were held and over 100 staff attended.
- There were two events during Race Equality Week, attended by over 300 people (which includes some external attendees).
- We undertook a communications campaign to promote World Harmony Interfaith Week which highlighted creative expression through art and reciprocal mentoring conversations with colleagues.

6. Board Committee Meetings since the last Board of Directors Meeting (18th Jan 2024)

Audit Committee	1 Feb 2024
Finance and Commercial Committee	7 Feb 2024
Board in Committee	8 Feb 2024
People, Education and Research Committee	22 Feb 2024
Quality Committee	22 Feb 2024

7. Good News Stories and Communications Updates

7.1. **PRUH patients benefit from pioneering treatment:** BBC London News has reported that the PRUH has become the first hospital in the UK to carry out an innovative treatment using microwave energy to treat patients with an enlarged thyroid. Patients with non-cancerous enlarged thyroid nodules, which cause large visible lumps on the front of the neck that interfere with talking, eating, sleeping, and even breathing, are now able to have the growth treated painlessly without surgery. Dr Gibran Timothy Yusuf, Consultant Interventional Radiologist at the PRUH, was the first person to carry out this procedure in the UK. He explained: “In the past, removing these thyroid nodules would have required surgery and for the patient to have a general anaesthetic and a stay overnight in hospital. Now, they are awake during the procedure and can go home the same day.”

7.2. **Young boy meets surgeon who saved his life with ground-breaking procedure:** Thomas Hay, a 12-year-old boy who underwent pioneering surgery while he was still in the womb has been reunited with Professor Kypros Nicolaides, the surgeon who gave him a chance of life. Thomas said: “It was amazing to finally meet Professor Nicolaides. After hearing so much about him and what he did for me before I was born, I was very excited and grateful to be meeting him.” Professor Kypros Nicolaides, Professor of Fetal Medicine at King’s College Hospital, said: “It was a great pleasure meeting Thomas. He’s doing brilliantly and it makes a big difference to me when I see such excellent results of our fetal interventions.”

7.3. **Bromley-based PRUH patients race to celebrate their recovery:** Two patients receiving treatment in the Intensive Therapy Unit (ITU) at Princess Royal University Hospital (PRUH) have celebrated their recovery with a Zimmer Frame race. Samar Nafis, Team Lead Physiotherapist – Critical Care at the PRUH, explained: “Rob and Beverly kept each other motivated, and suggested a race with their Zimmer Frames across the unit to celebrate how far they had both come. “With Beverly being the clear winner, Rob clapped as she crossed the finish line, and all the team on the ITU cheered for them both for their strength and courage to recover from a severely critical illness.”

7.4. **Peace Bereavement Suite opens at King’s College Hospital:** A new bereavement suite for parents who have experienced baby loss has been officially opened by Bell

Ribeiro-Addy MP. Based in the maternity unit at Denmark Hill, the Peace Bereavement Suite is the department's first dedicated space offering comfort and privacy for bereaved families who wish to spend time with their babies in an environment that is close to the medical team. The Suite is named after Peace, a devoted King's midwife who sadly passed away in 2015 after a cancer diagnosis. Tracey Carter, Chief Nurse and Executive Director of Midwifery at King's, said: "This project has meant a lot to all of us, particularly colleagues who worked alongside Peace. We wanted to provide a compassionate and caring environment for families going through a heart-breaking experience, allowing them to process their loss with privacy, empathy, and specialised support."

7.5. **New endoscopy services at the Princess Royal University Hospital:** Work is underway to expand endoscopy services at the PRUH, enabling our teams to see up to 4,500 additional suspected cancer patients each year. Professor Clive Kay, Chief Executive of the Trust, said: "We are committed to improving hospital services for the people of Bromley, and expanding endoscopy services on the PRUH site will enable us to support early detection and treatment of more cancers. This is a positive move for staff at the PRUH who run our endoscopy service, as well as the many patients who will use this vital facility in the future."

7.6. **CQC Maternity Survey results show positive improvement at King's** The Care Quality Commission (CQC) has released national results following a survey they conducted with women and expectant parents who had used maternity services across the country. Over 350 people who had their baby at King's College Hospital NHS Foundation Trust between 1-28 February 2023 took part in the CQC survey. The results showed that overall, the maternity services the Trust provides have improved since the 2022 survey. Tracey Carter, Chief Nurse and Executive Director of Midwifery at King's College Hospital, said of the results: "I'm pleased that the CQC survey results found that our maternity services are improving. Our maternity teams across the Trust have worked incredibly hard and it's great to see their work recognised.

7.7. **HRH The Duke of Edinburgh visits King's:** HRH The Duke of Edinburgh visited King's College Hospital on Wednesday, 21 February to hear from some young people making a difference by volunteering on our wards as part of their Duke of Edinburgh's Award (DofE). In his role as Patron of the DofE charity, The Duke joined young volunteers as they assisted with lunch service on the Marjory Warren Ward, helping patients and hospital staff, as they complete their DofE Volunteering section activities.

King's College Hospital NHS Foundation Trust

Committee Highlight Report for the Board of Directors			
Committee Chair:	Prof Yvonne Doyle, Non-Executive Director	Date of Meeting:	22 February 2024
Author:	Zowie Loizou, Corporate Governance Officer		
Committee:	Quality Committee (QC)		

Agenda Ref	Item	Link to BAF
1	**Matters arising and actions from previous meetings** • The committee discussed patient flow and winter pressures, noting that the Trust is operating outside its risk appetite. The committee discussed the mitigations in place as well as the impact of strikes, noting the positive impact of consultant-led discharge on flow. Long waits due to lack of beds remains an issue as does the impact of a lack of mental heath beds. • The boarding policy has been reviewed and its use is thoroughly risk assessed, with a clear escalation process in place. • The committee noted the announcement in relation to Martha's Law. The Trust is already engaged in the national Worry and Concern pilot and will apply to be one of the 100 Trusts being allocated funding to roll out Martha's Law.	BAF 7 – High Quality Care BAF 9 – Demand and Capacity
2	**Integrated Quality Report** The committee considered the Integrated Quality Report, noting the Trust position in relation to patient safety, experience and outcomes. The Patient Serious Incident Response Framework (PSIRF) is being implemented and panels are up and running. Work is progressing to ensure that all cases from the previous regime are closed. Challenges remained concerning Duty of Candour (DoC) in conjunction with PSIRF, and a national review was expected to take place in April 2024. The committee discussed the importance of benchmarking data noting that comparative analysis of the consistency of reporting between DH and PRUH is underway. Positive quality improvement work was noted and the outcomes from the antimicrobial IV to oral switch to enable a measured impact given national concerns of a rise in Clostridioides difficile. Broader local leadership with the multidisciplinary teams was ongoing with reference to antimicrobial IV to oral switch work. Further to the new implementation of the complaints process the Trust had shown improvements with a reduction in overdue complaints, although further work is required to reach a full complaints closure outcome and a focus area in learning from complaints was expected to take place for 2024/25.	BAF 7 – High Quality Care BAF 9 – Demand and Capacity

3	**Patient Outcomes Quarterly Report – Q3** The Summary Hospital-level Mortality Indicator metrics had shown satisfactory outcomes. The committee noted EPIC has impacted on the ability to monitor the indicator internally but was reassured this would be remedied by Q2 2024/25. Submissions to national clinical audits are also impacted, this was not unexpected and mitigations are in place for some key data sets. The committee was assured that where the Trust has triggered a flag in a national clinical audit, investigations have been completed.	BAF 7 – High Quality Care
4	**Quality Account Priorities Progress Report – Q3** An overview of the Q3 quality account priorities, with the Trust objective to partially meet all 3 of the quality account priorities for the financial year, in summary: **Priority 1: To improve the identification and management of patients with sepsis, and to improve the detection an escalation of the deteriorating children, mothers, and birthing persons – partial compliance.** **Priority 2: To improve patient experience through effective communication** **Priority 3: Clinical Effectiveness** Assurance was provided concerning the long list of Quality Account Priorities for 2024/25 with an ongoing process in conjunction with the Patient Safety Committee, Patient Outcomes Committee, Patient Experience Committee and engagement from external stakeholders to identify the key areas of priorities in conjunction with the Outstanding Care Board (OCB), with a further concise list to be completed going forward.	BAF 7 – High Quality Care
5	**Board Assurance Framework - BAF 7: High Quality Care** Following the maternity inspection and an overall broader inspection of the Trusts assurance processes with a requirement for further work concerning quality, the BAF 7 High Quality Care Score was increased from 12 to 16. The Trust had seen extensive work across the organisation primarily on the quality assurance framework and the quality visits in place to commence twice a year with each care group. Further risk continued in certain areas within the organisation, namely, patient flow and boarding, with detailed mitigations put in place. A full risk management strategy was completed with an agreed score to remain at 16.	BAF 7 – High Quality Care
6	**Corporate Risk Register** There were currently 33 risks on the corporate risk register as at January 2024 with three key components of the risk register namely, an overview	BAF 7 – High

	and summary of risk changes over a period of time and impact of mitigating actions, to ensure mitigation of actions were on target and an overview of approximately 600 remaining care group risks and further requirement for risks to be transferred to the corporate risk register.	Quality Care
7	**National & Local Clinical Audit (Internal Audit Review)** The committee reviewed the internal audit review of national and clncial audit, noting the assessment of 'partial assurance with improvement required" Further work to streamline local audits was discussed and a further detailed piece of work concerning The Medical E-Governance (MEG) audits with a robust focus on the fundamentals of supporting safety within the organisation was underway, and subsequently would report to the Site Outstanding Care Boards concerning the MEG audit actions in place, and to report through to the Group Outstanding Care Board for further oversight on local clinical audit processes in place.	BAF 7 – High Quality Care
8	**Quality Committee Annual Report 2023/24 and Workplan 2024/25** The committee reviewed the Quality Committee Annual Report and discussed priorities for the coming year. The Committee considered the QC Annual Workplan with minor changes to be put in place.	BAF 7 – High Quality Care
9	**Issues to be escalated to the Board** • The Chair concurred that assurance was provided concerning the national audit and patient outcomes and that the data quality issues would be addressed in the medium term. • The committee is keen to review its agenda to ensure there is sufficient focus on impact and outcomes, and health inequality.	BAF 7 – High Quality Care

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**Maternity & Neonatal Quality & Safety Integrated Report Q3** (Oct-Dec 2023)	Item:	8.0.
Author:	Lisa Long, Consultant Obstetrician, Clinical Director	Enclosure:	-
Executive sponsor:	Tracey Carter, Chief Nurse & Executive Director of Midwifery		
Report history:	DH Site Exec (23/02/2024), King's Exec (26/02/24)		

Purpose of the report

This report provides a detailed summary of ongoing maternity and neonatal quality and safety in Quarter 3 (Oct – Dec 2023). This is in line with the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) and the Three-Year Delivery Plan for Maternity & Neonatal Services.

Board/ Committee action required (please tick)

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

The Board of Directors is asked to receive this report for information and assurance regarding maternity and neonatal services in quarter 3, 2023/24.

Executive summary

- All Perinatal Mortality Review Tool (PMRT) standards have been met for the Maternity Incentive Scheme (MIS) in Q3.
- 2 Serious Incidents were declared in Q3, 1 of which met the criteria for referral to Maternity & Newborn Safety Investigations (MNSI). There were no referrals to NHS Resolution Early Notification Scheme and no Coroners' Regulation 28 referrals.
- Training trajectory is on track for compliance in March 2024.
- Maternity Incentive Scheme (MIS) guidance for year 6 will be published on 2 April 2024; MIS Assurance Panel continues to meet monthly for oversight and assurance of the plans in place to ensure continuous improvement.
- Saving Babies' Lives will not be fully implemented by the national deadline of March 2024. The service is working towards a revised deadline of June 2024 as some elements present particular challenge.
- Maternity Dashboard can be found at Appendix 1. Availability of data has been impacted by the implementation of EPIC; once resolved, it is intended that future reports will reflect the national maternity dashboard. The stillbirth rate is lower than national average; neonatal death rate is comparable for neonatal deaths in a tertiary centre.
- Perinatal quality surveillance tool can be found at Appendix 2

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

- A new risk has been added to the risk register (ref 00003396, see appendix 5) regarding poor staff morale, burn out and inability to provide safe care due to staffing deficits. Staff morale and the wider issue of retention are addressed in the separate Midwifery Establishment Review Report (submitted for Trust Board assurance 14/03/24).

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

Key implications	
Strategic risk - Link to Board Assurance Framework	BAF 2, 7, 8
Legal/ regulatory compliance	Care Quality Commission (CQC); Maternity & Newborn Safety Investigations (MNSI) (formerly HSIB); Mothers, Babies: Reducing Risk through Audits & Confidential Enquiries (MBRRACE-UK); CNST Maternity Incentive Scheme (MIS)
Quality impact	Board Safety Champions oversight of quality and safety in maternity and neonatal services

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Equality impact	Addressing barriers to improve culture within maternity and neonatal for staff, women and families.
Financial	A failure to achieve all 10 Safety Actions of the maternity incentive scheme would result in the Trust not recouping the additional 10% contribution made in the 2023/24 maternity premium, (circa £2.3m)
Comms & Engagement	Maternity & Neonatal Voices Partnership (MNVP), Local Maternity & Neonatal System (LMNS)
Committee that will provide relevant oversight DH Site Exec, King's Exec, Quality Committee and Board of Directors.	

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

1. Report Overview

This report details locally and nationally agreed measures to monitor maternity and neonatal safety, as outlined in the NHS England document '*Implementing a revised perinatal quality surveillance model'* (December 2020). The purpose of the report is to inform the Trust Board of present or emerging safety concerns or activity, to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team. The information within the report reflects actions in line with Ockenden and progress made in response to any identified concerns.

2. Maternity Dashboard

The Maternity Dashboard can be found at Appendix 1. Availability of data has been significantly impacted by the implementation of EPIC; once resolved, it is intended that future reports will reflect the national maternity dashboard.

Stillbirth rate is lower than national average. Neonatal death rate is comparable for neonatal deaths in a tertiary centre. Nationally there are poorer outcomes for babies of black ethnicity and babies born from mothers from the most deprived areas. The service has a number of initiatives to improve care for vulnerable service users which include a Parent Education group for Black and Black Mixed Heritage service users, mandatory training for cultural competence and cultural humility for all staff and increasing availability of continuity of carer for higher risk service users.

There are data quality issues with documentation relating to blood loss, which may mean that postpartum haemorrhage (PPH) data for Q3 is not accurate. An audit of massive obstetric haemorrhage (MoH) and deep dive into PPH criteria compliance is planned and to be presented within the care group and shared with the LMNS.

3. Perinatal Mortality Review Tool (PMRT)

The Perinatal Mortality Review Tool (PMRT) supports objective, robust and standardised local reviews of care when babies die. These reviews should be a routine part of maternity and neonatal care in order to provide answers for bereaved parents and families about what happened and why their baby died. The reviews inform local and national learning to improve care, reduce safety-related adverse events, and prevent future baby deaths.

3.1. Perinatal Mortality Rate (Oct – Dec 2023)

Perinatal Death	DH	PRUH	Trust-wide
Mid Trimester Miscarriage (14/16-21+6/40)	4	6	10
Late fetal loss (22+0-23+6/40)	0	1	1
Stillbirth (24+0/40 onwards)	6	0	6
Neonatal Death	3	0	3
TOPFA* <24/40	2	2	4
TOPFA ≥24/40	1	0	1
Total	**16**	**9**	**25**

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

**TOPFA: Termination of pregnancy for fetal anomaly. The Trust sees a higher number of TOPFA due to the (tertiary) fetal medicine service and the provision of termination for complex health issues in pregnancy.*

3.2. PMRT Action Plan

The table at appendix 3 shows performance against the requirements of the Maternity Incentive Scheme (MIS) for PMRT. As previously reported, this was not compliant during the MIS year 5 reporting period; an action plan was developed and has been implemented to ensure compliance with all requirements.

- A Standard Operating Procedure, including failsafes was subsequently developed to ensure a robust process and there have been no further breaches since implementation.
- The requirement for reviews to be started within 2 months of death has been reviewed and there have been no further breaches since the close of MIS year 5.
- Performance against all MIS requirements is monitored through weekly extraction of data from MBRRACE-UK website, and fortnightly meetings to discuss performance and identify gaps. All requirements continue to be met.

4. Maternity & Newborn Safety Investigations (MNSI), Maternity Serious Incidents (SIs) & Legal Claims

The National Maternity Safety Ambition (Nov 2015) aims to halve the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur soon after birth, by 2025. Healthcare Safety Investigation Branch (HSIB) initially undertook maternity safety investigations and this function is now hosted by the Care Quality Commission (CQC) as part of the Maternity & Newborn Safety Investigations (MNSI) programme. MNSI investigations are undertaken in accordance with the Department of Health and Social Care criteria (Maternity Case Directions 2018[1]).

4.1. MNSI Referrals

One case met the threshold for MNSI referral in Q3; sadly, this was a maternal death. Cause of death is not confirmed, pending confirmation from the coroner. This incident has been referred to both MBRRACE-UK and MNSI, where investigations are underway.

4.2. Maternity Moderate/ Severe Harm & Serious Incidents

There were 3 moderate/ severe harm incidents submitted via InPhase in quarter 3; a decrease from Q2 (18 incidents).

[1] What we investigate (mnsi.org.uk)

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Moderate Harm Incidents:

InPhase	Date	Description
20749	04.10.2023	Acute non-displaced fracture of the right tibia sustained during a difficult breech extraction during Elective LSCS
24541	09.10.2023	Antenatal IUD at 31/40
26427	26.11.2023	Bowel injury at Elective LSCS

Serious Incidents:

InPhase	Date	Description
23699	01.11.2023	Maternal death
21198	10.10.2023	Data breach

4.3. Sharing lessons learnt from incidents

- **Learning Events** are held regularly. Adverse incidents are presented to obstetric and midwifery staff, with statements from the clients involved. This approach has promoted multidisciplinary discussion and learning and has received good feedback. Simulation training has also taken place, most recently for management of postpartum haemorrhage, swab safety and diabetic hypoglycaemia. This is led by our education team and practice development midwives.
- **Message of the Week** is discussed at every handover and disseminated via email. These are informed by learning from adverse incidents and/ or emerging issues. In addition, ad hoc 'All Safety Alerts' are disseminated by Patient Safety Managers in response to specific safety concerns. Recent examples of messages of the week include:
    - sharing of the escalation process in maternity triage in order to maintain Birmingham Symptom Specific Obstetric Triage (BSOTS), including calling in the consultant on call
    - sharing learning from incidents regarding bladder care and highlighting current best practice guidance
- **Live Drills/ Simulation Training** is facilitated by the training faculty with the wider MDT team in the immediate management of obstetric and neonatal emergencies in clinical practice; these are informed by reported clinical incidents and have recently included the management of postpartum haemorrhage, swab safety and diabetic hypoglycaemia. Announced and unannounced live drills occur in all maternity areas, such as labour ward, community and inpatient wards. This has been well received by staff recently and the education team aim to complete at least one simulation per month, per site, depending on ward activity.
- **Training includes discussion of Case Studies** based upon actual incidents; most recent examples include shoulder dystocia and post-partum haemorrhage. Groups are able to discuss what they would have done differently and the case studies are updated to reflect recent themes/ learning.

- **Monthly Patient Safety Meetings** to which all maternity staff are invited. Recent patient safety themes are presented as well as learning from After Action Reviews. During 2024 it will be possible to reach a larger audience via maternity masterclasses every 4-6 weeks, with themes and learning regularly refreshed to reflect recent incidents.
- **The Magpie**, the monthly care group newsletter, regularly includes highlights from patient safety, including a summary of recent Messages of the Week.

5. Training

5.1. Core Competency Framework, version 2 (CCFv2)

CCFv2 sets out clear expectations for all trusts, aiming to address known variation in training and competency assessment across England. It ensures that training which addresses significant areas of harm, is included as a minimum core requirement and is standardised for every maternity and neonatal service. The framework consists of six modules with a minimum standard which all Trusts must achieve:

Module 1: Saving babies' lives care bundle
Module 2: Fetal monitoring and surveillance (in the antenatal and intrapartum period)
Module 3: Maternity emergencies and multiprofessional training
Module 4: Equality, equity, and personalised care
Module 5: Care during labour and immediate postnatal period
Module 6: Neonatal basic life support

The Training Plan was refreshed to reflect CCFv2 and approved by Trust Board in January 2024. Delivery of year 1 of the plan is underway and mapping for year 2 is in progress.

5.2. Mandatory Training

As required by NHS Resolution (NHSR), standards (2021) and following recommendations from the MBRRACE-UK report (2020) and the Ockenden Report (2020 & 2022), multidisciplinary study days should be embedded into practice to enhance safety. To comply with these standards, training for the maternity department consists of a multi-disciplinary training day for midwives, healthcare support workers, obstetric and anaesthetic medical staff, and PRactical Obstetric Multi-Professional Training (PROMPT). This consists of both virtual and face to face sessions. There is also a full-day fetal monitoring masterclass and competence test which is attended by both midwives and obstetricians. A job-specific curriculum of statutory and mandatory training is now available on the LEAP platform. Mandatory training (MMT) compliance data for Q3 is in the table below.

Training compliance data for both maternity and neonatal staff can be found at appendix 4.

5.3. Training Action Plan

Compliance for all staff groups should be at least 90%, although this was lowered to 80% to allow for the impact of industrial action. Trusts with compliance between 80% and 89% are required to implement an action plan to achieve 90% compliance within 12 weeks of the end of the MIS reporting period (December 2023). The 12-week trajectory is on target to achieve compliance.

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

6. Maternity & Neonatal Safety Champions

6.1. Safety Champions Monthly Walkabouts

Board Safety Champions undertake walkabouts in maternity and neonatal services on a monthly basis; the visits alternate each month between Denmark Hill and PRUH sites. During the walkabouts the safety champions visit clinical areas and talk to staff and service users.

Board Safety Champions undertook the following walkabouts during Q3:

- 26 October at Denmark Hill: William Gilliatt antenatal and postnatal wards
- 14 November at Denmark Hill: Community Midwives Centre, Midwives House
- 6 December at PRUH: Community service based at Orpington Hospital

Initiatives undertaken as a result of feedback from service users and staff:

- 24/7 Receptionist cover for maternity inpatient wards as well as upgrades to security camera surveillance and training for staff to ensure the security of wards, with 24/7 security guard presence outside of ward entrances no longer required
- Maternity staff working within the community setting at DH have ordered more 'Hello, my name is...' yellow badges to ensure that all staff are easily identifiable even when not in clinical uniform
- Venetian Building (DH, community), free patient Wi-Fi information now displayed in waiting areas and clinical rooms, and enquiries made for a new vending machine with items more suitable for diabetic patients
- Investigation of funding options for the midwifery apprenticeship programme
- Poster 'How can I raise a safety concern?' has been updated to reflect current Board Safety Champions, including names, titles, email addresses and photographs
- Neonatal Unit expansion and upgrades – information about this shared with Trust communications team and LifeStart machines now generating media coverage
- "You Said, We Did" posters are displayed, with updates on the actions taken as a result of feedback.

6.2. Perinatal Culture & Leadership Programme (PCLP) and SCORE Survey

The NHS England Perinatal Culture & Leadership Programme (PCLP) is designed to facilitate better understanding of the culture within maternity and neonatal services. Perinatal quadrumvirate teams have begun initial engagement with the programme and attended the first of a series of PCLP learning events during November and January. The Quad now meet weekly to discuss this.

A Safety Culture, Operational Risk, Reliability/ burnout and Engagement (SCORE) survey will be undertaken, in order to inform the PCLP. This provides a cultural overview of the service and insight into the team's safety culture to identify strengths and opportunities. The SCORE survey for King's will launch on 11 March and close on 21 April 2024, seeking feedback from maternity and neonatal staff. PCLP will provide the support of a dedicated culture coach to work with the leadership team to interpret the survey results. Further updates will be provided in future quarterly reports.

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

7. Saving Babies' Lives Care Bundle version 3 (SBLv3)

Saving Babies' Lives is a toolkit comprising 6 clinical safety elements. Launched in May 2023 and updated in September 2023, it represents the entirety of safety action 6 of the Maternity Incentive Scheme (MIS) and, as previously reported, was not compliant in year 5 of the scheme. An action plan is in place to address non-compliance and ensure continuous improvement.

Formal review and validation of evidence is undertaken by South East London LMNS. Forthcoming guidance for year 6 of MIS will remove the requirement for providers to demonstrate implementation of a specific percentage of interventions. Instead, providers will agree a local improvement trajectory with the LMNS.

SBL will not be fully implemented as per the original requirement of MIS year 5, by the national deadline of March 2024 and the service is working towards a revised deadline of June 2024.

Element 1, smoking in pregnancy has presented a particular challenge however, external funding has been sourced to recruit one WTE band 7 specialist tobacco dependency midwife and establish an 'in house' tobacco dependency service.

8. Maternity Incentive Scheme (MIS)

8.1. MIS Year 5

Six out of ten safety actions were compliant. In accordance with the requirements of the scheme, action plans were developed for the four which were not compliant. All four action plans will be monitored via the MIS Assurance Panel which will continue to meet on a monthly basis (see below).

8.2. MIS Year 6

Year 5 of the scheme closed on 1 February 2024 and guidance for year 6 will be published on 2 April. The MIS Assurance Panel continues to meet monthly to ensure oversight and assurance as follows:

- Receive updates on the continued position of all 10 safety actions from year 5
- Continued monitoring of progress against the action plans for the 4 non-compliant safety actions from year 5
- Identification and mitigation of potential challenges to delivery and provision of evidence e.g. availability of data

9. Insights from service users, Maternity & Neonatal Voices Partnership (MNVP), Complaints & PALS

9.1. Maternity & Neonatal Voices Partnership (MNVP)

In Q3 both MNVPs presented their annual review to the Maternity Quality Governance meeting and 2024 workplans were approved by Southeast London Local Maternity & Neonatal System (LMNS). Both aim to embed co-production in all quality improvement projects as well as decision making within maternity and neonatal care. New national guidance has been published for MNVPs which recommends further funding and recruitment. A Southeast London-wide strategy in response to this is pending

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

10. Avoidable Admission into the Neonatal Unit (ATAIN)

ATAIN is an initiative designed to reduce the admissions of babies born at 37 weeks gestation and beyond into neonatal units. There is strong evidence for the importance of preventing the immediate separation of mother and baby after birth. Unnecessary separations can have adverse effects on the development of family relationships, bonding, breastfeeding, and maternal mental health in the postpartum period.

10.1. ATAIN Admission Rate (Oct – Dec 2023)

	DH	PRUH
Total ATAIN Cases	55	39
Rate per Term Births (National Target 6%)	6.07%	4.76%
Rate per All Births	5.28%	4.43%
Total Avoidable Admissions	**1**	**0**

10.2. Avoidable Admissions

There was 1 avoidable admission at DH during Q3; there was no postnatal/ transitional care bed on the ward at the point of decision to admit the baby for treatment for jaundice.

The DH unit is a level 3 facility (NICU) and therefore receives high-risk referrals, caring for a cohort of high-risk women with underlying medical conditions. The demographic profile includes a notable number of women with diabetes and hypertension which contributes to a higher rate of admissions for hypoglycaemia etc.

10.3. Reasons for Admission

All term admissions are reviewed via InPhase and at weekly ATAIN review meetings at each site. Review meetings are multidisciplinary, with representation from neonatal, obstetric and maternity teams. Reasons for admission are reviewed and avoidable admissions identified. This informs learning and areas for improvement which are shared at Maternity Quality Governance meetings (monthly), Maternity & Neonatal Quality & Safety meetings (quarterly), and regular Labour Ward Forums, perinatal meetings, safety huddles, and via message of the week.

Respiratory: The largest proportion of admissions, due to respiratory issues, reflects the regional and national trend. The current ATAIN action plan aims to address this via monitoring steroid administration in Caesarean section before 39 weeks; reflecting latest Royal College of Obs & Gynae (RCOG) guidance which recommends discussion regarding the benefits of antenatal steroids.

Hypoglycaemia: A pattern has emerged of admissions from recovery unit, which tends to be noticeably cool. There is evidence to support the correlation between hypothermia and hypoglycaemia. Although these cases are considered unavoidable due to the absence of reported hypothermia, work is underway to regulate the temperature in the recovery unit.

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Jaundice: All cases of jaundice were effectively handled through early recognition by maternity staff in both inpatient and community settings. The majority of these babies were promptly transferred to Transitional Care.

Sepsis: The admission rate due to sepsis was significant in Q1 (27% of admissions) and an action plan was developed to address this. As a result, the overall trend up to and including Q3 shows a decrease in the admission rate; this continues to be monitored via the ATAIN action plan.

Feeding: Prior to admission, comprehensive assessment is conducted to rule out any underlying reasons for feeding difficulties. Breastfeeding support is provided. As a precautionary measure to prevent further complications, babies are admitted and intravenous infusion initiated; this is monitored as part of the current ATAIN action plan.

Birth Trauma: One of the cases of birth trauma at PRUH involved a confirmed skull fracture following instrumental delivery (baby has made a satisfactory recovery). The second case involved a subdural and subgaleal haematoma (baby has recovered well). Both cases had an after action review and a practice issue was identified in one of the cases. Both after action reviews informed reflection on assisted birth for the whole MDT.

The ATAIN review process has identified a recurring theme of delayed antibiotic prescribing. As a result an action plan has been developed to address this. Awareness has been promoted to all prescribers, emphasising the importance of prompt antibiotic prescribing where appropriate. Continued feedback aims to enhance future prescribing practice.

No cases of Hypoxic-Ischemic Encephalopathy (HIE) were reported in Q3.

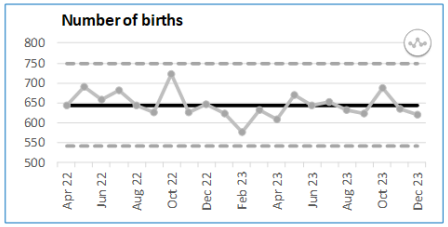
MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Appendix 1: MATERNITY DASHBOARD

Availability of data has been significantly impacted by the implementation of EPIC. Once resolved, it is intended that future reports will reflect the national maternity dashboard.

Latest month 01/12/23
Number of births **619**

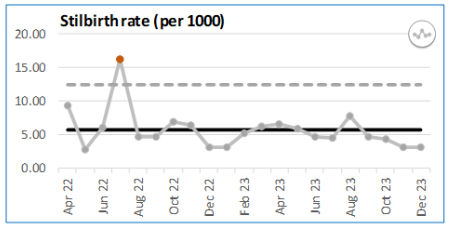
No significant change



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of births	623	576	631	609	671	645	652	631	622	686	636	619
Stillbirth rate (per 1000)	3.2	5.2	6.3	6.6	6	4.7	4.6	7.9	4.8	4.4	3.1	3.2
Neonatal death rate (per 1000)	3.2	1.7	1.6	8.2	3	4.7	3.1	1.6	1.6	2.9	0	3.2
3&4 degree tears (per 1000)	12.8	8.7	11.1	4.9	10.4	4.7	12.3	19	16.1	16	9.4	12.9
PPH >1500 (per 1000)	35.3	38.2	36.5	27.9	47.7	45	42.9	46	33.8	33.5	23.6	27.5

Latest month 01/12/23
Still birth rate/1000 **3.2**

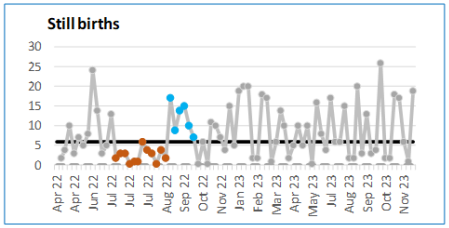
No significant change



Date of last stillbirth 20/12/23

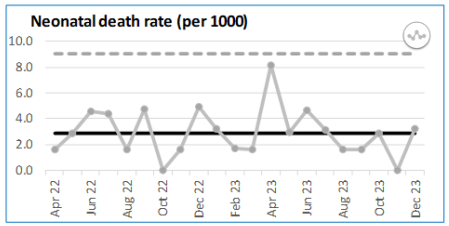
Average days between stillbirths **6.0**

No significant change



Latest month 01/12/23
Neonatal Death rate/1000 **3.2**

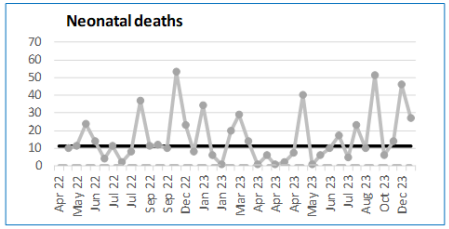
No significant change



Date of last neonatal death 29/12/23

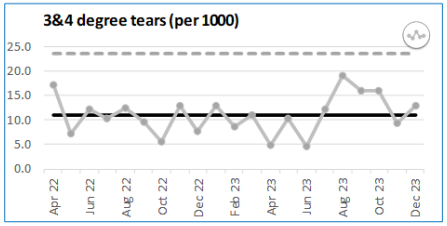
Average days between deaths **11.2**

No significant change



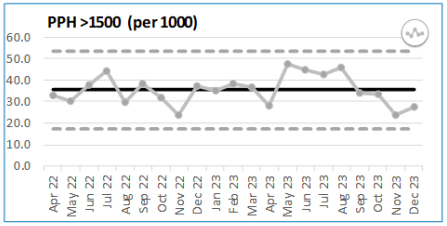
Latest month 01/12/23
3&4 degree tears (per 1000) **12.9**

No significant change



Latest month 01/12/23
PPH >1500 (per 1000) **27.5**

No significant change



MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Appendix 2: PERINATAL QUALITY SURVEILLANCE TOOL

CQC Maternity Rating 2022	Overall	Safe	Effective	Caring	Responsive	Well-led
Denmark Hill	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
PRUH	Requires improvement	Requires improvement	Good	Good	Requires improvement	Good
Maternity Safety Support Programme	Yes	Amanda Pearson, Maternity Improvement Advisor				

2023	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
1.Findings of review of all perinatal deaths using the real time data monitoring tool	3	3	4	3	4	2	6	4	4	5	2	2
2. Findings of review of all cases eligible for referral to Maternity and Newborn Safety Investigations (MNSI) programme (formerly HSIB)	0	1	0	0	0	0	2	0	0	1	1	0
2a. The number of incidents logged graded as moderate or above and what actions are being taken	7	3	4	4	5	5	10	4	4	0	5	0
2b. Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training				Gap analysis of TNA completed		83%	89%	90%	90.5%	91%	91.25%	90.2%
2ci. Minimum safe staffing in maternity services for Obstetric cover on the delivery suite, gaps in rotas **(Cross Site)**	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%	98 hrs 100%
DH: Midwife minimum safe staffing planned cover versus actual prospectively							83.5%	83.4%	78%	76.8%	81.5%	80.5%
PRUH: Midwife minimum safe staffing planned cover versus actual prospectively							86%	84%	79.3%	77.5%	89.5%	87.5%
3.Service User Voice Feedback (FFT Maternity)	88.8%	90.9%	86.6%	87.5%	91.5%	92.3%	90.4%	91.4%	89%	94%	97%	
4.Staff feedback from frontline champion and walkabouts (Date & location of Safety Champions Walkabout)	✓	✓	✓	✓	✓	✓	19.07.23 PRUH	09.08.23 DH	13.09.23 PRUH	26.10.23 DH	14.11.23 DH	07.12.23 PRUH
5.MNSI/NHSR/CQC or other organisation with a concern or request for action made directly with Trust (e.g. improvement notice)				0	0	0	0	0	0	0	1*	0
6.Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0
7.Progress in achievement of CNST MIS 10 Safety Actions	MIS Yr 4 **7/10**		N/A	N/A	N/A	MIS Yr 5: **6/10** Non-compliant: SA1 PMRT, SA5 Midwifery Workforce, SA6 SBL, SA8 Training						
8.Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Annual Staff Survey 2022)												56.3%
9.Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent' or 'good' on how they would rate the quality of clinical supervision out of hours (GMC National Training Survey 2023)												75%

**MNSI Letter of Concern, previously reported at King's Exec (Nov 2023), Quality Committee (Dec 2023) and Trust Board (Jan 2024*

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Appendix 3: All perinatal deaths Oct – Dec 2023

									MIS 1a		MIS 1b	MIS Ci	MIS Cii	
Site	MIS – reporting period	Date of delivery/death	Type of loss	MBRRACE Number	Safety Action 1a met/not met	MBRRACE REPORTABLE	PMRT Review	Not Supported (PMRT)	Date notified to MBRRACE	Completion of surveillance (within 1 month)	Parents Informed & questions sourced	MDT review date	Draft Report Due - 4 months	Formal Report 6 months
PRUH	5	02/10/2023	Miscarriage	N/A	N/A	NO	N/A	15+2	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	03/10/2023	Miscarriage	N/A	N/A	NO	N/A	20+2	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	03/10/2023	NND (Day 0)	89717	YES	YES	N/A	20+2 (< 22/40)	04/10/2023	YES	N/A	N/A	N/A	N/A
PRUH	5	06/10/2023	MTOP	N/A	N/A	NO	N/A	TOP 15+5/40	N/A	N/A	N/A	N/A	N/A	N/A
PRUH	5	14/10/2023	Miscarriage	N/A	N/A	NO	N/A	16+4/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	16/10/2023	Stillbirth	89887	YES	YES	YES	N/A	16/10/2023	YES	YES	16/01/2024	16/02/2024	16/04/2024
DH	5	18/10/2023	Stillbirth	89974	YES	YES	YES	N/A	20/10/2023	YES	YES	16/01/2024	16/02/2024	16/04/2024
DH	5	20/10/2023	Stillbirth	89975	YES	YES	YES	N/A	20/10/2023	YES	YES	16/01/2024	20/02/2024	20/04/2024
DH	5	23/10/2023	NND (DAY 6)	90015	YES	YES	YES	N/A	24/10/2023	YES	YES	16/01/2024	23/02/2024	23/04/2024
PRUH	5	28/10/2023	Miscarriage	90097	YES	YES	YES	N/A	30/10/2023	YES	YES	13/12/2023	Dec-23	Dec-23
DH	5	31/10/2023	Miscarriage	N/A	N/A	NO	N/A	17+4/40	N/A	N/A	N/A	N/A	N/A	N/A
PRUH	5	01/11/2023	Miscarriage	N/A	N/A	NO	N/A	14/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	03/11/2023	STOP	N/A	N/A	NO	N/A	TOP 17+6	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	06/11/2023	Miscarriage	N/A	N/A	NO	N/A	19/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	07/11/2023	Stillbirth	90278	YES	YES	YES	N/A	08/11/2023	YES	YES	01/02/2024	Mar-24	May-24
PRUH	5	11/11/2023	Miscarriage	N/A	N/A	NO	N/A	14/40	N/A	N/A	N/A	N/A	N/A	N/A
PRUH	5	11/11/2023	Miscarriage	N/A	N/A	NO	N/A	14/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	13/11/2023	MTOP	N/A	N/A	NO	N/A	TOP 16+1/40	N/A	N/A	N/A	N/A	N/A	N/A
PRUH	5	24/11/2023	MTOP	N/A	N/A	NO	N/A	TOP 14+2	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	30/11/2023	Stillbirth	90639	YES	YES	YES	N/A	30/11/2023	YES	YES	Feb-24	30/03/2024	30/05/2024
DH	5	01/12/2023	Stillbirth	90712	YES	YES	YES	N/A	05/12/2023	YES	YES	Feb-24	01/04/2024	01/06/2024
DH	5	02/12/2023	NND	90714	YES	YES	YES	N/A	05/12/2023	YES	YES	01/03/2024	Apr-24	Jun-24
PRUH	5	10/12/2023	Miscarriage	N/A	N/A	NO	N/A	15+4/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	12/12/2023	Miscarriage	N/A	N/A	NO	N/A	17+1/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	5	20/12/2023	MTOP	90996	YES	YES	N/A	TOP 34+5/40	N/A	N/A	N/A	N/A	N/A	N/A

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Appendix 4: Training Compliance

MIS and CCFv2 require 90% compliance for a 12-month period.

Maternity:

12-month rolling total to 31 Dec 2023

Staff Group	MMT		Fetal Monitoring		PROMPT		PROMPT NLS*	
	PRUH	DH	PRUH	DH	PRUH	DH	PRUH	DH
Midwives	93%	93%	90%		96%	94%	91%	94%
Support Staff	98%	99%	N/A		86%	88%	N/A	
Obstetric Trainees	N/A		100%		95%	96%	82%	N/A
Obstetric Consultants	N/A		100%		100%	100%	95%	N/A
Anaesthetic Trainees	N/A		N/A		87%	93%	N/A	
Anaesthetic Consultants	N/A		N/A		100%		N/A	

** PROMPT NLS: PRactical Obstetric Multi-Professional Training Newborn Life Support*

Statutory and mandatory training reports are produced monthly by the Trust HR department. Training areas with lower compliance are promoted by Practice Development Midwives through fortnightly training campaigns.

Neonatal:

12-month rolling total to 31 Dec 2023

	Neonatal Nursing DH	Neonatal Nursing PRUH	Neonatal Medical
Overall mandatory training	91%	87%	67%
PROMPT	N/A	N/A	N/A
Fetal Monitoring	N/A	N/A	N/A
Adult resuscitation	86%	73%	88%
Neonatal resuscitation	86%	79%	100%
Safeguarding children level 2	89%	100%	95.5%
Safeguarding children level 3	68%	93%	82%

- The Practice Development Team continues to work with senior teams to overcome the barriers to achieving the required standard for training compliance.
- There are regular in-house resuscitation training sessions for NICU nursing staff on both sites and in-situ neonatal simulation sessions; these have been supported by the Resuscitation Department.
- There are regular Resuscitation Council-approved Newborn Life Support (NLS) courses (6 courses per year) and senior nursing staff (Band 6 and Band 7) are provided with places on each of these courses. Neonatal consultants direct these courses and both medical and nursing teams contribute as teaching faculty, along with midwifery faculty members.
- Neonatal resuscitation training is now embedded in the induction programme for all junior doctors and consultants have been advised this needs to be completed prior to appraisals.

