NHS
King's College Hospital
NHS Foundation Trust

AGENDA

Committee	Board of Directors
Date	**Thursday 9 May 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 14 March 2024	Acting Chair	Enclosure	Approval	**11:30**
5.	Staff Story	Site CEOs	Verbal	Discussion	**11:35**
6.	Report from the Chief Executive	Chief Executive	Enclosure	Discussion	**11:55**
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 Q4	Chief Nurse and Executive Director of Midwifery	Enclosure	Discussion	**12:25**
PERFORMANCE					
9.	Integrated Performance Report Month 11	Site CEOs	Enclosure	Discussion	**12:35**
FINANCE					
10.	Report from the Chair of the Finance and Commercial Committee	Chair, Finance & Commercial Committee	Verbal	Discussion/ Assurance	**12:55**
11.	Financial Position Month 12	Chief Financial Officer	Enclosure	Discussion	**13:05**
PEOPLE					
12.	Report from the Chair of the People, Inclusion, Education and Research Committee	Chair, People, Inclusion, Education & Research Committee	Enclosure	Discussion/ Assurance	**13:30**
13.	Staff Survey Results	Chief People Officer	Enclosure	Discussion	**13:40**
GOVERNANCE & ASSURANCE					
14.	Report from the Chair of the Audit & Risk Committee	Chair, Audit & Risk Committee	Enclosure	Discussion/ Assurance	**14:00**
COUNCIL OF GOVERNORS					
15.	Council of Governors' Update	Lead Governor	Verbal	Information	**14:15**

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

ANY OTHER BUSINESS					
16.	Any Other Business	Acting Chair	Verbal	Information	**14:20**
DATE OF THE NEXT MEETING					
17.	**The next meeting will be held on Thursday 12 July 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
Chris Danson	Chief Transformation Officer
Sara Harris	Head of Corporate Governance (Minutes)
Chris Rolfe	Director of Communications
Bernadette Thompson OBE	Director of Equality, Diversity and Inclusion
Circulation List:	
Board of Directors & Attendees	
Council of Governors	

Tab 4 Minutes of the meeting held on 14 March 2024

NHS
King's College Hospital
NHS Foundation Trust

Board of Directors

DRAFT Minutes of the meeting held on Thursday 14 March 2024 at 11:30 - 14:30
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 CB	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 & Executive Director of Midwifery
Roy Clarke	Chief Financial Officer
Angela Helleur	Site CEO - PRUH and South Sites
Dr Leonie Penna	Chief Medical Officer

In attendance:

Siobhan Coldwell	Director of Corporate Affairs
David Fontaine-Boyd	Chief of Staff to CEO
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 & Inclusion
Arthur Vaughan	Deputy Chief Financial Officer
Norman Blissett	Deputy Chief People Officer
Members of the Council of Governors	
Members of the Public	

Apologies:

Julie Lowe	Site CEO - Denmark Hill
Mark Preston	Chief People Officer

Item   **Subject**

024/15   **Welcome and Apologies**
The Acting Chair welcomed all members to the meeting, and in particular to the new member of the Board, Roy Clarke, who as joined as Interim Chief Financial Officer.

The Board noted it was Ellis Pullinger's last meeting as Senior Responsible Officer for the Apollo Programme and thanked him for his role in ensuring a safe go-live for the new electronic patient record. .

Tab 4 Minutes of the meeting held on 14 March 2024

024/16 **Declarations of Interest**

There were no declarations of interest to report.

024/17 **Chair's Actions**

There were no chair's actions to report.

024/18 **Minutes of the last meeting**

The minutes of the meeting held on 18 January 2024 were approved as an accurate reflection of the meeting.

024/19 **Patient Story**

The Board welcomed the patient who has Functional Neurological Disorder (FND) who was treated at the PRUH. She began her career as a physiotherapist in 2012 and did her placements at King's College Hospital and was proud to work here.

The patient noticed her condition deteriorate when she could not speak properly, experiencing headaches and was slumped in a chair and generally not feeling well. London Ambulance Service (LAS) was called and she was admitted to the Stroke unit at the PRUH, who initially assessed and confirmed she did not have a stroke. The patient then spent 34 hours on a A&E trolley. The patient continued to experience seizures and the headaches, leading to a cease in the patient's bladder function. The patient had 3 MRIs with no firm diagnosis. The chronic pain continued and no support was made available. The patient was diagnosed with FND on 16/10/2023, which was a relief to the patient to be finally diagnosed with a condition.

The patient conducted her own research, made 3 applications to other healthcare services in the UK who also confirmed there was nothing more they could do with a diagnosis. The patient noted that the way patients with chronic pain were treated and the attitudinal issues amongst some staff toward someone like herself was very difficult, and limited support was not supportive. Her chronic pain, began as pelvic pain four months into her second pregnancy, and has led to a long and gruelling 20 years trying to find out what was wrong, whilst things were getting worse and more debilitating.

During her time at the PRUH, the ward medical doctor and the ward manager excelled in their care for her and their understanding of chronic pain. The patient is now on different medication, has the support of the neuro team, a psychiatric doctor all of which has made a huge difference to the patient and given her a more positive outlook. The patient reflected on her own experience on how things could be improved and suggested better access to the GP, neuro doctors, pain doctors, across the pathway in secondary and primary care. Being kept informed and having support available and receiving an early confirmed diagnosis would have all helped her cope better with her condition.

The Board thanked the patient for sharing her experiences and wished her well with her journey to recovery.

024/20 **Report from the Chief Executive**

The Chief Executive provided the Board of Directors with a summary of the key issues facing the Trust, including the considerable financial challenge the Trust was facing. The Board noted that the Trust was engaged developing the financial and operation plan for 2024/25, but that plans may need to change once the planning guidance has been published.

He provided an update on the changes at Baord level, including the appointment of Jane Bailey

Tab 4 Minutes of the meeting held on 14 March 2024

as Acting Chair following the departure of Charles Alexander. Charles Alexander was joint Chair of both GSTT and KCH for over 12 months and is now the Chair of GSTT only. The CEO thanked Arthur Vaughan, Deputy Chief Financial Officer for stepping in for the last few months as Acting Chief Financial Officer following the resignation of Lorcan Woods, Chief Financial Officer. Roy Clarke, Interim Chief Financial Officer, started at the Trust on the 11 March 2024.

The Trust is pleased to confirm there have been no Never Events since the last Board meeting. A full launch of PSIRF took place on the 22 January 2024, with a soft launch in November 2023. There has been much work with patient experience, modelling the services in the Emergency Department in DH and PRUH. 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 team which is planned to be completed by mid-March. Users of the nursery and nursery staff have been kept up to date on developments.

QUALITY & SAFETY

024/21   Report from the Chair of the Quality Committee

The Board considered the highlight report from the Chair of the Quality Committee.

The Chair highlighted the following key issues:
- The workplan of the Quality Committee is being refocused towards understanding outcomes and the impact of service delivery on patients.
- The Quality Committee is inviting care groups to each meeting to improve the ward to board understanding of key quality issues.

The Board noted the highlight report.

024/22   Maternity & Neonatal Quality & Safety Integrated Report Q3

The Chief Nurse & Executive Director of Midwifery presented to the Board the key highlights from the quarterly report. Work has begun around saving babies live bundle with a revised deadline of 24 June 2024, as some elements presented a particular challenge, e.g. smoking cessation.

Since the implementation of Epic, it has been difficult to upload the maternity dashboard on to the national database, once resolved, it is intended that future reports will reflect the national maternity dashboard and there is continued work with the local teams on the SEL maternity dashboard. The publication on the MBRRACE-UK data was made live in March and the Trust is in line with comparator Trusts on perinatal and neonatal deaths; the stillbirth rates is also in line with other London Trusts. Maternity Incentive Scheme (MIS) guidance for year 6 will be published on 2 April 2024 and there is continued focus on areas that the Trust was non-compliant in year 5 and to meet all 10 safety actions.