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Appendix 5: Risk Register

There are 11 open risks for Maternity on the Women's Health risk register. Of the total, 2 are rated 12 or above. 3 new risks have been added in Q3

Risk	Control	Initial Rating	Current Rating
Risk 00003377 Inpatient Maternity services currently do not have adequate ligature light rooms for service users presenting with acute mental health crisis.	• 1:1 care for service users at risk (via maternity staff or mental health support). • Service users risk assessed on admission for potential harm	6	6
Risk 00003300 Following the change to EPIC the risk of inadequate documentation to enable safe implementation and communication of patient care.	• Maternity IT system Badgernet to remain in place until all women booked on Badgernet have delivered (approximately 12 months) and it will become read only. • Weekly Maternity implementation meeting. • Action log for implementation planning. • Training being developed and all staff are being scheduled, super users to be trained in all areas. • Following "Go-Live" there is daily refresher training on MS Teams which is available to all staff in maternity.	15	12
Risk 00000172 Inability to monitor patients' clinical condition in Maternity HDU as monitors insufficient	Imobile team assess risk and support team to borrow equipment or consider appropriate plan for care of women	12	6
Risk 00000372 Potential for delay in emergency care provision for patients transferred to Nightingale Birth Centre from the Fetal Medicine Research Institute	• Long term plan is to move MAU to Golden Jubilee Building • Business plan has been approved • Transfer guideline in place	16	8
Risk 00000525 Delay to care of women transferred if maternity service closed due to insufficient staffing or capacity	• Pan London escalation policy to be implemented. The London Escalation Policy and Operational Pressures Escalation Levels Maternity Framework (OPELMF) sets out an agreed criteria for interpreting pressures and clear mitigating actions to manage capacity challenges for the London region, ensuring that maternity services can continue providing safe and personalised care during unprecedented pressures and reduce harm.	9	9

MATERNITY & NEONATAL QUALITY & SAFETY INTEGRATED REPORT (Q3)

Risk	Control	Initial Rating	Current Rating
	• Rotas in place • Dynamic monitoring on a daily basis • Flow matrons working with operational team to ensure safe efficient discharges • Proactive open recruitment		
Risk 00000153- Fetal Medicine Laboratory not UKAS accredited	• All controls show laboratory results are running within target • No incidents reported	6	6
Risk 000000006 24:7 reception cover not in place in the maternity unit with potential for neonatal abduction	• Bank shifts to cover the service gaps • MSWs cover if necessary but this detracts from the clinical role that they are employed to do and therefore negatively impacts the care of women and birthing people • Recruitment is ongoing for 24hr reception cover at PRUH	15	8
Risk 000000571 Delay in clinical assessment and timely care in MAU/ triage	• Monthly audits now ongoing cross-site • To consider a more formal escalation process for delays • BSOTS implemented cross-site • Additional Training Undertaken • Triage guideline under review • Ongoing quality improvement project led by consultant midwife	15	12
Risk 0003395 (added 10/10/2023) No 5 day cover at PRUH for Elective caesarean sections	• 4 days per week lists at present Monday-Thursday • On call team perform grade 1-3 EMCS 24/7 • booking process for ELCS and MDT discussion to discuss clinical urgency • business case proposed	6	6
Risk 00003396 (added 11/10/2023) Poor staff morale, burn out and inability to provide safe care due to staffing deficits	• Proactive recruitment • Workforce review complete and agreed in November 2023 • daily safety huddles to review staffing and re-deploy staff as necessary to areas with particular deficit	8	8
Risk 0003400 (added 13/10/2023) Safety to service users and staff at the CMC at DH due to multiple window panes falling	• Each incident reported to maintenance • Addition to estates risk register • Ongoing communication with senior Building officer	8	8

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**Integrated Performance Report Month 9 (December) 2023/24**	Item:	9.1.
Author:	Rachel Burnham, Acting Director of Performance and Planning; Steve Coakley, Assistant Director of Performance & Planning;	Enclosure:	9.1.1. & 9.1.1.2
Executive sponsor:	Angela Helleur, Site CEO, PRUH and South Sites		
Report history:	None		

Purpose of the report

This report provides the details of the latest performance achieved against key national performance, quality and patient waiting time targets for December 2023 returns.

Board/ Committee action required (please tick)

Decision/ Approval	✓	Discussion		Assurance		Information	

The Board is asked to approve the latest available 2023/24 M9 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).

The Board is asked to note the impact on performance reporting following the implementation of the EPIC Electronic Patient Record (EPR) in October 2023.

Executive summary

Section one - Operational performance overview:

Unplanned care:

- M9 performance:
  - Trust A&E/ECS compliance reduced from 64.44% in November to 61.28% in December. By Site: DH 61.23% and PRUH 61.33%. (23/24 Operating Plan target > 76%).
- Actions being taken:
  - Maximising flow through SDEC and utilising decision-making units, in order to reduce admissions, when they can be avoided.
  - Implementing the full capacity protocol and implementing the updated OPEL framework to ensure smooth operating during peak demand.

  - Trust-wide focus on improving and standardising pull from wards where possible to support admitted pathway through ED.
- January and February latest positions:
  - Further improvements seen in quarter four to date, with January at 62.3% and February 65.8% trust-wide.
  - Executive focus is on improving further by the end of quarter four, with a focus on continued flow improvements and supporting actions.

Planned care:

- M9 performance:
  - Diagnostics: performance worsened by 10.03% to 34.83% of patients waiting >6 weeks for diagnostic test in December (and exceeding the 23/24 Operating Plan target <5%).
  - RTT incomplete performance reduced by 4.08% to 55.15% in December (target 92%).
  - RTT patients waiting >52 weeks increased by a further 788 cases to 3,813 cases in December compared to 3,025 cases in November.
  - Cancer treatment within 62 days of post-GP referral is not compliant but improved to 57.48% for December (target 85%).
  - Faster Diagnosis Standard compliance also improved from 55.92% in November to 62.31% in December which remains below the national target of 75%.

Actions being taken:

- **Data quality:** ensuring that patients' status are being recorded accurately, especially clinic outcomes (this helps to make sure that only patients actively waiting for an appointment or a procedure appear on waiting lists). In EPIC this task is carried out differently to our previous EPR system and a significant programme of work is underway to ensure users are educated, trained and supported to undertake these actions and thus to support accurate tracking of waiting lists. Utilising APC funding we have also commissioned an external company to support with diagnostic long waiting time validation work.
- **Activity and productivity:** Returning activity to pre-EPIC levels following the planned reduction in the immediate post go-live period where clinics, diagnostic and procedure lists were reduced whilst staff got used to the new system and ensuring that this activity is captured and counted in a way which reconciles with pre-EPIC data. An activity recovery group has been convened in February also involving Epic leads to oversee this work and identifying 5 initial priority service areas to focus on where activity has been most impacted.
- Ensuring optimal productivity of clinics, diagnostic and procedure lists compared with other Trusts and our own performance in 2019/20 (pre-COVID). This includes transformation work to maximise the efficient use of theatre lists, minimise outpatient and theatre cancellations and to improve the productivity of our diagnostic capacity.
- **Partnership working:** Continuing to work collaboratively across our own sites and across South East London to make the best use of all available capacity and to reduce variation in waiting times. In Q4, APC funding has been used to support reducing the longest waiting times in bariatrics and orthopaedics.

January and February latest positions:

- The impact of the above actions can be seen in more recent performance positions:
  - RTT PTL reducing week on week since late January, now reduced by 2,300 pathways from peak.
  - Reduction in the longest RTT waiters, with 0 patients now reported to be waiting over 104 weeks and under 100 78+ week waits.
  - Cancer backlog improvements, with the most recent position returning to pre-Epic levels at 196 pathways over 62 days.

Section two - Wider integrated performance domains:

Quality

- 14 Trust attributed cases of C-difficile in December with 95 cases reported YTD which is below the cumulative target of 109 cases.
- No MRSA bacteraemia cases reported in December but 7 cases reported YTD;

Finance

- As at month 9, the Trust has reported a deficit of -£61.1m which represents a -£59.2m adverse variance to plan once adjusted for ICB surplus and strike monies.

Workforce

- The Trust has achieved the 90% appraisal target in December at 92.52% for all staff groups combined.
- The sickness rate reported has decreased slightly from 5.67% in November to 5.23% in December 2023.
- Statutory and Mandatory training compliance rate has increased by just over 1% to 88.74% for December but remains below the 90% target.
- The Trust vacancy rate has increased from 9.26% in November to 9.65% in December.
- The voluntary turnover rate has increased slightly to 12.5% but still remains below the 13% target.

Strategy

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

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

Key implications	
Strategic risk - Link to Board Assurance Framework	The summary report provides detailed performance against the operational waiting time metrics defined within the NHSE Strategic Oversight Framework.
Legal/ regulatory compliance	Report relates to performance against statutory requirements of the Trust license in relation to waiting times.
Quality impact	Report relates to waiting times and workforce standards with associated impact on quality of care.
Equality impact	There is no direct impact on equality and diversity issues
Financial	Trust reported financial performance against published plan.
Comms & Engagement	Trust's quarterly and monthly results will be published by NHSE and the DHSC
Committee that will provide relevant oversight **The Board of Directors**	

King's College Hospital NHS
NHS Foundation Trust

Integrated Performance Report

Month 9 (December) 2023/24

Board of Directors

14 March 2024

King's College Hospital NHS
NHS Foundation Trust

Report to:	*Board Committee*
Date of meeting:	*14 March 2024*
Subject:	*Integrated Performance Report 2023/24 Month 9 (December)*
Author(s):	*Rachel Burnham, Acting Director of Performance & Planning* *Steve Coakley, Assistant Director of Performance & Planning;*
Presented by:	*Angela Helleur, Site CEO, PRUH and South Sites*
Sponsor:	*Angela Helleur, Site CEO, PRUH and South Sites*
History:	*None*
Status:	*For Discussion*

Summary of Report

This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets, noting that the implementation of the new Trust EPR (Epic) continues to impact data quality and performance for December 2023 returns.

Action required

- *The Committee is asked to approve the latest available 2023/24 M9 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

King's College Hospital NHS
NHS Foundation Trust

3. Key implications

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

Contents

Executive Summary 2023/24 Month 9

QUALITY

- Summary Hospital Mortality Index (revised to NHS Digital index) has reduced to 99.0 and remains below expected index of score of 100.
- **HCAI**:
  - ❑ No MRSA bacteraemia cases reported in December and 7 cases reported YTD.
  - ❑ E-Coli bacteraemia: 13 new cases reported in December with 140 cases reported YTD which is below the cumulative target of 160 cases.
  - ❑ 14 Trust attributed cases of c-Difficile in December with 95 cases reported YTD which is below the cumulative target of 109 cases.
- **FFT**: Recommendation rates for Emergency Department for the Trust overall increased by 5% in comparison to the previous month to 65% for December 2023 but remains below the target of 76%.

PERFORMANCE

- Trust A&E/ECS compliance reduced from 64.44% in November to 61.28% in December. By Site: DH 61.23% and PRUH 61.33%.
- Planned care performance continues to be significantly impacted by the changes to data quality and lower activity around the Trust's EPR go-live
- Cancer:
  - ❑ Treatment within 62 days of post-GP referral is not compliant but improved to 57.48% for December (target 85%).
  - ❑ Faster Safer Diagnosis (FDS) compliance improved from 55.92% in November to 62.31% in December (target 75%).
- Diagnostics: performance worsened by 10.03% to 34.83% of patients waiting >6 weeks for diagnostic test in December (target <5%).
- RTT incomplete performance worsened by 4.08% to 55.15% in December (target 92%).
- RTT patients waiting >52 weeks increased by a further 788 cases to 3,813 cases in December compared to 3,025 cases in November.

WORKFORCE

- The Trust has achieved the 90% appraisal target since July 2023 for all staff groups combined.
- The sickness rate reported has decreased slightly from 5.67% in November to 5.23% in December 2023.
- Statutory and Mandatory training compliance rate has increased by just over 1% to 88.74% for December but remains below the 90% target.
- The Trust vacancy rate has increased from 9.26% in November to 9.65% in December.
- The voluntary turnover rate has increased slightly to 12.5% but still remains below the 13% target.

FINANCE

- As at month 9, the Trust has reported a deficit of -£61.1m which represents a -£59.2m adverse variance to plan once adjusted for ICB surplus and strike monies. The variance is driven by:
  - ❑ £20.8m YTD CIP underperformance (£12.6m pay, £6.4m non-pay & £1.8m Income)
  - ❑ £15.0m excess inflation relating to PFI, Energy, Pathology, Block Drugs, Estates / PFI
  - ❑ £8.0m pay cost of strikes
  - ❑ £7.0m shortfall in pay award funding
- Pay has increased in month by £1.1m mainly as a result of £1.5m strike costs in month 9 and £0.5m of bank and agency cover due to bank holidays. These factors offset other reductions across pay.
- Non-pay has decreased in month by £8.5m primarily due to a reduction in Drugs expenditure due to updated information from EPIC relating to Months 7 and 8.

Strategic Oversight Framework

NHSE Dashboard

Domain	Indicator	Trust									
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	F-YTD Actual
A&E	A&E Waiting times - Types 1 & 3 Depts (Target: > 95%)	64.91%	66.27%	69.18%	67.86%	66.14%	64.30%	62.40%	64.44%	61.28%	65.20%
RTT	RTT Incomplete Performance	71.74%	72.23%	71.46%	69.71%	67.57%	65.17%	60.96%	59.23%	55.15%	65.91%
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: > 93%)	81.24%	81.93%	85.87%	81.14%	75.49%	76.41%	41.00%			74.73%
	28 day FDS Performance (Target: > 93%)	74.72%	75.24%	77.54%	80.95%	77.21%	73.78%	50.67%	55.92%	62.31%	69.81%
	31 days diagnosis to first treatment (Target: >96%)	94.61%	92.23%	94.41%	89.62%	86.14%	93.13%				91.69%
	31 days subsequent treatment - Drug (Target: >98%)	92.00%	89.66%	91.43%	94.59%	86.36%	76.19%				88.37%
	31 days subsequent treatment - Surgery (Target: >98%)	81.48%	72.73%	82.22%	72.00%	71.43%	57.14%				72.83%
	31 days combined treatment (Target: >96%)							91.33%	91.74%	91.74%	91.60%
	62 days GP referral to first treatment (Target: >85%)	65.87%	50.00%	64.36%	66.18%	60.87%	63.03%	59.68%	56.49%	57.48%	60.44%
	62 days NHS screening service referral to first treatment (Target: >90%)	69.70%	69.70%	54.55%	71.43%	61.54%	68.75%				65.95%
Patient Safety	Clostridium difficile infections (Year End Target: xx)	14	12	11	6	12	10	11	5	14	95

Trend

A&E 4 Hour Standard

- A&E performance was non-compliant in December and reduced to 61.28% for December compared to 64.44% performance reported for November, and below the revised national target of 76%.

Cancer

- *Please note, greyed out targets above have been removed and consolidated by NHSE*
- The latest validated 62-day performance for patients referred by their GP for first cancer treatment improved by 0.99% from 56.49% reported for November 2023 to 57.48% in December, and below the national target of 85%.

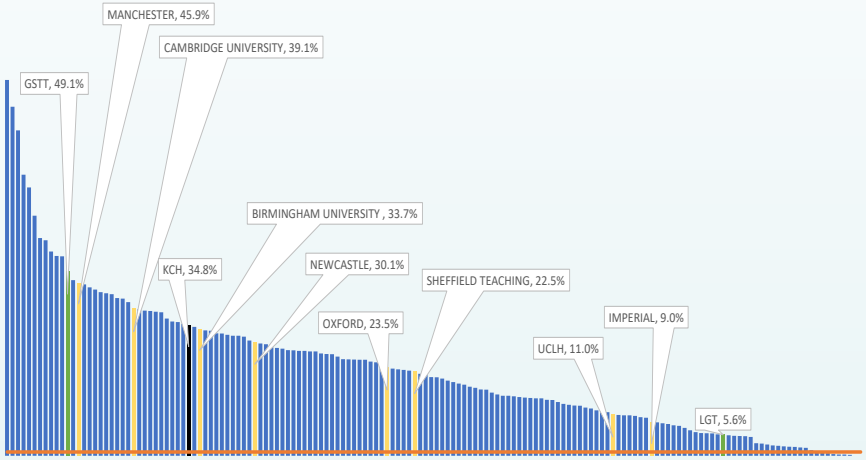
RTT

- RTT performance is validated at 55.15% for December which is a reduction of 1.73% compared to 59.23% performance achieved in November.

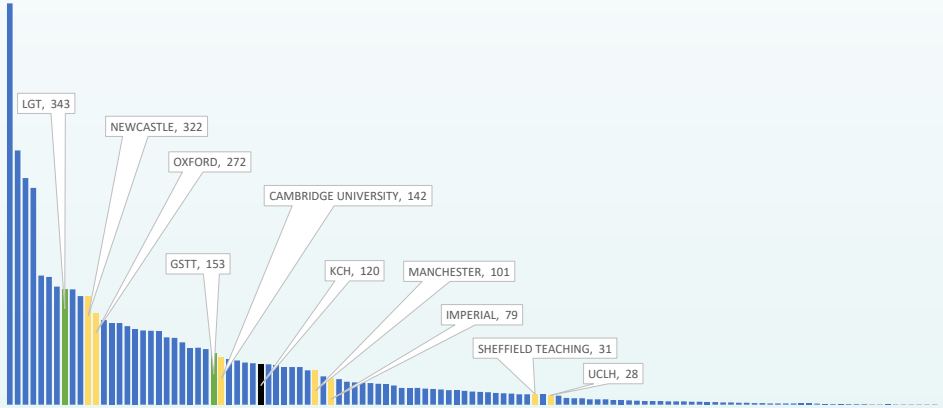
C-difficile

- There were 14 Trust attributed cases of c-Difficile in December with 95 cases reported YTD which is below the cumulative target of 109 cases.

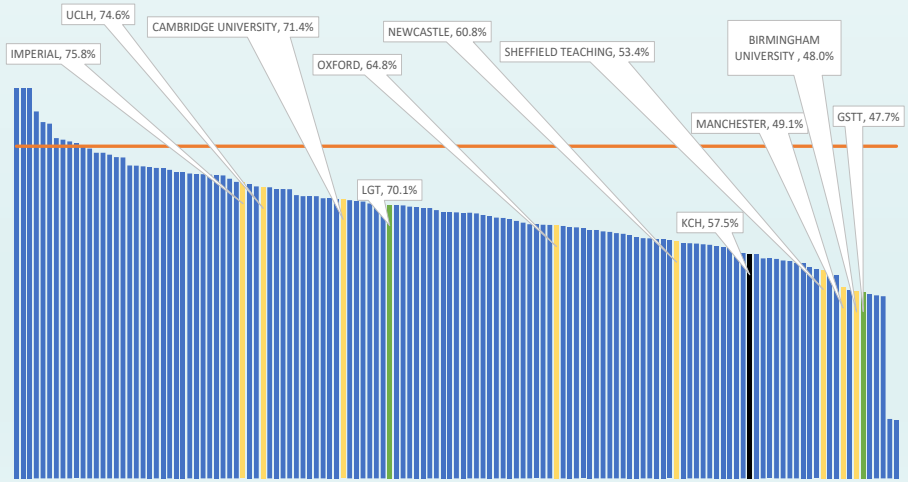
Benchmarked Trust performance



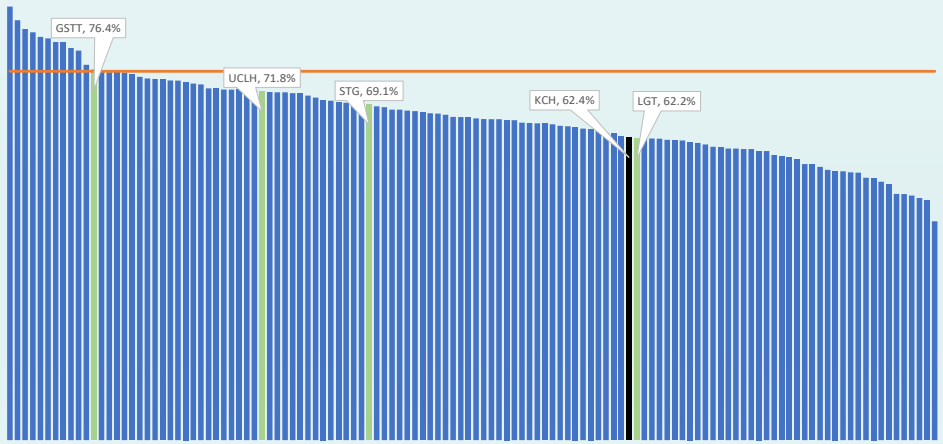
Trust-level DM01 performance waiters across England for December 2023 range between 0.0% and 100.0%.



Trust-level 78WW long waiters across England for December 2023 range between 0 and 1,190. The average for December 2023 is 105.



Trust-level 62d Urgent Referral performances across England for December 2023 range between 0.0% and 100.0%
Across England, 65.9% of patients were treated within 62 days of referral.



Trust-level A&E performance across England for January 2024 ranges between 45.1% and 89.3%.
Across England, 70.3% of patients were seen within 4 hours.

Safety Dashboard

Safe

		Trust										
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	F-YTD Actual	Trend
CQC level of inquiry: Safe												
Reportable to DoH												
2717	Number of DoH Reportable Infections	65	66	60	64	79	69					
Safer Care												
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.16	0.08	0.08	0.02	0.04	0.06					
1897	Potentially Preventable Hospital Associated VTE	3	3	0	5	3	2	0	0	2	18	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	1	1	0	0	1	1	0	2	0	6	
Incident Reporting												
520	Total Serious Incidents reported	14	5	9	11	7	6	1	0		53	
516	Moderate Harm Incidents	34	36	40	36	38	41	3	12	9	249	
509	Never Events	2	0	1	1	0	1	0	0	0	5	

We are currently unable to refresh the metrics for 2717 (reportable infections) and 629 (falls) within our existing scorecard reporting system due to the recent Epic implementation.

HCAI

- There were no MRSA bacteraemia cases reported for December and 7 cases previously reported since April this financial year.
- E-Coli bacteraemia: 13 new cases reported in December with 140 cases reported YTD which is below the cumulative target of 160 cases.
- 14 Trust attributed cases of c-Difficile in December with 95 cases reported YTD which is below the cumulative target of 109 cases.

HCAI

Trust performance:

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

IPC Surveillance Report December 2023

Figure 1: Monthly Healthcare-associated Infection (HCAI) Data - December 2023

Infection	Denmark Hill	PRUH & ORP	Trust month Total	Trust (YTD)
MRSA BSI	0	0	**0**	7
MSSA BSI	7	2	**9**	53
C.difficile (HOHA and COHA)	9	5	**14**	95
E.coli BSI	9	4	**13**	140
Klebsiella BSI	10	2	**12**	100
Pseudomonas aeruginosa BSI	6	1	**7**	53

Figure 2: 2023/24 YTD HCAI Trust Trajectory

Infection	Actual case(s)	Trajectory target (YTD)
MRSA BSI	7	**0**
MSSA BSI	53	**No Target**
CDT	95	**109**
E.coli BSI	140	**160**
Klebsiella BSI	100	**142**
Pseudomonas BSI	53	**69**

MRSA blood stream infection (BSI)

Between April – December 2023, there were 7 Trust-apportioned MRSA blood stream infections against a target of zero avoidable. This is an upward trend compared to last year.

1. April 2023 – Lion ward, DH. This case is likely unavoidable, as MRSA was isolated from the CSF prior to admission. The mother was positive for MRSA from one month spent in NICU in Kuwait.
2. April 2023 – Princess Elizabeth, DH. Case agreed as a contaminant.
3. April 2023 – M3, PRUH. Avoidable case with a peripheral line as source.
4. June 2023 - Lister ward; avoidable case. Patient had MRSA in urine. It appears that the nephrostomy tube was changed without adequate antibiotic prophylaxis.
5. July 2023 – Donne ward. Likely source peripheral cannula.
6. August 23 – Donne. Second MRSA protocol missed. In same bay as above case.
7. October 2023 – CCUB. Documentation of phlebitis scores was inconsistent. There was some evidence on tracking up the arm from an old venflon site, which is the likely source.

The Trust has introduced a Chloraprep (2% chlorhexidine in 70% alcohol) superior skin preparation prior to the insertion of all peripheral cannulas and for taking blood cultures.

Clostridium difficile

- Antimicrobial stewardship programme in place with the help of Clinical leads, Microbiologists,
- Clinical review of stool samples in progress.
- IPC team continue to do weekly IV-Oral ward rounds on wards with the highest CDT numbers reviewing all patients with the Nurse in Charge, MDT, Ward Pharmacist using the Cease, Amend, Refer, Extend, Switch (CARES) and Afebrile, Clinical Improvement Observed, Eating and Drinking, Not Deep seated infection (ACED) guides
- Red sporicidal wipes in place for decontamination of all mattresses and trolleys across organisation
- New Antimicrobial Pharmacist at PRUH
- C difficile testing in EPIC does not give staff automatic reminders like previous EPR- IT solution being sought, and staff reminded when to test for C difficile as per national guidance

Gram Negative Blood stream infections (*E.coli, Klebsiella and Pseudomonas*)

- Trust wide audit of ANTT during catheter insertion has been undertaken.
- Quality improvement project for Care of IV lines using PSIRF
- SEL IPC project in progress
- Compliance with documentation of urinary catheters and IV lines has decreased since the implementation of Epic.

Patient Experience Dashboard

Are patients cared for?											
Are patients cared for?	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trendline
FFT **inpatient** experience rating	>94%	93%	92%	93%	92%	93%	93%	93%	93%	93%	
FFT **outpatient** experience rating	>93%	91%	91%	91%	91%	91%	90%	90%	91%	87%	
FFT **maternity** experience rating	>92%	88%	91%	92%	90%	91%	89%	88%	93%	91%	
FFT **ED** experience rating	>76%	73%	68%	72%	72%	72%	67%	63%	60%	65%	
FFT **inpatient** response rate	>30%	52%	50%	55%	48%	57%	46%	304%	*	*	
Inpatient responses received	N/A	1804	1963	2216	1906	2190	1699	1142	1377	1223	
FFT **outpatient** response rate	>9.5%	11%	10%	10%	9%	7%	10%	9%	*	*	
Outpatient responses received	N/A	10644	11815	12128	10459	8412	10616	776	202	202	
FFT **maternity** response rate	>19.1 %	17%	29%	25%	21%	29%	12%	21%	*	*	
Maternity responses received	N/A	97	179	160	251	178	155	40	73	151	
FFT **ED** response rate	>12%	8%	7%	7%	8%	9%	8%	15%	*	*	
ED responses received	N/A	776	692	739	832	829	860	217	509	630	
Compliments received per month	N/A	10	26	21	32	30	24	30	23	21	

Inpatient

- The Trust FFT inpatient rating remained at 93% in December 2023. Patients continue to praise the staff on their friendliness, compassion and emotional support provided. However, delays in discharge, medication, and answering the call bell, negatively impacted experience. Environment at night such a noise and light continue to impact the quality of sleep and overall experience, which was the second most common negative theme noted. Quality and taste of food provided was noted to negatively impact experience.

Outpatients

- Outpatient experience rating for December reduced to 87%. The Trust received a total of 202 responses, with 100 of the total responses (49.5%) attributed to the Pain Management Clinic at Denmark Hill. Patients praised the professional attitude and emotional support provided by staff. Cancellation of appointments and time spent waiting prior to their appointment continues to be a major factor to poorer experience.

Emergency Department

- Recommendation rates for Emergency Department for the Trust overall increased by 5% in comparison to the previous month to 65%. Although staff were praised on their compassion and helpfulness. However, long waiting time and access to pain medication negatively contributed to patient experience. The cold temperature and an uncomfortable crowded environment continue to impact experience negatively.

Maternity

- Maternity experience rating decreased by 2% to 91% in December2023 at a Trust wide level. Patients commended staff on the compassion and emotional support provided.

Performance Dashboard

Performance

		Trust									
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Trend
CQC level of inquiry: Responsive											
Access Management - RTT, CWT and Diagnostics											
364	RTT Incomplete Performance	71.74%	72.23%	71.46%	69.71%	67.57%	65.17%	60.96%	59.23%	55.15%	
632	Patients waiting over 52 weeks (RTT)	865	924	950	1068	1250	1506	2769	3025	3813	
4997	Patients waiting over 78 weeks (RTT)	8	14	9	22	44	55	87	89	120	
4537	Patients waiting over 104 weeks (RTT)	0	0	0	0	0	0	1	2	3	
4977	Cancer 28 day FDS Performance	74.72%	75.24%	77.54%	80.95%	77.21%	73.78%	50.67%	55.92%	62.31%	
419	Cancer 62 day referral to treatment - GP	65.87%	50.00%	64.36%	66.18%	60.87%	63.03%	59.68%	59.68%	57.48%	
536	Diagnostic Waiting Times Performance > 6 Wks	2.53%	2.23%	2.51%	5.08%	3.00%	7.31%	19.40%	24.80%	34.83%	
Access Management - Emergency Flow											
459	A&E 4 hour performance (monthly SITREP)	64.91%	66.27%	69.18%	67.86%	66.14%	64.30%	62.40%	56.49%	61.28%	
Patient Flow											
399	Weekend Discharges	25.8%	20.3%	19.5%	23.6%	18.1%	21.2%				
404	Discharges before 1pm	16.2%	17.0%	16.9%	16.8%	15.8%	15.6%				
747	Bed Occupancy	92.2%	94.0%	93.6%	93.0%	93.6%	94.3%	97.5%	95.3%	96.5%	
1357	Number of Stranded Patients (LOS 7+ Days)	596	590	580	573	603	647	661	656	408	
1358	Number of Super Stranded Patients (LOS 21+ Days)	275	279	265	287	271	312	308	290	278	
762	Ambulance Delays > 30 Minutes	387	383	397	473	468	702	1055	1072	1225	
772	12 Hour DTAs	767	555	270	286	409	544	827	901	1018	
	A&E Attendances (All Types)	22926	24843	24613	24490	23196	23979	24153	24401	24817	

A&E 4 Hour Standard

- A&E performance was non-compliant in December at 61.28%, a deterioration from 64.44% performance achieved in November.

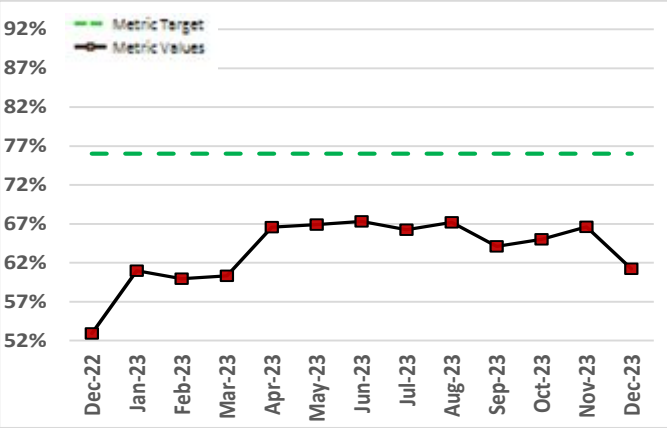
Cancer

- Treatment within 62 days of post-GP referral is not compliant – but improved to 57.48% for December (target 85%) compared to 56.49% in November.
- Faster Diagnosis Standard compliance also improved from 55.92% in December to 62.31% in December which remains below the national target of 75%.

Emergency Care Standard

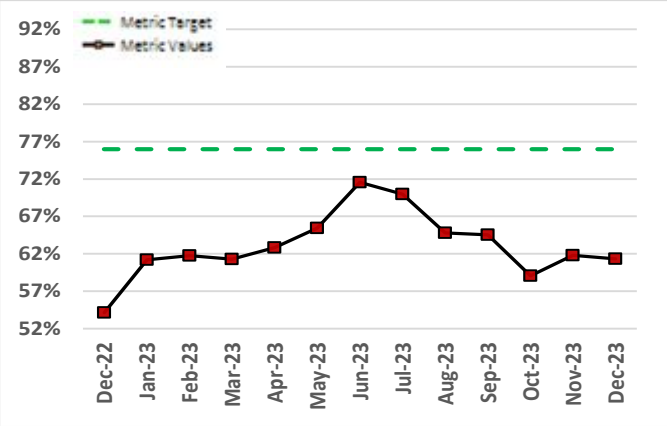
Denmark Hill performance:

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



PRUH performance:

- Executive Owner: Angela Helleur, Site Chief Executive
- Management/Clinical Owner: James Watts, DOO



Background / target description:

- Ensure at least 76% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

Underlying issues:

- There were 47 ambulance delays >60 minutes and 1,225 ambulance delays waiting 30-60 minute delays in December (un-validated) compared to 29 delays >60 minutes and 1,072 delays >30 minutes for November.

DH Actions:

- The team is focused on ensuring that winter delivery plans are as robust as possible and there is a newly established DH flow group to support this work. Key actions include maximising flow through SDEC and utilising decision-making units, in order to reduce admissions, when they can be avoided.
- Implementing the full capacity protocol and implementing the updated OPEL framework to ensure smooth operating during peak demand. Epic is also being updated to include trigger escalation status and a revised ED performance dashboard. Further actions are also being considered and expect to be implemented, including delivery of a paediatric observation procedures area and reinstating normal layout post-refurbishment.

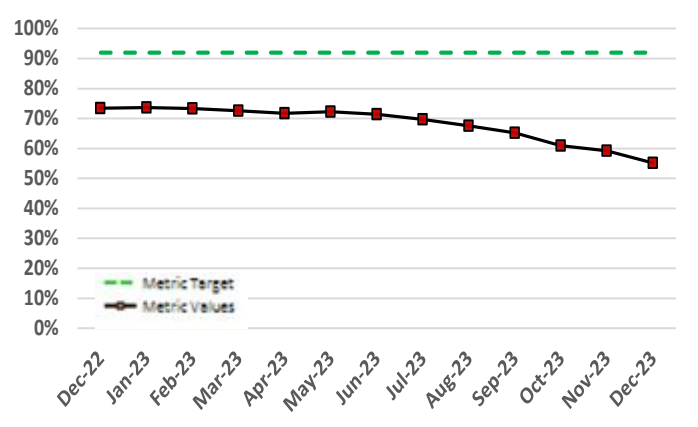
PRUH Actions:

- The Site has remained on Opel 3 and Opel 4 internal triggers throughout December, in part due to an unprecedented pressure in emergency care because of a combination of seasonal increase in acuity as well as ambulance conveyances. These factors have led to increased corridor occupancy and an overall decline in the discharge profile from G&A beds. The Site has used escalation areas such as AFAU and DSU day areas to help support emergency care admissions.
- The Site's ability to respond effectively to avoid excessive ambulance handover delays remains a constant focus. As a result, the Site minimised ambulance handover delays and 12-hour DTAs did not deteriorate.
- There is a collective focus on improving patient safety and journey time in the ED Subacute area to reduce the number of DTAs and length of stay. Daily oversight and support from the Site executive has helped ensure compliance.

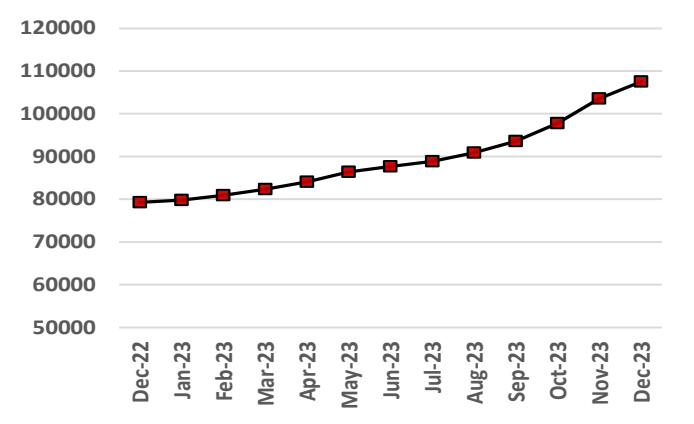
RTT

RTT Incomplete performance:

- Executive Owner: Julie Lowe/Angela Helleur, Site Chief Executive
- Management/Clinical Owner: James Eales, DOO



Total RTT PTL waiters:



Background / target description:

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

Current RTT Incomplete position:

- RTT performance reduced to 55.15% for December compared to 59.23% performance achieved in November. Total PTL increased by 3,977 to 107,530 pathways and the 18+ week backlog increased by 6,008 to 48,228 pathways.

DH Actions

- Elective activity levels continued to recover through December, though remained below levels seen before Epic go-live. There remains a strong focus on recovering activity with weekly elective assurance meetings alongside more frequent Apollo oversight meetings. However, the industrial action in December and January brings another challenge for elective care, particularly as the site is consistently at 99% bed occupancy with patients waiting in the emergency department each morning to be admitted and the cancer backlog remains a top priority.
- There is also focus on long waits to ensure that those patients are prioritised for treatment alongside urgent and cancer patients with weekly reviews of long waits patients in place to provide close monitoring.

PRUH Actions

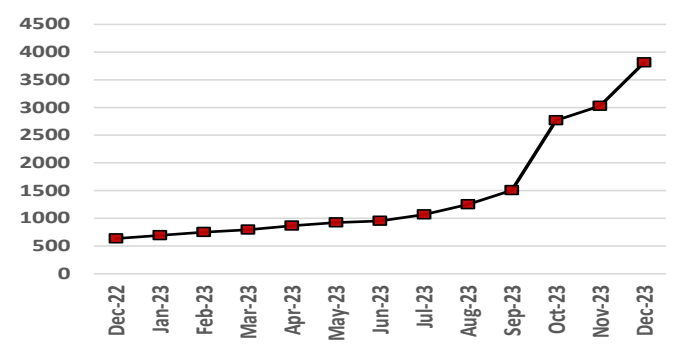
- The Site had not yet returned to pre-EPIC levels of activity in December which presented a challenge with regards to long waiters. There is however an opportunity to bid for ICB funding which is targeted at backlog clearance for the remainder of 2023/24. General surgery is reviewing the potential to use external funding for weekend working to further improve the position.
- Of those patients waiting 78 weeks or more, Orthopaedics has the largest share of patients on an admitted pathway. In order to improve the position, and make sustainable improvements in productivity, the Care Group is extending its operating session length, augmenting anaesthetic cover and reviewing job plans and theatre commitments. From April, Orthopaedics also plan to launch the pre-admission one stop clinic, which was paused for the Epic launch.

RTT – 52 Weeks

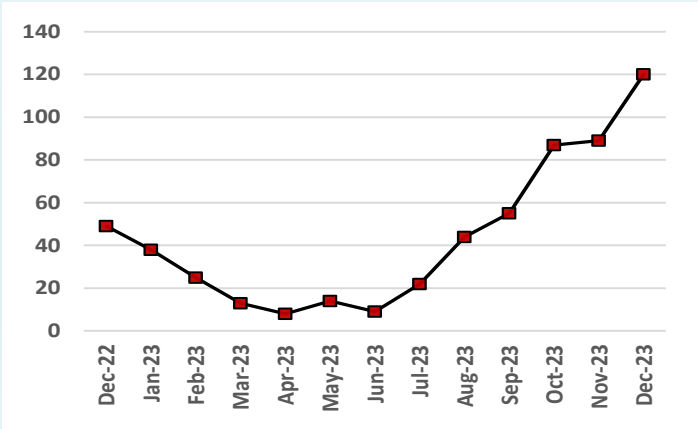
RTT Incomplete performance:

- Executive Owner: Julie Lowe/Angela Helleur, Site Chief Executive
- Management/Clinical Owner: James Eales, DOO

RTT 52+ Week waiters:



RTT 78+ Week waiters:



Background / target description:

- Zero patients waiting over 52 weeks.

52 Week position:

- Increase of 788 breaches from 3,025 in November to 3,813 in December. We also reported 3 breaches for patients waiting over 104 weeks in December.

Over 65 Week and 78 Week position:

- The number of patients waiting over 65 weeks increased by 159 cases from 529 in November to 688 in December which is above our original trajectory (set at the start of the year with the assumption of no ongoing industrial action) of 41 patients. The Trust has committed to 350 waiters by March 2024 as part of the H2 SE London Operational Delivery plans.
- The number of patients waiting over 78 weeks increased from 89 in November to 120 in December. The Trust has committed to zero waiters by March 2024 as part of the H2 SE London Operational Delivery plans.

Actions:

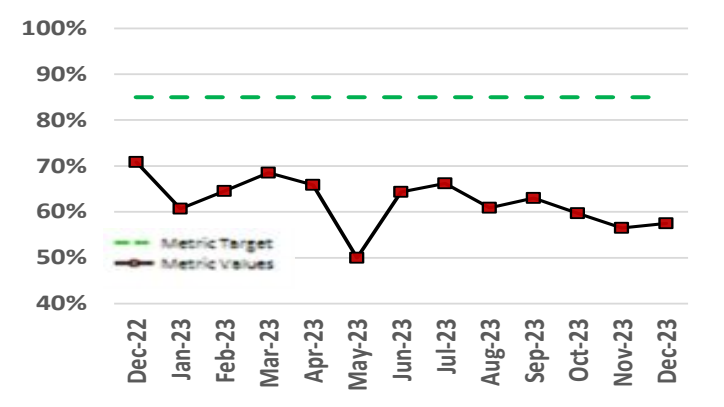
- **Oral surgery**: This is one of three services within Dental that is currently the focus of financial special measures and activity recovery. There are a number of actions in place including: recruitment of new trainees and other vacant posts, tackling long term sickness and increasing productivity in outpatients, by reducing DNAs and improving coding. The care group is also looking at adjusting theatre scheduling to increase oral surgery capacity.
- **Bariatric surgery:** remains the most challenged from the point of view of the longest waits with 42 patients waiting at 78 weeks at month-end and a considerable increase compared to pre-Epic position. This cohort remains among the most challenging due to low clinical priority, with teams focused on clearing their cancer backlogs as well as emergency surgery which is at a higher level than it was a year ago. The care group are only booking the longest waiting patients in addition to clinically urgent and cancer patients and all the capacity up until the end of March has been identified for long waits RTT patients. Additional capacity at Denmark Hill and in the independent sector has also been identified.

Cancer 62 day standard

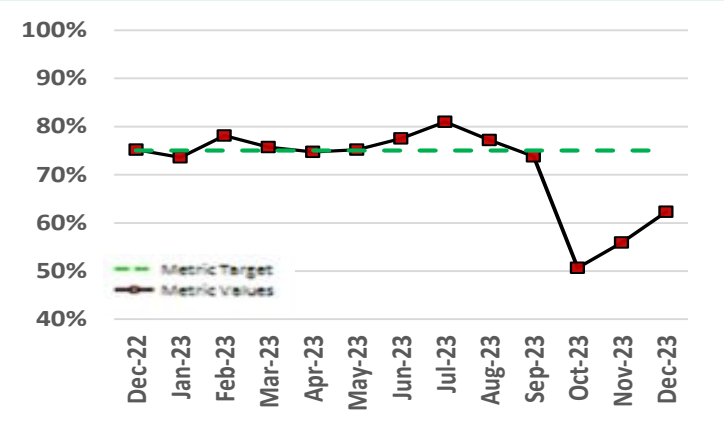
62 days GP referral to first treatment performance:

- Executive Owner: Julie Lowe/Angela Helleur, Site Chief Executive
- Management/Clinical Owner: James Watts, DOO

Trust Cancer 62 day referral to treatment (GP refs):



Trust Faster Safer Diagnosis (FDS) compliance:



Background / target description:

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

Underlying / Trust-wide issues:

- **Return to BAU governance and oversight post-Epic:** Group-wide Cancer Access Group meetings have been scheduled, commencing in January and chaired by James Watts with all General Managers delivering/supporting cancer services to be invited.
- The Trust has also been confirmed as formally entering Tier 1 (regulatory performance regime) for cancer performance.
- The Trust has developed a Cancer Waiting Times improvement action plan which will be monitored at the Cancer Access Group meeting.

- **FDS performance improvement** – initial area of focus includes all cancer services reviewing their booking polling ranges and identifying actions to bring them in line with best practice timed pathways, based on national or SELCA pathway guidelines (where national guidance does not exist).

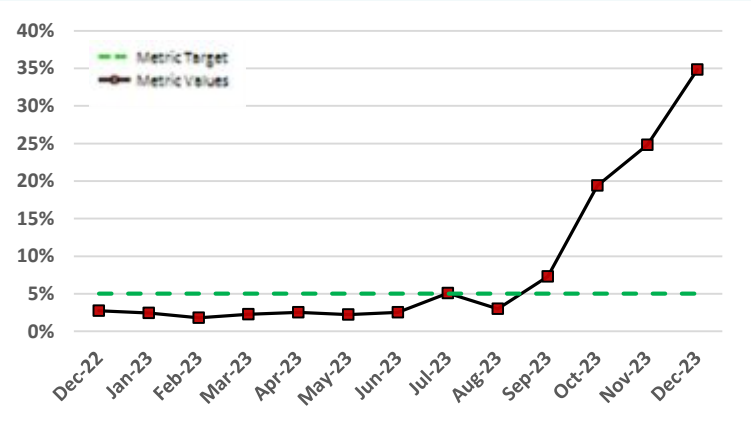
- **62 day backlog reduction** – The Trust operational Cancer Lead has conducted a targeted review of the current 62 day backlog position by Site and tumour group. Highlighted specialties are initially being asked to conduct a clinical review of their cancer backlog and to generate non-recurrent capacity plans to reduce the backlog.