The Board was assured that the Trust's MIS Assurance Panel continues to meet monthly for oversight and assurance of the plans in place to ensure continuous improvement and trajectory to meet all safety actions. The Chief Nurse & Executive Director of Midwifery confirmed that she is comfortable with the processes and evidence the Trust has for the year 6 safety actions.

The Board noted the increased scrutiny of maternity services, and discussed the impact on midwife morale. As a result, the Trust has in place various leadership programmes, increased cover budget, working with local neonatal and perinatal services, looking at the national model

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for midwives and ensuring guidance reflects the issues facing midwives to give the midwives the support they need. The new role of the Director of Midwifery will make a difference to the leadership and development of women's health care group.

The Trust has provided more transitional care for babies before discharge and is not an outlier in comparison to other Trusts. The Trust's Tackling Health Inequalities published its EDI data on maternity services and how it rates with other Trusts, this report is accessible via the Trust's website.

The Board noted that the next iteration of the report will include:
- Equality data given women from particular backgrounds suffer with poorer outcomes and there is a much broader piece of work being conducted with Southwark, Lambeth and with the wider groups in the community.
- More data on training and the uptake of qualifications in-house.

The Board noted the Maternity & Neonatal Quality & Safety Integrated Report (Q3)

PERFORMANCE

024/24   Integrated Performance Report - Month 9 (December 2023)
The Site CEO-PRUH presented brief headlines on the performance data:

Emergency Care:

- **Trust ED:** Compliance improved from 61.28% in December to 62.37% in January 2024.
- **London Ambulance Service (LAS) Handovers**: Reduction to 22 delays (47) over 60 minutes and a significant reduction to 644 delays (1,225) for 30-60 minutes for February 2024, there has been an improvement whereby the LAS have introduced the LAS' W45 scheme into standard practice, where paramedics withdraw from the hospital after 45 minutes, provided it is safe to do so and patient care is not compromised.

Planned Care:
- **Diagnostics (DM01):** Performance deteriorated from 34.83% reported in December to 39.86% in January 2024 of patients waiting more than 6 weeks for diagnostic test. This was in part related to EPIC (GSTT were experiencing similar issues), but also in part due to capacity within Radiology.
- **RTT:** The standard is 92% of patients being seen within 18 weeks of referral. There was a significant deterioration and the Trust achieved 55% with a waiting list 1007 patients in this category. 18 week patient waiting list was at 48, 228. Industrial Action and Epic had an impact. Back to pre-epic and long waiters reducing significantly. The plan for March it so achieve as close to zero with the 78 week waits and likely to achieve in the mid-20s.
- **Cancer Treatment:** Within 62 days of post-GP referral is not compliant and reduced to 58.74% for the latest submitted position for January 2024 (target 85%).
- **The Faster Diagnosis Standard (FDS):** Standard achieved was 72.31% for faster diagnostics against the standard of 75% within 28 days.
- **62-day Cancer Backlog:** Continues to see week-on-week improvements with the most recent position returning to pre-Epic levels with 196 pathways waiting over 62 days.

The Board discussed whether the cancer position was sustainable noting there was a high degree of confidence that it was, given that all the improvements had been achieved without external support.

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In relation to patient safety, the board noted that PSIRF was launched on the 11 January 2024; with PSIRF fewer serious incidents (SI) are likely to be reported. There have been no new been no Never Events (NE) since the Board last met. The last two NEs had been reviewed and action plans approved.

The NED (YD) pointed out to the Board that quarterly reminders around IPC compliance in Epic are not being sent as regularly to staff for E-Coli and C-Diff and this would be tracked through the Quality Committee. The Chief Nurse & Executive Director of Midwifery responded that the IPC team were doing a manual entry through the Workflow Oversight Teams (WOT) system to Epic and GSTT have since found a way forward with this issue.

The Chief Nurse & Executive Director of Midwifery presented brief headlines on:
- There is working taking place with IV to oral switch and a huge amount of work with the Multi-Disciplinary Team, and early indications are that there has been a number of positive results in this area.
- The Friends and Family Test around texting is not working in the way it should with Epic. A manual system is in place whilst the issue is being resolved.

The Deputy Chief People Officer presented brief headlines on:
- The Trust has achieved the 90% appraisal target in December at 92.52% for all staff groups with a slight decrease in medical and dental.
- The sickness rate reported has decreased slightly from 5.67% in November to 5.23% in December 2023. A focus on sickness and adherence to the policy by managers and staff is being implemented.
- Statutory and Mandatory training compliance rate has increased by just over 1% to 88.74% for December but remains below the 90% target. areas of lowest compliance levels is being identified.
- 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. National funding has been received to support retention programmes.

The Chair summarised that there should be work around alignment of the Trust's workforce and the Trust's financial position.

The Board noted the update.

FINANCE	
024/25	**Report from the Chair of the Finance and Commercial Committee**

The Board considered the highlight report from the Chair of the Finance and Commercial Committee. The Chair highlighted the following as discussed at the Committee:

- How the Trust is delivering against the £85m deficit.
- The Trust's forecast position for 24/25 delivery, with assurance it is achievable.
- CIPs targets are they realistic and noted the challenge in meeting them.
- Issues around Epic, and resolution plans in place.
- Capital: the challenge to spend the CEDL funds in year, noted medical equipment is a key area for this spend, and as well as planning for the 2024/25 capital programme.

The Board noted the highlight report.

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024/26   **Financial Position Month 10**

The Chief Financial Officer presented a brief update on the month 10 (January) position. At month 10, the Trust reported a deficit of £74.9m. This represented a £71.2m adverse variance to plan once adjusted for ICB surplus and strike monies. This included a £13.7m deficit and is £16.1m adverse to the plan. There has been an adverse to the run rate with a £2.5m in non-pray and drugs expenditure and some concerns around pay. A shortfall of £23.3m to the CIP and capital is within limit, though there is some variation to the programme.

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.

The Board noted the update.

024/27   **Apollo Programme Update**

The Senior Responsible Officer (SRO) provided the Board 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 Board of Director meetings.

The Programme continues in the *'stabilisation'* phase of its work. An overall programme update was provided and a section on progress with the benefits realisation plan for this financial year as well as decommissioning old legacy systems.

In the previous report, communication was highlighted via the hybrid letter response (text messages, MyChart etc.). This issue has been resolved and there is now just a number of residual patients to address. The Board noted that there are now 260,000 users of MyChart, which the Trust is particularly proud of given Epic has only been in operation for 5.5 months. Future reports will detail the plans for 24/25.

The Chief Nurse & Executive Director of Midwifery confirmed feedback from maternity by the women who use MyChart has been a real plus, this is echoed by the users in the community as well.

The Board noted the excellent feedback received from patients, in particular, they are pleased with the information and functionality Epic gives, and the autonomy for patients to make their own appointments. Feedback from Governors has been very constructive with areas of improvement identified, which is greatly appreciated.

The Board noted the update.

PEOPLE

024/28   **Report from the Chair of the People, Inclusion, Education and Research Committee**

The Board considered the highlight report from the Chair of the People, Inclusion, Education and Research Committee. The Chair provided key updates:

- It was the second meeting and the meeting was focused on the people aspects of its remit.
- The Committee discussed the importance of the staff survey and agreed it should be used to identify hotspots across the organisation. The Committee agreed the Board needs to focus on improving staff engagement.

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- The Committee received a presentation on violence and aggression, and discussed whether enough was being done to support staff.

The Board noted the highlight report.

024/29 **National Staff Survey Results 2023**

The Deputy Chief People Officer presented a summary of the 2023 National Staff Survey results and provided an update of the activity underway to support care groups and corporate teams to identify and action the Trust-wide and local people priorities for 2024.

The response rate had increased since last year by 2% to 48%, and the Trust is slightly over the average mark for NHS Trusts response rates. The Board noted there were some new questions in the survey, and feedback from the sexual safety questions has been provided to the Sexual Safety Committee. It has given the Trust valuable insight and identified areas for further work. There has been a number of incremental improvements in the results.

Compared to 2022, the Trust has improved in the following five promises:
1. we are compassionate and inclusive
2. we are recognised and rewarded
3. we are safe and healthy
4. we are always learning
5. we work flexibly in the theme of 'morale.

The scores are lower for '*we each have a voice that counts'* and overall *'engagement'.* These two areas are heavily interlinked as engagement and linked to staff involvement and the ability to use their voice. The Trust's score remained static as in 2023.

The staff survey questions for WRES and WDES will be reported to the King's Executive and Board of Directors via the EDI Delivery Group later in the year.

All Care Groups had been asked to identify one priority area and to focus delivery on that priority, with support from HR.

The Board agreed it would be good to have the detailed breakdown of the trend data, results, themes, and comparison to better understand where those issues are as well as more detail on how the Trust was responding to the results. The Board discussed response rates, noting there were cultural barriers to responding as well as concerns that the responses are truly confidential. The Board agreed it would be helpful to understand what other Trusts do to encourage staff to respond to the survey.

The Board noted the update.

024/30 **Adult and Paediatric Nursing Establishment Review**

The Chief Nurse & Executive Director of Midwifery provided the Board with assurance the assessment was carried in all adults and paediatric areas only for the Trust, noting the full establishment reviews had not been completed since 2018. The outcome of this process has resulted in a decrease to the overall funded position by 14.52 WTE at a saving of £1.18m. There is now alignment between the funded establishment and roster template and budget. An interim review of the skill mix with the Band 2s and Band 3s took place last year.

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The Trust used the Shelford Safer Lessons Tool to help manage acuity and dependency, it is an evidence based tool available nationally. As part of this change, the Ward Leaders supervisory time is now 0.3. on adult wards and 0.2. on paediatric wards, excluding the ED and Critical Care.

The Trust will continue to do table top reviews for establishment for this year, theatres and outpatients. There are new tools coming out later in the year for acute assessment areas with emergency pathways. There is an opportunity to do further work around the emergency pathways. There has been a cultural move with less reliance on Bank and Agency staff.

The Board was provided with assurance that the Trust met with the national workforce safeguards for the adult and paediatric establishment.

The Chief Medical Officer updated the Board on the new regulation that has been by the House of Lords to bring the Physician Associate (PA) profession into regulation and will be regulated by the General Medical Council. In the Trust, there are 21 PAs across the Trust, fully integrated as part of the MDT, who do not prescribe. Until the PAs are fully regulated, the Trust is not permitted to allow the PAs to order x-rays and are fully supportive of the PAs in their careers as Physician Association.

The Board agreed that this element will be built into the financial, operational and clinical plan with input from the clinical groups under the transformational element.

The Board noted the update.

024/31   Bi-Annual Midwifery Staffing Review

The Chief Nurse & Executive Director of Midwifery provided the Board with information and assurance of the midwifery workforce planning.

The current midwife to birth ratio as set out in the Birthrate Plus report is 1:18 at DH and 1:23 at PRUH. The Trust has received significant investment from the National Ockendon Response, to support the establishment and continue the work in using the Birthrate Plus app for red flags

There is on-going recruitment work to retain Midwives and noted the slight reduction of turnover of Midwives within the establishment.

The Board noted the update.

GOVERNANCE & ASSURANCE
024/32   Report from the Chair of the Audit & Risk Committee

The Board considered the highlight report from the Chair of the Audit & Risk Committee. The Chair provided key updates:

Two Care Groups were invited to present their challenges and the risks that are being mitigated and discussed their current risk rating. The risks were reviewed at the Committee.

The Trust received Internal audit reports concluded that:
- 3 reports core management controls- received significant assurance.
- 2 clinical focussed reports submitted to the Quality Committee: Clinical Audit received significant assurance. Mental Health in the Emergency Department received partial assurance.

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The Committee also discussed the comprehensive updates to the BAF.

The Board noted the highlight report.

024/33   **Board Assurance Framework**

The Director of Corporate Affairs explained to the Board the full BAF included the summary of changes made since the January 2024 meeting. All Committees had reviewed their current board risks, controls, gaps and assurance and activity and noted that two of the scores had changed.

- BAF 3 - Financial Sustainability is scored at 25, due to reporting a higher deficit and the FCC felt that was an appropriate score.
- BAF 6 - Research and Innovation is scored at 12. The rationale for this is the changing national environment and commercial trials and how that is all moving forward. A report will be presented at the next meeting with a road map to the research function.

A review of the entire BAF will take place, to prioritise, refocus, to consider bringing in new risks, and to review the Risk Appetite. The Risk Appetite has been regarded as a moderate risk appetite around finance and the Trust was becoming more risk adverse, hence the review.

The Board agreed the new BAF to be presented at the next Board Development Session for approval and onward submission to the relevant committees.

Action: SC

024/34   **Council of Governors' Update**

The Lead Governor updated the Board on recent activity and focussed on:

- The Council of Governor meetings now had a thematic focus for each meeting.
- Governors were interested to hear more about the financial situation and were given the opportunity to ask the Non-Execs, how it arose.
- Roll out of Epic and noting the Industrial Action that had taken place simultaneously, and the impact on the organisation.
- The lack of financial support made available to KCH in comparison to other Trusts with the implementation of Epic.
- The CoG expressed their thanks to the SRO and CDIO with the implementation and were willing to engage with Governors in real-time.
- Feedback has been sent on to the SRO from the Cancer Patient Advisory Group and their issues and suggestions around: MyChart and NHS app, downtime, more rapid test results, communication with GPs.
- Members of the Nomination Committee have been invited to the shortlist of the new Chair.

024/35   **Any Other Business**
There was no other business discussed.

024/36   **Date of the next meeting:**
Thursday 9 May 2024 at 11:30 – 14:30, Dulwich Room, Hambleden Wing, King's College Hospital, Denmark Hill.

Tab 4 Minutes of the meeting held on 14 March 2024

Tab 6 Report from the Chief Executive

Meeting:	Board of Directors	Date of meeting:	9th May 2024
Report title:	**Report from the Chief Executive**	Item:	
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 9th March 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

Tab 6 Report from the Chief Executive

	Person- centred	**Sustainability**	
	Digitally- enabled	**Team King's**	
Key implications			
Strategic risk - Link to Board Assurance Framework	The report outlines how the Trust is responding to a number of strategic risks in the BAF.		
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's financial position.		
Comms & Engagement	n/a		
Committee that will provide relevant oversight n/a			

Tab 6 Report from the Chief Executive

King's College Hospital NHS Foundation Trust:

Report from the Chief Executive Officer

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1. Introduction

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

3. Workforce Update

4. Equality, Diversity and Inclusion

5. Board Committee Meetings

6. Good News Stories and Communications Updates

Tab 6 Report from the Chief Executive

1   Introduction

1.1   This paper outlines the key developments and occurrences since the last Board meeting on 14th March 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.

Performance challenges

1.2   Since the Board of Directors last met, the Trust has had confirmation that it has been placed in 'Tier 1' of the national oversight framework for Cancer Performance and for Diagnostics. This is because the Trust's performance against national standards has fallen below expected levels. In practice, this will involve regular (at least fortnightly) meetings to discuss delivery progress and any required support from the relevant parts of NHS England as well as agreeing the performance criteria for de-escalation from Tier 1 at the outset.

1.3   Tier 1 meetings will include attendance from regional NHSE teams, senior colleagues from NHS England's National Elective Recovery, Cancer and Diagnostic programmes, and National Clinical Directors where required. Chairing of Tier 1 meetings is expected to be undertaken by regional or system leadership. We expect Tier 1 meetings to focus on review of performance progress and improvement against the national elective delivery ambitions and any actions associated with recovery.

1.4   There is a formal review on a quarterly basis, the outcome of which is formally ratified at the sub-board Quality and Performance Committee of NHSE.