- **Cancer dashboard** – the BIU team have published a revised performance dashboard to support formulation and delivery of the action plan which identifies current and trending performance against all cancer standards.

Diagnostic Waiting Times

DM01 performance:

- Executive Owner: Julie Lowe/Angela Helleur, Site Chief Executive
- Management/Clinical Owner: James Eales, DOO



Background / target description:

- The percentage of patients not seen within six weeks for 15 tests reported in the DM01 diagnostic waiting times return.

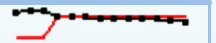
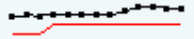
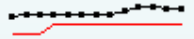
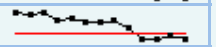
Underlying issues:

- The number of diagnostic DM01 breaches increased from 5,222 in November to 8,066 in December which equates to 34.83% patients waiting <6 weeks.

Actions

- The largest increases in the DM01 backlog were in non-obstretric ultrasound which rose by 2,022 cases, with 4,819 patients waiting over 6 weeks by the end of December. MRI accounts for 864 backlog cases and 682 cases in CT.
- There were 1,091 patients waiting over 13 weeks at the end of December with nearly 78% of these patients waiting within Imaging modalities.
- There are a number of validation related issues that continue to drive this position, and the Trust has engaged an external validation company to initially support with validating all DM01 patients waiting over 13 weeks during February. This work will also focus on updating diagnostic wait pathways with missing test modality information as well as validate and potentially remove duplicate pathways which are contributing to the increased DM01 PTL size.
- The Trust has identified a number of improvement actions for next year which are commencing in Q4 this financial year and include the eradication of 13+ week waiters as well as returning to business-as-usual validation rates across all modalities.
- Progress against these priority actions will be monitored at the DH and PRUH RTT Delivery Groups which will also focus on diagnostic performance, as well as RTT pathway management.

Workforce Dashboard

		Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Month Target	Trend
CQC level of inquiry: Well Led															
	Staffing Capacity														
729	Establishment FTE	15549	15595	15591	15450	15449	15428	15419	15412	15402	15395	15381	15375	15450	
877	Headcount	14355	14452	14421	14475	14455	14485	14485	14447	14632	14783	14824	14756	14039	
730	In-Post FTE - Total FTE at month end	13429	13518	13477	13534	13508	13543	13540	13510	13638	13838	13822	13754	13106	
872	Leavers headcount	215	139	236	185	154	145	206	448	265	203	116	128	225	
873	Starters Headcount	306	282	172	262	130	169	201	336	382	401	136	101	288	
875	Voluntary Turnover %	15.1%	15.0%	14.6%	14.7%	14.2%	14.0%	13.7%	13.6%	13.1%	12.5%	12.3%	12.5%	14.0%	
732	Vacancy Rate %	12.52%	12.20%	12.48%	11.58%	11.75%	11.37%	11.32%	11.50%	10.66%	9.32%	9.26%	9.65%	10.00%	
874	Vacancy Rate FTE	1947.40	1902.53	1946.34	1789.62	1814.55	1754.51	1745.89	1772.69	1641.10	1435.18	1423.88	1484.30	2169.99	

Appraisals

- The Trust has achieved the 90% appraisal target since July 2023 for all staff groups combined.

Sickness

- The sickness rate reported has decreased slightly from 5.67% in November to 5.23% in December 2023.

Training

- Statutory and Mandatory training compliance rate has increased by just over 1% to 88.74% for December but remains below the 90% target.

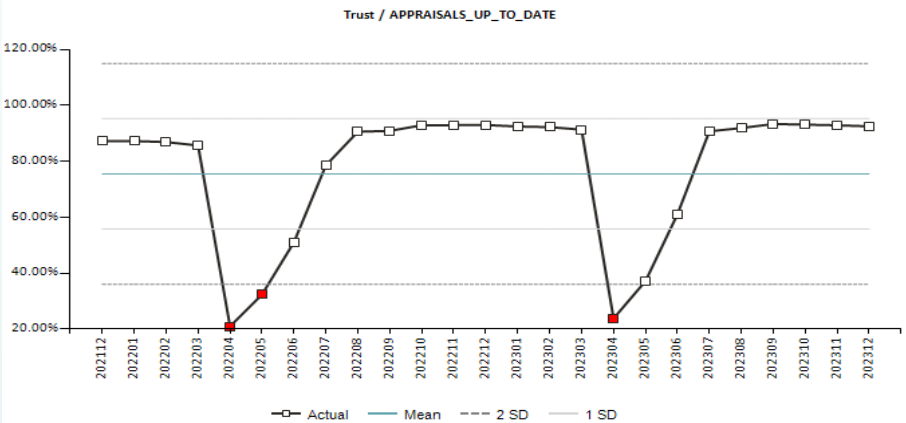
Staff Vacancy and Turnover

- The Trust vacancy rate has increased from 9.26% in November to 9.65% in December.
- The voluntary turnover rate has increased slightly to 12.5% but still remains below the 13% target.

Appraisal Rate

Appraisal Rate:

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



Performance Delivery:

- The Trust has achieved the 90% appraisal target in December at 92.52% for all staff groups combined, and has been above the target since July 2023.
- The Medical & Dental rate has reduced from 90.48% in November to 89.16% in December, and is now below the 90% target.

Background / target description:

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

Actions to Sustain:

Non-Medical:

- The appraisal % is tracking much higher than this time in 2022. The decision has been made to continue to track until mid July at which point we have the option to extend the appraisal period should it be needed.
- We will potentially look to directly contact those who are still non compliant at this stage.

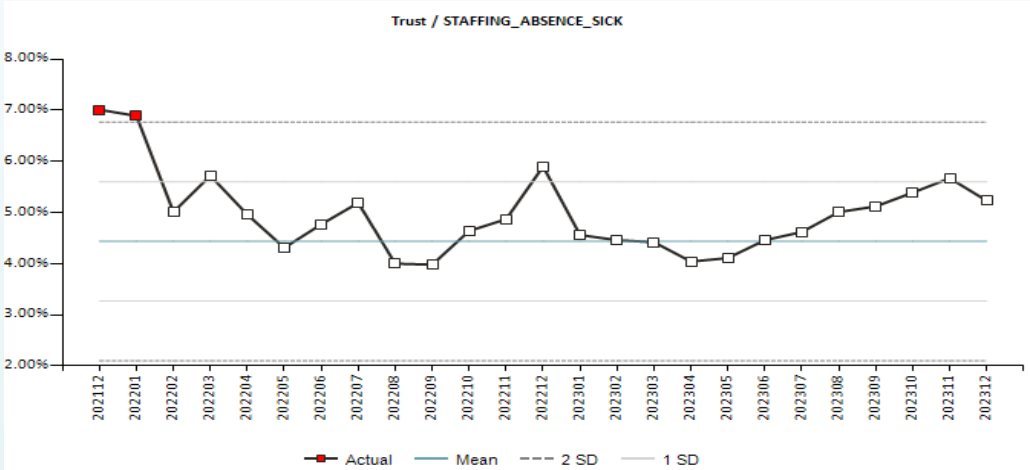
Medical:

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

Sickness Rate

Sickness Rate:

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



Performance Delivery:

- The sickness rate reported has decreased slightly from 5.67% in November to 5.23% in December 2023.
- The split of COVID-19 and other absences was 0.38% and 4.85% respectively in December.
- There were a total of 3,461 staff off sick during December.
- The highest absence reasons based on the number of episodes excluding COVID-19 and unspecified were:
  - Cold/Cough/Flu (37%),
  - Gastrointestinal problems (10%) &
  - Anxiety/stress/depression/other psychiatric illnesses (6%).

Background / target description:

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

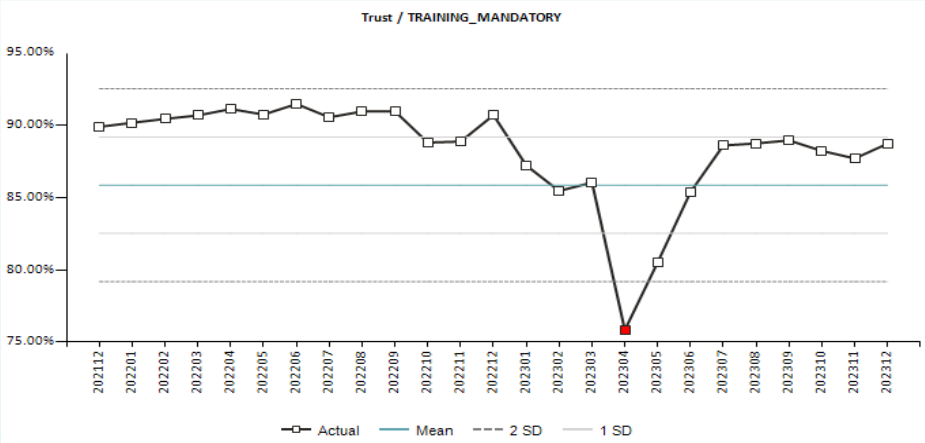
Actions to Sustain:

- Sickness rates are being monitored and managed. The ER Team Leader has fortnightly 1-2-1's with the ER Advisors to go through sickness cases.
- Monthly meetings are held with line managers to review and progress sickness cases and ensure that staff have access to the relevant support.
- Increase in Psychological and pastoral support staff are now in place to support the management of absence.
- The ER Team is increasing awareness of the EAP service / OH offering and continuing to support managers to manage sickness cases. They are currently reviewing all long term sickness absence to ensure the appropriate support is in place for individuals.

Statutory and Mandatory Training

Statutory and Mandatory Training

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



Performance Delivery:

- The Core skills compliance rate this month is 88.74%.
- The 2 topics with the highest compliance level are:
  - Radicalisation Level 1 & 2 at 96.4%
  - Safeguarding Children level 1 at 94.3%
- The 2 topics with the highest of increase this month are:
  - Resuscitation level 3 SG Adults - increase of 6.70% to 69.6%
  - Resuscitation Level 2 PLS - increase of 6.51% to 78.8%.

Background / target description:

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

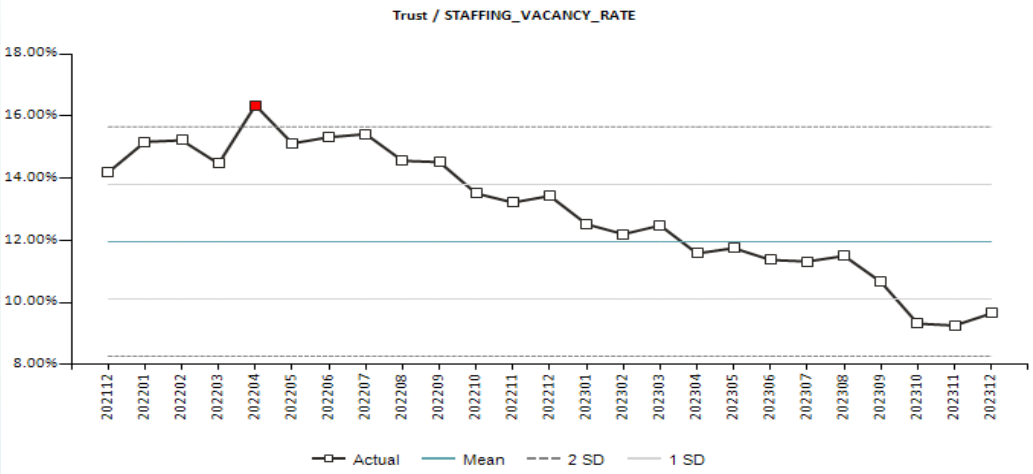
Actions going forward:

- We have increased the number of reminders to staff to complete their training.
- Care Group leaders receive a monthly report to actively target those staff show as non-compliant.
- Follow ups with the site directors of people for those staff who have completed no training as therefore 100% non-compliant. Managing down this number is a priority.

Vacancy Rate

Vacancy Rate:

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



Performance Delivery:

- A total of 101 new starters in December 2023 compared to 123 this time last year.

- The Trust overall vacancy rate has reduced to 9.65% from 13.43% last year.
- The vacancy rate for the PRUH &SS has reduced to 8.09% from 11.45% last year.
- The vacancy rate for Denmark Hill has reduced to 8.60% from 11.91% last year.
- The Medical & Dental vacancy rate has reduced to 5.86% from 10.05% last year.
- The Nursing & Midwifery vacancy has reduced to 8.54% from 13.46% last year.
- The AHP vacancy rate has reduced to 8.55% from 12.05% last year.
- The Admin & Clerical vacancy rate reduced to 13.58% from 18.23% last year.

Background / target description:

- The percentage of vacant posts compared to planned full establishment recorded on ESR.

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

Actions to Sustain:

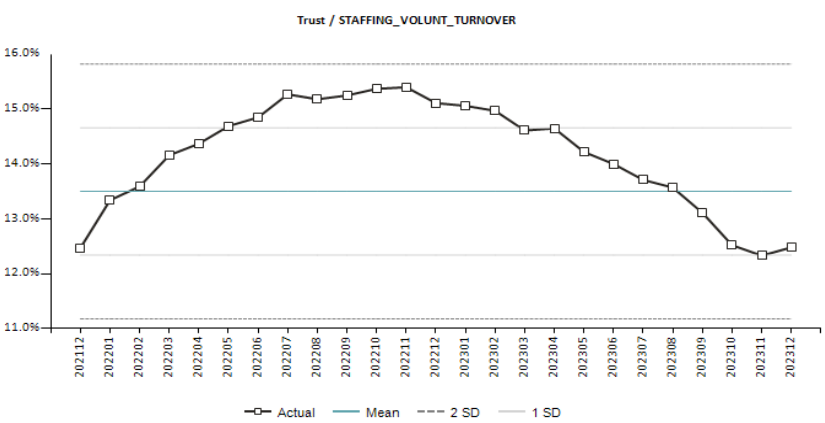
Priority areas of recruitment:

- Increase in local talent pools staff at B5 and B6 level, promoting specialist roles on social media and are working to convert bank and agency staff on to Trust contracts.
- Extensive International recruitment and targeted nursing campaigns are in progress with several open day having taken place.
- International recruitment of midwives.
- A targeted medical recruitment campaign has being developed with TMP at the PRUH and is helping to reduce vacancies.
- AHP – continual adverts with talent pooling at band 5 & 6 level, promotion of more specialised posts on Social media, conversion of bank/agency staff.
- Extension of the 'Thank You' recruitment marketing campaign for all staff groups with an increase media presence both within our local communities and on-line.
- High levels of recruitment continues both locally, nationally and internationally. We are aiming to recruit nurses in Australia and Canada during 2023/24.

Turnover Rate

Turnover Rate:

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



Performance Delivery:

- The voluntary turnover rate has increased marginally this month after seven months of a downward trend, but still below the 13% target.
- The three main reasons for leaving voluntarily during December were: Relocation and Work Life Balance (23%), Promotion (17%) and To undertake further education or training (10%).
- 21% of all voluntary leavers (111) left within 12 months of service at King's.

Background / target description:

- The percentage of vacant posts compared to planned full establishment recorded on ESR

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

Actions to Sustain:

- A Staff Retention Project Officer has been recruited to with funding form the ICS. They will work on a number of projects to improve retention such as Flexible Working, supporting new starters, Corporate and local induction and career conversation
- A flexible working oversight panel is being piloted in the Womens Care Group
- The Flexible Working Policy is being reviewed and managers and employee toolkits are being developed - these will be launched with education sessions for managers

Domain 4: Finance
2023/24 M9 (December) – Financial Performance

Surplus / (Deficit)

£(61.1)m	Actual
£(41.3)m	Plan

* Deficit is £88.8m before inclusion of £13.7m ICB surplus distribution and strike monies (i.e vs £99.7m FOT).

Forecast Surplus /(Deficit)

£(85.0)m	Forecast

* Forecast after receipt of ICB surplus and H2 planning monies.

Pay Variance

£736.2m	Actual
£712.8m	Plan

ERF Delivery (At M6)

105.3%*	Actual
110.0%	Plan

*The national figures show a higher level of performance of 110% for months 1-3

Due to Apollo implementation data from month 7 is not available, so this metric is from month 6 data.

CIP Delivery

£26.4m	Actual
£47.2m	Plan

CIP Identification - £72m Target

£44.4m	Green
£3.0m	Amber
£12.1m	Red

BIU Business Intelligence Unit

Key Metrics - IPR Summary

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

Trust: December 2023

Performance

		Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Month Target
CQC level of inquiry: Responsive														
Access Management - RTT, CWT and Diagnostics														
364	RTT Incomplete Performance	73.67%	73.36%	72.62%	71.74%	72.23%	71.46%	69.71%	67.57%	65.17%	60.96%	59.23%	55.15%	92.00%
632	Patients waiting over 52 weeks (RTT)	690	747	791	865	924	950	1068	1250	1506	2769	3025	3813	0
4997	Patients waiting over 78 weeks (RTT)	38	25	13	8	14	9	22	44	55	87	89	120	0
4537	Patients waiting over 104 weeks (RTT)	0	0	0	0	0	0	0	0	0	1	2	3	0
4977	Cancer 28 day FDS Performance	73.6%	78.1%	75.7%	74.7%	75.2%	77.5%	80.9%	77.2%	73.8%	50.7%	55.9%	62.3%	75.00%
412	Cancer 2 weeks wait GP referral	96.52%	95.36%	90.71%	81.24%	81.93%	85.87%	81.14%	75.49%	76.41%	41.00%			93.00%
419	Cancer 62 day referral to treatment - GP	60.66%	64.55%	68.50%	65.87%	50.00%	64.36%	66.18%	60.87%	63.03%	59.68%	56.49%	57.48%	85.00%
536	Diagnostic Waiting Times Performance > 6 Wks	2.45%	1.79%	2.27%	2.53%	2.23%	2.51%	5.08%	3.00%	7.31%	19.40%	24.80%	34.83%	1.00%
Access Management - Emergency Flow														
459	A&E 4 hour performance (monthly SITREP)	61.06%	60.75%	60.77%	64.91%	66.27%	69.18%	67.86%	66.14%	64.30%	62.40%	64.44%	64.44%	76.00%
Patient Flow														
747	Bed Occupancy	93.5%	93.3%	93.4%	92.2%	94.0%	93.6%	93.0%	93.6%	94.3%	97.5%	95.3%	96.5%	92.8%
1357	Number of Stranded Patients (LOS 7+ Days)	590	626	593	596	590	580	573	603	647	661	656	408	
1358	Number of Super Stranded Patients (LOS 21+ Days)	273	301	277	275	279	265	287	271	312	308	290	278	
762	Ambulance Delays > 30 Minutes	454	433	491	387	383	397	473	468	702	1055	1072	1225	0
772	12 Hour DTAs	1125	931	1201	767	555	270	286	409	544	827	901	1018	0
	A&E Attendances (All Types)	22579	21827	24451	22926	24843	24613	24490	23196	23979	24153	24401	24817	

Quality

		Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Month Target
CQC level of inquiry: Safe														
Reportable to DoH														
2717	Number of DoH Reportable Infections	67	57	66	65	66	60	64	79	69	39	35	40	73
Safer Care														
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.08	0.11	0.08	0.16	0.08	0.08	0.02	0.04	0.06				0.19
1897	Potentially Preventable Hospital Associated VTE	2	3	4	3	3	0	5	3	2	0	1	2	0
538	Hospital Acquired Pressure Ulcers (Category 3 or 4)	0	1	2	2	1	0	0	2	1	0	2	0	0
945	Open Incidents			8										
Incident Reporting														
520	New Serious Incidents declared in month	12	15	18	14	5	9	11	7	6	1	0	0	
516	Moderate Harm Incidents	45	29	41	34	36	40	36	38	41	3	12	9	
509	Never Events	0	0	0	2	0	1	1	0	1	0	0	0	0
CQC level of inquiry: Caring														
Friends & Family Test														
422	Friends & Family - Inpatients	94.0%	94.5%	92.4%	93.1%	93.3%	92.7%	92.7%	93.8%	92.6%	92.8%	93.0%	93.0%	94.0%
423	Friends & Family - ED	70.5%	65.4%	65.9%	73.2%	68.1%	71.6%	71.5%	72.1%	66.7%	62.7%	60.0%	65.0%	76.0%
774	Friends & Family - Outpatients	90.8%	90.7%	90.9%	90.7%	90.7%	90.9%	91.0%	91.3%	89.9%	89.7%	93.0%	87.0%	93.0%
775	Friends & Family - Maternity	88.8%	90.9%	86.6%	87.5%	91.5%	92.3%	90.4%	91.4%	89.0%	87.5%	93.0%	91.0%	92.0%
Complaints														
5397	Number of new complaints reported in month	96	85	88	52	87	102	48	82	93	70			
5398	% Complaints resolved within agreed timescale													
Operational Engagement														
4357	Number of PALS Contacts	391	650	898	652	811	884	1005	939	1031	2470	3318		395
Incident Management														
660	Duty of Candour - Conversations recorded in notes	98.3%	97.6%	90.0%										94.6%
661	Duty of Candour - Letters sent following DoC Incidents	89.3%	93.3%	87.7%										91.0%
1617	Duty of Candour - Investigation Findings Shared	6.6%	2.0%	1.8%										11.8%
CQC level of inquiry: Effective														
Improving Outcomes														
831	Standardised Readmission Ratio	93.7	92.8	92.9	92.4	92.0	91.5	90.7	89.7	85.9				105.0
436	HSMR	98.0	98.7	97.4	97.8	96.9	95.9	95.9	94.0	93.8	93.6			100.0
4917	SHMI (NHS Digital)	99.9	101.4	100.8	101.1	101.6	99.9	100.3	99.0					105.0
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	78.1%	51.5%	83.3%	76.5%	74.3%	69.4%	77.3%	71.4%	85.0%				76.7%
625	Diagnostic Results Acknowledgement	13.0%	11.9%	11.9%	12.1%	11.6%	11.5%	11.0%	9.5%	7.1%				12.4%

Workforce

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

Created date: October 2019

BIU Business Intelligence Unit

Key Metrics - IPR Summary

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

Trust: December 2023

		Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Month Target
CQC level of inquiry: Well Led														
Staff Training & CPD														
715	% appraisals up to date - Combined	92.46%	92.23%	91.35%	23.82%	37.14%	61.08%	90.73%	91.92%	93.35%	93.13%	92.89%	92.52%	90.00%
721	Statutory & Mandatory Training	87.23%	85.47%	86.05%	75.84%	80.53%	85.39%	88.62%	88.76%	88.97%	88.24%	87.72%	88.74%	90.00%
Staffing Capacity														
875	Voluntary Turnover %	15.1%	15.0%	14.6%	14.7%	14.2%	14.0%	13.7%	13.6%	13.1%	12.5%	12.3%	12.5%	14.0%
732	Vacancy Rate %	12.52%	12.20%	12.48%	11.58%	11.75%	11.37%	11.32%	11.50%	10.66%	9.32%	9.26%	9.65%	10.00%
Efficiency														
743	Monthly Sickness Rate	4.56%	4.46%	4.42%	4.04%	4.11%	4.46%	4.62%	5.01%	5.12%	5.39%	5.67%	5.23%	3.50%

Finance

		Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Month Target
Overall (000s)														
895	Actual - Overall	8,621	35,118	57,986	16,498	6,567	13,448	14,737	10,947	3,174	21,566	(13,237)	29,275	2,058
896	Budget - Overall	(286)	(158)	(158)	5,339	13,024	6,921	6,219	4,939	2,844	1,837	1,765	2,058	
897	Variance - Overall	(8,907)	(35,276)	(58,144)	(11,160)	6,458	(6,527)	(8,518)	(6,008)	(330)	(19,729)	15,002	(27,216)	0
Medical - Agency														
602	Variance - Medical - Agency	(625)	(560)	(1,121)	(488)	(477)	(753)	(595)	(185)	(417)	(690)	(452)	(477)	0
Medical Bank														
1095	Variance - Medical Bank	(1,671)	(1,240)	(2,293)	(2,320)	(1,694)	(2,178)	(2,007)	(3,037)	(2,125)	(1,677)	(1,258)	(1,884)	0
Medical Substantive														
599	Variance - Medical Substantive	938	659	(635)	891	(296)	2,163	1,577	951	3,163	774	429	316	0
Nursing Agency														
603	Variance - Nursing Agency	(544)	(500)	(902)	(584)	(432)	(505)	(190)	(70)	(315)	(257)	(198)	(373)	0
Nursing Bank														
1104	Variance - Nursing Bank	(2,164)	(3,513)	(4,500)	(3,313)	(3,393)	(2,431)	(2,599)	(2,805)	(2,539)	(2,882)	(3,196)	(2,692)	0
Nursing Substantive														
606	Variance - Nursing Substantive	2,286	2,900	(22,448)	1,070	3,375	7,575	3,910	3,845	3,580	3,471	4,302	3,343	0

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

Created date: October 2019

King's College Hospital NHS Foundation Trust

Committee Highlight Report for the Board of Directors			
Committee Chair:	Simon Friend, Non-Executive Director	Date of Meeting:	7 February 2024
Author:	Zowie Loizou, Corporate Governance Officer		
Committee:	Finance and Commercial Committee (FCC)		

Agenda Ref	Item	Link to BAF
1.	**BAF Risk 3 - Financial Sustainability** The Committee discussed the risk and agreed that the impact score should be raised to 5, which would increase the overall score from 20 to 25. A more detailed action plan should be included with clear timelines for achieving mitigations.	BAF 3 – Financial Sustainability
2.	**BAF Risk 4 - Developing and Maintaining the Estate** The BAF risk 4 would remain at 16 with a focus for a revised scoring for 2024/25, given the impact of CDEL reductions. The Committee noted that safety is being managed.	BAF 4 – Developing and maintaining the estate
3.	**Trust Financial Update 2023/24** A verbal update was provided on the expected M10 position as the final M10 financial pack was not yet available. The use of bank and agency staff is improving, particularly in nursing, and staff turnover has reduced significantly. However, the length of the junior doctor strike in January had impacted pay in-month. The Trust envisaged based on current assumptions and absent any further industrial action, that an £85m - £90m deficit plan with an £85m target, Epic remains a risk in relation to reporting activity (ERF) and drugs and discussions are ongoing with NHSE to resolve this, jointly with GSTT.	BAF 3 - Financial Sustainability
4.	**Capital Financial Position – M9** The committee discussed the capital programme noting that at month 9 the Trust is on track to deliver the £65.2m capital envelope. To date the Trust had spent £34.4m (52%) and there is weekly oversight of delivery. As the team approaches the end of the year, there is a focus on ensuring that invoices have been received, and that relevant completion certificates have been issued. The Committee noted there is a contingency plan to ensure the budget is fully utilised as well as a prioritised list of medical devices and other equipment. The Committee discussed planning for the 2024/25 capital programme noting that the CEDL limits will be much lower, as well as the importance of effective management of programme delivery.	BAF 3 - Financial Sustainability
5.	**Summary Update on Major Projects** The Trust's Strategic Radiology Partnership (SRP) business case was submitted to NHSE September 2023, however further understanding of the IFRS 16 impact was required and it has become clear that the available funding will not be sufficient. Although discussions are ongoing at a national level, given the wider implications IFRS 16 may have, an alternative solution is being developed, which includes a prioritised, planned replacement programme.	BAF 4 – Developing and maintaining the estate

6.	**Apollo Programme Update** The Trust Apollo programme had forecasted expenditure as of June 2023 of £19.3m which was a pressure against the original business case of £4.4m, with an action to explore the possible deferral of £2.1m of expenditure to 2024/25. A governance re-set for the Apollo programme commenced and the tracking of the benefit realisation for the new financial year through the Efficiency Board had taken place.	BAF 5 - Apollo Implementation
	Matters to escalate to the Board of Directors • The Trust's financial position remains challenged. • The Board of Directors will be required to review the capital and major projects programme for 2024/25 in order to identify priorities for FCSC oversight.	

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**Month 10 Financial Position**	Item:	11.
Author:	Arthur Vaughan, Acting Chief Financial Officer	Enclosure:	11.1.
Executive sponsor:	Arthur Vaughan, Acting Chief Financial Officer		
Report history:	King's Executive [26/2] Finance & Commercial Committee [12/3]		

Purpose of the report

To update on Month 10 financial position.

Board/ Committee action required (please tick)

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

The Board of Directors is asked to note the Month 10 financial position.

Executive summary

	Last 4 Months				Current Month				Year to Date				Run Rate Change
	M6	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	155.1	145.4	169.3	138.7	136.6	137.3	146.0	8.7	1,350.2	1,369.2	1,447.6	78.5	7.2
Employee Operating Expenses	(87.5)	(82.5)	(81.9)	(83.0)	(76.5)	(78.4)	(83.7)	(5.3)	(753.9)	(791.2)	(819.9)	(28.7)	(0.7)
Operating Expenses Excluding Employee Expenses	(64.9)	(70.6)	(72.5)	(64.0)	(63.9)	(58.1)	(70.5)	(12.4)	(605.7)	(594.8)	(673.0)	(78.2)	(6.4)
Non Operating Expenses	(2.1)	(3.2)	(4.4)	(3.0)	(2.8)	(3.0)	(7.7)	(4.7)	(29.3)	(29.7)	(51.4)	(21.7)	(4.7)
Trust Total	**0.7**	**(11.0)**	**10.5**	**(11.3)**	**(6.6)**	**(2.1)**	**(15.9)**	**(13.8)**	**(38.8)**	**(46.5)**	**(96.6)**	**(50.1)**	**(4.7)**
Less Impairment, donated income, PFI IFRS16	(0.0)	(0.0)	0.7	0.0	2.5	(0.1)	2.2	(2.3)	23.6	(1.0)	21.7	(22.7)	2.2
Operating Total	**0.6**	**(11.0)**	**11.2**	**(11.2)**	**(4.2)**	**(2.2)**	**(13.7)**	**(16.1)**	**(15.2)**	**(47.4)**	**(74.9)**	**(27.5)**	**(2.5)**
Less ICB Surplus	**(10.9)**	**(2.8)**	**(24.7)**	**(2.8)**			**(2.5)**				**(43.7)**		**0.3**
Operating Total excluding ICB Surplus	**(10.3)**	**(13.8)**	**(13.5)**	**(14.0)**	**(4.2)**	**(2.2)**	**(16.2)**	**(16.1)**	**(15.2)**	**(47.4)**	**(118.6)**	**(71.2)**	**(2.2)**

As at month 10, the Trust has reported a deficit of £(74.9)m. This represents a £(71.2)m adverse variance to plan once adjusted for ICB surplus and strike monies which is driven by:

- £10.0m pay cost of strikes
- £7.9m shortfall in pay award funding
- £4.9m outsourcing linked to ERF
- £2.1m COVID testing offset by £0.4m income received in month 9
- £8.0m overspend in PBU (£4.4m over performance, £2.9m Genomics and £0.7m other testing)
- £16.7m excess inflation relating to PFI, Energy, Pathology, Block Drugs, Estates / PFI
- £23.3m YTD CIP underperformance (£12.2m pay, £8.1m non-pay & £2.9m Income)
- Unbudgeted enhanced care £3.3m relating to MH patients (additional security, LOS and other costs being analysed given increased prevalence).
- £3.3m overspend in International recruitment, offset by £1.4m income
- £0.9m recognised in month 9 in relation to prior year dispute with United Health (Bromley) Ltd for PRUH PFI charges
- £3.8m CNST payment in month 10 relating to prior years
- All the above is offset by additional income: £6m prior year drugs income benefit.

Income has increased in month by £7.2m. This is due to the profiling of ICB monies, as well as income received in month for a CAR-T patient (£0.9m).

Pay has increased in month by £0.7m, mainly as a result of £2.0m strike costs (£1.5m in month 9), and retrospective shift bookings (£0.3m). These factors offset other reductions across pay. Pay remains an area of concern for the Trust and an area of focus required over the coming months.

Non pay has increased in month by £6.4m, primarily because in month 9 there was a reduction in Drugs expenditure, due to updated information from EPIC relating to months 7 and 8. Also in month 10 the Trust incurred cost of £3.8m in relation to Clinical Negligence (CNST) incentives previously received, that had to be repaid (relating to 20/21 and 21/22).

£13m has been spent on Apollo year to date. These costs peaked in month 7 due to implementation costs (floor walkers, training etc.).

The Trust plan includes £72m of cost improvement (£40.9m pay and £31.1m non-pay), as at M9 the total schemes identified is £59.8m, this is broken down as £11.3m Red, £3.8m in Amber and £44.7m in Green which leaves a (£12.2m) gap.

The Trust is still planning to achieve a forecast outturn of £85-90m although further strikes in February and March are a risk to achievement.

Strategy

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

Key implications	
Strategic risk - Link to Board Assurance Framework	Financial Sustainability
Legal/ regulatory compliance	*The planning process generates forecasts of the Trust's performance against statutory requirements of the Trust license.*
Quality impact	*The Activity and Performance Plan submission forms the expected delivery trajectories for elective care standards, including RTT performance metrics, cancer performance. The plan also contains forecast bed utilisation trajectories,*
Equality impact	*System plans will focus on equity of access and may result in performance deterioration in FY2324 due to the provision of system mutual aid*
Financial	*Underpins 23/24 income plans*
Comms & Engagement	
Committee that will provide relevant oversight **Finance and Commercial Committee**	

Month 10 – January 2024 Finance Report

Board of Directors

March 2024

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Contents

Key Metrics Dashboard

Surplus / (Deficit)

£(74.9)m	Actual
£(47.4)m	Plan

* Deficit is £88.8m before inclusion of £13.7m ICB surplus distribution and strike monies (i.e vs £99.7m FOT).

Forecast Surplus /(Deficit)

£(85.0)m	Forecast

* Forecast after receipt of ICB surplus and H2 planning monies.

Pay Variance

£819.9m	Actual
£791.2m	Plan

ERF Delivery (At M6)

105.3%*	Actual
110.0%	Plan

*The national figures show a higher level of performance of 110% for months 1-3

Due to Apollo implementation data from month 7 is not available, so this metric is from month 6 data.

CIP Delivery

£33.8m	Actual
£55.5m	Plan

CIP Identification - £72m Target

£44.7m	Green
£3.8m	Amber
£11.3m	Red

Executive Summary

- As at month 10, the Trust has reported a deficit of £(74.9)m. This represents a £(71.2)m adverse variance to plan once adjusted for ICB surplus and strike monies which is driven by:
  - £10.0m pay cost of strikes
  - £7.9m shortfall in pay award funding
  - £4.9m outsourcing linked to ERF
  - £2.1m COVID testing offset by £0.4m income received in month 9
  - £8.0m overspend in PBU (£4.4m over performance, £2.9m Genomics and £0.7m other testing)
  - £16.7m excess inflation relating to PFI, Energy, Pathology, Block Drugs, Estates / PFI
  - £23.3m YTD CIP underperformance (£12.2m pay, £8.1m non-pay & £2.9m Income)
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  - All the above is offset by additional income: £6m prior year drugs income benefit.

- The Trust plan includes £72m of cost improvement (£40.9m pay and £31.1m non-pay), as at M9 the total schemes identified is £59.8m, this is broken down as £11.3m Red, £3.8m in Amber and £44.7m in Green which leaves a (£12.2m) gap.

- The Trust has booked £5.8m of ERF over performance for months 1-5 based on national estimates at month 5 following the 4% reduction in national targets. KCH was estimated to be performing at 109%. The Trust has not been able to report contractual performance since the implementation of EPIC and this is a risk to future delivery.

- The latest view of the outturn is a further £43.5m variance to the H2 plan driven by:
  - Further Pay Award Shortfall - £3.5m
  - Non achievement of pay reductions - £14m
  - Strikes - £3.0m
  - ERF - £6.0m due to H2 non achievement and pre EPIC reduction in activity in September pre go-live
  - CNST Rebate clawback - £4.8m
  - Balance Sheet opportunity reduction - £5.0m
  - Further block homecare drug pressures, PFI and commercial inflationary pressures - £5.0m
  - EPIC Costs - £2.0m

- The Trust has drawn down £53m revenue PDC support in Q1-3 to maintain a minimum cash balance of £3m with further cash requirements for Q4 being reviewed weekly.

Summary of Year to Date Financial Position*

The Trust has reported a year-to-date deficit of £74.9 million, £71.2m adverse to planned deficit of £47.4 million after adjustment for £43.7m ICB surplus distribution and H2 planning monies.

	Last 4 Months				Current Month				Year to Date				Run Rate Change
	M6	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
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Operating Expenses Excluding Employee Expenses	(64.9)	(70.6)	(72.5)	(64.0)	(63.9)	(58.1)	(70.5)	(12.4)	(605.7)	(594.8)	(673.0)	(78.2)	(6.4)
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*The above figures include consolidation of KFM surplus's in non pay as a single line item.

Key Messages:

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Detail (1/3) – Operating Income

	Last 4 Months				Current Month				Year to Date				Run Rate Change
	M6	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
NHS England	36.5	36.5	34.1	33.3	51.9	34.6	34.2	(0.4)	501.7	402.1	408.2	6.1	0.9
Clinical Commissioning Groups	93.7	72.6	100.7	76.0	56.7	75.4	83.7	8.3	564.5	700.2	746.2	46.1	7.7
Pass Through Drugs Income	13.7	23.0	16.4	16.5	15.9	14.8	16.5	1.7	150.5	142.8	164.9	22.1	0.0
NHS Foundation Trusts	0.0	0.0	0.0		0.0			0.0	0.0		0.0	0.0	0.0
NHS Trusts	0.0	0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.9	1.0	1.0	(0.0)	0.0
Local Authorities	0.3	0.9	0.4	0.4	0.3	0.3	0.4	0.1	3.1	3.1	4.0	0.9	0.0
NHS Other (Including Public Health England)	0.5	1.4	0.2	0.3	0.2	0.4	0.3	(0.0)	3.9	3.9	3.9	(0.0)	0.1
Non NHS: Private Patients	0.6	0.4	1.2	0.9	1.0	0.8	0.5	(0.3)	7.9	8.1	7.6	(0.6)	(0.4)
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	0.2	0.4	0.4	0.3	0.3	0.4	0.3	(0.0)	6.2	3.7	3.4	(0.3)	(0.0)
Injury Cost Recovery Scheme	0.3	0.3	0.2	0.3	0.4	0.4	0.3	(0.0)	3.8	3.8	3.3	(0.4)	(0.0)
Non NHS: Other								0.0			0.0	0.0	0.0
Operating Income From Patient Care Activities	145.8	135.7	153.6	128.2	126.7	127.1	136.4	9.3	1,242.5	1,268.7	1,342.6	73.9	8.2
Research and Development	1.6	1.7	2.2	2.1	2.1	1.8	1.6	(0.2)	17.5	17.4	18.8	1.4	(0.4)
Education and Training	3.4	3.5	6.5	3.6	3.4	3.9	3.7	(0.3)	37.5	39.1	39.4	0.3	0.0
Cash Donations / Grants For The Purchase Of Capital Assets	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.9	0.0	0.2	0.2	(0.1)
Charitable and Other Contributions To Expenditure	0.0	0.0	0.0	0.0		0.0	0.0	(0.0)	0.0	0.0	0.0	(0.0)	0.0
Non-Patient Care Services To Other Wga Bodies													0.0
Non-Patient Care Services To Other Non Wga Bodies	0.9	1.0	1.0	1.0	0.9	0.9	1.0	0.0	9.5	9.1	10.0	0.8	(0.0)
PSF, FRF, MRET funding and Top-Up	0.0	0.0	0.6	0.4	0.4	0.0	(0.0)	(0.0)	12.3	0.5	1.0	0.5	(0.4)
Income In Respect Of Employee Benefits Accounted On A Gross Basis	0.7	1.2	0.9	0.9	0.6	0.9	0.7	(0.2)	7.2	8.0	7.8	(0.2)	(0.1)
Rental Revenue From Operating Leases	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	1.0	0.9	1.1	0.2	(0.0)
Other (Operating Income)	2.7	2.3	4.3	2.8	2.4	2.5	2.4	(0.1)	21.8	25.3	26.7	1.5	(0.4)
Other Operating Income	9.4	9.7	15.7	11.0	9.8	10.2	9.5	(0.7)	107.7	100.5	105.0	4.5	(1.4)
Finance Income													0.0
Finance Income													0.0
Gains/(Losses) On Disposal Of Assets													0.0
Gains/(Losses) On Disposal Of Assets													0.0
Operating Income	155.1	145.4	169.3	139.1	136.6	137.3	146.0	8.7	1,350.2	1,369.2	1,447.6	78.5	6.8

1

Operating Income from Patient Care – a favourable variance of £9.3m against budget in month and £73.9m YTD

In month variance of £9.3m is driven by over performance to plan, and ICB monies.

YTD over performance also includes £6m prior year non recurrent drugs benefit, current year drugs over performance and ICB surplus distribution & planning monies of £43.7m.

The run rate change is predominantly due to the profiling of ICB monies, as well as income received in month for a CAR-T patient (£0.9m).

2

Other Operating Income – an adverse variance of £0.7m against budget in month and £4.5m favourable YTD

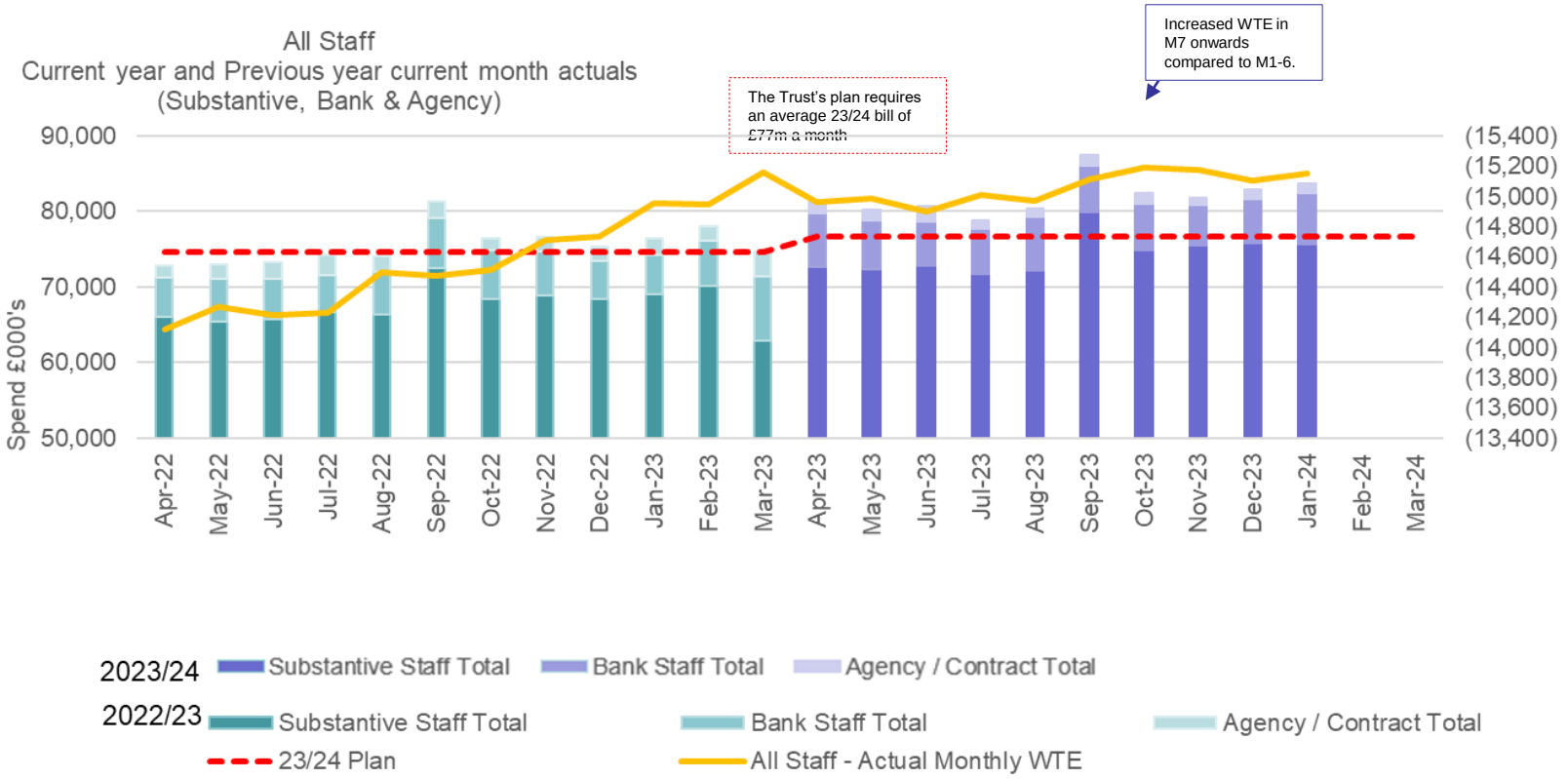
The adverse variance in month is driven by re-profiling of income in R&D (ARC & CASTLE Grants £0.2m) and Education & Training (£0.3m). As well as credit notes relating to salary recharges from 2016-2019 (£0.3m).

The change in run rate is due to the COVID-19 income received in month 9 of £0.4m, as well as prior year income received in R&D in month 9 relating to Commercial Trials.

Year on Year – Pay Review

Over the last 12 months of 2022/23 substantive recruitment increased, however this was not offset by reducing temporary staffing spend due to strike action and escalation rates. This trend continued into 2023/24 and the Trust is still well above the £77m planned average pay bill for the year.

- The below Pay run rate graph has been normalised by removing from M12 22/23 pension and non consolidated pay award adjustments.
- AfC Pay award of 3% (£2m) is recognised in M1 and M2. The full 5% pay award (AfC) in M3 has been paid out, total cost £6.9m which was partly offset by £4m accruals for M1&2.
- Medical Pay award of 6% (plus £1250 for Junior Doctors) is recognised in M6 (£8.4m). £7m of this related to months 1-5 arrears. There was a shortfall in funding for this of around £7m.
- Taking into account the pay awards and strikes, pay remains at a stable level (see appendix 3.0).



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

	Last 4 Months				Current Month				Year to Date				Run Rate Change	
	M6	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9	
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	
Substantive Staff	(30.4)	(24.6)	(24.5)	(25.1)	(22.2)	(26.1)	(24.5)	1.6	(219.6)	(253.6)	(242.1)	11.5	0.6	1
Bank Staff	(2.1)	(1.7)	(1.3)	(1.9)	(1.7)	(0.0)	(2.9)	(2.9)	(15.1)	(0.2)	(21.3)	(21.1)	(1.0)	1
Agency / Contract	(0.4)	(0.7)	(0.5)	(0.5)	(0.7)		(0.6)	(0.6)	(6.6)		(5.1)	(5.1)	(0.1)	1
Medical Staff	(32.9)	(26.9)	(26.3)	(27.4)	(24.6)	(26.2)	(28.0)	(1.9)	(241.3)	(253.8)	(268.6)	(14.7)	(0.6)	
Substantive Staff	(28.3)	(28.6)	(29.0)	(29.0)	(26.6)	(32.4)	(29.3)	3.1	(261.1)	(323.0)	(285.6)	37.4	(0.3)	2
Bank Staff	(3.3)	(3.6)	(3.4)	(3.3)	(2.9)	(0.6)	(3.5)	(2.8)	(34.2)	(6.3)	(35.0)	(28.7)	(0.1)	2
Agency / Contract	(0.3)	(0.3)	(0.2)	(0.4)	(0.7)		(0.2)	(0.2)	(7.0)		(3.1)	(3.1)	0.2	2
Nursing Staff	(31.9)	(32.4)	(32.6)	(32.8)	(30.2)	(33.0)	(33.0)	0.1	(302.3)	(329.3)	(323.7)	5.6	(0.2)	
Substantive Staff	(12.1)	(12.3)	(12.5)	(12.0)	(11.5)	(11.5)	(12.3)	(0.8)	(110.8)	(129.6)	(121.4)	8.2	(0.2)	3
Bank Staff	(0.4)	(0.5)	(0.4)	(0.4)	(0.3)	(0.0)	(0.3)	(0.2)	(3.9)	(0.2)	(4.1)	(3.9)	0.1	3
Agency / Contract	(0.4)	(0.2)	(0.1)	(0.2)	(0.4)	(0.0)	(0.2)	(0.2)	(2.7)	(0.0)	(2.3)	(2.3)	0.0	3
Admin & Clerical	(12.9)	(13.0)	(12.9)	(12.6)	(12.3)	(11.5)	(12.7)	(1.2)	(117.4)	(129.8)	(127.8)	2.0	(0.1)	
Substantive Staff	(9.2)	(9.5)	(9.5)	(9.6)	(8.7)	(9.6)	(9.6)	0.0	(86.1)	(99.5)	(94.2)	5.2	0.0	3
Substantive Staff (Apprentices)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.1)	(0.2)	(0.1)	0.1	(0.0)	3
Bank Staff	(0.3)	(0.3)	(0.2)	(0.2)	(0.3)	(0.0)	(0.2)	(0.2)	(2.7)	(0.2)	(2.6)	(2.3)	0.0	3
Agency / Contract	(0.2)	(0.3)	(0.2)	(0.3)	(0.5)		(0.3)	(0.3)	(3.9)		(2.9)	(2.9)	0.0	3
Other Staff	(9.7)	(10.2)	(10.0)	(10.2)	(9.5)	(9.7)	(10.0)	(0.4)	(92.8)	(99.9)	(99.8)	0.1	0.1	
CIP Target Pay						1.9		(1.9)		21.7		(21.7)	0.0	
Pay Savings Target						1.9		(1.9)		21.7		(21.7)	0.0	
Substantive Staff (Pension Charge)													0.0	
Pay Reserves													0.0	
Employee Operating Expenses	(87.5)	(82.5)	(81.9)	(83.0)	(76.5)	(78.4)	(83.7)	(5.3)	(753.9)	(791.2)	(819.9)	(28.7)	(0.7)	
Substantive Staff Total	(79.9)	(74.9)	(75.6)	(75.8)	(69.1)	(77.6)	(75.6)	2.0	(677.8)	(784.2)	(743.5)	40.7	0.1	4
Bank Staff Total	(6.2)	(6.1)	(5.3)	(5.9)	(5.2)	(0.7)	(6.9)	(6.1)	(55.8)	(6.9)	(62.9)	(56.0)	(1.0)	4
Agency / Contract Total	(1.4)	(1.4)	(1.0)	(1.4)	(2.3)	(0.0)	(1.2)	(1.2)	(20.4)	(0.0)	(13.5)	(13.5)	0.2	4
Employee Operating Expenses	(87.5)	(82.5)	(81.9)	(83.0)	(76.5)	(78.4)	(83.7)	(5.3)	(753.9)	(791.2)	(819.9)	(28.7)	(0.7)	

1 **Medical – An adverse variance in month of £1.9m against budget and £14.7m YTD**

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

The Medical run rate has increased due to industrial strike action (6 days of strike action in January compared to 3 days in December.

2 **Nursing – a favourable variance in month of £0.1m against budget and £5.6m YTD**

Nursing underspend relates to vacant posts.

The impact of Mental Health patients and use of RMNs is putting significant pressure on underlying nursing pay run rate.

Weekly nurse rostering meetings and a review of nursing establishment and rostering have started to make an improvement on the B&A run rate over the last few months.

3 **A&C – an adverse variance in month of £1.2m and £2.0m favourable YTD**

The YTD favourable variance is driven by vacancies in Estates and Facilities and Finance. The in month adverse variance is due to re-profiling of budget and redundancy payments.

Other staff – an adverse variance in month of £0.4m, and £0.1m favourable YTD

The underspend is a result of vacant positions that are not entirely filled by temporary staff

4 Looking across all categories after taking into account the pay award inflation both AfC and Medical, pay is stable (see appendix 3.0), but significantly over budget. Work needs to be done to start achieving CIPs, in order to meet the Trust's plan of £49m deficit. There will be further strike action in month 10 so we are unlikely to see any pay spend reduction.

The main focus of the Trust is to improve productivity and try to come back to 19/20 figures with additional workforce investment since 19/20.

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

	Last 4 Months				Current Month				Year to Date				Run Rate Change
	M6	M7	M8	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Purchase Of Healthcare From NHS Bodies	(0.9)	(0.7)	(1.3)	(0.9)	(1.5)	(0.9)	(2.1)	(1.2)	(9.2)	(8.5)	(10.0)	(1.5)	(1.1)
Purchase Of Healthcare From Non-NHS Bodies	(19.1)	(18.8)	(19.0)	(22.5)	(15.6)	(18.8)	(20.1)	(1.2)	(154.9)	(182.5)	(196.1)	(13.6)	2.4
Non-Executive Directors													0.0
Supplies and Services - Clinical (Excluding Drugs Costs)	(1.5)	(1.5)	(1.2)	(1.7)	(2.0)	(1.0)	(0.5)	0.4	(25.0)	(9.8)	(13.5)	(3.8)	1.2
Supplies and Services – General	(0.2)	(0.2)	(0.2)	(0.1)	(0.2)	(0.1)	(0.1)	0.0	(1.2)	(1.0)	(1.5)	(0.4)	0.0
Drugs costs – on tariff	(4.5)	(3.6)	10.1	(2.1)	(2.4)	(2.7)	(2.8)	(0.1)	(24.3)	(27.0)	(24.2)	2.8	(0.7)
Pass Through Drugs Cost	(16.3)	(17.7)	(33.1)	(12.5)	(15.6)	(14.5)	(17.5)	(3.0)	(148.6)	(143.9)	(163.3)	(19.4)	(5.0)
Consultancy	0.1	(0.1)	(0.1)	(0.2)	(0.6)	(0.2)	0.2	0.4	(3.7)	(2.2)	(2.6)	(0.3)	0.3
Establishment	(0.8)	(1.7)	(1.3)	(1.0)	(1.4)	(1.2)	(1.1)	0.1	(11.5)	(9.3)	(12.7)	(3.4)	(0.2)
Premises - Business Rates Payable To Local Authorities	(0.5)	(0.4)	(0.5)	(1.0)	(0.6)	(0.4)	(0.2)	0.2	(4.0)	(3.8)	(4.9)	(1.1)	0.8
Premises – Other	(3.7)	(4.3)	(6.7)	(3.6)	(11.8)	(4.3)	(2.6)	1.7	(121.3)	(36.8)	(46.0)	(9.2)	1.0
Transport	(0.7)	(0.9)	(1.0)	(0.7)	(1.0)	(0.9)	(1.0)	(0.1)	(9.6)	(9.2)	(9.4)	(0.2)	(0.3)
Depreciation	(4.9)	(4.0)	(4.3)	(4.1)	(2.9)	(3.8)	(4.1)	(0.4)	(29.7)	(38.0)	(42.4)	(4.4)	(0.0)
Amortisation	(0.2)	(0.2)	(0.6)	0.2	(0.2)	(0.3)	(0.1)	0.1	(1.9)	(2.5)	(1.6)	0.9	(0.3)
Fixed Asset Impairments net of Reversals													0.0
Increase/(Decrease) In Impairment Of Receivables	(0.2)	(0.3)	(0.3)	(0.2)	(0.2)	(0.3)	(0.3)	0.0	(3.2)	(3.4)	(3.1)	0.3	(0.1)
Audit Fees and Other Auditor Remuneration	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.0)	0.0	0.0	(0.2)	(0.2)	(0.3)	(0.1)	0.1
Clinical Negligence	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.8)	(7.6)	(3.8)	(38.5)	(38.6)	(42.5)	(3.8)	(3.8)
Research and Development - Non-Staff	0.1	0.0	(0.1)	(0.1)	(0.1)	(0.3)	(0.0)	0.3	(1.4)	(3.0)	(1.4)	1.7	0.0
Education and Training - Non-Staff	(0.5)	(0.5)	(0.9)	(0.6)	(0.6)	(1.2)	(0.7)	0.5	(5.3)	(9.0)	(6.0)	3.0	(0.1)
Lease Expenditure													0.0
Operating Lease Expenditure (net)	(0.1)	(0.1)	(0.1)	(0.1)	(0.3)	(0.1)	(1.8)	(1.7)	(1.8)	(0.8)	(3.1)	(2.3)	(1.6)
Charges To Operating Expenditure For Ifric 12 Schemes (E.G. PFI / LIFT) On Ifrs Basis	(6.6)	(7.2)	(6.3)	(7.4)		(6.3)	(6.9)	(0.5)		(63.3)	(68.6)	(5.3)	0.5
Other	(0.6)	(4.4)	(1.7)	(1.9)	(3.2)	0.0	(1.1)	(1.1)	(10.5)	(15.7)	(20.0)	(4.2)	0.8
Operating Expenses Excluding Employee Expenses	(64.9)	(70.6)	(72.5)	(64.5)	(63.9)	(60.9)	(70.5)	(9.5)	(605.7)	(608.6)	(673.0)	(64.4)	(6.0)
CIP Target Non Pay						2.9	(0.0)	(2.9)	0.0	13.8	(0.0)	(13.8)	(0.0)
Non Pay Savings Target						2.9	(0.0)	(2.9)	0.0	13.8	(0.0)	(13.8)	(0.0)
Operating Expenses Excluding Employee Expenses	(64.9)	(70.6)	(72.5)	(64.5)	(63.9)	(58.1)	(70.5)	(12.4)	(605.7)	(594.8)	(673.0)	(78.2)	(6.0)

1

Operating expenses – an adverse variance in month of £9.5m against budget excluding CIP line and £64.4m YTD

Non-Pay costs are £6.0m higher than in month 9.

The main contributors for £64.4m YTD overspend (excluding CIP target) are:

- £15.1m overspend on Purchase of Healthcare which is driven by over performance in Pathology (£4.4m), Genomics (£2.9m) and new tests (£0.7m), in addition to DH Outsourcing relating to ERF activity (£4.9m) – predominantly in Radiology.
- £3.8m overspend in Supplies and Services - Clinical is driven by Pathology Covid19 expenditure (£1.7m) partially offset by income (£0.4m), and overspend on blood products (£1.5m).
- £16.6m overspend on Drugs costs, driven by a 10% increase in homecare patients compared to 22/23. The majority of the overspend is offset by income.
- £9.2m overspend in Premises - Other is primarily driven by increased PFI inflation above the plan, Corporate increased cost on utilities and KFM overspend activity/margin adjustment above contract.
- £3.4m overspend in Establishment is driven by International Recruitment (£3.3m – of which £1.4m is offset by income) and Connexia contract (£0.4m)
- £3.8m payment in month 10 relating to Clinical Negligence (CNST) incentives previously received, that had to be repaid (relating to 20/21 and 21/22).
- £0.9m was recognized in month 9 in relation to prior year dispute with United Health (Bromley) Ltd for PRUH PFI charges
- Other costs includes £11.6m of Apollo/EPIC Costs (£8.0m overspend), of which £3.4m was incurred in month 7 due to implementation costs such as floor walkers

Underlying Position

- The Trust's M1-10 normalised position reflects an average monthly deficit of £12.3 million, which, if projected on a straight line, would result in a year-end deficit of £147.2 million. The deficit has been exacerbated by the removal of one-off funding sources, such as COVID-related support. The main risks to achieving the target deficit of £49 million are the costs associated with strikes, additional expenses related to mental health care, inflation cost above the plan and potential failures in implementing cost improvement programs.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Operating Income	130.7	143.5	141.1	138.8	138.7	155.1	145.4	169.3	138.7	146.0
Employee Operating Expenses	(81.3)	(80.2)	(80.8)	(78.9)	(80.4)	(87.5)	(82.5)	(81.9)	(83.0)	(83.7)
Operating Expenses Excluding Employee Expenses	(63.5)	(63.7)	(68.2)	(70.5)	(64.2)	(64.9)	(70.7)	(72.5)	(64.0)	(70.5)
Non Operating Expenses	(1.7)	(3.7)	(3.1)	(2.9)	(3.5)	(2.1)	(3.2)	(4.4)	(3.0)	(7.7)
Trust Total	**(15.7)**	**(4.1)**	**(11.0)**	**(13.5)**	**(9.4)**	**0.7**	**(11.0)**	**10.5**	**(11.3)**	**(15.9)**
Less Impairment, donated income, PFI IFRS16 adjustment	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	
Operating Total (including ERF & ICB Surplus)	**(15.6)**	**(3.9)**	**(10.9)**	**(13.4)**	**(9.3)**	**0.7**	**(10.9)**	**10.6**	**(11.2)**	**(15.9)**
Redundancy in Apollo		0.3								
AfC income uplift	1.5	1.5	(1.8)	0.4	(1.7)					
Medical pay income uplift	0.7	0.7	0.7	0.7	0.7	(3.7)				
HEE Income re Medical pay award	0.4	0.4	0.4	0.4	0.4	0.4	0.4	(2.6)		
ICB Surplus (including strike, SDF, dental and growth monies)						(10.9)	(2.8)	(24.7)	2.3	(7.6)
ERF Income						(2.3)	(2.8)	(2.0)		
Brand fee income								(1.8)		
Drugs Income		(6.0)								
Strike perm pay deduction	(0.2)	(0.4)	0.1	(0.5)	(0.2)	(0.6)	(0.3)	(0.3)	0.0	(0.2)
Strike B&A pay cost	1.4		1.2	2.1	1.8	0.9	1.0		1.5	2.3
Prior year B&A benefit				(1.2)	(0.5)					
AfC Pay award impact (4m accrued 4.6m paid out in M3)	(0.3)	(0.3)	0.6							
Non consolidated pay award			(0.6)							
PFI Pay Award	(0.1)	(0.1)	0.2							
Medical Pay award impact (not accrued, 8.4m paid out in M6)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	7.0				
Red Cross prior year winter pressure		0.1								
KFM Inflation Uplift	(0.3)	(0.3)	0.6							
Commercial one offs				0.1	0.9	0.1		0.1	0.8	
CNST refund / payment relating to prior year			(0.4)							3.8
Patient transport	0.5		(0.5)							
VAT prior year benefit					(1.9)					
Depreciation			(1.0)	1.0						
KFM Overspend margin adjustments	(0.4)	(0.4)	0.8				(0.9)	1.7		
Corporate one offs	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	0.3	0.3	0.3	(0.6)
Drugs prior year cost						0.7				
Catch up of prior months homecare drugs, & M9 adjustment re M7&8 EPIC data				(1.7)	(2.4)	4.0	0.4	1.1	(1.5)	
Apollo Go Live costs (floor walkers etc)							3.4			
Other	(0.6)	(0.6)	1.4	0.0	0.0	0.4	(0.5)	(0.2)	(1.1)	0.5
Deficit post normalising adjustments:	**(14.4)**	**(10.4)**	**(10.6)**	**(13.4)**	**(13.5)**	**(3.3)**	**(12.7)**	**(17.8)**	**(8.9)**	**(17.8)**

Average normalised deficit is £12.3m a month, which equates to an annualised deficit of c.£147.2m

10

ERF achievement

Due to Apollo implementation, the data from month 7 onwards is unavailable, so this slide represents month 6 data.

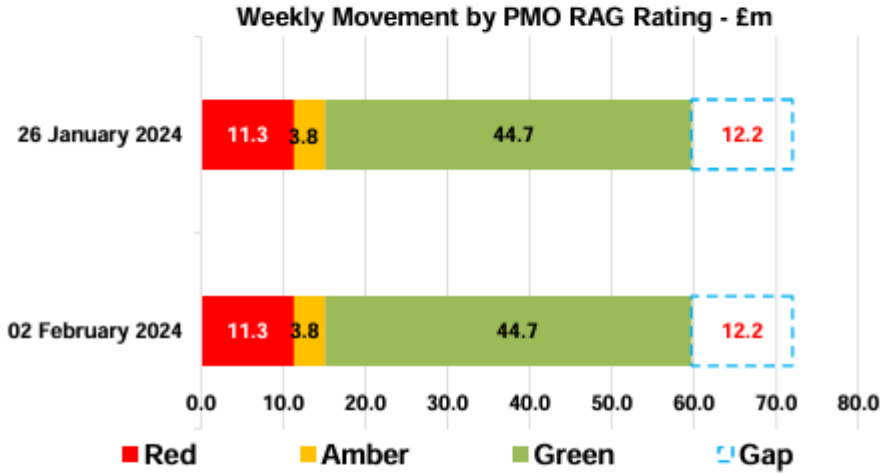
The Trust estimates that it achieved 105.3% in the first six months of the year which would be a financial shortfall of £5.9m against the 110% baseline. We estimate that the impact of the strike is 4.0% (£5.0m) and without it the Trust would have achieved 107.9%. The Trust has not reflected any ERF clawback in its position.

	ERF activity	ERF baseline activity	% perf. (Act)	ERF value	ERF baseline value	% perf. (Val)
Denmark Hill	**181,718**	**163,739**	**111%**	**88,452,905**	**82,224,304**	**107.6%**
Acute Medicine	16,000	10,605	151%	3,734,229	2,617,603	142.7%
Cardiovascular Sciences	11,377	9,227	123%	10,604,606	10,181,010	104.2%
Child Health	11,817	12,175	97%	6,752,889	5,043,216	133.9%
Critical Care	4	8	50%	9,521	1,942	490.3%
Dental	38,133	50,130	76%	9,997,522	12,492,134	80.0%
Emergency Care	19	238	8%	22,918	43,340	52.9%
Haematology	12,678	12,267	103%	8,245,104	6,487,736	127.1%
Liver Gastro Upper GI and Endoscopy	15,436	10,636	145%	9,711,249	8,442,901	115.0%
Neurosciences and Stroke	11,998	9,866	122%	12,994,528	13,828,089	94.0%
Pathology	1	58	2%	457	9,103	5.0%
Planned Medicine	17,694	18,287	97%	7,208,920	5,891,091	122.4%
Radiology	455	420	108%	502,423	435,661	115.3%
Renal and Urology	12,368	10,154	122%	6,702,794	5,246,188	127.8%
Surgery	9,252	4,895	189%	4,622,579	5,253,952	88.0%
Theatres and Anaesthetics	2,471	1,295	191%	651,685	508,318	128.2%
Womens Health	22,015	13,477	163%	6,691,481	5,742,022	116.5%
PRUH and South Sites	**142,497**	**133,138**	**107%**	**43,905,133**	**43,494,774**	**100.9%**
Adult Medicine	1,098	807	136%	515,678	253,093	203.8%
Cancer Network	1,365	1,077	127%	408,378	272,339	150.0%
General Medicine	3,696	3,034	122%	908,754	736,488	123.4%
Ophthalmology	63,320	55,645	114%	12,839,909	11,157,044	115.1%
Orthopaedics	18,126	15,358	118%	10,477,811	13,857,293	75.6%
Speciality Medicine	23,083	23,903	97%	6,240,290	5,944,206	105.0%
Surgery Theatres Anaesthetics and Endoscopy	20,302	21,029	97%	11,326,223	10,015,033	113.1%
Therapies Rehabilitation and Integrated Care Services	11,507	12,285	94%	1,188,090	1,259,278	94.3%
Trust Total (actual)	**325,501**	**299,118**	**109%**	**132,679,130**	**126,001,826**	**105.3%**
Trust total (estimated without strike impact)	**340,356**	**299,118**	**114%**	**137,723,292**	**126,001,826**	**109.3%**

CIP Scoping/Identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £59.8m of which £44.7m is in Green and ready for implementation

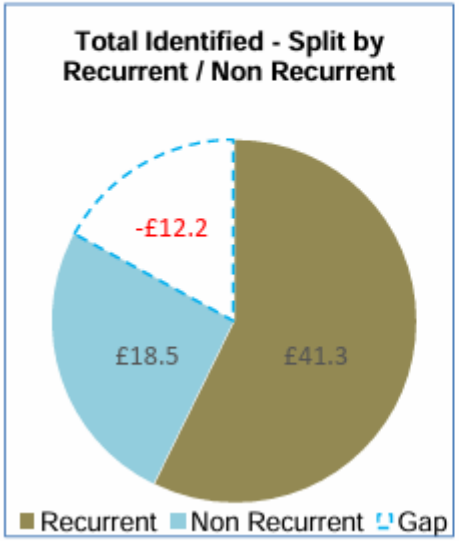
Headlines of schemes in scoping/identification stage:

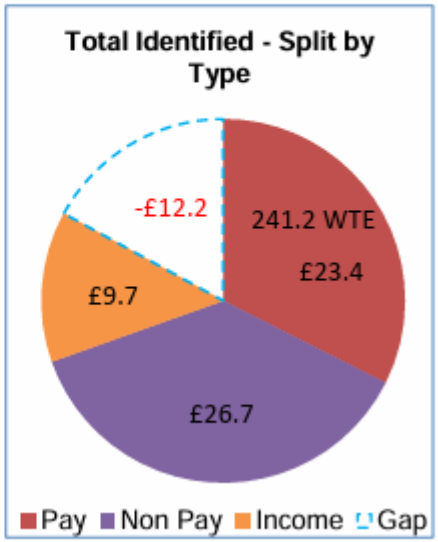
- The Kings Group Efficiency Programme CIP target is £72m.
- The programme to date has identified £59.8m of schemes. This is broken down as £11.3m in Red, £3.8m in Amber and £44.7m in Green.
- The identified schemes are currently split Recurrent £41.3m and Non-Recurrent £18.5m.
- This leaves a £12.2m gap which is yet to be identified.

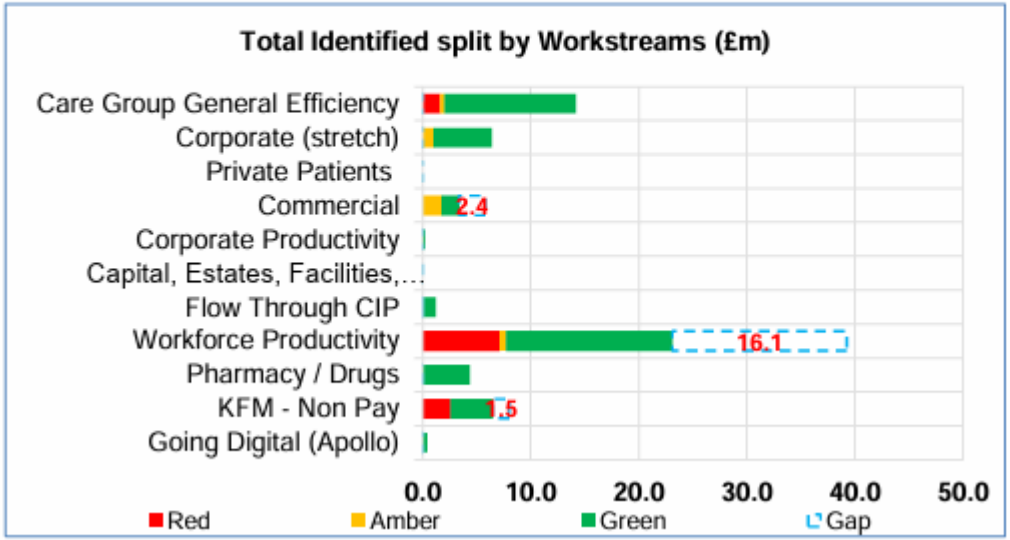


Total identification - Target vs. Identified

Site	Target	Identified	Gap	Red	Amber	Green
Denmark Hill	34.1	23.4	(10.7)	0.1	0.0	23.3
PRUH and South Sites	12.1	12.2	0.14	1.7	0.4	10.1
Corporate	22.8	13.2	(9.6)	2.6	1.6	9.0
Commercial	1.0	3.5	2.5	0.0	1.8	1.7
Guthrie	2.0	0.4	(1.6)	0.0	0.0	0.4
Unallocated	0.0	7.0	7.0	7.0	0.0	0.0
Total	**72.0**	**59.8**	**(12.2)**	**11.3**	**3.8**	**44.7**

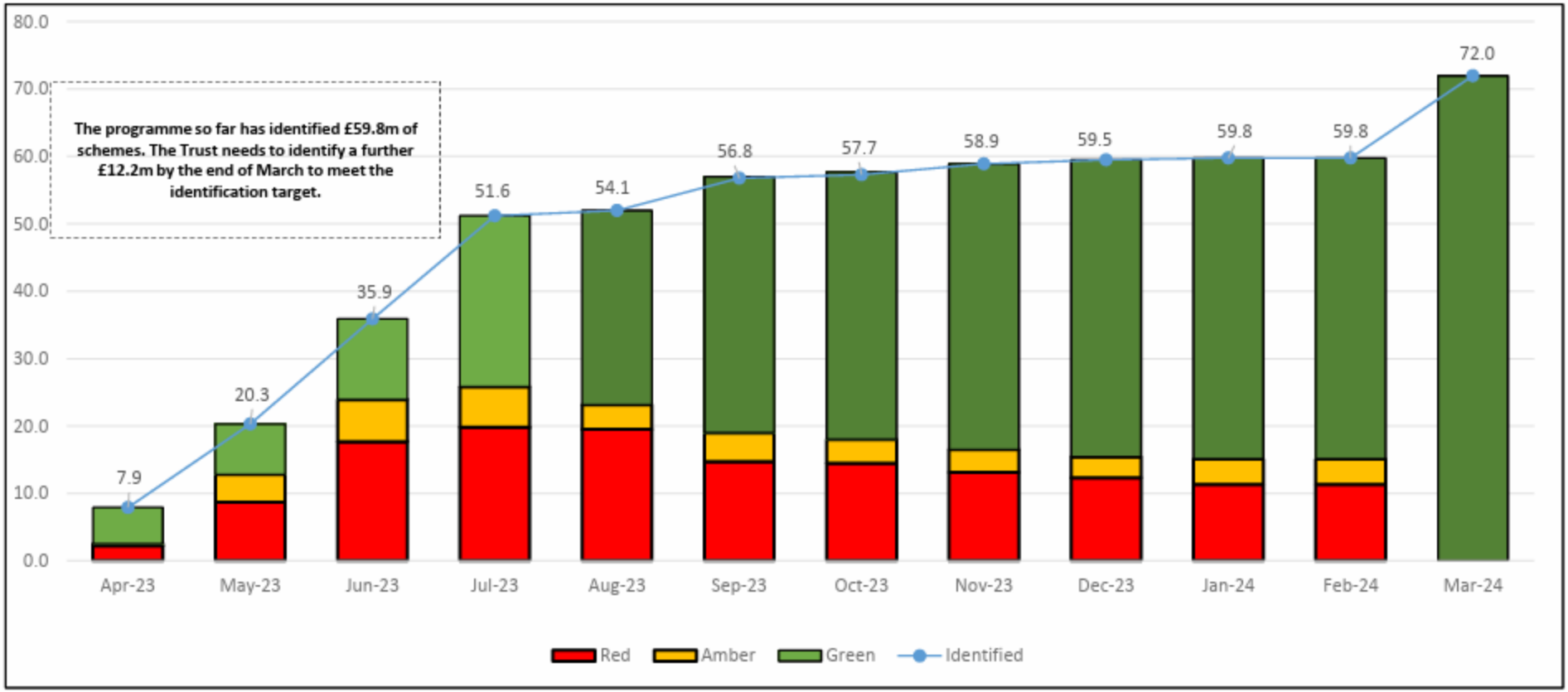






As at the 2nd February, the Group had £59.8m CIP identified of which £44.7m is in green.

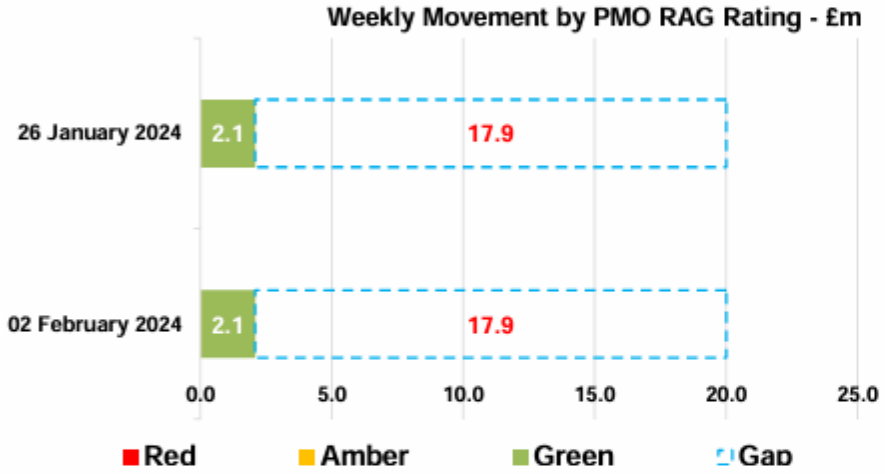
By the end of March, the CIP programme should have fully developed and identified the £72m trust wide target				
	Denmark Hill	**PRUH & South Sites**	**Corporate & Commercial**	**Total**
100% of Identified Developed by End of March (Green)	£34.1m	£12.1m	£25.8m	**£72m**



Productivity Scoping/Identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £2.1m of which £2.1m is in Green and ready for implementation

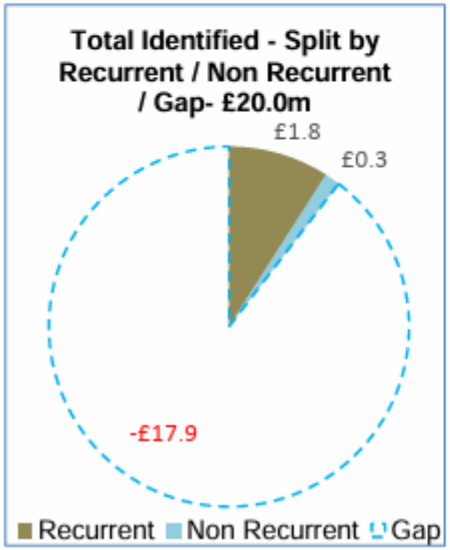
Headlines of schemes in scoping/identification stage:

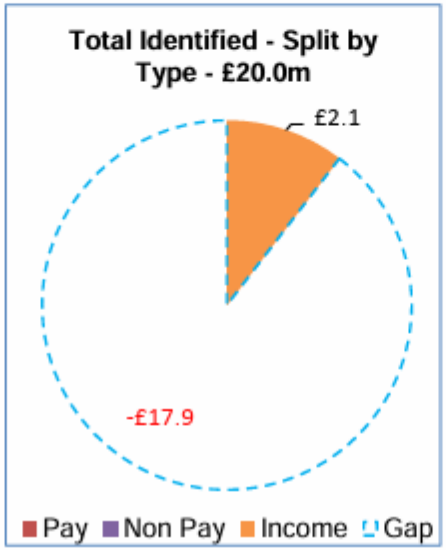
- The Kings Group Efficiency Programme Productivity target is £20m.
- The programme to date has identified £2.1m of schemes. This is broken down as £0.0m in Red, £0.0m in Amber and £2.1m in Green.
- The identified schemes are currently Recurrent £1.8m and Non-Recurrent £0.3m.
- This leaves a £17.9m which is yet to be identified.

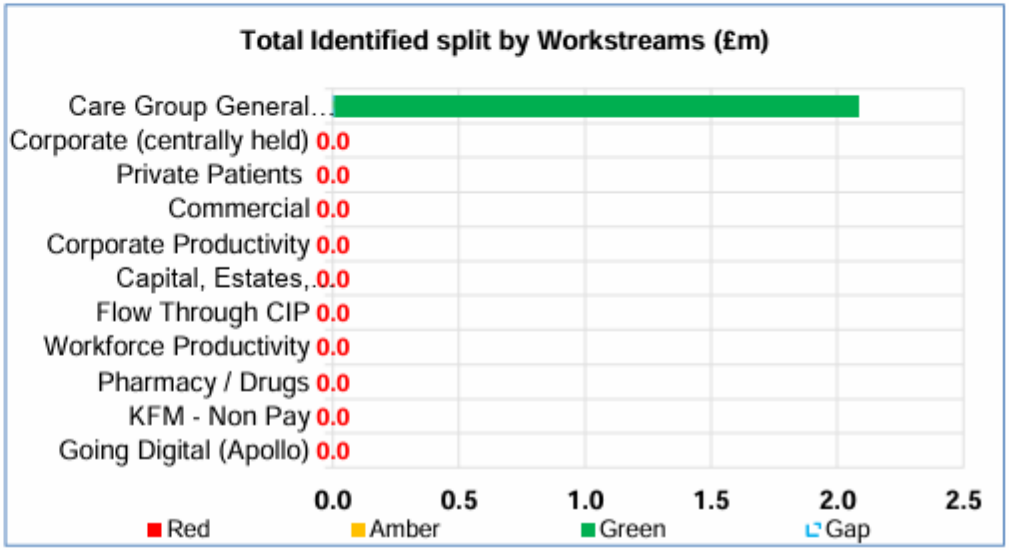


Total identification - Target vs. Identified

Site	Target	Identified	Gap	Red	Amber	Green
Denmark Hill	12.4	1.7	(10.7)	0.0	0.0	1.7
PRUH and South Sites	4.4	0.4	(4.0)	0.0	0.0	0.4
Corporate	3.2	0.0	(3.2)	0.0	0.0	0.0
Unallocated	0.0	0.0	0.0	0.0	0.0	0.0
Total	**20.0**	**2.1**	**(17.9)**	**0.0**	**0.0**	**2.1**







Forecast Outturn – Drivers of variance to original Plan

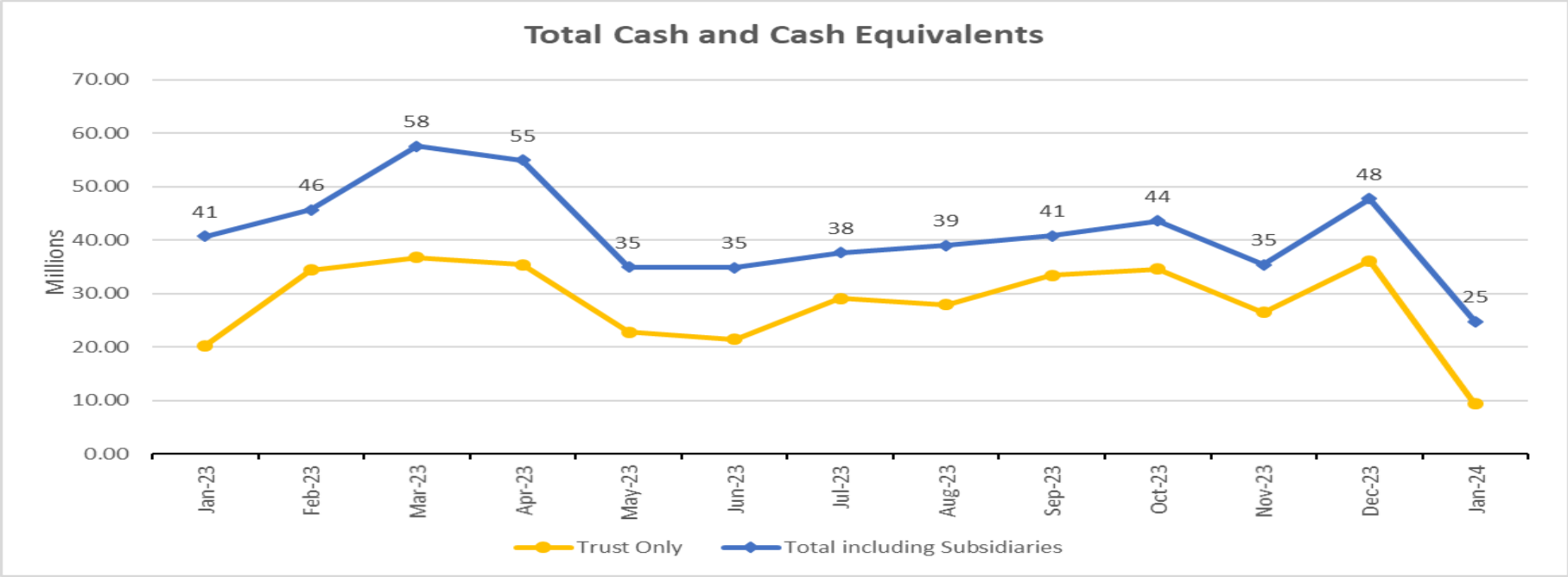
Risks	M6 Forecast	M9 Forecast	Comment
CIP Delivery (Excluding ERF)	(21.2)	(35.2)	The Trust has achieved the commercial savings
ERF Over Performance	12.0	6.0	Trust has achieved H1 but H2 achievement is severely impacted by EPIC and strikes. The inability of Trust to report is likely to mean non achievement in H2 based on current NHSE guidance. H1 will also be at risk.
Balance Sheet	10.0	5.0	See bridge
Inflation over and above national assumptions	(6.0)	(11.0)	Additional homecare Drug increases on block contracts
PBU inflation	(9.0)	(9.0)	
Strikes	(7.0)	(10.0)	Forecast assumed no strikes but have had junior doctor strikes in M9 and 10
COVID Testing	(3.5)	(3.5)	
MH Patients	(5.0)	(5.0)	
ERF Outsourcing Costs	(7.0)	(7.0)	
Pay Awards	(6.0)	(9.5)	Final impact is higher than forecast following final medical payments from HEE etc.
International recruitment	(4.0)	(4.0)	
CNST Rebate	-	(4.8)	See bridge
Other	(3.7)	(5.7)	EPIC cost £2.0m
Forecast Deficit (pre adjustments)	**(99.7)**	**(142.9)**	
ICB, Strike Adjustments	**57.9**	**57.9**	

Better Payment Practice Code

Better payment practice code	YTD Number	YTD £'000
Non NHS		
Total bills paid in the year	182,597	1,065,101
Total bills paid within target	160,113	973,595
Percentage of bills paid within target	**87.7%**	**91.4%**
NHS		
Total bills paid in the year	2,679	84,385
Total bills paid within target	2,631	80,849
Percentage of bills paid within target	**98.2%**	**95.8%**
Total		
Total bills paid in the year	**185,276**	**1,149,486**
Total bills paid within target	**162,744**	**1,054,444**
Percentage of bills paid within target	**87.8%**	**91.7%**

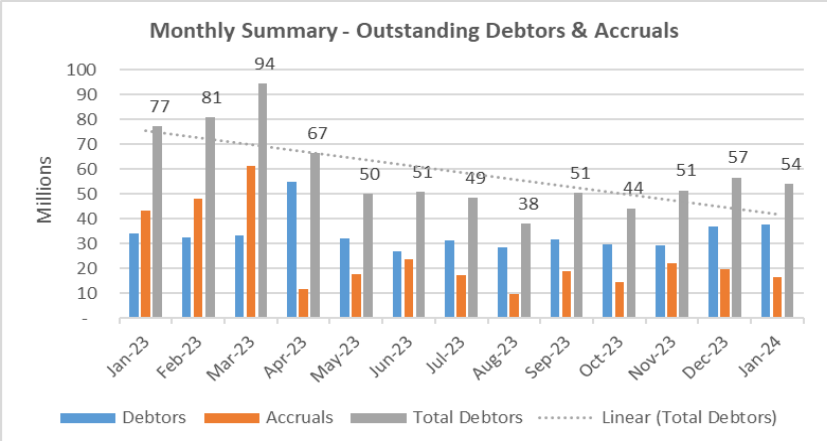
- The Better Payment Practice Code target is to pay all NHS and non-NHS trade payables within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed
- Compliance against this target is for at least 95% of invoices to be paid within the thirty days or within agreed contract terms.
- Creditor days has reduced and aged creditors continues to show a favourable current profile indicating overall performance remains effective.