Financial Challenges

1.5   At the last meeting of the Board of Directors I reported that the Trust's financial position was particularly challenged at present. I also updated on the actions in place to reduce costs. At the start of the financial year, we committed to delivering a deficit of £49 million by the end of March 2024. Unfortunately, despite the enhanced controls, we did not deliver the financial plan, and as a result, our year end deficit was c78.9m (subject to audit).

1.6   In early April, the Trust received confirmation that it is being moved into National Oversight Framework segment four and has been placed in the Regulatory Support Programme. Discussions are underway to agree what this means in practice.

1.7   As well as working to minimise the overspends highlighted above, 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   Following the resignation of Charles Alexander as Chair of the Trust Board, the Council of Governors have conducted a recruitment process to appoint a new Chair. The successful candidate is Sir David Behan who will join the Trust in June. I am most grateful to Jane Bailey for the help and support she has provided to me and the King's leadership team. I am also grateful that she will be continuing the role of Acting Chair until Sir David arrives.

Tab 6 Report from the Chief Executive

2   **Patient Safety, Quality Governance 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   I have previously reported that we have launched our Patient Safety Incident Response Framework (PSIRF) training and this 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.

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

2.4   Since the introduction of PSIRF, four patient safety incident investigations have been commissioned since the start of January, including a patient safety incident requiring a cross-system learning response following a delayed cancer diagnosis in a patient whose pathway crossed multiple providers in South East London. The ICB is coordinating this cross-system learning response, the first of its kind in SEL following the introduction of PSIRF.

Patient experience

2.5   The Trust has received the output of the Patient-Led Assessment of the Care Environment (PLACE) exercise that took place earlier in the year. The Trust's scores have improved compared to last year. There is still work to be completed around the environment and appearance of the building (cleanliness), as well as food, as the scores have reduced in this area and was noticeable at all sites but more marked at the Orpington hospital site. Action plans are in place and assistance has been sought from the King's Charity to support improvements on wards where possible.

2.6   The Trust has also received the results of the Care Quality Commission's maternity survey. Although the response rate was below average at 36.5% (against the national adjusted response rate of 43%), detailed data analysis revealed that Trust is one of four highest scoring Trusts nationally for postnatal support from midwives or health visitors who ask about mental health. The results indicate there are areas for improvement including active support during breast feeding, involvement in decisions on care after birth at home, and access to see or speak to a midwife at home. An improvement plan is in place and progress will be monitored at Patient Experience Committee and through the Women's Health Care Group.

Tab 6 Report from the Chief Executive

3   **Workforce Update**

Industrial Action

3.1   The BMA has confirmed that junior doctors have voted in favour of a further mandate for further industrial action. However the Trust has not been notified of any future dates for industrial action at this stage.

3.2   Following further national negotiations, a deal has been agreed with Consultants to end their dispute with the government.

Sexual Safety Steering Group

3.3   The Trust have created a Sexual Safety Steering Group which has been introduced to ensure the Trust provides a safe environment for all staff where sexual abuse of any type is not tolerated. The Group has been developing an action plan, in line with the BMA's Ending Sexism in Medicine Pledge and the NHSE Sexual Safety Charter to address concerns of sexual abuse across the Trust. The Group is co-Chaired by the Chief Nurse and the Chief Medical Officer.

Recruitment and Retention

3.4   The Trust's vacancy rate has reduced to 9.21% in March 2024 (M11) compared to 9.37% in M10 against a Trust target of 10%. This also represents a 3.27% reduction from March 2023.

3.5   Work is on-going to review vacancies across the Trust in line with the plan to reduce funded whole-time equivalents (wte) by a minimum of 600 in 2024/25.

3.6   The Trust has seen a reduction in the turnover rate which is now at 12.17%. This is a significant improvement from March 2023, when the turnover rate was 14.48%.

Learning and Organisational Development

3.7   The Trust's relaunched Work Experience programme has now offered placements to over 250 students, totalling 1,235 days of work experience across a wide variety of the Trust's departments.

3.8   The new Appraisal 'season' started on 1 April 2024. Support is available to both line managers and staff from the Trust's Organisational Development team to ensure that appraisals are both supportive and effective.

3.9   The current Project Search interns are now in their third and final rotations at King's. Recruitment has commenced for our next cohort, who will commence in September 24. The Trust are working in collaboration with our local authorities and other DFN Project Search partners to support recruitment for this cohort.

Staff Vaccination Programmes

3.10   The Trust's annual influenza vaccination programme for staff, which opened on 26 September, closed on 31 March 2024. The final compliance rate for King's frontline staff

Tab 6 Report from the Chief Executive

was 40.8% which is higher than the Trust's uptake in 2022/23 and also higher than other South-East London Acute Provider Trusts.

3.11 The Trust is planning to understand reasons for low uptake to inform plans for the 2024/25 vaccination season, noting there has been a significant decrease in uptake nationally in recent years.

4   **Equality, Diversity and Inclusion (EDI)**

4.1 During this period, the Trust continued to progress the implementation of the Roadmap to Inclusion 2022-2024. Some of the key highlights include:

4.2 Delivering training and positive action career development programmes
  - Leading life coach & motivational speaker Rasheed Ogunlaru delivered 7 half-day and 25 one to one coaching sessions for 79 ethnic minority members of staff.

  - Our internal Cultural Intelligence (CQ) facilitators delivered 7 full day workshops for 86 members of staff.

  - The disability leadership development programme 'Calibre' completed with 4 half-day sessions. 12 members of staff have now graduated from the programme which has received overwhelming positive feedback

  - Our Equality, Diversity & Inclusion Director (EDI) delivered a session on the NHS EDI Improvement Plan for the ICS, which enabled the system to conduct a thorough examination of the Plan.

4.3 Marking national diversity dates
  - International Women's Day and Women's History Month was celebrated by promoting shared stories of female pioneers and two women's staff recognition awards events. Panel discussions with current inspiring women in the healthcare industry also took place and the Women's network also hosted an online session focusing on endometriosis and fibroids.

  - Neurodiversity Celebration Week was marked via two webinars, included one which celebrated some of our talented neurodiverse colleagues who shared their personal experiences and insights. A King's specific Neurodiversity Toolkit was also launched to mark the week.

  - Eid was celebrated with food available for hundreds of staff at Denmark Hill and PRUH. At Denmark Hill, a virtual reality (VR) experience was available for staff to explore significant Islamic landmarks.

Tab 6 Report from the Chief Executive

5   **Board Committee Meetings since the last Board of Directors Meeting (14ᵗʰ Mar 2024)**

Board in Committee	4 April 2024
Finance and Commercial Committee	12 April 2024
People, Education and Research Committee	18 April 2024
Quality Committee	18 April 2024
Audit Committee	27 April 2024
Finance and Commercial Committee	7 May 2024

6   **Good News Stories and Communications Updates**

6.1   **Liver ITU refurb improves patient and staff experience** Our specialist liver intensive care unit at King's College Hospital has been refurbished, and transformed into a bright and spacious area complete with ceiling displays projecting illuminated blue skies across the corridor. Julie Jose, Lead Nurse of the Liver ITU explained: "Everything about the unit is better now, and a lot of planning went into the refurb. It's making a real difference to the care we provide and the experience of patients."

6.2   **Team King's announced as runner up in the 2024 HTN awards** The endoscopy service at the PRUH has been awarded runner up in the national 2024 Health Tech News (HTN) awards for Excellence in Digital Pathways. With around 8,500 colonoscopy procedures carried out every year at the PRUH, the commendation recognises the team's work to roll out a new reminder service for patients which has helped reduce waiting times for colonoscopy procedures.

6.3   **New artwork brightens up care for young patients at King's** Children and parents are now greeted by entertaining depictions of colourful animals and wildlife from the moment they enter Toni and Guy ward at King's College Hospital. Lizzie Ruck, Ward Manager, said: "We've had a fantastic response to the artwork, from children, parents and staff. It really brightens up the ward space, gives families fun things to talk about, and importantly boosts the mood of children, some of whom are unable to leave the ward during their time here due to illness."

6.4   **New skin cancer service for Beckenham Beacon patients** Specialists at Beckenham Beacon are now using high quality medical photographs to assess and diagnose skin conditions, including cancer. Susan Smart, Senior Medical Photographer at Beckenham Beacon, explained: "Once a GP refers a patient with a potential skin condition to our team, we can help make sure they are assessed as quickly as possible. Rather than waiting for a face-to-face appointment, we can capture images which can be used to diagnose skin lesions and other conditions. These images are reviewed by a consultant, and within two weeks the patient is contacted with details on the outcome of the review and instructions of what needs to happen next."

6.5   **King's nurse recognised at the BJN Awards** Roseline Agyekum, Community Kidney Nurse Researcher at King's, has won the bronze award in the Renal Nurse of the Year category at this year's British Journal of Nursing (BJN) awards. Roseline said: "I'm very

Tab 6 Report from the Chief Executive

proud to have received the bronze award but for me it is not about which award I receive, it was more about the recognition, and to all Faith and non-Faith leaders who engaged with us, our patients, who shared their lived stories and the Community Kidney Ambassadors and collaborators."

6.6 **Life-saving screening for hepatitis B and C now offered to Emergency patients at the PRUH** All patients having a blood test in the Emergency Department at the PRUH are now automatically offered testing for hepatitis B and C. Dr Claire Gray, Consultant in Emergency Medicine at the PRUH, said: "The successful roll-out of hepatitis B and C testing in our Emergency Department has already resulted in over 8,000 of our patients taking part in the screening. As a result, we can help detect even more people in need of treatment.

6.7 **King's Endometriosis service secures reaccreditation** The British Society of Gynaecological Endoscopy has once again accredited the Trust as an Endometriosis Centre, recognising our team's outstanding care, innovative working and commitment to research. Mr Nitish Narvekar, Clinical Director for Gynaecology, said: "The entire team is delighted to have secured this prestigious reaccreditation for the service. We are all passionate about our work, and doing everything possible to ensure patients get the diagnosis they need, as well as the treatments that can improve their quality of life immeasurably."

6.8 **Rashmi Thannikkal shortlisted in the British Journal of Nursing Awards 2024** Rashmi Thannikkal has been shortlisted for the 'Infection Prevention Nurse of the Year 2024,' in recognition of her work to improve patient hand hygiene. Carbapenemase-producing Enterobacteriaceae (CPE) bacteria usually lives harmlessly in the gut but can lead to infection if it enters the bloodstream or urinary tract. To help prevent the spread of CPE bacteria, Rashmi led an initiative to supply antimicrobial hand wipes to patients on a liver ward at meal times to break the chain of transmission from a patient's hand to their mouth.

6.9 **HRH The Duchess of Gloucester visits King's** HRH The Duchess of Gloucester visited King's College Hospital on Tuesday 19 March to meet staff and patients connected with the Trust's Dental Institute. As part of her role as Colonel-in-Chief of the Royal Army Dental Corps, The Duchess was given a tour of the Rainbow Suite, which provides a dental trauma service to children who live in south east London, as well as the Adult Dental Traumatology Clinic and Oral & Maxillofacial and Craniofacial Surgery laboratories.

Tab 7 Report from the Chair of the Quality Committee

NHS
King's College Hospital
NHS Foundation Trust

Committee Highlight Report for the Board of Directors			
Committee Chair:	Prof Yvonne Doyle, CB Non-Executive Director	Date of Meeting:	18 April 2024
Author:	Zowie Loizou, Corporate Governance Officer	Item:	7.0.
Committee:	Quality Committee (QC)		

Purpose:	**Board action required (please tick)**						
	Decision/ Approval		**Discussion**	✓	**Assurance**	✓	**Information**	

Agenda Ref	Item	Link to BAF
1.	**Integrated Quality Report** The Committee considered the Integrated Quality Report, noting the Trust position in relation to patient safety, experience and outcomes. The Committee learned as at the end of February 2024 there were 5 serious incidents (SIs) remaining under current investigation within the old framework, and action plan reviews were still ongoing with an aim to re-direct some of the action plan reviews into existing governance structures and continuation of the Serious Incident Committee for oversight. All Trust Never Events (NEs) had now been investigated, additionally, all action plans completed and closed. Friends & Family Test (FFT) results showed an improved experience across all areas in month, with some challenges concerning the FTT text function rate post EPIC Go-Live and an options appraisal had been put forward for consideration by the OCB. Inpatient areas had shown positive improvement with FTT. A number of blood-stream infections was noted predominately at the Denmark Hill (DH) site and the Trust were working through these cases with clinically specific action plans in place. Trust Complaints had shown an increase in volume, although an increase volume for complaints closed was also noted. Some of the sources were from general practice possibly reflecting problems with communication via EPIC. The OCB is due to receive a report in May 2024 exploring the rise in complaint numbers and evaluating the impact of the changes to the complaints management process in 2023. The Committee also discussed the issue of apparent lack of attention to local clinical audits. This revealed that clinical teams did engage in best practice but many of the resulting policies were not relevant currently as they were part of COVID-19 responses; or simple dates had not been updated on policies. The Committee requested that the local audits were filtered to ensure out of date policies resulting were removed and important updates were in place on current policies.	BAF 7 – High Quality Care BAF 9 – Demand and Capacity

Tab 7 Report from the Chair of the Quality Committee

NHS
King's College Hospital
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2.	**Ward to Board – Critical Care**	BAF 7 – High Quality Care
	The Committee received a presentation from the Critical Care Team. Key highlights included:	
	The King's Critical Care Centre was now fully open and the main driver of the new build was primarily due to patient capacity and to support all specialties. Clinical outcomes are comparable with a high quality service as evidenced by national comparative audits. A main diver for critical care was the patient experience which strongly influences outcome, with outdoor critical care that is currently entirely charity funded and was out for procurement with completion due by the end of 2024.	
	The Critical Care Centre had fully engaged with the implementation of PSIRF with an established two week patient safety panel meetings currently in place. A critical care toolkit is now in place to allow peer reviews of all critical care units, with a digital handbook provided for all critical care staff to provide oversight concerning support and contacts within Critical Care.	
	The current challenges within Critical Care are namely, the number of incidents concerning patient medication safety. This was a consequence of the new systems within EPIC. The team was concerned about a loss of safeguards, which included bedside affinity, critical care drug catalogue including additional instructions for preparation, quick link access to guidelines and loss of closed prescribing on critical care. The Pharmacy team were aware of the concerns around medication safety and various safeguarding measures are in place as well as updated guidelines.	
	Recruitment and retention concerns within Critical Care were noted largely due to the current cost of living within London and violence and aggression toward staff, and a focus on increasing senior leadership presence to support staff was ongoing.	
3.	**Quality Account Priorities Progress Report – OCB Shortlisting**	BAF 7 – High Quality Care
	The Committee reviewed and agreed the quality account priorities for 2024-25 following stakeholder engagement.	
	The included consultation and feedback on a long list of 13 priorities. Feedback was received from Healthwatch Southwark and Healthwatch Bromley, the public via an online survey, Council of Governors and Bromley Health Scrutiny Sub-Committee. This feedback had been analysed to further refine the list, there were no more suggestions.	
	The following priorities were recommended:	
	Patient safety:	
	o Deteriorating patients o Workforce and patient safety	

Tab 7 Report from the Chair of the Quality Committee

Patient outcomes:

  o Acutely Unwell Patients (Deteriorating Patients)

Patient Experience

  o Communication (language) and accessibility
  o MyChart (Appointment changes or cancellations)

The Committee agreed and approved the recommended account priorities.