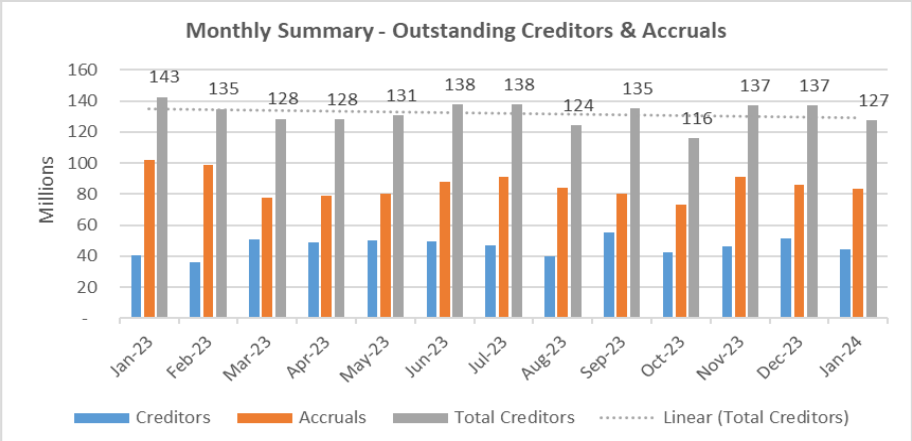
Cash and Cash Equivalents

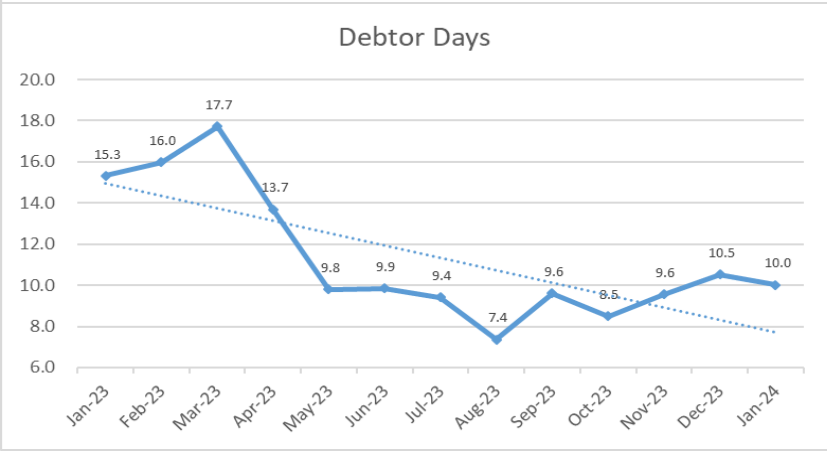


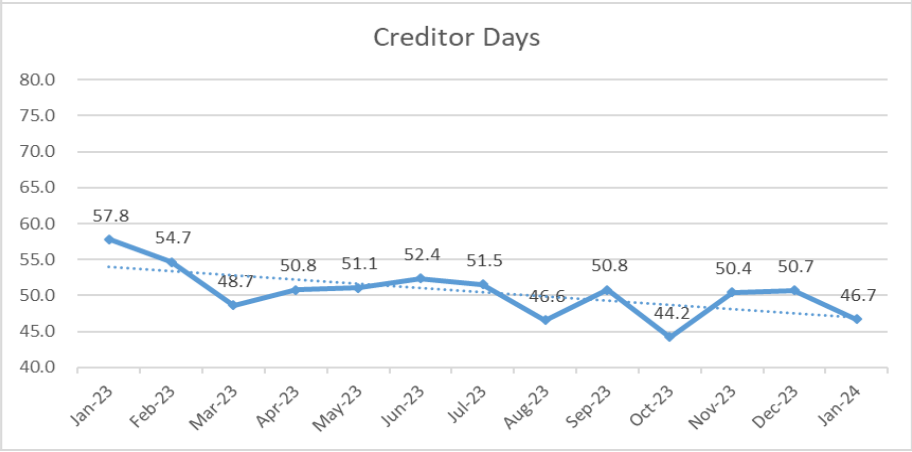
- The month end Group Cash balance at 31 January 2024 was £25m having received £53m of Revenue Support PDC to the end of Q3 and £5.8m Capital PDC Funding. December's month end cash balance was higher than trend due to reduced creditor payments over the Christmas period, but reduced again in January when creditor payments were caught up in early January.
- Overall cash levels reduced early in 23/24 due to reducing outstanding levels of trade creditors and investment of capital projects (including the Apollo project and ongoing CCU build) but have stabilised through Q2 and Q3 following receipt of Revenue Support funding.
- The Trust started 22/23 with a Trust-only opening cash position of £71m and closing position £55m (c.7 days of cash) and minimum cash balance in March 23 of £16m. The Trust recorded a 22/23 deficit of £19.9m but this included c.£20m of non cash balance sheet actions (Deferred income release £5m, Annual Leave Accrual £9m, prior year accruals £6m etc).
- The Trust has drawn down £53m revenue PDC support in Q1-3 to maintain a minimum cash balance of £3m with further cash requirements for Q4 being reviewed weekly.
- Due to timing of receipts and payments, actual balances will fluctuate throughout the month. Additional enhanced monitoring and planning of cash flows is in place across the group.

Debtors and Creditors Summary



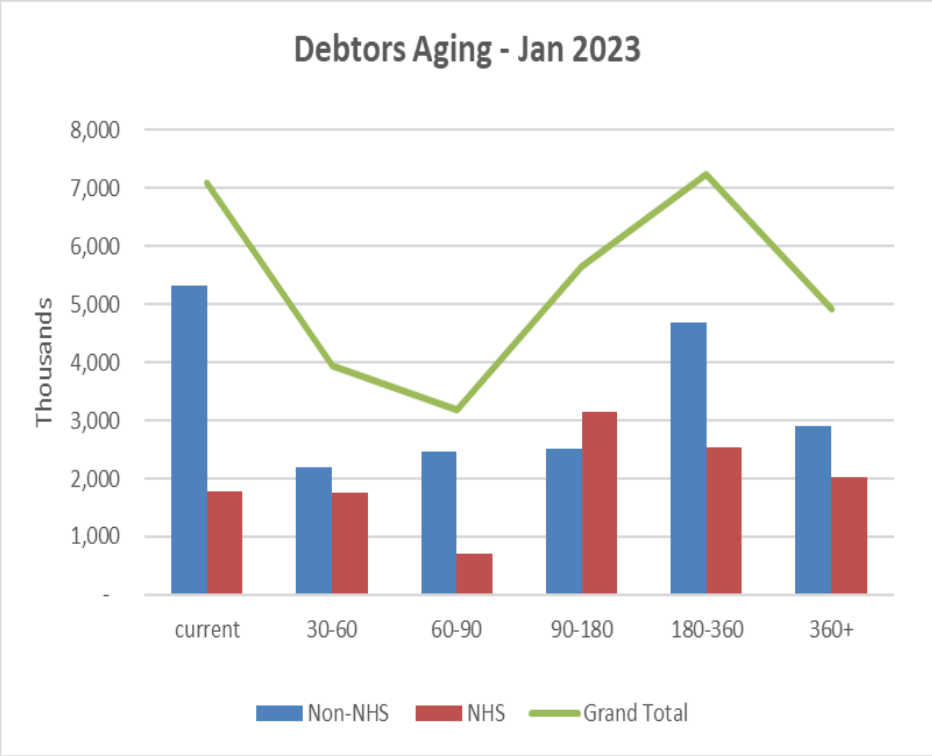


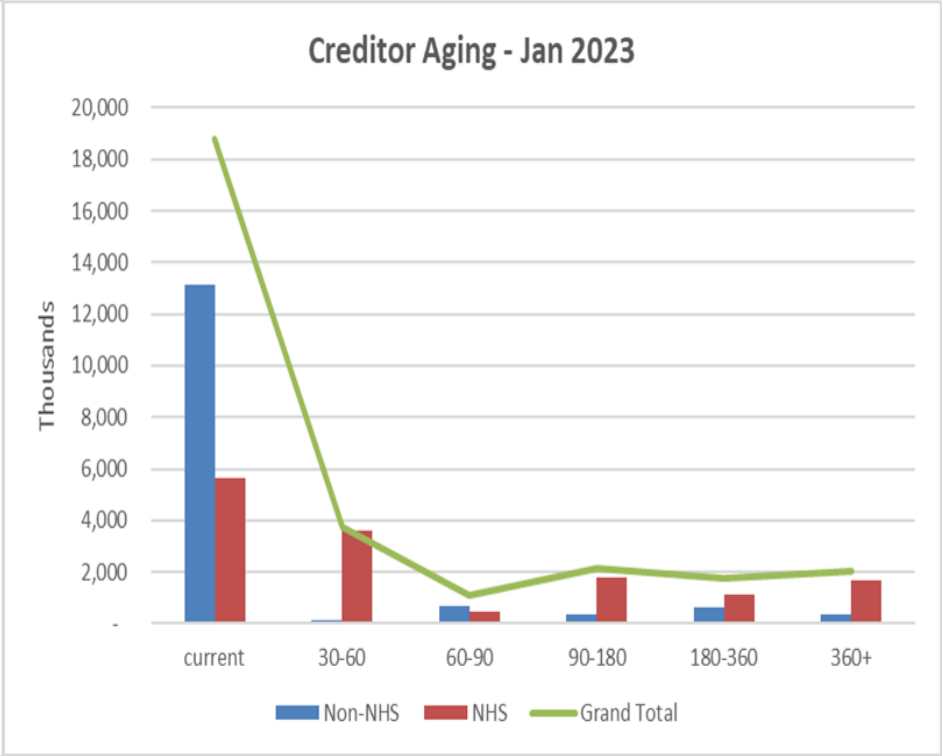




- Debtor Days have remained consistent in January 24 with accruals being converted to invoiced debt. The increase in debtors in March 2023 relates to the accrual of income related to the 2023 pay award announced in March. The Trust continues to focus on debt recovery and collection of aged debt.
- The Trust receives monthly contract payments on the 15th of each month from NHSEI and local CCGs.
- Creditor payment days have decreased in month 10 to 46.7 days with invoice payments being brought up to date in January after the holiday season. The Trust continues to maintain focus on creditor payments within 30 days in line with the Better Payment Practice Code despite the challenges in the cash environment.
- Revenue support received from month 4 onwards (£53m in Q2&3) continues to help maintain the creditor position.

Debtor and Creditor Ageing Update





- Aged creditors continue to show a current profile, however an increase in creditors moving to 30+ days can be seen as a result of timing of approval and payment runs and a particular non-recurrent spike in invoicing relating to the Epic transition.
- Balances held which are aged are largely for GSTT and KCL where separate discussions take place regularly to review both AP and AR balances (usually similarly sized). These transactions have a higher number of queries and disputes and can take longer to reach payment agreement.
- The aged debt profile is more even, although additional work in reviewing older balances is underway. A high proportion of older debts relates to positions with KCL and GSTT (as above).

Appendices 1.0
Run Rate Detail

1.1 Run Rate Detail – Income

12 Months Run Rate	Feb-23	Mar-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
NHS England	52.4	97.4	50.7	58.5	54.7	34.9	34.8	36.5	36.5	34.1	33.3	34.2	558.0
Clinical Commissioning Groups	57.5	99.6	68.4	40.9	57.1	74.0	79.1	93.7	72.6	100.7	76.0	83.7	903.4
Pass Through Drugs Income	17.7	20.2	0.0	31.2	15.3	17.8	14.5	13.7	23.0	16.4	16.5	16.5	202.8
NHS Foundation Trusts	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NHS Trusts	0.1	0.7	0.1	0.1	0.1	0.1	0.1	0.0	0.2	0.1	0.1	0.1	1.9
Local Authorities	0.3	1.0	0.3	0.3	0.3	0.3	0.4	0.3	0.9	0.4	0.4	0.4	5.3
NHS Other (Including Public Health England)	0.6	(4.5)	0.5	0.2	0.2	0.1	0.3	0.5	1.4	0.2	0.3	0.3	0.0
Non NHS: Private Patients	0.7	0.8	0.6	0.7	0.7	1.2	0.7	0.6	0.4	1.2	0.9	0.5	9.0
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	0.6	(2.7)	0.1	0.4	0.5	0.4	0.4	0.2	0.4	0.4	0.3	0.3	1.3
Injury Cost Recovery Scheme	0.3	0.3	0.3	0.5	0.2	0.3	0.4	0.3	0.3	0.2	0.3	0.3	3.9
Non NHS: Other	0.0	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5
Operating Income From Patient Care Activities	**130.3**	**214.2**	**121.1**	**132.8**	**129.1**	**129.2**	**130.8**	**145.8**	**135.7**	**153.6**	**128.2**	**136.4**	**1,687.1**
Research and Development	1.2	1.7	2.0	1.9	2.2	2.2	1.4	1.6	1.7	2.2	2.1	1.6	21.8
Education and Training	4.2	5.8	3.9	3.9	3.8	3.5	3.6	3.4	3.5	6.5	3.6	3.7	49.4
Cash Donations / Grants For The Purchase Of Capital Assets	0.2	0.9	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	1.3
Charitable and Other Contributions To Expenditure	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)
Non-Patient Care Services To Other Wga Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Non-Patient Care Services To Other Non Wga Bodies	1.0	0.1	0.9	1.1	0.9	0.9	1.2	0.9	1.0	1.0	1.0	1.0	11.1
PSF, FRF, MRET funding and Top-Up	0.6	(1.0)	0.0	0.0	(0.0)	(0.0)	(0.0)	0.0	0.0	0.6	0.4	(0.0)	0.5
Income In Respect Of Employee Benefits Accounted On A Gross Basis	1.0	2.1	0.6	0.7	0.6	0.6	0.8	0.7	1.2	0.9	0.9	0.7	10.8
Rental Revenue From Operating Leases	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	1.3
Other (Operating Income)	2.1	9.6	2.0	3.0	4.4	2.2	0.7	2.7	2.3	4.3	2.8	2.4	38.4
Other Operating Income	**10.3**	**19.3**	**9.6**	**10.8**	**12.0**	**9.6**	**7.9**	**9.4**	**9.7**	**15.7**	**11.0**	**9.5**	**134.6**
Finance Income	0.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3
Finance Income		**1.3**											**1.3**
Gains/(Losses) On Disposal Of Assets	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Gains/(Losses) On Disposal Of Assets	**0.0**	**(0.0)**											**0.0**
Operating Income	**140.6**	**234.7**	**130.7**	**143.5**	**141.1**	**138.8**	**138.7**	**155.1**	**145.4**	**169.3**	**139.1**	**146.0**	**1,822.9**

1.2 Run Rate Detail – Employee Expenses

12 Months Run Rate	Feb-23	Mar-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Substantive Staff	(22.4)	(23.9)	(22.8)	(24.0)	(21.5)	(22.4)	(22.3)	(30.4)	(24.6)	(24.5)	(25.1)	(24.5)	(288.5)
Bank Staff	(1.3)	(2.3)	(2.3)	(1.7)	(2.2)	(2.0)	(3.1)	(2.1)	(1.7)	(1.3)	(1.9)	(2.9)	(24.9)
Agency / Contract	(0.6)	(1.2)	(0.5)	(0.5)	(0.8)	(0.6)	(0.2)	(0.4)	(0.7)	(0.5)	(0.5)	(0.6)	(6.9)
Medical Staff	**(24.3)**	**(27.4)**	**(25.7)**	**(26.2)**	**(24.5)**	**(25.1)**	**(25.6)**	**(32.9)**	**(26.9)**	**(26.3)**	**(27.4)**	**(28.0)**	**(320.3)**
Substantive Staff	(26.9)	(51.6)	(29.4)	(27.1)	(28.0)	(28.3)	(28.6)	(28.3)	(28.6)	(29.0)	(29.0)	(29.3)	(364.1)
Bank Staff	(3.9)	(5.2)	(4.0)	(4.0)	(3.1)	(3.3)	(3.5)	(3.3)	(3.6)	(3.4)	(3.3)	(3.5)	(44.2)
Agency / Contract	(0.6)	(1.0)	(0.6)	(0.4)	(0.5)	(0.2)	(0.1)	(0.3)	(0.3)	(0.2)	(0.4)	(0.2)	(4.7)
Nursing Staff	**(31.5)**	**(57.8)**	**(34.0)**	**(31.6)**	**(31.6)**	**(31.8)**	**(32.1)**	**(31.9)**	**(32.4)**	**(32.6)**	**(32.8)**	**(33.0)**	**(413.0)**
Substantive Staff	(11.8)	(3.3)	(11.5)	(12.3)	(12.9)	(11.7)	(11.9)	(12.1)	(12.3)	(12.5)	(12.0)	(12.3)	(136.5)
Bank Staff	(0.5)	(0.6)	(0.4)	(0.4)	(0.4)	(0.5)	(0.4)	(0.4)	(0.5)	(0.4)	(0.4)	(0.3)	(5.1)
Agency / Contract	(0.2)	(0.6)	(0.2)	(0.2)	(0.3)	(0.3)	(0.2)	(0.4)	(0.2)	(0.1)	(0.2)	(0.2)	(3.1)
Admin & Clerical	**(12.5)**	**(4.5)**	**(12.2)**	**(12.9)**	**(13.6)**	**(12.4)**	**(12.5)**	**(12.9)**	**(13.0)**	**(12.9)**	**(12.6)**	**(12.7)**	**(144.7)**
Substantive Staff	(9.0)	(9.0)	(8.9)	(9.0)	(10.3)	(9.2)	(9.4)	(9.2)	(9.5)	(9.5)	(9.6)	(9.6)	(112.2)
Substantive Staff (Apprentices)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.2)
Bank Staff	(0.3)	(0.4)	(0.3)	(0.3)	(0.2)	(0.2)	(0.2)	(0.3)	(0.3)	(0.2)	(0.2)	(0.2)	(3.3)
Agency / Contract	(0.5)	(0.5)	(0.2)	(0.2)	(0.5)	(0.1)	(0.6)	(0.2)	(0.3)	(0.2)	(0.3)	(0.3)	(3.9)
Other Staff	**(9.8)**	**(9.9)**	**(9.4)**	**(9.4)**	**(11.0)**	**(9.6)**	**(10.2)**	**(9.7)**	**(10.2)**	**(10.0)**	**(10.2)**	**(10.0)**	**(119.6)**
CIP Target Pay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pay Savings Target	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Substantive Staff (Pension Charge)	0.0	(33.9)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(33.9)
Pay Reserves		**(33.9)**											**(33.9)**
Employee Operating Expenses	**(78.1)**	**(133.5)**	**(81.3)**	**(80.0)**	**(80.8)**	**(78.9)**	**(80.4)**	**(87.5)**	**(82.5)**	**(81.9)**	**(83.0)**	**(83.7)**	**(1,031.5)**
Substantive Staff Total	(70.1)	(121.7)	(72.7)	(72.3)	(72.8)	(71.7)	(72.2)	(79.9)	(74.9)	(75.6)	(75.8)	(75.6)	(935.4)
Bank Staff Total	(6.0)	(8.5)	(7.0)	(6.5)	(5.9)	(6.0)	(7.2)	(6.2)	(6.1)	(5.3)	(5.9)	(6.9)	(77.4)
Agency / Contract Total	(2.0)	(3.3)	(1.5)	(1.3)	(2.1)	(1.2)	(1.0)	(1.4)	(1.4)	(1.0)	(1.4)	(1.2)	(18.7)
Employee Operating Expenses	**(78.1)**	**(133.5)**	**(81.3)**	**(80.0)**	**(80.8)**	**(78.9)**	**(80.4)**	**(87.5)**	**(82.5)**	**(81.9)**	**(83.0)**	**(83.7)**	**(1,031.5)**

1.3 Run Rate Detail – Employee (WTE)

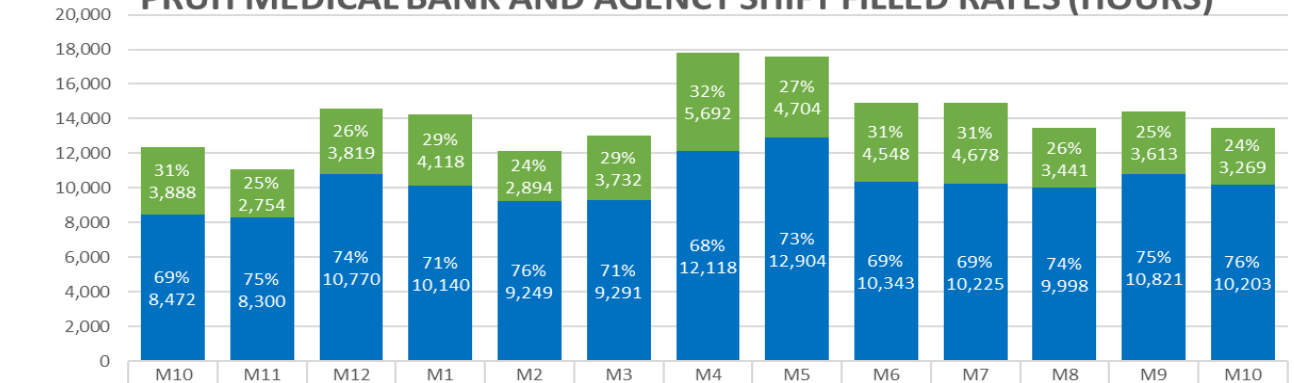
WTE 12 Months Run Rate	Feb-23	Mar-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Avg
NHSI Category	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**
Substantive Staff	2,540	2,555	2,517	2,579	2,498	2,515	2,467	2,614	2,584	2,587	2,588	2,605	2,554
Bank Staff	94	111	103	104	101	154	165	141	120	104	121	136	121
Agency / Contract	10	19	6	11	13	25	20	28	12	10	2	21	15
Medical Staff	**2,644**	**2,684**	**2,626**	**2,694**	**2,613**	**2,695**	**2,652**	**2,784**	**2,717**	**2,701**	**2,711**	**2,762**	**2,690**
Substantive Staff	6,360	6,350	6,421	6,404	6,419	6,442	6,403	6,438	6,480	6,555	6,537	6,554	6,447
Bank Staff	843	978	839	880	785	809	859	829	881	845	811	837	850
Agency / Contract	124	140	101	132	98	47	58	50	49	39	40	36	76
Nursing Staff	**7,326**	**7,468**	**7,361**	**7,416**	**7,302**	**7,298**	**7,320**	**7,317**	**7,410**	**7,439**	**7,388**	**7,426**	**7,373**
Substantive Staff	2,754	2,760	2,771	2,791	2,768	2,787	2,789	2,794	2,809	2,811	2,788	2,762	2,782
Bank Staff	98	115	96	111	106	109	104	100	113	91	89	71	100
Agency / Contract	15	24	19	18	18	16	8	4	10	15	14	11	14
Admin & Clerical	**2,867**	**2,899**	**2,886**	**2,920**	**2,892**	**2,911**	**2,901**	**2,899**	**2,931**	**2,917**	**2,891**	**2,845**	**2,897**
Substantive Staff	2,008	2,000	1,989	1,998	1,992	1,998	1,997	2,025	2,030	2,038	2,040	2,044	2,013
Substantive Staff (Apprentices)	10	10	12	12	12	11	11	10	10	12	11	11	11
Bank Staff	47	54	51	45	42	53	48	48	55	39	41	37	47
Agency / Contract	41	43	38	38	46	46	42	32	35	27	24	28	37
Other Staff	**2,106**	**2,106**	**2,089**	**2,094**	**2,092**	**2,108**	**2,097**	**2,115**	**2,130**	**2,116**	**2,115**	**2,119**	**2,107**
Employee Operating Expenses	**14,943**	**15,158**	**14,962**	**15,124**	**14,899**	**15,012**	**14,970**	**15,115**	**15,188**	**15,173**	**15,105**	**15,152**	**15,067**
Substantive Staff Total	13,672	13,675	13,709	13,784	13,690	13,753	13,666	13,881	13,913	14,003	13,963	13,976	13,807
Bank Staff Total	1,082	1,257	1,088	1,140	1,034	1,125	1,176	1,119	1,170	1,079	1,062	1,081	1,118
Agency / Contract Total	190	226	164	200	175	134	128	115	105	91	80	95	142
Employee Operating Expenses	**14,943**	**15,158**	**14,962**	**15,124**	**14,899**	**15,012**	**14,970**	**15,115**	**15,188**	**15,173**	**15,105**	**15,152**	**15,067**
Trust Total	**14,943**	**15,158**	**14,962**	**15,124**	**14,899**	**15,012**	**14,970**	**15,115**	**15,188**	**15,173**	**15,105**	**15,152**	**15,067**

1.4 Run Rate Detail – Operating Expenses

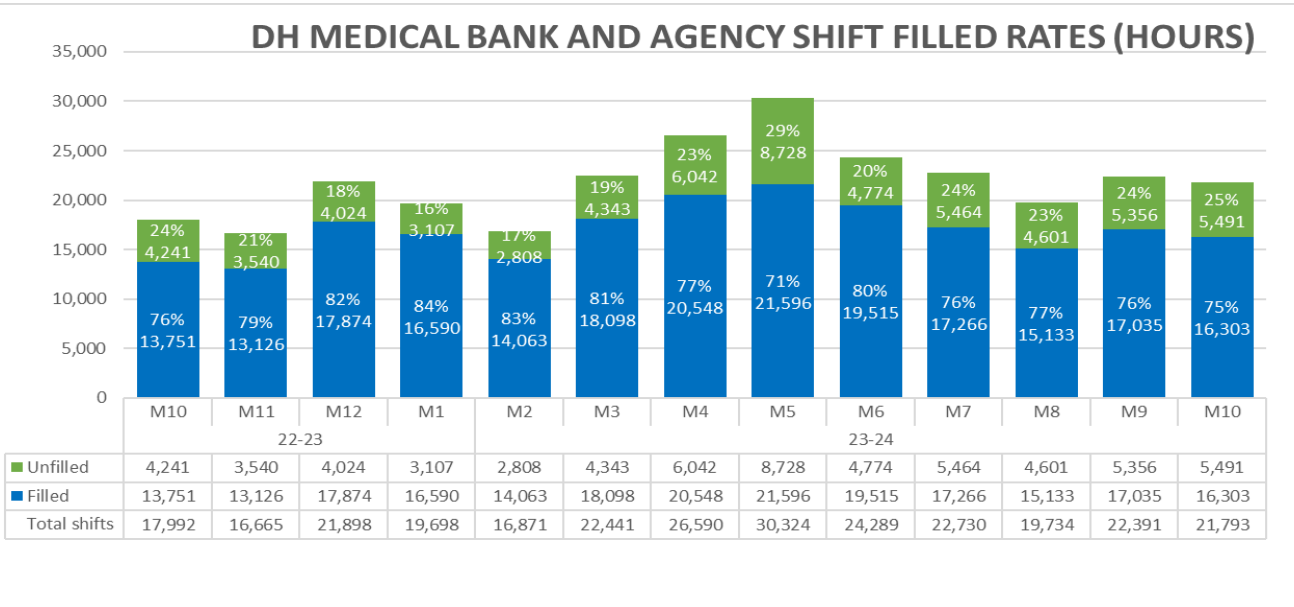
12 Months Run Rate	Feb-23	Mar-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Purchase Of Healthcare From NHS Bodies	0.6	(5.6)	(0.7)	(0.8)	(0.7)	(0.9)	(1.0)	(0.9)	(0.7)	(1.3)	(0.9)	(2.1)	(15.0)
Purchase Of Healthcare From Non-NHS Bodies	(14.0)	(11.3)	(18.6)	(17.4)	(21.5)	(19.7)	(19.3)	(19.1)	(18.8)	(19.0)	(22.5)	(20.1)	(221.4)
Non-Executive Directors	0.0	(0.2)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.2)
Supplies and Services - Clinical (Excluding Drugs Costs)	(1.3)	(5.6)	(1.7)	(1.8)	(1.1)	(1.8)	(0.7)	(1.5)	(1.5)	(1.2)	(1.7)	(0.5)	(20.5)
Supplies and Services - General	(0.1)	(0.3)	(0.1)	(0.2)	(0.3)	(0.3)	0.1	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(1.9)
Drugs costs – on tariff	(2.7)	(1.9)	(2.7)	(3.8)	(3.6)	(3.7)	(7.4)	(4.5)	(3.6)	10.1	(2.1)	(2.8)	(28.8)
Pass Through Drugs Cost	(15.7)	(15.8)	(14.4)	(13.5)	(15.2)	(13.2)	(10.0)	(16.3)	(17.7)	(33.1)	(12.5)	(17.5)	(194.9)
Consultancy	(1.1)	(0.6)	(0.4)	(0.5)	(0.6)	(0.4)	(0.6)	0.1	(0.1)	(0.1)	(0.2)	0.2	(4.3)
Establishment	(1.3)	(2.1)	(1.4)	(1.4)	(1.4)	(1.4)	(1.2)	(0.8)	(1.7)	(1.3)	(1.0)	(1.1)	(16.0)
Premises - Business Rates Payable To Local Authorities	(0.3)	(0.6)	(0.3)	(0.6)	(0.4)	(0.5)	(0.5)	(0.5)	(0.4)	(0.5)	(1.0)	(0.2)	(5.8)
Premises - Other	(7.2)	54.7	(11.1)	(11.4)	(10.9)	(12.6)	21.0	(3.7)	(4.3)	(6.7)	(3.6)	(2.6)	1.5
Transport	(0.9)	(2.0)	(1.6)	(1.3)	(0.5)	(1.0)	(0.6)	(0.7)	(0.9)	(1.0)	(0.7)	(1.0)	(12.3)
Depreciation	(11.7)	(6.5)	(4.0)	(4.3)	(2.6)	(6.4)	(3.6)	(4.9)	(4.0)	(4.3)	(4.1)	(4.1)	(60.7)
Amortisation	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.6)	0.2	(0.1)	(2.0)
Fixed Asset Impairments net of Reversals	0.0	(45.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(45.1)
Increase/(Decrease) In Impairment Of Receivables	(0.1)	0.6	(0.1)	(0.4)	(1.0)	(0.3)	(0.0)	(0.2)	(0.3)	(0.3)	(0.2)	(0.3)	(2.6)
Audit Fees and Other Auditor Remuneration	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.3)
Clinical Negligence	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(3.9)	(7.6)	(50.2)
Research and Development - Non-Staff	0.0	(1.0)	(0.3)	(0.0)	(0.2)	(0.6)	(0.1)	0.1	0.0	(0.1)	(0.1)	(0.0)	(2.3)
Education and Training - Non-Staff	(0.8)	(3.2)	(0.5)	(0.6)	(0.4)	(0.6)	(0.6)	(0.5)	(0.5)	(0.9)	(0.6)	(0.7)	(10.1)
Lease Expenditure	0.0	(0.8)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.8)
Operating Lease Expenditure (net)	0.1	(0.1)	(0.1)	(0.2)	(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(1.8)	(3.0)
Charges To Operating Expenditure For Ifric 12 Schemes (E.G. PFI / LIFT) On Ifrs Basis	0.0	(71.0)	0.0	0.0	0.0	(0.0)	(34.3)	(6.6)	(7.2)	(6.3)	(7.4)	(6.9)	(139.5)
Other	(0.9)	(1.0)	(1.4)	(1.4)	(3.6)	(2.8)	(1.0)	(0.6)	(4.4)	(1.7)	(1.9)	(1.1)	(21.9)
Operating Expenses Excluding Employee Expenses	**(61.5)**	**(123.5)**	**(63.5)**	**(63.8)**	**(68.2)**	**(70.4)**	**(64.2)**	**(64.9)**	**(70.6)**	**(72.5)**	**(64.5)**	**(70.5)**	**(858.0)**
CIP Target Non Pay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)
Non Pay Savings Target	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**(0.0)**	**(0.0)**
Operating Expenses Excluding Employee Expenses	**(61.5)**	**(123.5)**	**(63.5)**	**(63.8)**	**(68.2)**	**(70.4)**	**(64.2)**	**(64.9)**	**(70.6)**	**(72.5)**	**(64.5)**	**(70.5)**	**(858.0)**
Finance Expense	(4.4)	(2.7)	(3.2)	(4.0)	(3.4)	(3.6)	(4.2)	(3.8)	(3.9)	(4.3)	(19.9)	(8.4)	(65.7)
Gains/(Losses) On Disposal Of Assets	(0.0)	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)
Share Of Profit/ (Loss) Of Associates/ Joint Ventures	1.2	(8.4)	1.5	0.3	0.3	0.7	0.7	1.7	0.7	(0.1)	0.8	0.7	(0.1)
Corporation Tax Expense	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4
Non Operating Expenses	**(3.2)**	**(10.8)**	**(1.7)**	**(3.7)**	**(3.1)**	**(2.9)**	**(3.5)**	**(2.1)**	**(3.2)**	**(4.4)**	**(19.1)**	**(7.7)**	**(65.4)**
Trust Total	**(2.2)**	**(33.2)**	**(15.7)**	**(4.0)**	**(11.0)**	**(13.5)**	**(9.4)**	**0.7**	**(11.0)**	**10.5**	**(27.4)**	**(15.9)**	**(132.0)**
Less Depr On Donated Assets	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.5
Less Donated Assets Income	(0.2)	(1.0)	0.0	0.0	(0.0)	0.0	0.0	(0.1)	(0.0)	0.0	(0.1)	0.0	(1.3)
Less Fixed Asset Impairments		45.1											45.1
Less Impairment, donated income	**(0.1)**	**44.3**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.0**	**0.1**	**45.4**
Operating Total	**(2.3)**	**11.2**	**(15.6)**	**(3.8)**	**(10.9)**	**(13.3)**	**(9.3)**	**0.7**	**(10.9)**	**10.6**	**(27.4)**	**(15.8)**	**(86.6)**

Appendices 2.0
Bank and Agency filled rates

2.1 Medical Bank and Agency filled rates

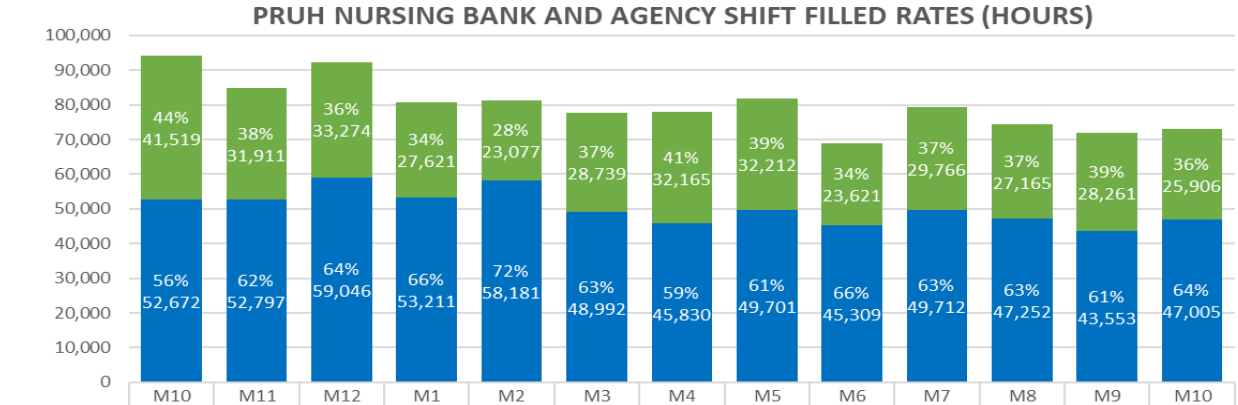


	M10	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
Unfilled	3,888	2,754	3,819	4,118	2,894	3,732	5,692	4,704	4,548	4,678	3,441	3,613	3,269
Filled	8,472	8,300	10,770	10,140	9,249	9,291	12,118	12,904	10,343	10,225	9,998	10,821	10,203
Total shifts	12,360	11,053	14,589	14,258	12,143	13,022	17,810	17,608	14,891	14,904	13,439	14,435	13,473

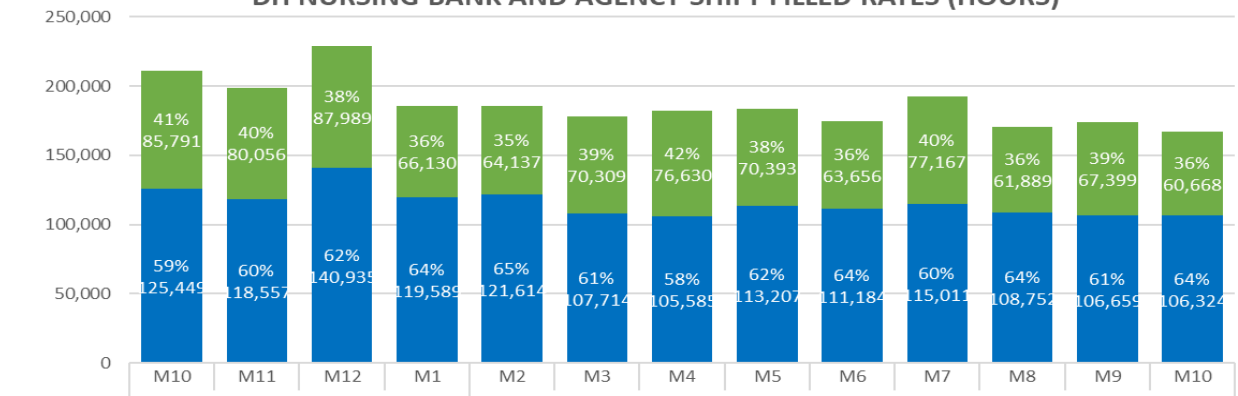


	M10	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
Unfilled	4,241	3,540	4,024	3,107	2,808	4,343	6,042	8,728	4,774	5,464	4,601	5,356	5,491
Filled	13,751	13,126	17,874	16,590	14,063	18,098	20,548	21,596	19,515	17,266	15,133	17,035	16,303
Total shifts	17,992	16,665	21,898	19,698	16,871	22,441	26,590	30,324	24,289	22,730	19,734	22,391	21,793

2.2 Nursing Bank and Agency filled rates



	M10	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
	22-23				23-24								
Unfilled	41,519	31,911	33,274	27,621	23,077	28,739	32,165	32,212	23,621	29,766	27,165	28,261	25,906
Filled	52,672	52,797	59,046	53,211	58,181	48,992	45,830	49,701	45,309	49,712	47,252	43,553	47,005
Total shifts	94,192	84,708	92,320	80,832	81,258	77,731	77,995	81,912	68,929	79,478	74,417	71,815	72,911



	M10	M11	M12	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
	22-23				23-24								
Unfilled	85,791	80,056	87,989	66,130	64,137	70,309	76,630	70,393	63,656	77,167	61,889	67,399	60,668
Filled	125,449	118,557	140,935	119,589	121,614	107,714	105,585	113,207	111,184	115,011	108,752	106,659	106,324
Total shifts	211,240	198,613	228,923	185,719	185,751	178,023	182,215	183,600	174,840	192,178	170,641	174,059	166,992

Appendices 3.0
Site Summaries

3.1 Commercial
3.2 Corporate
3.3 Denmark Hill
3.4 Guthrie
3.5 Pathology Business Unit
3.6 PRUH & South Sites
3.7 Research & Development
3.8 Apollo Programme

3.1 Summary of Year to Date Financial Position – COMMERCIAL

Commercial Division have reported a £10.0m deficit for M10, resulting in a YTD deficit of £96.3m.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	16.4	1.4	1.2	1.4	1.6	0.2	12.6	13.7	16.3	2.6	0.1
Employee Operating Expenses	(1.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)	(1.0)	(1.0)	(0.9)	0.1	(0.0)
Operating Expenses Excluding Employee Expenses	(133.2)	(13.1)	(10.8)	(11.2)	(12.2)	(1.0)	(104.5)	(111.0)	(118.8)	(7.8)	0.9
Non Operating Expenses	8.0	0.8	0.6	0.7	0.7	0.0	7.2	6.7	7.1	0.5	(0.1)
COMMERCIAL Total	**(109.9)**	**(11.0)**	**(9.1)**	**(9.3)**	**(10.0)**	**(0.7)**	**(85.7)**	**(91.6)**	**(96.3)**	**(4.7)**	**0.9**

Income:

Variance: Favourable in month £0.2m & YTD £2.6m.

In month movement primarily due to revised KFM TSA income and overachieving against rental income for Greenwich Renal satellite, Modular Build & IVF activity.

YTD position is mainly driven by additional brand fee £1.7m, overachieving against Greenbrook & Greenpark income £0.4m, revised KFM TSA £0.2m, IVF activity £0.1m and release of KHP & Beam project income £0.2m partly offsetting against pay cost.

Run rate: Favourable movement primarily due to increase Greenwich Satellite rental income

Pay:

Variance: Breakeven in month & slight favourable YTD due to vacancies

Run rate: On trend

Non Pay (Operating Exp excl.Pay):

Variance: Adverse in month £1m & YTD £7.8m

In month movement primarily driven by increased in PFI Fixed cost RPI £0.1m, AFC £0.2m and variable cost £0.1m. Additionally KFM Margin adjustment £0.4m overspend, AFC £0.07m and IVF activity cost £0.1m .

Key drivers for YTD variance include KFM: CCN £3.5m, margin adjustment £2.2m, RPI&AFC £0.6m , PFI: RPI £1.4m, AFC Uplift £1.5m and variable cost £1.4m. Overspend is partially offset by underspend in utilities DH & PRUH £1.4m, PY benefit £0.6, CCU & Willowfield £0.4m and other £0.3m

Run rate : Favourable movement in month due to retrospective variable c+ost £0.9m transacted in M9

Non Pay (Non Operating Expenses):

Variance: In month breakeven & favourable YTD £0.5m relates to revised KFM profit share

Run rate : YTD £0.1m favourable movement relates to KFM profit share. Monthly fluctuation due to Trust activity related consumable costs, contract margin adjustments & KFM external contracts

3.2 Summary of Year to Date Financial Position – CORPORATE

Corporate Directorate have reported a £16.5m deficit for M10, resulting in a YTD deficit of £161.8m.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	17.6	1.8	2.2	1.6	2.0	0.5	18.0	14.3	17.7	3.5	0.3
Employee Operating Expenses	(85.1)	(7.0)	(6.4)	(6.7)	(6.5)	0.2	(60.4)	(71.0)	(68.3)	2.7	0.5
Operating Expenses Excluding Employee Expenses	(114.4)	(11.3)	(11.4)	(10.2)	(12.1)	(1.9)	(105.7)	(94.6)	(111.2)	(16.7)	(0.8)
CORPORATE Total	**(182.0)**	**(16.5)**	**(15.6)**	**(15.3)**	**(16.5)**	**(1.2)**	**(148.1)**	**(151.3)**	**(161.8)**	**(10.5)**	**(0.1)**

Key Messages:

***Income**:* Overall is reporting a favourable position in month of £0.48m and YTD over performance position of £3.3m. The main drivers YTD continues to be; Trust Wide Programmes- International Recruitment £1.26m; Estates and Facilities Division reported £0.6m - over-achievement of Patient Transport from Clinical Commissioning Groups £0.25m, Estates £0.145m LCSF3 HDP Grant and Income Facilities £0.24m. Executive Nursing £0.42m mainly due to Health Care Support worker winter Funding, Resuscitation Services and IV Team; ICT overall £0.48m: Innovate AI grant £0.284m, ICT Management and Security £0.1m, RTT Team and ICT Systems Delivery £0.06m , Workforce Development- Occupational Health Recharge out - LGT £0.23m, HR Business Partners £0.16m, Medical Director - PGMDE Denmark Hill and FBC Postgrad Medical and Dental Education £0.1m, KCH Transformation £0.02m, and Corporate Services- Chairman and Members £0.02m.