4.	**Patient-Led Assessment of the Care Environment (PLACE) Results** The Committee received the PLACE Results and noted PLACE is an annual appraisal on the non-clinical aspects of NHS, undertaken by teams, which includes both staff and members of the public with a minimum of 50% of patient assessors. The Trust completed its assessment in November 2023. The Committee learned that there was significant improvement since 2022; and the largest gains in scores (at 10% increase) related to Disability; Dementia; and Condition, Appearance and Maintenance of Estate domains. However, the Committee noted the work still needed as the Trust still scored below the national average.	
5.	**CQC Maternity Survey Results** The Committee received the results from the Care Quality Commission's Maternity survey and the initiatives proposed. The Committee overall was content with the results but noted there is a need to improve patient experiences, noted the themes, actions and plans in place. These plans also incorporate actions in response to the maternity service review undertaken as part of the NHS Equality Delivery System 2022. The results of the latest Care Quality Commission's Maternity survey published on 9 February 2024 – including regional comparisons- highlighted that from the 54 questions, the Trust demonstrated continuous improvement, and scored well. This compared satisfactorily with other Trusts for 51 questions. The measure: "feeding your baby" category did not score as well and the Committee will keep this service in sight . Following the publication of the results, the maternity team was working with the Maternity and Neonatal Voices Partnership colleagues to co-produce an action plan. This process is to involve a joint analysis of all free text data to inform priority areas. Progress will be monitored regularly by the Patient Experience Committee, safety champions and Local Maternity and Neonatal System Board.	BAF 7 – High Quality Care
6.	**Board Assurance Framework - BAF 7: High Quality Care** The Committee received BAF 7 and noted the BAF. There are plans in place to discuss BAF at the Board Development Session for an overall review.	BAF 7 – High Quality Care

Tab 7 Report from the Chair of the Quality Committee

7.	**Issues to be escalated to the Board**	BAF 7 – High Quality Care
	The Chair confirmed the following items to be escalated to the Board: ▪ Critical care team key messages. ▪ QAP agreed ▪ Content IQR ▪ Commend maternity survey result ▪ Patient Experience report ▪ Discussion on the local clinical audits were recorded ▪ Feedback on you said, we did.	

NHS
King's College Hospital
NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	09 May 2024
Report title:	**Maternity & Neonatal Quality & Safety Integrated Report Q4** (Jan-Mar 2024)	Item:	8.0.
Author:	Mitra Bakhtiari, Director of Midwifery	Enclosure:	-
Executive sponsor:	Tracey Carter, Chief Nurse & Executive Director of Midwifery		
Report history:	DH Site Exec (19/04/2024), King's Exec (22/04/24)		

Purpose of the report

This report provides a detailed summary of ongoing maternity and neonatal quality and safety in Quarter 4 (Jan – Mar 2024). 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	✓

Board of Directors is asked to receive this report for information and assurance regarding maternity and neonatal services in quarter 4, 2023/24.

Executive summary

- As part of EPIC optimisation, the Trust is on track to make a submission to the Maternity Services Data Set (MSDS) by July 2024. Availability of data has been impacted since implementation. It is anticipated that the initial submission in May will identify any data quality issues, but once these are identified, work will then begin to address them. The full dashboard (of available data for maternity & neonatal) is at Appendix 1; there are no significant changes in performance across the last 4 quarters.

- Review of learning from MNSI recommendations has been completed and evidence submitted.

- Maternity Incentive Scheme (MIS) guidance for year 6 was published on 2 April 2024, marking the start of the compliance period, which runs until 30 November 2024. The submission deadline for year 6 is 3 March 2025. The Trust is on track to progress with MIS year 6.

- All Perinatal Mortality Review Tool (PMRT) standards have been met since the close of the Maternity Incentive Scheme (MIS) reporting period at the end of December 2023.

- There were no Patient Safety Incident Investigations (PSII) in Q4. 6 moderate harm incidents were reported. There was 1 referral to MNSI and the same case was also notified to NHS Resolution Early Notification scheme.

- Training compliance did not meet the 90% target for maternity support workers and anaesthetists. Anaesthetists are being actively booked onto training and maternity support

worker training dates have been rearranged. With these actions 90% compliance should be achieved by all staff groups by the end of June 2024.

- 1 new risk has been added to the risk register; call bell system being updated and rectified on Nightingale Birth Centre (work now complete, risk will be closed).

- The Trust is reviewing the funding to support progression of the UNICEF Baby Friendly Initiative since the NHS England funding has been ceased. (A requirement of the Three-year Delivery Plan for Maternity & Neonatal Services).

- The Trust is on track to exit the Maternity Safety Support Programme. Following an initial meeting with the national Improvement Advisor, sign-off will be requested from Maternity & Neonatal Safety Champions, KE, Board of Directors and LMNS (during April/ May). Regional Quality & Safety meeting and National JSOG will then confirm the final position in June 2024.

- The Trust has twice daily safe staffing meetings in response to occasions when planned versus actual staffing fall below this.

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
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 and Board of Directors	

Maternity Dashboard

Within Southeast London LMNS, neither King's nor Guy's & St Thomas' have been able to submit multiple external returns and reports, including submissions to Maternity Services Data Set (MSDS). A full reporting programme is underway, with regular board level and external updates to NHS England; weekly progress updates are submitted via the NHS England Frontline Digitisation team and London region. MSDS has been identified as a critical priority, and the Trust is on track to make a submission by July 2024. It is anticipated that the initial submission in May will identify any data quality issues, but once these are identified, work will then begin to address them.

See Appendix 1 for dashboard data; there are no significant changes in performance across the last 4 quarters. There has been a spike in the stillbirth rate in February and March 2024; although this remains within the parameters of common cause variation, a cluster review of stillbirths for this period will be undertaken by the Patient Safety Team.

PERINATAL QUALITY SURVEILLANCE MODEL

See Appendix 2 for PQSM data.

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 Board of Directors 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.   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. Criteria for review using the PMRT can be found here: PMRT July 2018 (ox.ac.uk)

At Denmark Hill families who experience the loss of their baby are cared for in maternity from 16+0 weeks gestation; at PRUH care is given from 14+0 weeks gestation.

2.1.   Perinatal Mortality Rate (Jan – Mar 2024)

Perinatal Death	DH	PRUH	Trust-wide
Mid Trimester Miscarriage (14/16-21+6/40)	5	4	9
Late fetal loss (22+0-23+6/40)	4	1	5
Stillbirth (24+0/40 onwards)	2	4	6
Neonatal Death	6	0	6
TOPFA* <24/40	3	4	7
TOPFA ≥24/40	7	1	8
Total	**27**	**14**	**41**

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.

- 14 of these cases meet the criteria for review using the PMRT
- 9 cases occurred at DH, of which 2 were stillbirths, 4 were late fetal loss and 3 neonatal deaths (3 of the 6 in the table above were not subject to PMRT as gestation was below 22 weeks)
- 5 cases occurred at PRUH, of which 4 were stillbirths and 1 was a late fetal loss

2.2.   PMRT Action Plan

The table at Appendix 3 shows performance against the requirements of the Maternity Incentive Scheme (MIS) for PMRT. To ensure an oversight of compliance with the requirements of PMRT, this is now managed as part of Risk and Governance team with a local plan to review the progress on a daily basis. The Trust remains on track following this change.

3.   Maternity & Newborn Safety Investigations (MNSI), Patient Safety Incident Investigations (PSIIs)

3.1.   MNSI & NHS Resolution Early Notification (EN) Referrals

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. Maternity safety investigations are undertaken by Maternity & Newborn Safety Investigations (MNSI), which is hosted by the Care Quality Commission (CQC).

Investigations are undertaken in accordance with the Department of Health and Social Care criteria (Maternity Case Directions 2018) which can be found here: What we investigate (mnsi.org.uk)

One case met the threshold for MNSI referral in Q4. The referral was accepted by MNSI on 26 March 2024 and was subsequently referred to NHS Resolution Early Notification by the Trust legal team.

Following a letter of concern from MNSI (formerly Healthcare Safety Investigation Branch, HSIB) in November 2023, all previous MNSI/ HSIB action plans were reviewed. This was escalated to King's Exec and Board of Directors contemporaneously and, having received satisfactory assurance, has since been closed by MNSI.

A total of 57 action plans were reviewed covering a period from 2018 to November 2023. Outstanding actions and themes were identified and presented to the Maternity Quality Governance Group. Historic themes included:

- CTG/ IA interpretation (prior to employment of specialist midwife for fetal wellbeing, cross-site)
- Staff shortages (with 3 episodes specific to triage)

The following learning and initiatives have been implemented as a result of this review:

- Guidelines have been reviewed and updated with a timed schedule for subsequent reviews and updates.
- Birmingham Symptom Specific Obstetric Triage System (BSOTS) audit was undertaken retrospectively and continues as a live audit, including the number of midwives allocated in triage. BSOTS training is underway and the triage guideline has also been updated to include BSOTS.
- There are two huddles per day to review staffing levels in real time and prioritise redeployment to triage to address staffing challenges.

3.2. Patient Safety Incident Investigations (PSIIs) & Moderate Harm Incidents

With the implementation of the Patient Safety Incident Response Framework (PSIRF) in November 2023 and cessation of the Serious Incident Framework, Patient Safety Incident Investigations (PSII) have replaced Serious Incidents. There were no PSIIs declared in Quarter 4.

6 moderate harm incidents were submitted via InPhase in quarter 4: an increase from Q3 (3 incidents).

3.3. Learning from incidents

- **Learning Events** continue to be held regularly. Incidents considered for wider learning are discussed within PSIRF panels which agree how they can be shared. Midwifery Mandatory Training uses case studies for specific subjects such as medicines management. This approach has promoted multidisciplinary discussion and learning and has received good feedback from teams. 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 the Maternity Patient Safety team in response to specific safety concerns, which are also discussed in the Obstetrics and Gynaecology monthly audit meetings. Recent examples of messages of the week include:

- Sharing learning from incidents regarding neonatal hypoglycaemia and highlighting that an altered glucose homeostasis is a clinical indicator for suspecting early onset neonatal sepsis.

- EPIC-related message of the week: saving all data that has been uploaded to EPIC through external devices to ensure observations are not deleted.

- Safety alert shared following a snapshot audit of MRSA screening showing <60% compliance at DH for elective and emergency theatre cases. This is also part of the SBAR handover.

- **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. Both 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. The team are next looking to introduce a neonatal abduction simulation to areas in conjunction with safeguarding teams.

- **Training includes discussion of Case Studies** based upon actual incidents; most recent examples include post-partum haemorrhage and medicines errors. Groups are able to discuss what they would have done differently and the case studies are updated to reflect recent themes/ learning.

- **The Magpie**, the monthly care group newsletter, regularly includes highlights from patient safety, including a summary of recent Messages of the Week.

4.   Consultant attendance for clinical situations

The Royal College of Obstetrics and Gynaecology (RCOG) 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' (Updated 2022) has clear criteria for when a consultant must attend certain clinical situations (see table below). This criteria is highlighted in the Maternity Staffing Standard Operating Procedure and discussed at the departmental meeting for oversight. Data is also collated and submitted to the LMNS monthly.

Data can be found at Appendix 4

Mitigation and next steps:
- Audit of compliance is undertaken regularly at both sites.
- New Consultant induction includes the data (see appendix 4)
- Cross-site Consultant meetings include a reminder of these roles and responsibilities.
- Data is published on Teams for all members of staff.

A further audit of massive obstetric haemorrhage (MoH) and deep dive into postpartum haemorrhage (PPH) criteria compliance is required however, with the EPIC implementation this has affected the availability of data and the audit has been delayed; this will be complete in Q1. During Q4 all PPHs reported on InPhase have been reviewed and graded as low or no harm; the Trust is not an outlier within LMNS.

5.   National Updates

5.1.   3-Year Delivery Plan for Maternity & Neonatal Services

The 3-Year Delivery Plan for Maternity & Neonatal services, referred to as the single delivery plan, is an amalgamation of the Ockenden report and the findings of the East Kent Report, including actions and recommendations in a single framework that is set out over a 3-year period which was released by NHS England in March 2023.

The risks to achieving full compliance include the UNICEF Baby Friendly Initiative (BFI) level 3 accreditation as there is a financial requirement to be assessed and our current accreditation level of 1 provides a challenge however, the expected 18 month gap between assessments can be reduced to 12 months with appropriate training and staff engagement so a trajectory for achieving level 3 accreditation by 2027 is achievable with mitigations including increased training and development for staff. The Trust is reviewing the funding to support progression of the UNICEF Baby Friendly Initiative.

There is ongoing work to improve health inequalities with quality improvement works including targeted parenthood education classes, hypertension services and working with the Trust digital team to be able to identify those from ethnic minorities and deprived wards to improve engagement and care that meets the needs of our local population. Staff Multidisciplinary training incudes education and training about EDI. And the ethnicity parameters are considered as part of clinical investigation incidents and PMRT.

The Trust is supported by LMNS funds to focus on retention as well as recruitment that includes internationally trained midwives and preceptors.

5.2.   Ockenden

The original Ockenden report was published in Dec 2020. This contained 7 immediate and essential actions (IEAs). The final report was published in March 2022 and contained a further 15 IEAs which complement and expand upon the original 7. The Trust is compliant with the original 7 IEAs and the outstanding actions from final report pose low risk to the Trust. NHS Southeast England ICB is currently developing a Labour Ward Coordinator Framework and the Trust is able to access funded places to support the development of all labour ward coordinators in response to Ockenden final report. The final program is expected to be released in May 2024. Training and development of staff continues to be supported through the appraisal programme, in line with the local training needs analysis.

5.3.   CQC

Following the CQC report in 2022, 43 actions were required to provide assurance to the CQC that maternity services at Kings meet the key lines of enquiry. All 43 actions are complete however, to increase assurance additional work is ongoing:

- Ligature light infrastructure - working with estates, risk assessing women and birthing people to determine level of risk and ensuring effective mitigations and controls are in place.
- Review of the neonatal abduction policy has been completed in collaboration with the wider Trust. There is a requirement to complete regular infant abduction drill in collaboration with the Trust which has passed the planning stage and will be conducted in Q1/Q2 of 2024/25
- There were concerns around lack of systems in place to prevent Data protection breaches however, this risk has been mitigated with the implementation of EPIC and reduced 'log out time', as well as staff vigilance in line with governance training.

6.   Training Compliance

6.1.   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; further detail can be found here: [NHS England » Core competency framework v2: Minimum standards and stretch targets](#)

The Training Plan was refreshed to reflect CCFv2 and approved by Board of Directors in January 2024.

6.2.   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 meet compliance 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 training day consists of a hybrid model of both virtual teaching sessions 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.

6.3.   Training Compliance – Maternity

Maternity Incentive Scheme (MIS) safety action 8, training requires at least 90% compliance for all staff groups. In year 5 of MIS, this was lowered to 80% to allow for the impact of industrial action. Trusts with compliance between 80% and 89% were required to implement an action plan to achieve 90% compliance within 12 weeks of the end of the MIS reporting period (1 December 2023). The service did not achieve 90% compliance and has implemented an action plan.

12-month rolling total to 29 April 2024 (N.B. Support Staff MMT data up to end March 2024):

Staff Group	MMT	Fetal Monitoring	PROMPT	PROMPT NLS*
Midwives	93.1%	93.1%	92%	92%
Support Staff	99%	N/A	87.5%	N/A
Obstetric Trainees	N/A	90.1%	91.4%	N/A
Obstetric Consultants	N/A	96.9%	88.2%	N/A
Anaesthetic Trainees	N/A	N/A	84.4%	N/A
Anaesthetic Consultants	N/A	N/A	80%	N/A

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

90% compliance was achieved by midwives and obstetric trainees. However, maternity support workers, obstetric consultants and anaesthetists have not achieved 90% compliance. This was due to a rotation for some anaesthetists, and to a training date clash for maternity support workers. Anaesthetists are being actively booked onto training and maternity support worker training dates have been rearranged. With these actions 90% compliance should be achieved by all staff groups by the end of June.