Pay: Reporting a favourable position in month £0.3m and YTD by £2.7m mainly due to vacancies across the divisions. The main under spent areas are driven primary in Finance- Financial MI and Analysis £0.6m, Medical Director- PGMDE Denmark Hill £0.32m, Nurse Education £0.5m, Trust Wide Programmes- LDA Salary Support & Foundation Trainees £0.5m, Facilities Projects £0.43m offset by overspend in CEF Senior Management Team(£0.3m) and KCH Security (£0.3m), Corporate Services- vacant posts £0.1m, Operations- Emergency Planning £0.2m and ICT- Information Governance, ICT Management and Security & ICT Systems Delivery £0.1m. Total vacant post in M10 225 WTE. This represents 16% vacancy rate. Of the YTD Actual Pay spend, Bank and Agency services constitute 5.25% of the overall expenditure. Bank (£1.5m) 2.17% and Agency (£2.01m) 3.08%.

Non Pay Reporting an advise in month by (£1.9m) and YTD (£16.7m). The YTD advise movement is mainly due to Estates and Facilities (£7.9m) in the following areas:- DH Estates Engineering Contracts, (£1.8m), Materials Building, Supply And Fix, Materials - Electrical, Building Contracts (£0.6m), Energy, Gas & Water (£1.3m), Rent/ Leases (£1.4m), Rates, (£0.3m), Rates- (£1m), Healthcare From Foundation Trusts (£1m), External Contracts : Domestics (£0.5m), Other Transport Costs (£0.7m), Feasibility studies External Consultancy Fees (£0.6m), Trust wide overall (£4.8m)- Advertising and Staff Recruitment (£3.3m), Trust Wide-Apprenticeship Training Levy (£1.1m), Trust Wide-Salary Sacrifice Dept (£0.4m) and Integrated Governance - Legal Clinical Negligence- Repayment of non compliant with Maternity services (£3.3m).
Key movements from last month include

Operating Income: in month reporting a favourable £0.48m mainly in relation to ICT 0.2m- Innovate AI grant (0.13m and RTT Team £0,06m, Trust Wide Programmes-International Recruitment £0.18m, Executive Nursing- Hee Training Income £0.05m.

Pay: Reporting a favourable in month variance of £0.28m, mainly due to vacancies across many divisions. Workforce Development £0.87m Kings Bank Staff business case funding and In House Recruitment Team (Conexia), offset by increase spend in ICT Systems Delivery (£0.26,) and Corporate Services- Chief Executive (£0.14m).

Non-Pay: Reported a (£1.87m) adverse position in month largely due to Integrated Governance - Legal Clinical Negligence- Repayment of non compliant with Maternity services (£3.8m), Estates and Facilities (£0.38m QMS Oxleas Charge), off set by ICT Management and Security £0.7m PO released and Patient Records DH £0.27m, Workforce Development Corporate Human Resources £0.3m & In House Recruitment Team (Conexia) £0,28m, Finance - Technical Finance and Financial Operations and Senior Finance Team £0,43m, and Executive Nursing- Nursing and Midwifery CPD £0.18m.

3.3 Summary of Year to Date Financial Position – DENMARK HILL

Denmark Hill Site has reported a £4.8m surplus for M10, resulting in a YTD surplus of £56.0m.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	1,034.0	85.7	85.9	88.6	87.7	(0.9)	814.7	858.9	861.6	2.6	1.9
Employee Operating Expenses	(614.3)	(53.9)	(49.2)	(50.8)	(55.0)	(4.3)	(494.2)	(513.4)	(538.1)	(24.8)	(1.1)
Operating Expenses Excluding Employee Expenses	(289.5)	(22.8)	(26.4)	(24.5)	(27.8)	(3.3)	(254.4)	(242.0)	(267.5)	(25.5)	(5.0)
DENMARK HILL Total	**130.2**	**9.0**	**10.3**	**13.3**	**4.8**	**(8.5)**	**66.2**	**103.6**	**56.0**	**(47.6)**	**(4.2)**

Key Messages:

In Month position – For January the site was planning to achieve a surplus of £13.3m, we reported a surplus of £4.8m therefore resulting in an in month underperformance against plan of £8.5m.

YTD position – As at the end of January the site was planning to achieve a surplus of £103.6m, we are reporting a surplus of £56m therefore resulting in an YTD underperformance against plan of £47.6m.

Key movements from last month include:

Income –The YTD income variance is favourable to plan by £2.7m. This is mainly driven by over-performance on pass through drugs (£17.8m) which is linked to activity. Against the 23/24 plan, the clinical commissioning groups income position for most Care Groups is showing adverse to plan, totalling £12.1m behind the plan mainly due to industrial actions and impact from Epic go-live in Oct. Owing to data validation, income position is on the assumption of YTD average for M10.

ERF Performance – ERF data is not still unavailable for M10 due to continued post Epic go-live validation/re-calculation.

Pay –In month, the pay position is £4.3m adverse and YTD is £24.8m adverse to plan. The key areas contributing to the YTD adverse position is predominantly Medical (£11.9m) and Other staff group – Radiology/Pharmacy (£1.5m). The drivers of the overspends are expenditure on ERF, covering industrial action and bank and agency usage to cover hard to fill existing vacancies. Care Groups have started improving on grip and control on temporary staff across other staff groups in addition to Nursing. In-month Medical spend was higher than last month but it was mainly due to the industrial action 3rd–8th of January. Nursing expenditure continues to be below budget therefore the YTD position is now £1.3m favourable –this is as a result of weekly controls, specifically around bank and agency usage. Finally, the site have not identified enough pay savings which is adversely impacting the pay position by £12.8m.

Non-Pay – In month the non-pay position is £3.3m adverse and YTD is £25.5m adverse to plan. Apart from overspent on pass through drugs (£12.7m) which is offset by income, the key areas contributing to the YTD adverse position is costs associated to the independent sector provider work and outsourcing (£6.4m) including all the ISP contracts and UTC at ED. This is continuing to drive our operational and ERF performance. PFI related charges are also overspend YTD by £1.6m driven by an increase of soft FM which is as a result of additional cleaning due to infection control and new facility opened in year such as CCU, Willowfield, Hinton road, Camberwell Hub, etc as well as porter services for patient transport. Blood products is overspent by £1.5m which is as a result of unfunded inflation, and £1.1m overspent on premises relating to ICT, equipment, minor works and printing cost relating to Epic implementation. Finally there is a £4m shortfall related to the unidentified CIP target.

3.4 Summary of Year to Date Financial Position – GUTHRIE

Guthrie have reported a £0.2m surplus for M10, resulting in a YTD surplus of £4.0m.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	13.3	1.3	1.2	1.1	0.9	(0.3)	13.6	11.1	10.9	(0.2)	(0.4)
Employee Operating Expenses	(2.4)	(0.2)	(0.1)	(0.2)	(0.2)	(0.0)	(1.3)	(2.0)	(1.8)	0.1	(0.0)
Operating Expenses Excluding Employee Expenses	(9.2)	(0.6)	(0.5)	(0.8)	(0.5)	0.3	(4.4)	(7.7)	(5.0)	2.7	0.1
GUTHRIE Total	**1.7**	**0.5**	**0.6**	**0.1**	**0.2**	**0.0**	**7.9**	**1.4**	**4.0**	**2.6**	**(0.3)**

Key Messages:

Overall Guthrie has reported £4m surplus YTD resulting in an over performance against plan of £2.6m

Key movements from last month include:

Income:

• In month income position is under achieving £0.3m and £0.2m YTD to plan. The YTD adverse movement is driven by less Overseas activities. Private Patient is breakeven YTD, due to 1 Neuro & 2 Paeds activities. Jersey activities is also over performing by (£0.2), however in month underperformance is due to less PP activities.

Pay:

• Pay is favourable £0.1m YTD against plan and is in line with monthly run rate savings

Non Pay:

• Non-pay is favourable £2.7m YTD against plan. The favourable position relates to various underspent as a result of less Private Patient activities within Guthrie. These Non-Pay categories are Bad debt provision (£0.7m) which is in relation to less Overseas Income generated. Staff Consultant & Support fees (£0.8m) resulting from less Patient activities and Budget for Internal Recharge activities (£0.8m), cost is currently charged via SLR.

• Non-pay Run rate is expected to remain favourable and steady for the rest of the financial year.

Key movements from last month include:

Pay and NP cost is will remain underspent in relation to Income reported

3.5 Summary of Year to Date Financial Position – PBU

Pathology Business Unit have reported a £4.1m deficit for M10, resulting in a YTD deficit of £39.9m.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M10	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	18.6	2.2	1.5	1.6	1.9	0.3	20.2	15.5	18.4	2.9	(0.4)
Employee Operating Expenses	(0.9)	(0.1)	(0.1)	(0.1)	(0.0)	0.0	(0.5)	(0.8)	(0.7)	0.1	0.0
Operating Expenses Excluding Employee Expenses	(57.6)	(5.7)	(5.2)	(4.8)	(5.9)	(1.1)	(54.4)	(48.0)	(57.6)	(9.6)	(0.2)
PATHOLOGY BUSINESS UNIT Total	**(39.9)**	**(3.5)**	**(3.7)**	**(3.3)**	**(4.1)**	**(0.7)**	**(34.7)**	**(33.3)**	**(39.9)**	**(6.6)**	**(0.5)**

Key Messages:

Key Messages in month variance :

Income reports a positive variance of £299k in month mainly on new born blood spot screening/GP direct access £100k, BBV income accrual M10 £58k and genomics cellpath income allocation of £167k. There is a £27k adverse variance in month under income in respect of employee benefits due to over accrual of agency costs in prior months hence over accrual of income from GSTT.

Pay reports an positive variance of £20k. Current MD post (1.00 FTE) is vacant. Agency became substantive on 08/01/24 hence reduced agency costs. In month reversal of corporate over charge to PBU for M03/M04.

Non-pay reports an adverse variance of £1.1m mainly driven by over performance in baseline £549k, genomics £445k, covid testing £159k and an in month service credit of £105k

Key Messages YTD variance :

Income reports a positive variance of £2.9m YTD – DH GP direct access referrals £394k, new born blood spot screening (including PRUH GP direct access) £736k, genomics 420k, USS labs £122k, 22/23 BBV income £244k and 23/24 M01-M06 BBV income £346k, M07-M10 BBV income accruals £231k and covid income £413k.

Pay reports an positive variance of £73k YTD due to reduced substantive staff/ agency costs + vacant posts in PBU.

Non-pay reports an adverse variance of £9.6m due to over performance in baseline activities of £4.4m, genomics £2.9m, covid test costs £1.5m, new tests and sendaway tests £676k

Key movements from last month include:

Income: Covid income allocated to PBU in M09 (£413k)

3.6 Summary of Year to Date Financial Position – PRUH & South Sites

PRUH & South Sites have reported a £0.3m deficit for M10, resulting in a YTD surplus of £7.1m.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	313.9	25.3	24.5	25.3	25.6	0.2	241.0	260.2	254.7	(5.5)	0.3
Employee Operating Expenses	(230.0)	(20.0)	(18.7)	(19.2)	(20.2)	(1.0)	(179.7)	(191.9)	(194.7)	(2.8)	(0.3)
Operating Expenses Excluding Employee Expenses	(54.7)	(4.8)	(5.3)	(4.7)	(5.6)	(0.9)	(48.1)	(45.8)	(52.8)	(7.0)	(0.8)
PRUH AND SOUTH SITES Total	**29.2**	**0.5**	**0.4**	**1.5**	**(0.3)**	**(1.7)**	**13.3**	**22.5**	**7.1**	**(15.4)**	**(0.8)**

Key Messages:

In Month position – For January the site was planning to achieve a surplus of £1.5m and reported a small deficit of £0.3m resulting in an in month underperformance against plan of £1.7m.

YTD position – As at the end of January the site was planning to achieve a surplus of £22.5m, reporting a surplus of £7.1m resulting in an YTD underperformance against plan of £15.4m.

Key movements from last month include:

Income – The YTD income variance is £5.5m behind plan mainly driven by over-performance on pass through drugs £4.4m, offset by underperformance on clinical commissioning groups income (£9.5m) due to planned reduction in activity during strikes & ongoing reporting issues post Epic implementation. As at Month 6, the site's ERF performance was at 100.9%, data is not available for M10 due to post EPIC go-live validation.

Pay – Pay YTD is (£2.8m) overspent, with the key contributor being Medical staffing (£2.1m). Nursing expenditure is below budget by £0.9m YTD as a result of continued focus on temporary nursing staff spend. Whilst key drivers of the pay overspends are site pressures and industrial action, further work is required to reduce bank and agency expenditure, existing oversight measures have been strengthened to support the care groups to drive financial improvements. The in month medical spend was higher than last month mainly due to the six days of industrial action in early January.

Non Pay – YTD non pay is overspend by (£7.0m), driven by pass through drugs (£4.7m) – the majority is offset by income, on tariff drugs (£0.9m) and underachievement of non pay CIP (£2.0m).

3.7 Summary of Year to Date Financial Position – R&D

Research and Development have reported a £0.1m deficit for M10, resulting in a YTD surplus of £0.3m.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	20.1	1.8	1.8	1.7	1.5	(0.3)	16.8	16.7	17.9	1.3	(0.4)
Employee Operating Expenses	(16.9)	(1.4)	(1.5)	(1.5)	(1.1)	0.3	(13.1)	(14.0)	(12.3)	1.7	0.2
Operating Expenses Excluding Employee Expenses	(3.6)	(0.6)	(0.3)	(0.3)	(0.4)	(0.1)	(3.3)	(3.0)	(5.4)	(2.3)	0.2
RESEARCH & DEVELOPMENT Total	**(0.5)**	**(0.2)**	**0.0**	**(0.0)**	**(0.1)**	**(0.0)**	**0.4**	**(0.4)**	**0.3**	**0.7**	**0.1**

Key Messages:

Income is overachieving by £1.3m YTD against plan. This is mainly driven by:

- Principle Investigator Accounts (PI accounts) share of Income generated from commercial and non-commercial studies. This income is not deferred on a monthly basis as per the IFRS15 accounting rules. (£0.5m)
- New Grants awarded (£0.4m)
- Prior year commercial income invoiced in 23/24 £0.4m

Pay is underspent by £1.7m YTD against plan. This is mainly due to:

- An underspend in vacant posts, This is offset by overspends from the following:
- The 5% and Medical Pay uplift for 23/24. These costs are not funded by R&D and are expected to be covered by the trust via NHS England. Costs from the Trust Account which is currently not funded by R&D. These costs relates to the Senior Management and Finance team in R&D
- Increased expenditure in PI accounts

Non-Pay is overspent by (£2.3m) YTD against plan. This is mainly driven by:

- PI research costs incurred in prior months and expenditure incurred on prior year research activity. (£1.1m)
- Additional collaboration study costs allocated in M04 and M08 for 3 NIHR grants after reconciliation. (£1.2m)

3.8 Summary of Year to Date Financial Position – Apollo

Apollo have reported a £2.3m deficit for M10, resulting in a YTD deficit of £13.0m.

	Annual	Last Month	Current Month				Year to Date				Run Rate
	Budget	M9	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M10 vs M9
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income			0.0			0.0	0.0		(0.0)	(0.0)	0.0
Employee Operating Expenses	(0.2)	(0.3)	(0.2)	(0.0)	(0.3)	(0.3)	(1.3)	(0.2)	(1.7)	(1.6)	(0.0)
Operating Expenses Excluding Employee Expenses	(4.4)	(1.1)	0.1	(0.4)	(2.0)	(1.7)	(1.1)	(3.7)	(11.2)	(7.5)	(0.9)
PATHOLOGY BUSINESS UNIT Total	**(4.6)**	**(1.4)**	**(0.2)**	**(0.4)**	**(2.3)**	**(2.0)**	**(2.4)**	**(3.9)**	**(13.0)**	**(9.1)**	**(1.0)**

Key Messages:

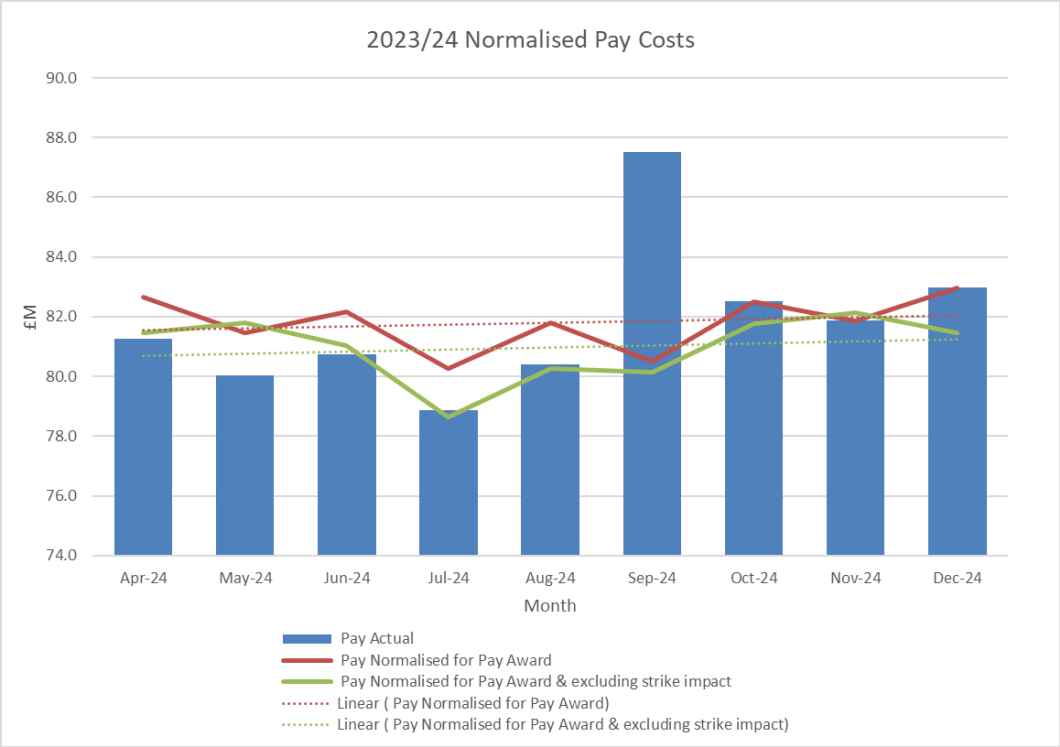
1) **HCC** – The Apollo programme has picked up the new HCC contract costs this month, these are backdated to October and include both implementation and usage costs for KCH and GSTT and they total **£974k.** The trust has seen a drop in costs against Corporate (Transformation) and Estates and Facilities (Swiss Post) to offset this pressure, we have also accrued roughly 50% of these costs as income from GSTT **(£0.5m)**.

2) **MyChart** – YTD actual expenditure has exceeded the IYE funding is equivalent to a FYE forecast position already.

GSTT billing has improved, with data received for all KCH revenue areas apart from GSTT Q2&Q3 revenue costs, these have been accrued on estimated positions based on the May-23 forecast. Purchase orders have been requested for all costed information received., and will be receipted for M11 reporting.

4.0 Normalised Pay Graph

- By reapportioning the medical pay uplift (£8.4m paid in month 6) across months 1 to 6 (£1.4m/month), and stripping out the pay cost of the strikes, pay is actually on a slight downwards trend.



12 Months Run Rate	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Substantive Staff Total	(72.7)	(72.3)	(72.8)	(71.7)	(72.2)	(79.9)	(74.9)	(75.6)	(75.8)
Bank Staff Total	(7.0)	(6.5)	(5.9)	(6.0)	(7.2)	(6.2)	(6.1)	(5.3)	(5.9)
Agency / Contract Total	(1.5)	(1.3)	(2.1)	(1.2)	(1.0)	(1.4)	(1.4)	(1.0)	(1.4)
Pay Actual	**(81.3)**	**(80.0)**	**(80.8)**	**(78.9)**	**(80.4)**	**(87.5)**	**(82.5)**	**(81.9)**	**(83.0)**
Normalise Pay award	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	7.0	0.0	0.0	0.0
Normalised Pay	**(82.7)**	**(81.4)**	**(82.2)**	**(80.3)**	**(81.8)**	**(80.5)**	**(82.5)**	**(81.9)**	**(83.0)**
Strikes	1.3	0.0	1.1	2.1	1.8	1.0	1.0	0.0	1.5
Strike clawback	(0.1)	(0.4)	0.1	(0.4)	(0.2)	(0.6)	(0.3)	(0.3)	0.0
Net Strike impact	1.2	(0.4)	1.1	1.6	1.5	0.4	0.7	(0.3)	1.5
Underlying Pay Run Rate	**(81.5)**	**(81.8)**	**(81.0)**	**(78.6)**	**(80.3)**	**(80.1)**	**(81.8)**	**(82.1)**	**(81.5)**

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**KCH Epic (Apollo) Programme Update**	Item:	12.0.
Author:	Ellis Pullinger Senior Responsible Officer, Apollo Programme	Enclosure:	12.1.
Executive sponsor:	Ellis Pullinger KCH Epic (Apollo) Senior Responsible Officer		
Report history:	Epic (Apollo) Joint Steering Board (February 2024) and KCH Board of Directors' in Public (January 2024), King's Executive (March 2024)		

Purpose of the report

The Board is asked to receive this report with an update on progress on the post go- live activities of the Epic (Apollo) programme in advance of it being presented to the Finance and Commercial Committee (FCC) and public Board meetings in the same week commencing the 11th March 2024. Executive Director colleagues will be familiar with most of the material from the February Epic Joint Stabilisation Board and will note its next meeting (with updated information) is also being held on the 13th March.

Board/ Committee action required (please tick)

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

The Board is asked to receive this report.

Executive summary

1.1 The Epic system has been live across all the King's (KCH) and Guy's and St Thomas' (GSTT) and Synnovis (Pathology provider) sites for over 5 months now. The Programme continues in the 'stabilisation' phase of its work. This report comprises of the following:

- A programme overview including an update on progress with the actions required in the stabilisation phase
- Key programme issues
- Benefits realisation update for 2023/24 to date.

1.2 Both KE and FCC received an update in its February 2024 meeting on the projected 2023/24 year-end financial position for the Epic programme. This report will now provide the required overall programme update and a section on progress with the benefits realisation plan for this financial year.

1.3 KE noted that the monthly Epic Joint Stabilisation Board meets on the 13th March where the assessment of the programme is undertaken in more detail.

Programme Overview

- The programme continues to operate in its stabilisation phase and working towards the 12 objectives as set out on page 4 of this report. The Joint Epic Stabilisation Board has met in January and February with the third meeting scheduled on the 13th March 2024.
- Overall the programme (at the point of month 5 post go-live) continues to make progress against its objectives, although as expected, challenges remain, which we are working with our teams to address. For clarity, Epic gave the programme a rating of 'Serious' in its January 2024 assessment. However, Epic's assessment at the end of February (before the formal reporting cycle concludes) is the programme is now at a 'Watch' status. The February meeting of the Epic Joint Stabilisation Board felt that this status was more appropriate and reflects the overall direction of programmatic delivery to date.
- The March meeting of the Joint Epic Stabilisation Board will receive a recommendation to extend the meeting structure governance from April 2024 onwards. The expectation is that it will roll over for a minimum period of 3 months and then will be reviewed to assess progress. It will all be linked to the metrics against the 12 objectives in the programme.
- KE noted that the Data, Technology and Information (DT&I) service post go-live formal consultation closed at the end of February 2024. The consultation proposes the downsizing of the DT&I team to support the new Epic system and includes the wider Apollo Programme Team (Clinical Operations/ Deployment and Training). The proposed new model will go live in early 2024/25 and will provide the new operating model for DT&I service delivery and is consistent with the original Epic full business case commitment. It is important to acknowledge the professional way in which the teams have responded to it and it will set up the framework, positively, for the Epic programme to deliver its stabilisation and optimisation objectives in 2024/25.
- Both Trusts' continue to run weekly Epic Stabilisation Groups where Trust Executive Staff and senior teams discuss issues affected by the Epic programme. Both meetings are chaired by their respective Epic SRO's.
- Problem specific action plans continue to progress (e.g. Ophthalmology and Radiology)
- Workqueues of all several types including clinic outcoming and signing of each clinical episode, referral management, inBasket signing continue to be prioritised in the programme.
- Good progress has been made in MyChart, Primary Care Liaison and London Care Record integration.
- The Workflow Oversight Teams (WOTs) and Workflow Oversight Committee (WOC) continue to be a good, collaborative forum where staff from both Trusts' meet to agree workflows, prioritisation and policy. The WOC received a report from the WOT chairs to understand their views on leading the WOTs and how the programme can use these important groups effectively in the future. The conclusions from this report will be considered in March with recommendations to follow in April 2024.
- The current Epic Senior Responsible Officer at KCH is handing over this responsibility to the DH Site Chief Executive in the week commencing the 18th March 2024.
- Please section 3 in this paper for the key programme issues.

King's College Hospital NHS Foundation Trust

Conclusion

- The stabilisation part of the Epic programme has continued to make steady progress. This is encouraging while also accepting that there remain a number of challenges to be worked through during this phase.
- The stabilisation workplan will be discharged through existing resources and will continue to be measured against a set of metrics aligned with the 12 programme objectives.

Strategy

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

Key implications	
Strategic risk - Link to Board Assurance Framework	Epic (Apollo) Programme is listed on the Board Assurance Framework
Legal/ regulatory compliance	KPMG have provided external assurance on all programme related compliance. They have clearly highlighted where actions are required in the final go-live preparations
Quality impact	Epic (Apollo) Clinical Safety Case approved
Equality impact	Part of the Epic (Apollo) Programme Governance

Financial	Epic finances are part of the Executive and Sub-Committee of the Board process of review
Comms & Engagement	Part of the Epic (Apollo) Programme Governance and Delivery
Committee that will provide relevant oversight King's Executive and the Finance and Commercial Committee (as part of the new stabilisation governance arrangements, effective from January 2024).	

KCH FINANCE AND COMMERCIAL COMMITTEE

TUESDAY 12 MARCH 2024

KCH Finance and Commercial Committee	
Epic (Apollo) Programme Report	

This paper is for:		Sponsor:	Ellis Pullinger, Senior Responsible Officer for KCH
Decision		Author:	Ellis Pullinger, Senior Responsible Officer for KCH
Discussion			
Noting			
Information	**x**		

KCH FINANCE AND COMMERCIAL COMMITTEE (FCC)

Tuesday, 12 March 2024

EPIC (APOLLO) PROGRAMME REPORT

1. Introduction

1.1 The Epic system has been live across all the King's (KCH) and Guy's and St Thomas' (GSTT) and Synnovis (Pathology provider) sites for over 5 months now. The Programme continues in the 'stabilisation' phase of its work. This report comprises of the following:

- A programme overview including an update on progress with the actions required in the stabilisation phase
- Key programme issues
- Benefits realisation update for 2023/24 to date.

1.2 The Finance & Commercial Committee (FCC) received an update in its February 2024 meeting on the projected 2023/24 year-end financial position for the Epic programme. This report will now provide the required overall programme update and a section on progress with the benefits realisation plan for this financial year.

1.3 The FCC noted that the monthly Epic Joint Stabilisation Board meets on the 13th March where the assessment of the programme is undertaken in more detail.

1.4 The FCC also received a separate paper on the MBI action plan in relation to the Programme's reporting solution in this meeting.

2. Programme Overview

- The programme continues to operate in its stabilisation phase and working towards the 12 objectives as set out on page 4 of this report. The Joint Epic Stabilisation Board has met in January and February with the third meeting scheduled on the 13th March 2024.
- Overall, the programme (at the point of month 5 post go-live) continues to make progress against its objectives but as expected, challenges remain, which we are working with our teams to address. For clarity, Epic gave the programme a rating of 'Serious' in its January 2024 assessment. However, Epic's assessment at the end of February (before the formal reporting cycle concludes) is the programme is now at a 'Watch' status. The February meeting of the Epic Joint Stabilisation Board felt that this status was more appropriate and reflects the overall direction of programmatic delivery to date.
- The March meeting of the Joint Epic Stabilisation Board will receive a recommendation to extend the meeting structure governance from April 2024 onwards. The expectation is that it will roll over for a minimum period of 3 months and then will be reviewed to assess progress. It will all be linked to the metrics against the 12 objectives in the programme.
- The FCC noted that the Data, Technology and Information (DT&I) service post go-live formal consultation closed at the end of February 2024. The consultation proposes the downsizing of the DT&I team to support the new Epic system and includes the wider

Apollo Programme Team (Clinical Operations/ Deployment and Training). The proposed new model will go live in early 2024/25 and will provide the new operating model for DT&I service delivery and is consistent with the original Epic full business case commitment. It is important to acknowledge the professional way in which the teams have responded to it and it will set up the framework, positively, for the Epic programme to deliver its stabilisation and optimisation objectives in 2024/25.

- Both Trusts' continue to run weekly Epic Stabilisation Groups where Trust Executive Staff and senior teams discuss issues affected by the Epic programme. Both meetings are chaired by their respective Epic SRO's.
- Problem specific action plans continue to progress (e.g. Ophthalmology and Radiology)
- Workqueues of all several types including clinic outcoming and signing of each clinical episode, referral management, inBasket signing continue to be prioritised in the programme.
- Good progress has been made in MyChart, Primary Care Liaison and London Care Record integration.
- The Workflow Oversight Teams (WOTs) and Workflow Oversight Committee (WOC) continue to be a good, collaborative for a where staff from both Trusts' meet to agree workflows, prioritisation and policy. The WOC received a report from the WOT chairs to understand their views on leading the WOTs and how the programme can use these important groups effectively in the future. The conclusions from this report will be considered in March with recommendations to follow in April 2024.
- The current Epic Senior Responsible Officer at KCH is handing over this responsibility to the DH Site Chief Executive in the week commencing the 18th March 2024.
- Please section 3 in this paper for the key programme issues.

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3. Key Programme Issues

The key programme issues are summarised as below.

3.1 Deployment Stabilisation

- As of the 1st March 2024, the total number of 'open' tickets (i.e. issues to fix in Epic) stands at circa 6,300 of which an average of 35% of this total is assigned to the KCH sites. Getting below a target of 7,000 open tickets is an important milestone. The expected run-rate of open tickets should sit between 5,000 and 6,000 at this stage in the programme of stabilisation so progress is being made.
- However the next and key measure of improvement is to speed up the response times in closing each open ticket. The programme stands at 44% closure rate within 14 days (as of the 28th February). The minimum target is to achieve a 50% closure rate by April (and do better). The plan to achieve this will go through the DH and PRUH Site Executive Teams and KCH Stabilisation Group meetings in March. The issue of ticket resolution continues to be a consistent source of user feedback and, as a result, is a priority to improve.
- Patient Access, Radiant (Imaging) and Willow (Pharmacy) continue to be the main areas of focus as the three Epic modules with the highest number of open tickets to address and as reported through previous Board papers. Again, there are areas of improvement as reported through each of their respective

Workflow Optimisation Team meetings. The FCC should expect further progress in these areas at the time of its next meeting.

- In particular, the FCC are asked to note that the January meeting of the public Board of Directors' received an update on the work involved in the Patient Access workstream – the areas of focus continue to be on workqueue functionality and build, clinical outcoming and order placing, text messaging and patient communications and the use of the e-referral system.
- The issues around patient communication continue to require focus. The Board received an update on this issue in its January meeting. There have been on-going issues with letter correspondence going to patients. The main focus is on the 'Hybrid Mail' service which forwards both administrative and clinical letters, by hard copy letter, as an option for patients' (in the main) who do not routinely access this information via the MyChart application and/or text messages (for appointments). Technical fixes have been implemented and the programme is confident that the reasons for the Hybrid Mail service not working fully has been resolved, accepting that there will always be a small error rate when forwarding communication by post. The outstanding issue is to complete the task of forwarding all the backlog of correspondence on correctly and to confirm with the clinical teams that any delay in correspondence has not caused any degree of patient harm. The Epic SRO can confirm that the majority of letters have already been forwarded and actioned. The outstanding letters will be actioned by the time the FCC and public Board meeting meets in March.
- The FCC noted that this incident did not include GP communications as a system called Docman delivered this correspondence to them.
- Please see the Data and Analytics stabilisation section for more analysis on activity recovery.

3.2 **Technical Stabilisation**

- The teams are working to resolve critical issues across the programme sites. Ongoing work continues to enable the programme to strengthen coordination of responses to IT incidents, planning for downtime to support special upgrades and continue to improve our Business Continuity (BCA) processes with training and education. KCH has its checking process for BCA in place and all the computers deployed.
- The decommissioning of legacy systems continues to make progress along with the use of data management and the long term archive. For example, the PIMS (PAS) system was decommissioned in February 2024. The process by which a legacy system is approved to be decommissioned is applied through a risk based assessment. This process is being applied to the next significant milestone which will be the decommissioning of the AllScripts system on the 11th March. Both the DH and PRUH Site Executives want continued full transparency and detail on this workstream so the Care Groups can manage the process on a risk based set of decisions. For clarity, it is important to communicate this workstream well as there is anxiety amongst some of the clinical body about the ability to access legacy clinical data.
- FCC to note that the decommissioning of legacy systems is part of the benefits realisation plan – see separate section on benefits in this paper.

3.3 Data and Analytics Stabilisation

- The reporting programme has focused on in-system priority reports, patient tracking list reconciliation and submitting the 9 priority statutory returns without a reporting break during go-live. This continues to be achieved. The focus is now on improving data quality underpinning the submissions, as well as the completion of the 'Integrated Reporting Layer Build' to support wider reporting including the billing and clinical audit submissions.
- All the activity undertaken through this workstream is measured through a Reporting and Finance Oversight Meeting, through to the Epic Joint Stabilisation Board. There is supporting data (and evidence) to support these discussions. This is in parallel to the MBI action plan as per the separate agenda item at the March FCC meeting.
- In order to track progress against the patient flow objectives, there is a GSTT and KCH Activity Group which is tasked with analysing activity volumes against expected 'business as usual' levels. This will deliver progress and can track the detail with performance across Diagnostics (DM01), Cancer and Referral to Treatment waiting time standards.
- For context, the FCC is asked to note the following elective recovery metrics (by percentage achieved) as of the 25th February 2024 against the 2019/20 levels of baseline activity:
  - Outpatient First Appointments are 90% recovered against the 2019/20 baseline.
  - Outpatient Follow up Appointments are 104% recovered.
  - Elective inpatient episodes are 87% recovered
  - Elective day case episodes are 91% recovered

4. Training Stabilisation

- Over 45,00 staff have been trained to use Epic to date
- Circa 500-600 staff are trained each month
- A series of new training initiatives have been delivered since January 2024 including drop-in and at the elbow sessions for specific topics (e.g. use of the Dragon software) and refresher sessions. In addition the Thrive programme continues to conclude 5 pilots across the programme which is bespoke, targeted training to Care Groups with intensive Epic support.

5. Finances Update and Benefits Realisation

- As part of the new governance arrangements for the stabilisation phase of the programme, the February FCC received a year to date position on the overall financial position of the programme for 2023/24. In addition, as part of the Trust's Efficiency Board work plan, work continues to deliver on the 7 main cash releasing benefits required from the original full business case for Epic. A request was made for a summary of this activity to be presented to the March meeting.
- This section in the paper will describe the delivery of direct (cash-releasing) financial benefits that commenced from Epic's go-live in October 2023.
- In the 2023/24 financial year the Epic programme is expected to deliver £4.1m of cash releasing benefits against 6 workstreams', by 2028/29 financial year the expected recurrent savings are £17.4m per annum.

- The progress against delivery for the Epic programme direct financial benefits are reported to the Trust's Efficiency Board fortnightly as a key part of the Digital financial recovery workstream**.**
- The below table is an extract from the update received by the Trust Efficiency Board on the 26th February 2024.
- Year to date the programme has delivered £2.8m of cash releasing benefits against a target of £3.1m. This represents a £0.3m under delivery against plan.

Scheme	Target £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Delivery RAG
FB1. Clinical Directorate Admin Team remodelling	1,151	767	1,404	637	G
FB2. Central Health Records Admin Team remodelling	2,317	1,931	970	-961	A
FB4. Reduction in postage expense	92	61	0	-61	A
FB5. Reduction in copy paper and printed form expense	43	29	0	-29	A
FB6. Reduction in transcription costs	551	368	114	-254	A
FB7. Legacy System Retirement	0	0	327	327	G
Total	4,154	3,155	2,815	-341	

Current Direct Financial Benefits Delivery – Detail

FB1 – Clinical Directorate Admin Remodelling. The delivery value of £1.4m is derived from work undertaken by the Denmark Hill site to identify posts for this and the next financial year. PRUH & South Sites will return their feedback on delivery by the end of Month 11.
FB2 – Central Health Records. A reduction against health records staffing has been achieved, however further work is on-going to validate this number and review the position against target.
FB4 – Reduction in Postage. The Trust has seen a reduction in postage costs against Swiss Post and is awaiting the January statement from HCC to validate the overall reduction in cost. This will be reported in the week commencing the 11th March 2024.
FB5 – Reduction in Paper. There has been a material reduction in printing activity across the Trust and now awaiting billing information from suppliers before the actual value will be added to the tracker. In progress for week commencing the 11th March
FB6 – Transcription. The delivery value of £0.1m is derived from work undertaken by the PRUH & South Sites site to identify a reduction in run rate against transcription services. Denmark Hill Site are due to return their feedback on delivery by the end of Month 11.
FB7 – Legacy System Retirement. The business case assumed that this benefit would start in October 24, however work by the DT&I and KFM has identified several systems that were able to be decommissioned before that date.

6. Conclusion

- The stabilisation part of the Epic programme has continued to make steady progress. This is encouraging while also accepting that there remain a number of challenges to be worked through during this phase.
- The stabilisation workplan will be discharged through existing resources and will continue to be measured against a set of metrics aligned with the 12 programme objectives.

7. Recommendation

The FCC received this report in advance of it going to the Trust's public Board of Directors' in March 2024.

King's College Hospital NHS Foundation Trust

Committee Highlight Report for Board of Directors			
Committee Chair:	Jane Bailey, Acting Chair / NED	Date of Meeting:	22 February 2024
Author:	Zowie Loizou, Corporate Governance Officer		
Committee:	People, Inclusion, Education & Research Committee (PIERC)		

Agenda Ref	Item	Link to BAF
1.	**National Staff Survey Results 2023** The Committee reviewed the headline 2023 staff survey results. The response rate had improved and there have been improvements in areas that have been subject of corporate focus e.g. flexible working. Nevertheless, there is more to do. National benchmarking data will be available once the embargo is lifted in early March and will be brought to the next Committee for consideration. The Committee discussed next steps including action planning at corporate and care group level. The Committee agreed that that triangulating survey results with other data sources e.g. turnover, vacancies etc. will allow better prioritisation. The Committee agreed to suggest that the Board of Directors prioritised staff engagement.	BAF 1, BAF 2. BAF 6.
2.	**Workforce Performance Report - Month 9** The Committee considered the M9 workforce metrics including recruitment and retention, training and employee relations. The Committee sought assurance that early resolution in relation to employee relations is properly captured. The Committee discussed workforce establishment trajectories in the context of the Trust's current financial position and agreed that a narrative will be included in future packs. The Committee discussed the importance of ensuring reviewing workforce metrics in the context of quality and finance.	BAF 1, BAF 2.
3.	**Violence & Aggression Plan and Update** Violence and aggression incidents against staff are increasing. The Committee received a presentation from the Deputy Chief Nurse and the Trust's Violence Reduction Matron, outlining the Trust's approach to reducing violence. This included identifying tools for members of staff to utilise to support the recognition of behavioural escalations and decision making concerning consequence interventions. The Committee welcomed the seriousness with which this difficult issue was being approached and asked for an update to be brought back to the June meeting of the Committee.	BAF 1, BAF 2.
4.	**Bi-Annual Midwifery Establishment Review** A full review of the midwifery establishment was completed last year. An assessment of specialist posts and Ockenden funding ensured that the Trust was able to appropriately size the midwifery establishment according to births The current establishment is fit for purpose as part of the Trusts skill-mix required standard. A birth-rate plus app was currently in use with inconsistencies concerning the utilization of the app across the service, training had since been	BAF 1, BAF 2.

	provided to gain clarity to update the app on a daily basis to capture real time status and significant improvement was noted. Chris Beasley, as the Board's NED Maternity Safety champion assured the Committee that she was supportive of the work the team has done in relation to staffing levels and the benefits are beginning to be seen. The Committee noted that non-Birthrate plus roles, may need to be reviewed as would research funded posts. The Committee approved the report.	
5.	**Equality Delivery System 2022 (EDS) 23/24 Report** The NHS EDI System has reintroduced as a mandatory requirement for the NHS standard contract. Across the three domains the Trust's overall organisational rating was 15.5 versus 33 indicating the Trust is "developing". Benchmarking will available once all Trust submissions have been published on 29th February 2024. The Committee approved the Equality Delivery System 2022 (EDS) 2023/24 Report to be published and asked that benchmarking data should be brought back to a future meeting.	BAF 1, BAF 2.
6.	**EDI Improvement Plan: Progress Update** The Committee reviewed the Trust's progress against the NHSE EDI Improvement Plan. The six "High Impact Actions" were published by NHSE in June 2023 and a requirement for the high impact actions to be completed by March 2024. The Committee was assured that all actions required for completion by March 2024 were complete, with the exception of High Impact Action one, *"Chief executives, Chair's and Board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable",* which had since been completed by the Executive team and subsequently a score of green was noted.	BAF 1, BAF 2, BAF 6.
7.	**Gender Pay Gap** The Committee reviewed the 2022/23 Gender Pay Gap report, noting there was an overall gender pay gap mean difference of 18%. This is mainly as a result of a pay differential within medical staffing. Within the Agenda for Change pay group, where there was 8.15% in favour of women. A further detailed internal action plan with action owners and milestones is in place to address factors and barriers common to all women.	BAF 1, BAF 2,
8.	**GMC National Training Survey 2023 Report** The Committee noted the report. There was overall improvement in the number of white and green flags, noting excellent areas across the national training survey, particularly clinical radiology and the lifting of the GMC 'Enhanced Monitoring' status imposed on Clinical Radiology last year, although two specialty areas were being reviewed by NHSE with required actions to be completed.	BAF 1, BAF 2, BAF 6.
9.	**Board Assurance Framework (BAF)** *BAF Risk 1 - Recruitment & Retention* The Recruitment and retention score remained at 16 due to the current Trust triple lock and financial position, actions and mitigations were in place, with a current lower vacancy rate and higher turnover rates noted. *BAF Risk 2 - King's Culture & Values*	BAF 1, BAF 2, BAF 6.

	Following the current staff survey results and work underway, the King's Culture & Values score remained at 12 with mitigations in place. *BAF Risk 6 - Research & Innovation* Following the risks associated concerning research and the reduction of funding and research opportunities, which had subsequently led to the current score of 9 to be increased to 12, primarily due to the consequence risk anticipated for 2025. The Committee agreed the score should be increased.	
10.	**Issues to escalate to the Board of Directors** • **National Staff Survey:** The Committee agreed to suggest that the Board of Directors prioritised staff engagement.	

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**National Staff Survey Results 2023**	Item:	13.
Author:	Celia Field, Head of OD and Leadership	Enclosure:	-
Executive sponsor:	Mark Preston, Chief People Officer		
Report history:	King's Executive (12.02.24)		

Purpose of the report

- To share a summary of the 2023 National Staff Survey Results,
- To update on progress to identify Trust-wide and local people priorities,
- To update on changes to the action planning process,

Board/ Committee action required (please tick)

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

Executive summary

This report includes a summary of the 2023 National Staff Survey results and provides an update of the activity underway to support care groups and corporate teams to identify and action our Trust-wide and local people priorities for 2024.

Strategy

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

	Digitally-enabled	**Team King's**		

Key implications	
Strategic risk - Link to Board Assurance Framework	BAF Risks 1 and 2. The report provides assurance to the Committee / Board of the approach to communicating and reviewing the 2023 staff survey results to identify priority areas for action.
Legal/ regulatory compliance	The NHS Staff Survey is a mandatory requirement within the NHS Contract
Quality impact	Research shows that staff experience directly impacts patient experience.
Equality impact	The staff survey provides an insight into staff experience across the Trust and can be broken down by protected characteristic.
Financial	N/A
Comms & Engagement	The results will be publicly available and used by regulators and commissioners. They also provide an indication to potential employees of the experience existing staff have at the Trust.
Committee that will provide relevant oversight King's Executive	

King's College Hospital NHS Foundation Trust

1. Response rate for the 2023 National Staff Survey

6783 staff (48%) completed the 2023 staff survey. This was the Trust's highest ever response rate and an 2% increase on last year (46%, 6183 responses), and a 10% increase over the past two years. In addition, our 2023 response rate was higher than the NHS Acute Trust average of 47%. Working closely with the Trust's communications team, the People Business Partners and the EDI team, the survey was launched with a strong campaign that highlighted how departments had used the 2022 survey results to deliver local changes. Because the results are currently still under embargo (until February/March 2024) there is no comparison data available at present for other regional Trusts or to the Shelford group at this point.

2. Summary of results

In 2023 the Staff Survey retained the same structure as the 2022 survey - aligned to the seven NHS People Promises and two themes: Engagement and Morale. Three new questions were also added:

Category - YOUR HEALTH, WELL-BEING AND SAFETY AT WORK		Response Options
Q17	In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. a. From patients/service users, their relatives, or other members of the public b. From staff/colleagues	Never, 1 – 2, 3 – 5, 6 – 10, more than 10
Q22	To what extent does the following statement apply to you? I can eat nutritious and affordable food while I am working. Please note, this could be food you buy or prepare yourself.	Never, Rarely, Sometimes, Often, Always

Question 17 was shared with key support teams prior to the survey release, to identify any trigger warnings that were needed and what support could be signposted to, and the advice from this consultation was covered in the communications around the survey.

The below table shows the Trust's 2023 People Promise and Theme Scores compared with our 2022 results:

People Promise/ Theme	King's 2022 score	King's 2023 score	King's 2023 compared to 2022 score
We are compassionate & inclusive	6.97	6.98	+0.01
We are recognised & rewarded	5.51	5.60	+0.09
We each have a voice that counts	6.47	6.42	-0.05
We are safe & healthy	5.60	5.71	+0.11
We are always learning	5.65	5.68	+0.03
We work flexibly	5.54	5.60	+0.06
We are a team	6.56	6.56	No change
Theme - Staff engagement	6.68	6.64	-0.04
Theme - Morale	5.48	5.55	+0.07

Compared to 2022, the Trust have improved in the following five promises; 'we are compassionate and inclusive', 'we are recognised and rewarded', 'we are safe and healthy', 'we are always learning', 'we work flexibly' and in the theme of 'morale'.

Our scores are lower for 'we each have a voice that counts' and overall 'engagement' – these two areas are heavily interlinked as engagement is linked to staff involvement and the ability to use their voice. The Trust scored the same in 2023 as in 2022 for 'we are a team'.

As the embargo is still in place, the Trust is not yet in a position to benchmark the 2023 staff survey data against other Trusts.

3. WRES and WDES results

The staff survey questions for WRES and WDES will be reported to KE via the EDI Delivery Group later in the year. The full WRES and WDES report for 2023 including the non-staff survey metrics will be submitted in the usual way by summer 2023.

4. People priorities for King's as a Trust

Based on our results the following people promises will have focused programmes of work in 2024/25:

- 'We each have a voice that counts' – as well as a decrease in the overall people promise we have decreases in the two sub-themes of 'Autonomy and control' and 'Raising Concerns'

- 'Staff Engagement' – as well as a decrease in the overall score there are decreases in two of the sub-themes – 'motivation' and 'involvement'

There is a significant overlap between these two areas (in terms of opportunities to show initiative, ability to make suggestions to improve the work of the team, and ability to make improvements happen in my area of work), so the Trust will review the materials and resources we share with managers to enable and encourage this to happen more consistently; and incorporate this into leadership and management development activities as well as into the action planning process itself. The Trust's QI team have been involved in an initial review of the data and we are working with them on these particular areas.

Given the ongoing nature of the work relating to 'we work flexibly', we would recommend a continued Trust focus on this people promise to continue and build upon the work that is currently underway following the 2022 results. The Trust has also been accepted onto Cohort 2 of the NHSE People Promise Exemplar Programme which is focussing on retention, including how Trust's best utilise flexible working.

5. Identifying People Priorities for 2024

In January the Learning & OD team shared the heatmap data with our staff-facing teams (the Organisational Development team, People Business partners, Staff Psychology, Wellbeing, Freedom to Speak Up, EDI, QI, Employee Relations, and Rewards and Recognition) and invited them to an action planning workshop where key priorities and hotspot areas were identified. This generated ideas for specific actions related to each people promise, along with reviewing the support in place for the care groups and corporate teams relating to these areas.

The information from this workshop was collated into a hints and tips document which, along with the informative results heatmap, and a comparison of 2022/23 scores in the people promise areas for 2022, was shared with care groups and corporate departments in the week commencing 5 February. This email asked care groups and corporate teams to pick one People Promise, in comparison to last year's three – in order to give greater depth, focus and wider involvement with action planning for that area.

Along with the results email, we invited all Care group and corporate team leads to a series of People Promise Action planning workshops (happening throughout March/April) where we will look at: -

- how each people promise is constructed,
- what might be root causes of or contributory factors to a low score,
- what support is in place from our people-facing teams,
- how to set specific actions and measure improvements
- how to involve other people in generating ideas for improvement
- time to share ideas and good practice with other people focussed on that particular people promise

Once these workshops have been completed the care groups and corporate teams will be asked to complete the Trust's action tracker highlighting the programme of work they will be undertaking, and governance around these actions will be managed via the Site Executive meetings and reviews as well as local governance arrangements.

6. Next Steps

The L&OD Team and People Business Partners are supporting care groups and corporate teams to review their local results to identify their people priority. These will be summarised and shared with KE in the next quarter, along with the Trust-wide people priorities.

The Trust will participate in the National Quarterly Pulse Survey (NQPS) in April 2023 as a ‘temperature check’ between the 2023 survey and the 2024 survey which will launch in September 2024. Planning for the 2024 National Staff Survey will start in June 2024.

The results are currently under embargo until 7 March 2024.

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**Adult and Paediatric Nursing Establishment Review 23/24**	Item:	15.
Author:	Clare Williams – Deputy Chief Nurse and Elizabeth Leighton – Associate Director of Nursing for Workforce and Education.	Enclosure:	-
Executive sponsor:	Tracey Carter, Chief Nurse and Executive Director of Midwifery		
Report history:	KE – Feb 24		

Purpose of the report

To provide the Board of Directors with oversight on the completion of the nursing establishment reviews for 23/24.

Board/ Committee action required (please tick)

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

The Board of Directors is asked to receive this paper for information and evidence of assurance of the adult and paediatric nursing establishment reviews to provide safe staffing in line with the national workforce safeguards.

Executive summary

This paper outlines the process and actions taken from the 2023/24 Adult and Paediatric Inpatient Nursing establishment review. The outcome of this process has resulted in a decrease to the overall funded position by 14.52 WTE.

The review of staffing establishments in nursing inpatient areas has been completed using evidence-based tools and professional judgement, the resulting changes will enable the Trust to continue to support frontline staff in delivering safe, high quality clinical care.

Strategy

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

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

Key implications	
Strategic risk - Link to Board Assurance Framework	High Quality Care for all
Legal/ regulatory compliance	The embedding of Developing Workforce Safeguards (NHSi, 2018)
Quality impact	Quality of our service and correct safe staffing levels to deliver care.
Equality impact	
Financial	
Comms & Engagement	The outcome of the inpatient establishment reviews 23/24
Committee that will provide relevant oversight KE, PIERC	

Adult/Paediatric Nursing Establishment Reviews 2023/2024

The 2023/24 Adult and Paediatric Inpatient Nursing establishment reviews were undertaken between April and July 2023 by the Acting Chief Nurse, Site Directors of Nursing, Heads of Nursing, Matron for Workforce, Site Finance Lead and Associate Director - Workforce Analytics, Planning and Productivity.

Professional sign off with Site Directors of Nursing, Deputy Chief Nurse and the Chief Nurse was completed in September 2023 to confirm safe staffing in line with evidenced based tools.

Background

All Trusts must ensure Developing Workforce Safeguards (NHSi, 2018) guidance is formally embedded in their safe staffing guidance, which states:

- That the workforce consists of sufficient, suitably qualified, competent and experienced staff to meet care and treatment needs safely and effectively
- That there is a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service to keep them safe at all times
- When deciding on staffing Trusts must use an approach that reflects current legislation and guidance where it is available

Developing Workforce Safeguards (NHSi, 2018) guidance is underpinned by the National Quality Board paper (2016) stating that the Trust must meet three expectations: deploying the right staff with the right skills at the right place and time.

Smaller interim establishment reviews have been held in the recent past in response to specific workforce challenges e.g. Band 2-3 HCSW consultation, however this is the first full inpatient establishment review following the pandemic in 2020/21. Due to the period between full reviews a number of anomalies between staffing templates and budgets were identified. The establishment reviews aimed to realign these templates against budget based on current service need, acuity and dependency and professional judgement aligned to the national quality board indicators. This was the first step to set the rightsizing of the nursing workforce.

The Heads of Nursing were asked to submit a completed workforce review template for each individual area. These were completed in conjunction with Matrons and Ward Leaders. This included information regarding; current budget, planned ratio's, recruitment and retention, bank and agency spend, roster KPI's, National Quality Board Indicators (inc. SI's, falls, pressure ulcers, complaints and Friends and Family scores), acuity and dependency data using the safer nursing care tool (SNCT) and Care Hours Per Patient Day (CHPPD). This also included professional judgement on service need, skill mix and transformation plans.

Outcome of the establishment reviews

Following the review of all inpatient areas, a consistent theme arose with a misalignment between the funded establishment and roster template and budget. This had impacted on the local areas ability to deliver on accurate bank and agency reporting and controls. This had been exacerbated by the pandemic where workforce decisions were needed to be made quickly in response to unprecedented clinical challenges. During this period several service changes and site reconfigurations took place.

In the review, ward leaders supervisory time has been changed to pro rata 0.31 WTE on adult wards and 0.2 WTE within paediatrics (excluding ED and Critical Care). This change provides clinical leadership and credibility of our ward leaders and support and supervision for our junior workforce and has led to a reduction in 14.52 WTE.

The site-specific summary outcomes of the agreed establishment changes following this review cycle, including comparison to the previous year's budgets and the differences are presented below. It should also be noted that WTE establishments outlined below reflect a percentage top sliced from the rostered templates with that money being ring-fenced for appropriate temporary staffing spend.

Denmark Hill Site

The review of the Denmark Hill inpatient areas provided a 7.69 WTE reduction.

The overall reduction in WTE as a result of the Ward Leaders supervisory time at DH was less impactful for a number of reasons. During the Trust restructure in 2019, some services were moved to different sites and/or care groups so a reconciliation of establishments to reflect the care group changes happened at the time but as stated above, full establishment reviews were not undertaken.

In addition to the restructure, Acute Medicine has seen significant service changes e.g increased opening hours of the Frailty unit to inpatient unit 24/7, reconfiguration of acute wards to include Guthrie as an acute medical unit (AMU) and an increase in acuity as demonstrated by SNCT on some wards. The Site Centralised enhanced care team was also disbanded into care groups with the roles integrated into ward establishments.

The establishment review in Cardiac resulted in a supernumerary nurse in charge being added to the establishment in their Level 3 areas e.g. CRU. This has now made them compliant with GPICS (Guidelines for the Provision of Intensive Care Services) standards and in line with all other critical care areas in the trust.

All of the above has resulted in some care groups showing a small increase in establishment despite the addition of the ward leaders supporting clinically. It should be noted that while there are similar savings in WTE at both DH and PRUH/SS, the larger financial saving is at DH. This reflects the WTE saved at the PRUH/SS was all at band 5 but DH required a wider realignment reflecting changes in a wider range of bandings.

ED and Critical Care areas were excluded from this piece of work as their band 7 nursing workforce are already 100% clinical in their roles.

Table 1: Denmark Hill establishment review outcome

Nursing Rota Templates - WARDS

Denmark Hill

Click Cost Code

Care Group	Cost Code	Cost Code Name	2023/24 M8 Budgets Establishment WTE	2023/24 Nursing Review Establishment WTE	Difference Establishment WTE
Acute Medicine	303654	Annie Zunz Ward (TEAM)	51.85	51.87	-0.02
	303653	Twining Ward	36.21	36.25	-0.04
	303655	RDL (AMU)	44.39	46.09	-1.70
	303849	Byron Ward (AHAU)	48.33	48.29	0.04
	303662	Frailty	22.02	21.66	0.36
	500380	Guthrie Ward	55.28	53.85	1.43
	303844	Donne Ward	48.34	48.26	0.08
	303842	Marjorie Warren Ward	48.48	48.29	0.19
	303895	Lonsdale Ward	45.24	45.65	-0.41
	303889	MARY RAY WARD	49.92	50.11	-0.19
	303890	Oliver Ward	49.39	50.26	-0.87
Total Acute Medicine			499.45	500.58	-1.13
Surgery	303379	Brunel Ward	35.46	35.48	-0.02
	303378	Coptcoat Ward	25.96	26.32	-0.36
	303387	Katherine Monk ASU	57.56	57.26	0.30
	303381	Lister Ward	47.47	47.50	-0.03
Total Surgery			166.45	166.56	-0.11
Cardiovascular Sciences	300025	Sam Oram Ward	23.70	23.43	0.27
	300031	CCU Sam Oram Ward	23.58	24.31	-0.73
	300026	Victoria and Albert Ward 18 Beds	23.60	23.25	0.35
	300013	Cotton Ward	38.68	38.32	0.36
	300033	Victoria and Albert HDU 10 Beds	34.00	35.14	-1.14
	300037	Victoria and Albert CRU 6 Beds	23.60	23.25	0.35
Total Cardiovascular			167.16	167.70	-0.54
Child Health	300218	Toni and Guy	37.25	36.93	0.32
	300205	Ray of Sunshine Ward	42.82	42.82	0.00
	400924	Paeds Inpatient (PRUH)	29.40	27.88	1.52
	300202	Children Surgical Ward	44.07	43.75	0.32
	300220	Paediatric Recovery Team	5.51	5.38	0.13
	300214	Paediatric Short Stay Ward	16.06	15.88	0.18
Total Child Health			175.11	172.63	2.48
Haematology and Pathology	300348	Derek Mitchell Unit	32.95	32.08	0.87
	300347	Davidson Ward	33.11	32.37	0.74
	300349	New Waddington	26.15	25.80	0.35
	300333	Elf and Libra	33.66	33.31	0.35
Total Haematology & Pathology			125.87	123.55	2.32
Liver Gastro Upper GI and Endoscopy	300432	Dawson Ward	33.93	33.58	0.35
	300438	Todd	40.04	39.68	0.36
	300445	Howard Ward	26.40	26.04	0.36
Total Liver Gastro Upper GI and Endoscopy			100.37	99.30	1.07
Renal and Urology	304210	Fisk and Cheere Ward	51.43	51.08	0.35
Total Renal and Urology			51.43	51.08	0.35
Neurosciences and Stroke	400041	Frank Cooksey Rehab Unit	31.14	30.43	0.71
	304458	Friends Stroke Unit	62.16	61.68	0.48
	304446	Murray Falconer	55.47	54.70	0.77
	304445	Kinnier Wilson	44.69	44.34	0.35
	304488	Kinnier Wilson HDU	37.12	37.20	-0.08
	304479	Charles Polkey Ward	48.67	48.33	0.34
	304441	David Marsden	47.25	46.92	0.33
	400043	Ontario Ward	31.34	31.06	0.28
Total Neurosciences and Stroke			320.72	317.45	3.27
Grand Total			1,606.56	1,598.87	7.69

PRUH and South Sites

The review of the PRUH and South sites inpatient areas provided a WTE reduction of 6.83.

This reduction is reflective of the 0.31 released at Band 5 relating to the ward leaders working clinically 1 day a week across inpatient areas. While there were several additional staffing asks from across care groups, on review by the Site Executive Team it has been noted that these are reflective of areas accommodating significant ageing populations of patients with enhanced care needs. Currently these are being managed through the appropriate use of bank staff to maintain patient safety. The decision has been made to firstly realign the costing sheets and then review any additional staffing asks during the 24/25 establishment review cycles. These reviews will be supported by the updated Adult/AAU SNCT tool that has added two additional acuity and dependency classifications to reflect enhanced care staffing requirements more accurately.

Table 2: PRUH and South sites establishment review outcome

Nursing Rota Templates - IP WARDS
PRUH & SOUTH SITES

Nursing Review Proposed Changes - Nov '23

			23/24 M06 - Current Budgets	23/24 Nursing Review Proposed Rota Templates	Difference
Care Group	Cost Code	Cost Code Name	Establishment	Establishment	Establishment
			WTE	WTE	WTE
Adult Medicine	400080	Churchill Ward	35.61	35.32	-0.29
	400082	Elizabeth Ward	34.83	34.53	-0.30
	400635	Medical 1	27.22	26.93	-0.29
	400638	Medical 2 PRUH	33.76	33.46	-0.30
	400636	Darwin 1	39.64	39.34	-0.30
	400631	Quebec Ward	33.21	32.91	-0.30
	400664	Stroke Ward PRUH	88.84	88.84	0.00
Total Adult Medicine			293.11	291.33	-1.78
General Medicine	400533	PRUH ED Nursing	144.77	143.86	-0.91
	400503	AMU PRUH	103.42	102.83	-0.59
	400633	Farnborough Ward	47.38	47.09	-0.29
	400629	Medical 6 PRUH	38.68	38.38	-0.30
	400654	Medical 7 PRUH	49.68	49.39	-0.29
	400627	Medical 8 PRUH	36.27	35.98	-0.29
	400637	Medical 3	31.25	30.95	-0.30
	400634	Darwin 2	32.10	31.81	-0.29
	400829	Medical 4	31.14	30.85	-0.29
	400674	Respiratory Support Unit	27.22	26.93	-0.29
Total General Medicine			397.14	394.20	-2.94
Orthopaedics	303383	Trundle Ward	31.94	31.81	-0.13
	400152	Boddington Ward	25.41	25.11	-0.30
	400804	Surgical Ward 7	45.49	45.20	-0.29
Total Orthopaedics			102.84	102.11	-0.73
PRUH Site Management	400153	Escalation Ward	0.00	-	-0.00
Total PRUH Site Management			0.00	0.00	-0.00
Speciality Medicine	400659	Chartwell In Patients	27.19	26.90	-0.29
Total Speciality Medicine			27.19	26.90	-0.29
Surgery Theatres Anaesth	401010	Surgical Ward 3	25.27	24.98	-0.29
	400810	Surgical Ward 4	23.61	23.31	-0.30
	400801	Surgical Ward 5	41.19	40.89	-0.30
	400820	Surgical Ward 6	28.55	28.34	-0.21
Total Surgery Theatres Anaesthetics and Endoscopy			118.6	117.5	-1.09
Grand Total			938.9	932.1	-6.83

Next Steps

- Agreed process and governance for any future requests for changes to costing sheets with oversight and ultimate sign off by the Chief Nurse and managed through the Nursing Midwifery and AHP workforce Governance Group
- Undertake establishment Reviews 2024/25:
    - Tabletop review of review of inpatient areas following changes actioned 2023/24
    - Deep dive of Theatres/DSU cross site and Outpatient areas
- Continue biannual SNCT review cycle, including ED, using updated Adult and Acute Assessment Unit (AAU) tool cross site, to further support establishment setting process.

- Bi-weekly Nursing, Midwifery and AHP Workforce Governance Group meetings, chaired by the Chief Nurse, to identify, secure and develop a stable workforce ensuring safe staffing in line with Developing Workforce Safeguards guidance (NHSi, 2018).
- The Nursing and Midwifery and AHP workforce improvement plan will oversee the completion of the actions whilst supporting the wider trust efficiencies.

Board of Directors action:

The Board of Directors is asked to receive this paper for information and evidence of assurance of the adult and paediatric nursing establishment reviews to provide safe staffing in line with the national workforce safeguards.

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**Bi-Annual Midwifery Establishment Report**	Item:	16.
Author:	Jo Alderson – Lead Midwife Education & Workforce	Enclosure:	-
Executive sponsor:	Tracey Carter, Chief Nurse, and Executive Director of Midwifery		
Report history:	Women's Health Care Group Governance 13th February 2024, DH Site Exec meeting, PIERC February 24		

Purpose of the report

- Evidence of an effective system of midwifery workforce planning demonstrating the current midwifery workforce and proposed plans for the future. This report covers the period June 2023 to November 2023.
- This report outlines progress being made to address midwifery shortages in line with national guidance.

Committee action required (please tick)

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

- The Board is asked to take this report for information and assurance of the midwifery workforce planning.

Executive summary

This is a follow up to the staffing paper presented in July 2023.This report summarises the current progress in ensuring safe midwifery staffing levels at King's College Hospital NHS Foundation Trust.

The recommendations within this document are modelled using the nationally recognised tool Birthrate Plus this is the only recognised maternity-specific workforce planning tool which has been endorsed by NICE (2016),

The Birthrate Plus Midwifery Workforce Planning system is based upon the principles of providing one-to-one care during labour and delivery to all women and includes additional midwifery hours for women in the higher clinical need categories.

The Birthrate Plus app is completed in the inpatient areas 4 hourly and allows the department to review and plan staffing across all areas. The red flags drawn from the data collected are shown in this paper and demonstrate ongoing workforce challenges across both maternity departments within this reporting period.

Also, further updates on:

- The recruitment of the midwifery workforce and the actions being taken to maintain safe services.
- Compliance with supernumerary status of the delivery suite coordinator, and the action plan to address red flags.
- Compliance with 1:1 care in labour.

Strategy

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

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

Key implications	
Strategic risk - Link to Board Assurance Framework	BAF 1, 2 & 7
Legal/ regulatory compliance	Risk related to achieving 10 safety actions in Maternity Incentive Scheme Year 5.
Quality impact	Staffing levels have implications for the quality of care being provided
Equality impact	Diversity of the workforce and support for birthing people
Financial	None until full workforce review has been completed
Comms & Engagement	The midwifery department will be regularly updated on the staffing pipeline
Committee that will provide relevant oversight. PIERC & Board	

King's College Hospital NHS Foundation Trust

1. Introduction

The maternity incentive scheme (MIS) Safety action 5 requires a bi-annual midwifery staffing establishment report is undertaken and reviewed by the Board.

Required standard.

A systematic, evidence-based process to calculate midwifery staffing establishment is completed.

Board of Directors to evidence midwifery staffing budget reflects establishment.

The midwifery coordinator in charge of labour ward must have supernumerary status (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.

All women in active labour receive one-to-one midwifery care.

Submit a midwifery staffing oversight report that covers staffing / safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period.

2. Establishment Review

The Birthrate Plus Midwifery Workforce Planning system is based upon the principles of providing one-to-one care during labour and delivery to all women and birthing people and includes additional midwifery hours for those in the higher clinical needs categories.

The current midwife to birth ratio as set out in the Birthrate Plus report is 1:18.7 at DH and 1:23 at PRUH.

Birthrate Plus findings noted that the complexity at Denmark Hill site indicates that over 80% of women are in the two higher categories IV and V. This is noticeably a higher acuity than the average for England of 58%, based on 55 maternity units with a wide range of sizes and locations.

The generic case mix at the PRUH is also above average at 67.1%. This increase in complexity of the women and birthing people has impacted on the staffing required to safely provide care within both departments and has changed significantly since 2015.

Table below shows the change in case mix from 2015 and 2020 as reported by Birthrate Plus.

Site	% Case mix I, II, III 2020	% Case mix IV-V 2020	% Case mix I, II, III 2015	% Case mix IV-V 2015
DH	18.2	81.8	39	61
PRUH	32.9	67.1	41.2	58.8

Evidence midwifery staffing budget reflects establishment from the full review using birthrate plus in 2021.

KCHFT	Birthrate Plus recommended WTE bands 3-8	Funded Bands 3-8	Variance
8852 Births Dec/Jan 2021	478.59 WTE	457.32 WTE	21.27 WTE
October 2021		11.1WTE Ockenden award additional funding	10.17 WTE

The original national Ockenden Maternity bid via the local maternity and neonatal system (LMNS) was successful with an increase of 11.1 WTE. in October 2021 which was added to the establishment for recruitment.

The detailed workforce review considers variance to reflect reduction of the birth rate in 22-23.

Workforce Review/ Ockenden Business Case

A further comprehensive maternity workforce review took place throughout 2023 and a step-by-step approach was undertaken in collaboration with workforce, finance, senior midwives and the wider maternity team.

The review gave consideration to the maternity transformation programme where delivery of continuity of carer (CoC) is increasingly referenced in national mandated safety requirements. It also included the Maternity Incentive Scheme (MIS) and considerations towards priorities such as increased support for women from the global majority, vulnerable women and birthing people.

The review identified that the clinical midwifery establishment requires investment to bring it in line with the formal BR+ workforce review to ensure safe delivery of maternity care. Since BR+ was reported King's has seen a reduction in birth rate and the investment required was found within the recurrent Ockenden funding.

Understanding and being transparent with our workforce will make King's more attractive as an employing organisation and will begin to meet the requirement for continuity of carer and will build some flexibility into the workforce to meet the fluctuating demands of the service. The birth rate needs to be considered, and if there are increases in the future then staffing will need to reflect this.

King's College Hospital NHS Foundation Trust

Headroom

Headroom for midwifery and midwifery support staff is 24%, accounting for an uplift for annual leave, training, sickness and maternity.

Monthly meetings are held with each area matron alongside HR and the HoM reviewing all sickness and escalating concerns.

Staff feedback is sought through surveys and regular listening events with the senior midwifery team in order to improve wellbeing and culture. The employee relations team are undertaking projects on staff wellbeing with the senior midwifery team in the women's health care group. The impact of secondments and career breaks on the service is considered by reviewing requests at the flexible working panel to ensure fairness and equity. Study leave is allocated as per the trust Study Leave Policy. There is a large amount of core statutory and mandatory training required for midwifery roles on an annual basis to ensure safe running of the service and study to support staff professional development.

Headcount change

The workforce review resulted in a proposal for changes to the establishment, and the increase of 21 WTE was funded through the further national Ockendon money.

Proposed	Incl. Headroom
	BEAST Budget
Midwifery Band	WTE
8C	1.00
8B	6.00
8A	8.80
7	88.44
6	303.09
5	38.10
4	12.90
3	60.71
2	51.12
Total	571.16

The figures in the table do not include the 2 WTE 8C Site Heads of Midwifery.

A remodelling of the maternity support workforce (band 2 and 3 roles) is being implemented, which will align the workforce to the nationally recognised job profiles and the wider organisation to ensure safe, consistent staffing across all areas. (this is outside of this review)

New Posts

- Head of Midwifery – Governance, Compliance, Assurance and Transformation 8C cross-site
- Technicians: 0.74 cross site, Band 5 - these roles will lead equipment management and training for clinical teams.
- Flow Midwives: 5.32 DH and 5.32 PRUH, Band 7 – these roles oversee elective and emergency workload, reduce delays in response to elective cases and so increase the resilience of the unit. They will be supernumerary on shift as per Health Safety Investigation Branch (HSIB) recommendation.
- Consultant – Obstetrician: 0.4 WTE DH and 1.4 WTE PRUH

Although not new posts to the structure, as per Ockenden recommendations the establishment includes.

- 1 WTE Professional Midwifery Advocate (PMA) on each site
- Consultant with 1 PA a week dedicated to Fetal Surveillance
- 1 WTE Fetal Surveillance Specialist Midwife at DH, 1 WTE Fetal Surveillance and Well-being Senior Midwife at PRUH.

Changes to Services

The review included analysing demand and capacity data from services. As a result of this there will be a reduction in WTE working on the telephone assessment line, with staff redeployed to clinical areas. Affected staff will be consulted during Feb 2024 and the changes will begin to be implemented from April 2024.

Use of the Birth Rate Plus Acuity Tool and Red Flags

Midwifery staffing is entered into the Birth Rate Plus Acuity Tool. It is a tool for midwives to assess their 'real time' workload arising from the number of women needing care, and their condition on admission and during the processes of labour, delivery and postnatal. It measures 'acuity' and the system is based upon an adaption of the same clinical indicators used in the well-established workforce planning system Birth Rate Plus.

The Birth Rate Plus classification system is a predictive/prospective tool rather than the retrospective assessment of process and outcome of labour used previously. The tool is completed four hourly by the delivery suite co-ordinator. An assessment is produced on the number of midwives needed in each area to meet the needs of the women based on the minimum standard of one-to-one care in labour for all women and increased ratios of midwife time for women in the higher need categories. This provides an assessment on admission of where a woman fits within the identified Birth Rate Plus categories and alerts midwives when events during labour move her into a higher category and the increased need of midwife support.

Through the recording of staffing factors, clinical actions, management actions and red flags the service is able to determine whether the unit is adequately and safely staffed and provides evidence of what actions are taken at times of higher acuity and the use of the escalation policy when required. To have confidence in the accuracy of the data >85% of scheduled assessments need to have been undertaken. Within the reporting period monthly confidence factor % fluctuated with an average confidence factor of 83.92% at PRUH and 80.42% at DH. To improve the confidence, factor the flow team are working with the labour ward coordinators to ensure data is recorded within the scheduled assessment periods. Compliance with this will be tracked at weekly review meetings and the monthly data challenge meetings.

The following table highlight the recorded staffing requirements based on the clinical and social needs of the women on the unit from – 01/06/23 – 30/11/23.

	% Staffing was a factor	% Staffing was NOT a factor
PRUH	68% (623)	32% (298)
DH	88% (775)	12% (108)

The records from the staffing acuity tool reflect workforce on both sites with the highest staffing factors being unexpected midwife absence/sickness and unable to fill vacant shifts.

Staffing levels are coordinated through:

- Daily review of staffing levels at 08.30 and 16.30 daily, seven days a week, led by the Flow / Patient safety lead midwives with the matrons/Heads of Midwifery
- If activity requires an additional huddle takes place at 12.30
- Matrons/ Heads of Midwifery continue a 7-day rota supporting staffing with presence /on call.

When staffing is not optimum, the following measures are taken in line with the escalation policy:

- Utilisation of bank and agency staff
- Elective workload prioritised to maximise available staffing.
- Managers at Band 7 level and above work clinically
- Relocate staffing to ensure one to one care in labour and dedicated supernumerary labour ward co-ordinator roles are maintained.
- Redeployment of specialist staff and staff from other areas within maternity
- Registered nurses to support maternity areas when able.
- Senior management team working clinically.
- Activate the on-call midwives from the community to support the inpatient service.
- Request additional support from the on-call midwifery manager.
- Liaise closely with maternity services at opposite sites to manage and move capacity as required.

All the above actions are designed to maximise staffing into critical functions to maintain safe care for women and their babies.

In addition, temporary staffing hours have been used across the service to cover maternity leave and long and short-term sickness.

In October 2023 the London Escalation Policy & Operational Pressures Escalation Levels Maternity Framework (OPELMF) was launched. This sets out the agreed criteria for interpreting pressures and clear mitigating actions to manage capacity challenges for the London region. It provides a consistent approach in times of pressure. Terminology and RAG ratings from the OPELMF have been incorporated into daily staffing huddles.

The number of red flags for this reporting period

Although there are 10 red flags reported through BR+, MIS SA5 specifically considers 2 flags:

RF9 – Any occasion when 1 midwife is not able to provide continuous 1:1 care and support to a woman in established labour and

RF10 – Coordinator unable to maintain supernumerary status.

RF10 - Midwifery coordinator in charge of labour ward supernumerary status

Midwifery coordinators are band 7 clinical midwives who have an oversight of all women being cared for on the labour ward. The coordinators are rostered to be supernumerary to enable them to support more junior staff, work closely with obstetricians and have oversight of all women's progress.

There are occasions for a short period of time where the coordinator is not supernumerary due to high activity / shortage of staff. The coordinator should never be caring for a woman in active labour requiring one to one care. BR+ data for this period shows that DH reported being unable to maintain labour ward coordinator as supernumerary on 119 occasions. At PRUH for the same period 2 occasions were recorded.

A deep dive into DH supernumerary breaches was carried out and subsequently a process of weekly data review and monthly challenge meetings will be implemented. The deep dive looked at data from June – September, each reported non-supernumerary status was cross-referenced between the Birthrate + app and the ward acuity daybook. The main themes from this work were around appropriate escalation and mitigation and the potential for inaccurate data. It was noted that mitigation and redeployment was often not recorded and escalation to the manager on call was not evident at times when the labour ward coordinator lost supernumerary status. Accuracy of the data is questioned as the confidence rating fell below 85% for all of these months. There were instances found where the labour ward coordinator is recorded as non-supernumerary during times when acuity was rated as green with no documentation from the coordinator to explain this. Inaccuracies were also found with how women and birthing people were categorised therefore a higher acuity being recorded. There are questions around the understanding of how to categorise women and when the category needs to change, also around the understanding of what constitutes a labour ward coordinator becoming non-supernumerary as there are a range of activities that can be undertaken whilst still maintaining supernumerary status. From the deep dive and the weekly review and monthly data challenge meetings areas for education regarding categorisation, classification and accurate data were identified and fed back to the coordinators.

Each shift should have a second senior midwife performing the flow and patient safety role who maintains the helicopter view across each maternity unit. These roles are not yet fully recruited to however once the establishment is aligned to the agreed workforce review recruitment to these posts will take place.

The workforce review has enabled us to look at roles which do not have to be undertaken by a midwife e.g. technician on labour wards and rota coordinators releasing midwifery time to provide care.

Action:

- Continue to monitor supernumerary coordinator's role.
- Follow action plan to address breaches.
- Commence weekly data reviews and monthly challenge meetings.
- Recruitment to senior midwife roles to ensure all shifts covered.

RF9 - One-to-one care in Established Labour

Women in established labour are required to have one to one care and support from an assigned midwife. One to one care increases the likelihood of the woman or birthing person having a 'normal' vaginal birth without interventions and contributes to reducing both the length of labour and the number of operative deliveries. Care will not necessarily be given by the same midwife for the whole of a woman's labour.

If there is an occasion where one to one care cannot be achieved, then this will prompt the labour ward co-ordinator to follow the course of actions within the acuity tool. These may be clinical, or management actions taken.

1:1 care in established labour breaches:

2023						
Month	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
PRUH	0	0	0	0	0	0
DH	1	0	3	3	1	3

One to one care in labour was achieved 100% of the time within the timeframe on the PRUH site, demonstrating appropriate use of escalation processes within the department to maintain safe staffing. On the DH site there were 11 breaches of 1:1 care in established labour reported on the BR+ app. An action plan is being created to address these, part of which is to audit each occurrence. However, a discrepancy in the data has been found which needs to be resolved. The number and instances of 1:1 care breach differs across the BR+ app and again when cross-referenced with patient records. A further difficulty in auditing the occurrence of red flags is that they are not automatically flagged within EPIC therefore a new system of timely review needs to be established.

Action:

- Continue to monitor 1:1 care red flag occurrence in established labour.
- Work with BR+ and Digital Midwives to resolve data discrepancies.
- Design process of timely review of 1:1 care red flags.

3. Recruitment plans

Currently there are 19.28 WTE midwifery vacancies across both sites.

There is an ongoing recruitment plan and all the vacant Band 5 & 6 midwifery posts have been offered. Band 7 vacancies continue to be recruited to by the matrons.

Cross site Band 6 rolling recruitment is successfully established with an open advert with shortlisting taking place once sufficient candidates have applied. Issues were identified regarding the advert not automatically re-opening following each shortlisting round. The midwifery team have worked alongside the trust recruitment team to resolve this. Adverts now remain open for 3-month periods during which shortlisting occurs fortnightly. Fortnightly interview dates are being established to ensure there is minimal delay from application to interview. Band 6 recruitment is still challenging. Each round tends to attract an average of 3 UK based Band 6 applications.

For the first time this year all host midwifery students have been offered a conditional job on completion of their programme. Successful host student recruitment days were held in in March and August 2023 aligning with university cohort completion dates. 47 of a potential of 52 students accepted job offers, 8 have since withdrawn and 1 other who originally moved to another trust has returned. Plans are in place for conditional offers to be sent to September 2024 cohorts in January 2024 and January 2025 cohorts in August 2024.

Band 5 & 6 open day recruitment fairs commenced in July 2022. After initial plans to hold these quarterly they are now being held biannually. A successful recruitment fair in June and subsequent overflow event saw 33 offers from which there were 11 withdrawals. Events are planned for February and July 2024.

Due to a high vacancy rate a rolling recruitment advert has recently been set up specifically for PRUH community.

The Trust is part of the Capital Midwife consortium – international recruitment.

- Original agreement for 19 International Educated Midwives (IEMs) to arrive by December 2023, target since reduced to 14.
- 11 arrivals to date.
- 16 withdrawals/reallocation to other trusts.
- 7 active in pipeline
- Aim to recruit 10 IEMs in 2024 in 2 monthly increments however, consideration for further IEM recruitment to be reviewed with Practice Development Midwife (PDM) support.

Current pipeline

As of end of November 2023 there are 34 offers for midwifery roles in the pipeline with potential start dates through to April 2024. Some withdrawals are expected and midwifery students with delayed starts due to requiring extensions to complete their training.

Midwifery turnover

The midwifery turnover remained higher than the trust target of 13.5% across both sites for the majority of the previous 12 months, falling below the trust target in October and November 23.

2022-2023												
Month	**Dec**	**Jan**	**Feb**	**Mar**	**April**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
Midwives	14.86	13.83	14.82	15.41	15.81	15.3	15.75	14.52	14.33	14.33	13.09	12.84

Further work is being undertaken to support retention of staff and ensure we are supporting preceptees and IEMs working with nursing and workforce leads. The number of preceptee midwives within the workforce is increasing and makes up most of our workforce pipeline. Specific funding for retention and preceptorship from the further national Ockenden II monies will enable 2 WTE substantive PDMs for Preceptorship, IEMs and Retention to be recruited. These posts are designed to support early career midwives and lead on wider retention plans and reduce turnover.

King's College Hospital NHS Foundation Trust

Committee Highlight Report for the Board of Directors			
Committee Chair:	Akhter Mateen, Non-Executive Director	Date of Meeting:	1 February 2024
Author:	Zowie Loizou, Corporate Governance Officer		
Committee:	Audit and Risk Committee (ARC)		

Agenda Ref	Item	Link to BAF
1.	**Review Board Assurance Framework (BAF)** The Committee reviewed the BAF and the updates that have been made since it was last reviewed by the Board. The Committee noted that the Trust is operating outside its risk appetite in a number of areas.	BAF
2.	**Corporate Risk Register** The Committee reviewed the latest Trust Corporate Risk Register, noting the updates since the last meeting.	BAF 7 - High Quality Care
3.	**Epic Risk Management** A risk workshop was held on the 15 December 2023 to ensure that residual risks relating to the Apollo programme and ongoing risks relating to the EPIC EPR programme are effectively captured, at the right level in the Trust's risk register and were reflected to the Trust's risk appetite. It was agreed that by the end of January 2024 residual EPIC and Apollo programme risks should be captured on the relevant Trust risk register. A joint hazard log with GSTT would be continued and maintained for new issues related to EPIC upgrades and system changes. Synnovis would continue to use a hazard log whilst the pathology hub was implemented but risks affecting KCH should also be logged on the Trust risk register. The Trust had seen good engagement with sufficient risks put in place and robust actions implemented as well as the stabilisation process currently underway.	BAF 5 - Apollo Implementation
4	**Risk Management within a Care Group - Presentation from a Care Group – Ophthalmology and Major Trauma** The Committee heard directly from two care groups about how risk and safety are managed at local level. The Committee was assured that robust processes are in place and that there is increasing maturity to towards the management of risk. The Committee heard that Major Trauma collaborated well with other care groups to ensure enhanced visibility of risk, noting that there was more to do to improve mitigation. Work was progressing for further inter-care group risks accessibility on InPhase.	BAF 7 - High Quality Care
5.	**Insurance Overview - Insurance Renewal Recommendations** The Committee was assured the Trust has good governance in place in relation to non-CNST insurance arrangements.	BAF 3 - Financial Sustainability

6.	**Procurement Update Waivers Report – Waiver Trend** The Committee reviewed compliance with the Trust's procurement policing and discussed the waivers that had been approved in the previous period. Year on year, there has been a small drop in the number of waivers granted, and the majority of requests are related from the Capital, Estates and Facilities department.	BAF 3 - Financial Sustainability
7.	**Accounting Updates** The Committee reviewed the updates to accounting requirements as set out in the DHSC Group Accounting Manual and the Foundation Trust Annual Reporting Manual, and the subsequent updates to Trust accounting policies. The report also highlighted key accounting transactions for the year at a high level that will need to be disclosed in the annual accounts.	BAF 3 - Financial Sustainability
8.	**Update on Better Payment Practice Code (BPPC) Compliance** The Committee reviewed year to date compliance with the BPPC against both the old and new methodologies. Compliance against the code has improved as a result of the new methodology, but the underlying performance is unchanged. The Committee discussed the internal audit review noting that there is satisfactory transparency in relation to the methodology and that the Trust is not an outlier in its interpretation of the code. The Committee discussed other indicators that provide further assurance including aged creditors correct processes are in place.	BAF 3 - Financial Sustainability
9.	**Maternity Incentive Scheme** The Committee reviewed the process in place to review how the Trust is complying with the NHS Resolution Maternity Incentive Scheme, noting the role of Chris Beasley, NED Maternity Safety Champion. The Trust were in a positive position for achieving compliance for the year 6 publication with continued key governance processes that are already in place.	BAF 3 Financial Sustainability BAF7 High Quality Care
10.	**Internal Audit** The Committee was provided an update on the completion of the programme of work agreed with the Committee for the current financial year. The audit programme will be completed as planned and there has been good progress in implementing audit recommendations. The Committee noted that three reports had been completed, mental health in ED (DH), clinical audit and core financial controls. The Committee was concerned that the local clinical audit and the mental health in ED reviews had received a rating of "partial assurance with improvements required", and discussed how the recommendations were being taken	

	forward. The Committee also received an update from the local counter-fraud service. The Committee discussed the draft internal audit plan for 2024/25.	
11.	**Trust and Group External Audit Plan 2023/24** The Committee discussed the Trust and Group external audit plan and welcomed the approach being taken by Grant Thornton, to bring aspects of the audit forward, to ensure that the June deadline for submission to NHSE is met. A number of risks were highlighted particularly related to IFRS16. Payroll testing was underway with sample selection for income incorporated ahead of the year end.	BAF 3 Financial Sustainability
12.	**Matters to escalate to the Board of Directors** • The Board of Directors is asked to note that all Committee chairs have been asked to ensure their Committees are undertaking a thorough review of the BAF risks allocated to them.	

King's College Hospital NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	14 March 2024
Report title:	**Board Assurance Framework**	Item:	17.
Author:	Siobhan Coldwell	Enclosure:	BAFs: 1-10
Executive sponsor:	Prof Clive Kay, Chief Executive		
Report history:	n/a		

Purpose of the report

To provide the Board of Directors with assurance that the BAF has been reviewed and to outline key changes.

Board/ Committee action required (please tick)

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

Recommendation

The Board is asked to note the updates to the BAF since the last meeting.

Executive summary

The Trust's revised Board Assurance Framework (BAF) was approved by the Board in March 2023.

There are currently 10 strategic risks included on the BAF. Five of the 10 risks are rated 'Red' with a score of 20 or 16 including:

- Recruitment and Retention (BAF 1)
- Financial Sustainability (BAF 3)
- Maintenance and development of the Trust's estate (BAF 4);
- High Quality Care (BAF7) and
- Demand and Capacity (BAF 9).

Alll of the risks have been reviewed and the BAF has been updated to reflect any additional controls and/or mitigations and sources of assurance. The actions to address any identified gaps in controls and/or assurance have also been updated where relevant. Risk appetite has also been included, so that the committee can assess the extent to which the Trust is operating outside its risk appetite.

A summary of the updates is presented in **Table 1** below. The Board is asked to note specifically that the scores for BA 3 and BAF 6 have increased following review by the relevant committee.

Strategy

Link to the Trust's BOLD strategy			**Link to Well-Led criteria**	
✓	**Brilliant People**: *We attract, retain and develop passionate and talented*		✓	**Leadership, capacity and capability**
			✓	**Vision and strategy**

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

Table 1: Summary of key changes since the Board met in January 2024.

BAF Risk	Key updates
1. Recruitment & Retention	**Risk score** • No change. Although tighter vacancy controls have been implemented, and there is a potential risk related to the implementation of Apollo (some A&C roles will be particularly impacted), the vacancy rate has reduced, and recruitment to clinically essential posts will continue. This will be kept under review. **Assurance** • Minor updates reflecting internal audit reviews • KPIs (vacancies etc.) updated. **Actions/Activities planned** List of activities updated to reflect plans for Q4 2023/24. A number of actions are complete.
2. King's Culture & Values	**Risk Score** • Reviewed and assessed that no change was needed. **Actions/Activities planned** • List of activities updated to reflect plans for Q4 2023/24.
3. Financial Sustainability	**Risk Score** • Reviewed and assessed that the consequence score should be increased to 5. **Assurance** • Updated to reflect 2023/24 internal audit review of core financial controls (positive). • Updated to reflect updated executive oversight through efficiency Boad. • 2023/24 Revenue Budget Outturn M9 off-track • CIP requirement off-track • Imposition of SEL triple lock arrangements **Actions/Activities planned** List of activities updated to include new vacancy controls process.
4. Development and maintenance of the Estate	**Risk Score** • Reviewed and assessed that the risk score was unlikely to reduce for some time, given the constrained capital budgets in coming years. Modernising medicine, if progressed, potentially creates risk for ongoing estates and equipment maintenance programmes. Strategic Radiology at risk due to IFRS implications. **Assurance** • Updated to reflect 2023/24 internal audit reviews of IPC and Medical Devices (positive). **Actions/Activities planned** List of activities updated.

5. Apollo (benefits realisation)	**Risk Score** • Reviewed and assessed that no change was needed to 5a/b but that 5c could be closed. **Actions and activities** • Updated to reflect the move from go-live to stabilisation .
6. Research and Innovation	**Risk Score** • Reviewed and assessed that it should be increased to 12 from 9, given uncertainties related to funding. **Assurance** • Minor updates reflecting MHRA inspection and impact of economic climate and reduced NIHR funding. **Actions/Activities planned** List of activities updated to reflect plans for the development of an innovation strategy and to note the agreement to develop jointly with KCL and GSTT a Joint Translational Research function.
7. High Quality Care	**Risk Score** • Reviewed and assessed that score was unlikely to be downgraded. **Key controls and mitigations** • Updated to quality assurance framework, PALS recruitment, PSIRF Implementation plan and appointment of a lead clinician for Sepsis. **Assurance** • Maternity Incentive Scheme Assurance Learning Lessons/ improvements (positive). • Quality Assurance Visit programme has started • Internal audit reviews (IPC and National and Clinical audits) **Actions/Activities planned** • List of activities updated.
8. Partnership working	**Risk Score** • Reviewed and assessed no change. **Actions/Activities planned** List of activities updated.

9. Demand and Capacity	**Risk description** **Risk Score** • Reviewed and assessed that score was unlikely to be downgraded in the short to medium term. **Link to BAF and CRR** ○ Notes that due to decisions made at risk and governance committee on 23/1 a number of risks will be amalgamated. **Key controls and mitigations** • Minor changes to reflect changes to cancer governance and boarding policy. **Assurance** • Minor changes reflecting internal audit review (Mental Health in DH ED) **Actions/Activities planned** • List of activities updated.
10. IT systems	**Risk Score** • Reviewed and assessed that no change needed. **Key controls and mitigations** • No change **Assurance** • Minor changes to update DSPT 2022/23 assessment and ICO visit in September

King's College Hospital NHS Foundation Trust

Board Assurance Framework Summary – Q4 –March 2024

Ref	Risk Summary	Executive Lead(s)	Assurance Committee	Current risk (LxC)	Change from previous quarter	Target Risk Score*
1	**Recruitment & Retention** If the Trust is unable to recruit and retain sufficient staff with the appropriate skills, this will affect our ability to deliver our services and future strategic ambitions which may adversely impact patient outcomes and staff and patient experience	Chief People Officer	People, Education and Research	**16 (4 x 4)**	↔	12
2	**King's Culture & Values** If the Trust does not implement effective actions to develop the 'Team Kings' culture and embed the Trust values, staff engagement and wellbeing may deteriorate, adversely impacting our ability to provide compassionate and culturally competent care to our patients and each other	Chief People Officer & Director of Equality, Diversity & Inclusion	People, Education and Research	**12 (3 x 4)**	↔	9
3	**Financial Sustainability** If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver our investment priorities and improve the quality of services for our patients in the future	Chief Finance Officer & Executive Director of CEF	Finance, Commercial & Sustainability	**25 (5 x 5)**	↑	8
4	**Maintenance and Development of the Trust's Estate** If the Trust is unable to maintain and develop the estate sufficiently, our ability to deliver safe, high quality and sustainable services will be adversely impacted	CFO & Executive Director of CEF	Finance, Commercial & Sustainability	**16 (4 x 4)**	↔	8
5	**Apollo Implementation** If the Trust fails to deliver the Apollo Electronic Patient Record (EPR) transformation programme effectively then the clinical and operational benefits may not be realised	Chief Digital Information Officer	Finance, Commercial & Sustainability	**12 (3 x 4)**	↔	9
6	**Research & Innovation** If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre	Chief Medical Officer	People, Education and Research	**12 (3 x 4)**	↑	6
7	**High Quality Care** If the Trust does not have adequate arrangements to support the delivery and oversight of high quality care, this may result in an adverse impact on patient outcomes and patient experience and lead to an increased risk of avoidable harm	Chief Nurse & Executive Director of Midwifery and Chief Medical Officer	Quality Committee	**16 (4 x 4)**	↔	6
8	**Partnership Working** If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely impact our ability to improve services for local people and reduce health inequalities	Chief Executive	Board of Directors	**9 (3 x 3)**	↔	9
9	**Demand and Capacity** If the Trust is unable to restore services (as a result of the COVID-19 pandemic) and sustain sufficient capacity to manage increased demand for services, patient waiting times may increase, potentially resulting in an adverse impact on patient outcomes and experience and/or patient harm	Site Chief Executive DH & Site Chief Executive PRUH/SS	Board of Directors	**16 (4 x 4)**	↔	9
10	**IT Systems** If the Trust's IT infrastructure is not adequately protected systems may be comprised, resulting in reduced access to critical patient and operational systems and/or the loss of data	Chief Digital Information Officer	Audit	**12 (3 x 4)**	↔	8

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

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

- **Change from previous quarter:**

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

BAF 1				16
If the Trust is unable to recruit and retain sufficient staff with the appropriate skills, this will affect our ability to deliver our services and future strategic ambitions which may adversely impact patient outcomes and staff and patient experience				
Executive Lead	Chief People Officer	Assurance Committee	People, Education, Inclusion and Research Committee	
Executive Group	People and Culture Committee	Latest review date	Q4 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People	✓	Person- centred		Link to BAF & CRR	CRR301 – Multi-disciplinary vacancies CRR36 – Bulling and Harassment CRR 460 – Industrial Action
	Outstanding Care		Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (Current)							
Quarter	Q4 (2023/24)	Q3 (2023/24)	Q2 (2023/24)	Q1 2023/24	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	4	4	4	↔	5	12
Consequence	4	4	4	4		5	
Risk Score	16	16	16	16		25	
Risk Appetite	The Board has only a moderate appetite to risks associated with the development of its people and demonstrating effective leadership recognising that both of these elements are key to ensuring quality service and care to patients and achieving the Trust objectives						

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative & Planned)**
• King's People & Culture Plan – to support delivery of the BOLD vision and 'Brilliant People' ambitions • Implementation of the national Long Term Workforce Plan at national, regional and local level • Dedicated recruitment campaigns for specific services • International recruitment programme • Temporary staffing bank managed in-house with external app support provided by Patchwork • Resourcing/Recruitment services to be in-house from 1 April 2024 • Review of flexible working offer, (including Working from Home policy) to support flexible working arrangements • Review of turnover being undertaken to identify and address reasons for staff leaving King's • King's Stars – reward and recognition programme • Staff health and wellbeing programme (See BAF 2) • Engagement in ICS and APC workforce supply groups • Engagement in King's Health Partners (KHP) – training and development opportunities • King's Kaleidoscope launched to support learning and development opportunities • People Priorities developed for each Care Group/Corporate team in response to national staff survey feedback	• Safer staffing reporting to Trust Board • Quarterly Guardian of Safe Working report • Trust NED Well-being Guardian • Trust Vacancy Control Management process • Integrated Performance Report – staff turnover rate, vacancy rates, and appraisals metrics reviewed by KE, Trust Board, Site Performance Reviews • Annual National Staff Survey results • EDI dashboard – reviewing staff representation at Site performance review meetings • Internal Audit Review – Temporary Staffing – *partial assurance with improvements required.* • Internal Audit Review – Leavers and overpayments - *partial assurance with improvements required.* • Quarterly Staff Pulse Survey results

• Relaunched the Trust's work experience programme with positive response from those undertaking the programme • Trust vacancy rate reduced from 13.43%in December 2022 to 9.65%in December2023 (target 10%) • Trust turnover rate reduced from 14.99%in December 2022 to 12.48%in December2023 (target 13%)	
Gaps in controls & assurances	
• Talent management and succession planning	

Actions planned			
Action	**Lead**	**Due date**	**Progress update**
Brilliant People Week	CPO	On-going	The Trust continues to hold Brilliant People weeks to promote new initiatives and celebrate our people.
Establish a training academy for KCH nursing and midwifery staff	CNO/CFO	Q4 2022/23	The Academy has been opened but is being utilised for EPIC training prior to 'go-live' on 5 October 2023. **ACTION COMPLETE. EPIC training now managed local.**
Refresh workforce policies and procedures to reflect King's Values e.g. Values-based recruitment (See BAF 2)	CPO	On-going	Continue to embed the Trust values in our policies and procedures to ensure we are a clinically led, values driven organisation
Closer alignment of bank and agency rates across SEL ICS	CPO	Q4 2023/2024	Agreement between SEL ICS CPOs to look at closer rate alignment on a per staff group basis, with work due to commence in Q1 2023/2024
Vacancy management in place to support transformation of roles, particularly those posts linked to EPIC	CPO/CFO	Q2-Q4 2023/2024	Vacancy control process in place
Undertaking a review of turnover to understand reasons why people leave King's and what actions can be taken to mitigate this	CPO	Q1-Q4 2023/2024	Scope of programme agreed and being implemented King's has been accepted on to Cohort 2 of the NHSE People Promise Exemplar Scheme with national funding in place to support this.
Developed People Priorities for each Care Group/Corporate Team based on feedback from the 2023 National Staff Survey	CPO	Q1 2024/2025	Priorities being agreed for all Care Groups/Corporate Teams and actions being taken to implement

BAF 2				12
If the Trust does not implement effective actions to develop the 'Team Kings' culture and embed the Trust's values, staff engagement and wellbeing may deteriorate, adversely impacting our ability to provide compassionate and culturally competent care to our patients and each other				
Executive Lead	Chief Executive & Chief People Officer	Assurance Committee	People, Education, Inclusion and Research Committee	
Executive Group	People and Culture Committee	Latest review date	Q2 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People	✓	Person- centred	✓	Link to BAF & CRR	SR1 - Recruitment & Retention R36 – Bullying & Harassment
	Outstanding Care		Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do	✓	Team King's	✓		

Risk Scoring							
Quarter	Q1 (2023/24)	Q2 (2023/24)	Q3 (2024/24)	Q4 (2023/24)	Change	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	9
Consequence	4	4	4	4		4	
Risk Score	12	12	12	12		16	
Risk Appetite	The Board has only a moderate appetite to risks associated with the development of its people and demonstrating effective leadership recognising that both of these elements are key to ensuring quality service and care to patients and achieving the Trust objectives.						

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative & Planned)**
• EDI Roadmap 2022-24 - to align activity planning and our longer term strategic ambitions • King's People and Culture Plan – to support delivery of the BOLD vision and 'Brilliant People' ambitions • EDI training programmes e.g. Active Bystander, Trans awareness, reciprocal mentoring • EDI activity plan 2023/24 and WRES/ WDES action plan • Staff networks increasing in membership, including recently introduced Women's Network • Staff wellbeing programme continues to develop key interventions to support staff • Wellbeing Hubs established at Denmark Hill and Orpington, with PRUH still be to be completed • Trust NED Wellbeing Guardian 'appointed' • King's Ambassadors network implemented and numbers of Ambassadors continues to grow • FTSU Guardian • Equality Risk Assessment Framework	• EDI quarterly progress reporting to Quality Committee • People & Culture Plan updates to KE • EDI Roadmap updates to Quality Committee • FTSU reporting to the Trust Board • National Staff Survey results • Trust Pulse Survey results • WRES & WDES scores • Progress reporting against the Model Employer goals 2028 (NHS People Plan)

• Violence and aggression reduction programme • Broad range of development opportunities available via King's Kaleidoscope including in-house and external leadership programmes • National Staff Survey People Priorities • The Trust had an 8% increase in response rates to the National Staff Survey from 2021 to 2022 with scores broadly in line with the national average for engagement, team, morale and having a voice that counts	
Gaps in controls & assurances	
• Health & Wellbeing Framework • Formal Talent Management scheme and succession planning • Robust flexible working scheme • Review and refresh of workforce policies to embed our new values (See BAF 1)	• Composite culture measure • Reporting dashboard • EDI Dashboard

Actions/ Activities planned			
Action	**Lead**	**Due date**	**Update**
WRES Action plan	Director of EDI	Q1-Q4 2023/2024	WRES action plan agreed and being implemented
Reasonable Adjustment Passport	Director of EDI/CPO	Q1-Q4 2023/2024	Embed the recently launched Reasonable adjustment plan across the Trust to support staff
Brilliant People Week	CPO	On-going	The Trust continues to hold Brilliant People weeks to promote new initiatives and celebrate our people
King's People Priorities	CPO	On-going	Following the publication of the 2023 National Staff Survey results, all Care Groups and Corporate Teams are reviewing their People Priorities to address the issues highlighted in the national staff survey
EDI Dashboard	Director of EDI	Ongoing	Dashboard being developed to provide more detailed, nuanced data.

BAF 3				25
If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver our investment priorities and improve the quality of services for our patients in the future.				
Executive Lead	Chief Financial Officer	Oversight Committee	Finance, Commercial and Sustainability Committee	
Executive Group	King's Executive	Latest review date	Q4 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	CRR 145 - Financial recovery targets
	Outstanding Care	✓	Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability	✓		
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (Current)							
Quarter	Q1 (23/24)	Q2 (23/24)	Q3 (23/24)	Q4 (23/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	5	5	5	5	↑	5	8
Consequence	4	4	4	5		5	
Risk Score	20	20	20	25		20	
Risk Appetite	The Trust has a moderate appetite to take considered risks in terms of their impact on financial stability and reputation in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.						

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative & Planned)**
• Annual integrated activity financial plan • Capital prioritisation process • Key financial system controls framework • Investment Board review and challenge of revenue and capital business cases. Board committee review of business cases >£2.5m • Financial performance review meetings – at Care Group and Site level • Vacancy/Pay controls process reviewed/updated incl. temporary staffing controls • ESR and Ledger reconciliations • Transformation programmes in place to support improvements in efficiency and productivity • Budget holder training	• Financial performance reporting – KE, FCSC & Board • Transition from SOF 4 to SOF3 • Internal audit reports 2023/24: Core Financial Controls: *'Significant assurance with minor improvement opportunities'* • 2023/24 CIP delivery oversight embedded, Executive Efficiency Board enhanced. • 2022/23 Head of Internal Audit Opinion '*significant assurance with minor improvement opportunities'* • 2022/23 External Audit Opinion unqualified.
	• NHS System Oversight segmentation – SOF3 • Financial performance reporting –M9 off track • Part-funded pay award (2022/23 and 2023/24) (related to outsourced contracts)

• Engagement with APC and ICS partners & Finance Leads to support SEL system financial planning • Long term energy contracts in place • Scheme of Delegation and Standing Financial Instructions (SFIs) (Control)	• 2023/24 CIP off-target (although weighted towards H2) and not fully identified. • Workforce reduction target off-track. • 2022/23 External Audit VFM findings in relation to financial sustainability and deliverability of CIP programme. • Imposition of SEL triple lock oversight of pay and non-pay expenditure (vacancy control and non-pay over £25k)

Gaps in controls & assurances

- Balance sheet risk (Trust in-year financial performance is in line with other Trusts, but impact greater due to lack of flexibility in Trust finances).

Update Q4 (March)

Risk score raised:

- Trust continues to record an overspend (see M10), and is off-track to deliver the agreed deficit position at year end. Mitigations are in place, with engagement of clinicians and senior managers across the Trust. Overspend driven by strikes, bank holidays, outsourcing, escalation rates, inflation.
- Enhanced governance is in place to deliver the CIP plan for 2023/24, but delivery remains off track.
- The Trust is fully engaged with regional and system colleagues with ICS and working to respond to the letter from NHSE in relation to the requirement for each system to deliver a balanced budget. SEL triple-lock.
- Trust is fully engaged with NHSE and SEL ICS to address their concerns in relation to financial governance.
- Interim CFO starts in role on 11/3/2024

•

Actions planned

Action	Lead	Due date	Update
Embed current arrangements to support the delivery and oversight of the 23/24 CIP plan	CFO	Ongoing	Ongoing. Exec level scrutiny of programme now weekly.
New governance for efficiency Board in place, chaired by CEO. Programme governance and support has been refreshed.	CEODCFO	Ongoing	Refreshed workstreams are in place and planning has commenced for 2024/25 CIP programme. .
Weekly care group review in place	Site CEOs	Ongoing	
2024/25 Operational and financial planning process underway	KE	Ongoing	

BAF 4				16
If the Trust is unable to maintain and improve the estate sufficiently, our ability to deliver safe, responsive, high quality and sustainable services will be adversely impacted				
Executive Lead	Chief Finance Officer	Assurance Committee	Finance, Commercial and Sustainability Committee	
Executive Group	Investment Board/ Risk & Governance	Latest review date	Q4 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	CRR141 Non-compliance Health and Safety at Work Act CRR69 Fire Safety CRR213 IPC (estate) CRR237 Ventilation and air-handling CRR 380 Interventional Radiology CRR 33 Breakdown of essential infrastructure
	Outstanding Care	✓	Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability	✓		
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (current)							
Quarter	Q4 (23/24)	Q3 (23/24)	Q2 (23/24)	Q1 (23/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	4	4	4	↔	5	8
Consequence	4	4	4	4		5	
Risk Score	16	16	16	16		25	
Moderate to low	The Trust has a moderate appetite to take considered risks in terms of their impact on financial stability and reputation in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment. Interrelated, the Trust has a minimal risk appetite relating to regulatory non-compliance.						

Controls and Assurance	
Key controls & mitigations	**Assurances (positive, neutral, negative)**
Maintenance • Estates/IPC ward-level risk assessment and prioritisation • Fire Risk Assessments • Water safety management service arrangements • IPC Committee – risk and governance arrangements • IPC audits and sampling • Bi-monthly Health & Safety Committee – review of estates H&S risks • Estates Compliance Programme **Development** • Capital planning and prioritisation process 23/24. Capital Plan in Place	• Estate risk assessment progress reported to Risk & Governance Cttee • H&S training compliance • IPC BAF • Internal audit 23/24 – Infection, Prevention & Control (significant assurance with minor improvement opportunities) and Medical Devices (significant assurance with minor improvement opportunities). • Quarterly capital programme progress updates reported to FCSC
	• Estate (site) compliance report • Backlog maintenance log – funding requirement

• Modernising Medicine programme and capital build schemes in progress – to increase support patient flow and increase physical site capacity	• Constrained capital budgets • PRUH maintenance challenges
Gaps in controls & assurances	
• Impact of inflation on capital programme presents an increasing risk to delivery.	

Actions planned			
Action	**Lead**	**Due date**	**Update**
Implementation of external review recommendations	CFO	Multiple	Progress periodically reported to Risk and Governance and Audit Committees
Delivery of 2023/24 capital & estates plan	CFO	31/3/2024	Progress to be monitored via FCSC
Delivery of the (5-10yr) Trust Estates plan	CFO	TBC	Ongoing. Engagement events planned for later in the financial year.

BAF 5a				12
If the Trust fails to deliver the Apollo Electronic Patient Record (EPR) transformation programme effectively then the clinical and operational benefits may not be realised				
Executive Lead	Chief Digital Information Officer	Assurance Committee	Board of Directors/Joint Stabilisation Board	
Executive Group	King's Executive	Latest review date	Q4 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR	**CRR23 – Apollo Project/Epic Implementation**
	Outstanding Care	✓	Digitally- enabled	✓		
	Leaders in Research, Innovation & Education	✓	Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

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

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative & Planned)**
• Dedicated programme team and programme office which is now moving to a new target operating model through a combined Data, Technology and Information Team in Q.1 24/25 • Executive SRO • Full Business case outlining the strategic case for change developed • Project plan – key stabilisation and benefits milestones identified • Programme Governance arrangements in place e.g. Joint Stabilisation Board into the Finance and Commercial Committee from January 2024 • Benefits realisation methodology developed and tracked through the Trust's Efficiency Board	• Joint Stabilisation Board reporting into the Finance and Commercial Committee from January 2024. • Programme status updates reported to the Public Board of Directors • Benefits realisation plan agreed • External assurance through periodic gateway reviews
Gaps in controls & assurances	

Actions planned

Action	Lead	Due date	Update
Critical path implementation plan	Apollo SRO	5th Oct 2023	Go-Live complete
Stabilisation programme in place	Apollo SRO	Post Go-live	Stabilisation plan and governance in place.
Benefits Realisation Plan	Apollo SRO	2024/25	

BAF 5b				16
The Trust will experience increased operational pressure and a heightened state of clinical risk during the Epic implementation, which may result in medium-term organisational impact from system issues and hazards following go-live that could affect patients, staff and the Trust wider strategic objectives.				
Executive Lead	Ellis Pullinger	Assurance Committee	Finance and Commercial Committee and Board of Directors	
Executive Group	King's and GSTT Epic Joint Stabilisation Board	Latest review date	Q.4 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR	**BAF risk 5 – benefits realisation** **CRR23 – Apollo Project/Epic Implementation**
	Outstanding Care	✓	Digitally- enabled	✓		
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

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

Key controls & mitigations	Assurances (Positive, Negative, Planned)
• Early identification of risks through integrated planning and documentation for management of mitigations. Hazard log reviewed and new process for the management of new risks has been agreed at the Risk Committee from Q.4 2023/24 onwards. • Lessons learnt from other implementations built into planning activities specifically focusing on the go live event timeframe itself. Areas of review include training, activity reduction, deployment of devices, role management and floor walker at the elbow support. • Monitoring against critical path dashboard. This is carried out in the weekly King's Stabilisation Group meeting, chaired by the Apollo SRO. • Critical integration plan actively managing dependencies • Business continuity plan in place • Regular reporting in place through Trust governance. • Risk register, risk appetite and clinical safety risk assessment defined • G0/No-Go critieria defined at the point of go-live. Now replaced with stabilisation objectives up to March 2024 with supporting metrics agreed with Epic.	• EPIC assessment – Watch • KPMG external assurance assessment completed as part of the go-live preparation. • Epic Joint Stabilisation Board monitors progress against stabilisation against the core objectives and metrics. • Clinical Safety Case

Gaps in controls & assurances	

Actions planned			
Action	**Lead**	**Due date**	**Update**
Critical path	Ellis Pullinger	5th October	Complete
BAF and Risk Appetite to be agreed	Siobhan Coldwell	Completed Mid July	
Clinical Safety Case	Dr Jack Barker	Competed by end August 2023	
EPIC Risks mitigation	Julie Lowe	Dec 2023	Risk transition process complete. Report to audit committee on 1st Feb 2024.
Epic Joint Stabilisation Board established	Ellis Pullinger	March 2024	All stabilisation activities post go live are overseen by this joint Board with GSTT. Its activities are managed through the King's Executive, Finance and Commercial Committee and public Board of Directors.

BAF 6				9
If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre				
Executive Lead	Chief Medical Officer	Assurance Committee	People Education, Inclusion and Research Committee	
Executive Group	King's Executive	Latest review date	Q4 2023/24	

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

Risk Scoring (current)							
Quarter	Q1 (23/24)	Q2 (23/24)	Q3 (23/24)	Q4 (23/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	6
Consequence	3	3	3	3		3	
Risk Score	**9**	**9**	**9**	**9**		12	
Risk Appetite	The Trust has significant appetite to pursue innovation and challenge current working practices in pursuance of its commitment to clinical excellence, providing that patient safety and experience is not adversely affected.						

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative)**
• KCH Research & Innovation Strategy 2019-2024 and annual plans • Engagement in King's Health Partners (KHP), Academic Health Science Network • Action plans to improve the diversity of research participants and increase awareness and engagement in research design and delivery within our local community • Research & Innovation governance and risk management structure	• Annual strategy progress update reported to Board of Directors – progress aligned to key aims • Research progress metrics reported to Board – e.g. number of approved commercial studies and trends • KHP Ventures in place. • Joint Translational Research function agreed through KHP.
	• Critical finding by MHRA in a routine inspection (related to KHP).

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

Update Q4
• Trust is the highest recruiter nationally to NHIR portfolio studies • Innovation portfolio has moved to the CQI team. QI and Innovation Strategies are being developed. • Change in score reflects the difficult economic landscape for research with reduced commercial studies and reduced NIHR funding.

Actions planned			
Action	**Lead**	**Due date**	**Update**
Develop plans to increase the Trust's accredited research capacity at the PRUH	CMO	Ongoing	A research nurse has been appointed, but space constraints continue to be a concern. There is a plan in place to free up space later in 2023.
Innovation Strategy to be developed.	Director of Quality Improvement	March 2024	
Development of the Research and Innovation roadmap	Director of Research	Q1 2024	
Development of the KHPCTO and Joint Research Office	CMO	TBC	

BAF 6				12
If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre				
Executive Lead	Chief Medical Officer	Assurance Committee	People Education, Inclusion and Research Committee	
Executive Group	King's Executive	Latest review date	February 2024	

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

Risk Scoring (current)							
Quarter	Q1 (23/24)	Q2 (23/24)	Q3 (23/24)	Q4 (23/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↑	4	6
Consequence	3	3	3	4		3	
Risk Score	**9**	**9**	**9**	**12**		12	
Risk Appetite	The Trust has significant appetite to pursue innovation and challenge current working practices in pursuance of its commitment to clinical excellence, providing that patient safety and experience is not adversely affected.						

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative)**
• KCH Research & Innovation Strategy 2019-2024 and annual plans • Engagement in King's Health Partners (KHP), Academic Health Science Network • Action plans to improve the diversity of research participants and increase awareness and engagement in research design and delivery within our local community • Research & Development governance and risk management structure •	• Annual strategy progress update reported to Board of Directors – progress aligned to key aims • Research progress metrics reported to Board – e.g. number of approved commercial studies and trends • KHP Ventures in place. • Joint Translational Research function agreed through KHP. • Critical finding by MHRA in a routine inspection (related to KHP). • Reduction in research funding - commercial and grants – directly impacting on research staff posts and ability to deliver research portfolio

Gaps in controls & assurances
• Physical capacity to participate in drug trials and trials requiring clinical research facilities at PRUH • Longer-term research workforce model (linked to funding and investment planning) • Impact of O'Shaunessey report – change to national contract process for commercial trials – no local negotiations now permitted– initial studies coming through indicate a fall in income per commercial study (all costs covered but capacity building/ overheads reduced)

Update Q4
• Trust is the highest recruiter nationally to NHIR portfolio studies • Innovation portfolio has moved to the CQI team. QI and Innovation Strategies are being developed. • Change in score reflects the difficult economic landscape for research with reduced commercial studies and reduced NIHR funding. • Critical findings from MHRA Inspection related to pharmacovigilance system (responsibility delegated to KHP CTO) impacts on all sponsored non-commercial studies. Significant investment required across KHP CTO for a PV system that is fit for purpose. • Reputational risk with critical regulatory findings across the Trust/KHP

Actions planned			
Action	**Lead**	**Due date**	**Update**
Develop plans to increase the Trust's accredited research capacity at the PRUH	CMO	Ongoing	A research nurse has been appointed, but space constraints continue to be a concern. There is a plan in place to free up space later in 2023.
Innovation Strategy to be developed.	Director of Quality Improvement	March 2024	
Development of the Research and Development roadmap	Director of Research and Director of Strategy	Q1 2024	
Development of the KHPCTO and Joint Research Office	CMO	TBC	

BAF 7				16
If the Trust does not have adequate arrangements to support the delivery and oversight of high quality care, this may result in an adverse impact on patient outcomes and patient experience and lead to an increased risk of avoidable harm				
Executive Lead	Chief Nurse and Chief Medical Officer	Assurance Committee	Quality Committee	
Executive Group	Outstanding Care Board	Latest review date	Q4 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR	CRR151 – Failure to recognise the deteriorating patient CRR171 - Harm from patient falls CRR3315 – Complaints Management CRR 3268 PSIRF Implementation CRR 296 – Missed/delayed test results
	Outstanding Care	✓	Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (Current)							
Quarter	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	4	4	4	↔	5	6
Consequence	4	4	4	4		4	
Risk Score	16	16	16	16		20	
Risk Appetite	The lowest risk appetite relates to safety and compliance objectives, including employee health and safety, with a higher risk appetite towards strategic, reporting, and operations objectives. This means that reducing to reasonably practicable levels the risks originating from various clinical systems, equipment, and our work environment, and meeting our legal obligations will take priority over other business objectives. As such, the Trust has a minimal appetite for risks that impact on quality of care, specifically anything that compromises or has the potential to compromise its ability to be safe and effective in providing a positive patient experience. Interrelated, the Trust has a minimal risk appetite relating to regulatory non-compliance						

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative, Planned)**
• Risk management policy and procedures • Incident management policy and procedures • Quality governance and reporting structure • Site performance reviews to support oversight and escalation • Serious Incident Review group to oversee the investigation of and learning from incidents • Care group quality governance development programme to support care groups progress governance and risk management arrangements • Corporate induction and programme of mandatory training for all staff	• CQC patient survey reports and friends and family test • Quality performance reporting to KE, QC and Board • Safe Nurse & Maternity staffing reports presented to Board of Directors • Quarterly patient outcome reporting to QC • Internal Audit reports 2022/23 – Child safeguarding (*Significant assurance with minor improvement opportunities*), Patient Experience (*Significant assurance with minor improvement opportunities*), and risk management (*Significant Assurance)* Data Quality (partial assurance with improvements required) • Internal Audit Reports 2023/24 – Infection Prevention and Control (significant assurance with minor improvement opportunities)

• Appraisal, CPD and revalidation arrangements for registered professionals • Development of quality dashboards to provide real-time information to support decision-making • Inphase implemented • Thematic review process developed for 'amber' incidents • Policy and clinical guidelines framework • MEG Audit Process – self assessment • Integrated Quality Report • Daily executive GOLD meetings reviewing performance • Quality Assurance Framework agreed and implemented. • Annual Workforce establishment reviews • Sepsis lead clinical appointed. • PALs team fully resourced. • Patient Safety Incident Review Framework (PSIRF)	• Incident reporting backlog reducing • Outstanding complaints backlog static • PALS – team fully resourced and showing signs of improvement • External service reviews (ad hoc) • CQC Inspection – Medicine PRUH – overall rating maintained at Good. • CQC Well-Led (Feb 2023) – Good • CQC DH Inspections – Paediatrics (good) (Feb 2023) • Internal Audit Reports 2023/24 – National Clinical Audit (significant assurance with minor improvement opportunities)
	• CQC DH Inspections – Medicine (requires improvement)(Feb 2023) • MIS assurance lessons learned review complete.
	• CQC Inspection – Orpington – Safe domain downgraded to inadequate, overall rating downgraded to requires improvement • CQC Inspection - Maternity requires improvement. • Maternity Safety Support Programme. • Internal Audit Reports 2023/24 – Local Clinical Audit (partial assurance with improvement required)

Gaps in controls & assurances

- Safer medical staffing metrics

Actions Planned

Action	Lead	Due date	Update
Executive-led Quality Assurance Group established	Chief Executive	Ongoing	Meetings in place. Initial focus is on CQC response. COMPLETE. Propose to close.
Quality Assurance Framework	Chief Nurse	COMPLETE	QAF has been rolled out. COMPLETE. Propose to close.
Quality Governance refresh	Chief Nurse and Chief Medical Officer	COMPLETE	Agreed and being implemented.
PSIRF Implementation	Chief Medical Officer	Q4 2023/24	Implementation Plan in place.
Winter Plan	Site CEOs	Q3/Q4 2023/24	

BAF 8				9
If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely impact our ability to improve services for local people and reduce health inequalities				
Executive Lead	Chief Executive	Assurance Committee	Board of Directors	
Executive Group	King's Executive	Latest review date	Q2 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF& CRR	CRR 295 MH patients waiting in non-MH environments
	Outstanding Care	✓	Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do	✓	Team King's	✓		

Risk Scoring (Current)							
Quarter	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	9
Consequence	3	3	3	3		4	
Risk Score	9	9	9	9		16	

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative, Planned)**
• Trust relationship leads identified for key partnerships to ensure that the Trust is represented and engaged in relevant ICS and APC forums • Engagement and leadership of place-based partnerships e.g. One Bromley, Lambeth Together • KCH CEO is designated CEO lead for SEL APC • Active role in existing APC and ICS clinical and operational forums e.g. Clinical, Strategy & Operations, APC Finance • Engagement in SEL ICS and APC elective recovery programmes (See BAF 9) • Trust's Anchor Programme • APC governance and decision-making arrangements operational •	• Regular updates to Trust Board regarding ICS and APC and the Trust's role as a partner • APC Committee-in-Common progress reports • SEL APC Elective recovery performance • External Well-Led Review • KHP decision on Joint Translational Research

Gaps in controls & assurances	
• Partnership mapping (community & voluntary) • Oversight – improvements in equality of access, experience and outcomes	

Actions planned			
Action	**Lead**	**Due date**	**Update**
Establish a 'Trust Anchors' programme to align with the ICS Anchors initiative and coordinate current 'anchor institution activities	Director of Strategy	ongoing	Programme is ongoing.
Review and map existing community and voluntary group partnerships to support diversification of community engagement	Director of EDI	ongoing	
Develop an improvement plan to address key health inequalities	Director of EDI	Q4 2023/24	Programme established, with periodic reporting to Board in place.
Mental Health system working	CEO/Site CEO DH	Ongoing	MH Concordat is in place
SEL Collaboration Programme	Site CEO DH	Q4	Joint programme supported by NHSE to review opportunities for deeper and wider collaboration between GSTT, KCH and LGT.

BAF 9				16
If the Trust is unable to sustain sufficient capacity to manage demand for services, patient waiting times may increase, potentially resulting in an adverse impact on patient outcomes and experience and/or patient harm				
Executive Lead(s)	Site Chief Executives	Assurance Committee	Board of Directors	
Executive Group	King's Executive	Latest review date	Q4 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	CRR115 – Elective waits CRR440 – Theatre capacity (Neurosurgery) CRR281 – Theatre capacity (emergency) CRR80 – Delay to Treatment DH ED* CRR467 – Delay to treatment PRUH *ED (specialty assessments) CRR114 ED waits PRUH* CRR460 – Industrial Action (staff shortages) *Being amalgamated
	Outstanding Care	✓	Digitally- enabled			
	Leaders in Research, Innovation & Education	✓	Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (Current)							
Quarter	Q1 2022/23	Q2 2022/23	Q3 2023/34	Q4 2023/24	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	4	4	4	↔	5	9
Consequence	4	4	4	4		5	
Risk Score	**16**	**16**	**16**	**16**		25	
Risk Appetite	The lowest risk appetite relates to safety and compliance objectives, including employee health and safety, with a higher risk appetite towards strategic, reporting, and operations objectives. This means that reducing to reasonably practicable levels the risks originating from various clinical systems, equipment, and our work environment, and meeting our legal obligations will take priority over other business objectives. As such, the Trust has a minimal appetite for risks that impact on quality of care, specifically anything that compromises or has the potential to compromise its ability to be safe and effective in providing a positive patient experience. Interrelated, the Trust has a minimal risk appetite relating to regulatory non-compliance						

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative & Planned)**
• Command and Control arrangements to support incident management response – arrangements can be activated as required • Clinical prioritisation of waiting lists and patient engagement and status checks whilst on waiting list to minimise risk to patient safety • Use of virtual and telephone appointments • Use of outsourcing arrangements for some clinical services	• Monthly Elective Assurance Group • Quarterly/ Monthly Site-Care Group reviews • Bi- monthly site:group IPR • IPR - performance metrics are routinely reported to KE and Trust Board e.g. number of patients waiting > 52+ weeks, diagnostics • Patient Outcomes report – quarterly presented to Quality committee • SEL APC elective recovery performance. H1 elective recovery targets met.

• Engagement in SEL ICS and APC led programmes e.g. theatre productivity • Modernising Medicine Programme - to create additional capacity and improve non-elective flows across the DH site • Estate programmes to increase physical capacity across sites • Workforce and recruitment planning to support increased workforce capacity (see BAF 1) • Engagement with APC/ ICS partners to develop and progress further plans to maximise use of system resources • Emergency Care Standard improvement plan (both sites) • Boarding policy in place • New governance structure in place to track Cancer performance	• Modernising Medicine programme updates reported to Finance, Commercial and Sustainability Committee – oversight of delivery and review of KPIs • IPR - performance metrics are routinely reported to KE and Trust Board e.g. ECS • Impact of EPIC implementation on productivity and reporting • Internal Audit 2023/24: Management of Mental Health in DH ED (partial assurance with improvements required)
Gaps in controls & assurances	
• Additional site and workforce capacity	

Actions/Activities planned			
Action	**Lead**	**Due date**	**Update**
Capital investment and estate planning to support further decompression of the DH site and increased physical capacity across all sites.	Site CEO DH and CFO	Ongoing	Modernising Medicine Programme ongoing.
Funding received for additional beds at PRUH	Site CEO (PRUH)	End Q3	Ward handover planned March 2024
Workforce planning and recruitment activities to support increased workforce capacity	CPO	Multiple – See BAF 1	See BAF Risk 1 – Recruitment & Retention
Review of arrangements for services e.g. ENT and cancer pathways underway.	Site CEOs	Ongoing	The Trust has agreed to provide some elements of a service particularly in relation to two week waits (Cancer), whilst a system-wide solution is agreed. A review of Stroke Services is ongoing -
Industrial action response	Site CEO (DH) with relevant directors	Ongoing	A full response is in place to manage the impact on industrial action, there is a known impact on capacity. This is being quantified and managed and where necessary, harm reviews are in place.
Changes to cancer targets to be reviewed to understand impact on capacity.	Site CEO PRUH	End Q3	
Mental Health Concordat – additional mental health provision required to reduce number of patients being treated in inappropriate provision	Site CEOs	ongoing	

BAF 10				12
If the Trust's IT infrastructure is not adequately protected systems may be compromised, resulting in reduced access to critical patient and operational systems, service disruption and/or the loss of data.				
Executive Lead	Chief Digital Information Officer	Assurance Committee	Audit Committee	
Executive Group	Risk & Governance	Latest review date	Q4 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR	CRR72 – Data and Cyber security CRR 391- Malware CRR182 – IG non-compliance
	Outstanding Care		Digitally- enabled	✓		
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (current)							
Quarter	Q1 (23/24)	Q2 (23/24)	Q3 (23/24)	Q4 (23/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	**8**
Consequence	4	4	4	4		5	
Risk Score	12	12	12	12		20	
Risk appetite	The lowest risk appetite relates to safety and compliance objectives, including employee health and safety, with a higher risk appetite towards strategic, reporting, and operations objectives. This means that reducing to reasonably practicable levels the risks originating from various clinical systems, equipment, and our work environment, and meeting our legal obligations will take priority over other business objectives.						

Controls and Assurance	
Key controls & mitigations	**Assurances (Positive, Negative, Planned)**
• Cyber security strategy • Cyber security & IT Use policies • Risk and governance arrangements - ICT Security Group and Information Governance Steering Group, chaired by the Chief Digital Information Officer • Mandatory data security and protection training for staff • Communication initiatives to increase staff awareness and understanding of potentials threats e.g. Phishing • Firewall perimeter covers all systems and application within the Trust Network • Automatic patch updates • Bi-monthly joint meeting in place to test readiness for a cyber-attack, Membership includes key 3rd parties including Synnovis and KFM,	• Information governance reports to Audit Committee • Data security and protection training compliance • DSP toolkit assessment Internal Audit Review 2022/23 – *Significant assurance with minor improvement opportunities* • Improving cyber security resilience report • Information Commissioner's Office review Sept 2023.
Gaps in controls & assurances	

Actions planned			
Action	**Lead**	**Due date**	**Update**
Epic implementation	Apollo SRO – Technical implementation led by CDIO	Oct 2023	COMPLETE. Propose to close
Review of ICT provision post Apollo Go-Live	CDIO	Q4	