All staff have been mapped over the 12 month period for MIS year 6, and during the summer and autumn, additional training dates are available to allow non-attenders, rotating staff and new starters to attend; this is on track to achieve compliance by the close of the MIS year 6 reporting period.

6.4.   Training Compliance – Neonatal

The Practice Development Team continue to work with senior teams to overcome the challenges in achieving the required standard for training compliance in all domains. There continue to be 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. In addition, 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 form part of the faculty that delivers on these courses alongside nurses and midwives.

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.

12-month rolling total to 31 March 2024:

N.B. this data includes 5 new starters who have joined the Trust within the last 3 months

	Neonatal Nursing DH		Neonatal Nursing PRUH		Neonatal Medical	
	Q3	Q4	Q3	Q4	Q3	Q4
Overall mandatory training	91%	83%	87%	90.9%	67%	92%
PROMPT	N/A	N/A	N/A	N/A	N/A	N/A
Fetal Monitoring	N/A	N/A	N/A	N/A	N/A	N/A
Adult resuscitation	86%	86%	73%	100%	88%	87%
Neonatal resuscitation	86%	86%	79%	79%	100%	100%
Safeguarding children level 3	68%	70%	93%	85.7%	82%	91%

7.   Maternity & Neonatal Safety Champions

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 (which also include Director of Midwifery and Clinical Directors) visit clinical areas and talk to staff and service users.

Board Safety Champions undertook the following walkabouts during Q4:

- 11 January at Denmark Hill, Neonatal Unit
- 29 February at Denmark Hill, Stork on the Hill Midwifery Centre
- 19 March at PRUH, Oasis Birth Centre & Maternity Ward

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

- Key points for review from Neonatal Unit visit include family-centred support for parents, management of babies in the unit for a long stay, shared care and transfer between NICU and Paediatric services, psychological support and preparing in pregnancy for better family integrated care.
- Life-Start machines at both sites have now been commissioned and are undergoing checks. MDT Simulation training area is planned. This will be included in an Innovation good news story and shared Trust-wide.
- Neonatal unit representatives joined the Maternity staff listening event on 31 January 2024.
- Dietetic teams are exploring options to replace the vending machine in the Venetian building (where diabetes and maternal medicine clinics are held) with one that has diabetes-friendly snacks.
- Power boards, equipment and device cables in the Serenity community midwife team office were an electrical fire and trip hazard, this has been resolved
- Update information on noticeboards in the waiting room at Stork on the Hill
- Poster 'How can I raise a safety concern?' has been updated to reflect current Board Safety Champions, including names, titles, email addresses and photographs

"You Said, We Did" poster has been produced, which details the actions taken as a result of feedback. A recent example includes:
- Patient information and engagement: social media live videos with Maternity & Neonatal Voices Partnership (MNVP) included Neonatal Unit; Epidurals; Induction of Labour; and Spanish language parent education. Future Live talks are scheduled monthly for the remainder of the year.

8. 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 attended a series of PCLP learning events which are now complete; the next phase of the programme is the Safety Culture, Operational Risk, Reliability/ burnout and Engagement (SCORE) survey.

The SCORE survey will provide a cultural overview of the service and insight into the team's safety culture to identify strengths and opportunities. It was launched in March and will close on 21 April. 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.

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

Saving Babies' Lives 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.

External funding has been sourced to support resource to improve compliance with element 1, smoking in pregnancy. This post is currently being recruited into. This midwife will establish an 'in house' tobacco dependency service, which is a requirement of SBL element 1 and also meets the requirements of the NHS Long Term Plan (2019).

In relation to assurance of compliance with the elements, the requirements from MIS year 6 do not state any targets but have explained the expectation of continuous improvement. There is currently ongoing work with the LMNS leads to set targets that are realistic but also drive services forward.

Formal review and validation of evidence is undertaken by Southeast London LMNS, and the next review will be mid-March 2024. Timescale for achievement of compliance against all 6 elements is Q3 (Oct-Dec) 2024.

Guidance for year 6 of the Maternity Incentive Scheme (MIS) was published on 2 April 2024; this also marks the start of the compliance period, which will close on 30 November 2024. The final submission deadline is 3 March 2025. There are no changes to the conditions of the scheme and no additional or new safety actions. The existing 10 safety actions have been streamlined, with some requirements removed.

The MIS Assurance Panel continues to meet monthly to ensure oversight and assurance of compliance. The panel has identified those safety actions which will require close monitoring and/ or additional support in year 6.

- **Safety Action 1, PMRT**: Enhanced governance and support is now in place to ensure that performance against all requirements is monitored regularly (in between Assurance Panel monthly meetings) and to allow for timely mitigations where necessary.
- **Safety action 2, MSDS:** This requires submission to the Maternity Services Data Set (MSDS); work is underway to ensure that this can be met when the data for July is submitted.
- **Safety Action 5, Midwifery Workforce:** Work continues to ensure compliance; changes to the requirements will make this less challenging to meet in year 6.
- **Safety Action 6, Saving Babies' Lives (SBL):** Requirements for year 6 are less prescriptive and allow for local agreement of trajectories with the Local Maternity & Neonatal System (LMNS); the service still aims to implement SBL by the end of Q1 2024/25.
- **Safety Action 8, Training:** Compliance will be monitored closely to ensure that mitigations can be implemented should there be a risk to meeting the 90% target.

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

10.1.   NHS Equality Delivery System (EDS)

The Equality Delivery System (EDS) is an improvement tool which supports NHS organisations to review and develop their approach to addressing health inequalities through three domains: commissioned services, workforce health and wellbeing, and inclusive leadership. Outcomes are evaluated, scored, and rated using available evidence and insight; these ratings then provide assurance or point to the need for improvement.

This has recently been undertaken for the maternity service in collaboration with Southeast London ICS and the final report was published in February 2024. With a score of 15.5, the Trust is rated as 'Developing'. The full report is available in diligent reading.

The Trust can demonstrate approaches to addressing health inequalities through the CQC Maternity Survey action plan.

11.   Avoiding Term Admissions into Neonatal Units (ATAIN)

ATAIN Admission Rate (Jan – Mar 2024):

	DH	PRUH
Total ATAIN Cases	51	37
Rate per Term Births (National Target 6%)	5.7%	4.43%
Rate per All Births	5%	4.36%
Total Avoidable Admissions	**1**	**0**

11.1.   Avoidable Admissions

There was 1 avoidable admission at DH during Q4 where treatment in Transitional Care would have been a viable option. 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.

11.2.   Reasons for Admission

All term admissions are reviewed weekly at each site.   Review meetings are multidisciplinary and findings inform learning and areas for improvement which are shared widely. Reasons for admission during Q4 can be found at appendix 5.

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.

Jaundice: A recent message of the week has highlighted the increase in jaundice admissions and reminded teams to be alert and test early.

Sepsis: The admission rate due to sepsis was significant in Q1 (27% of admissions) and an action plan was developed to address this. To date the overall trend shows a decrease in the admission rate, with no admissions due to Sepsis at the PRUH site during Q4.

12.   Transitional Care

12.1.   Transitional Care Admission Rate (Oct – Dec 2023)

	DH	PRUH
Total Admissions to Transitional Care	164	155
Average Length of Stay	2.4 days	4.3 days
Compliance with Transitional Care Pathway Criteria	100%	100%

12.2.   Transitional Care Reasons for Admission

Reasons for admission to transitional care during Q4 can be found at appendix 6. All cases were audited against NICE Neonatal Infection Guideline, NICE Guideline for Jaundice, and local guideline for transcutaneous bilirubinometry (jaundice) monitoring. All cases were found to be compliant. During Q4, 26 preterm babies (34-35+6 weeks of gestation) were cared for in Transitional Care at DH, and 18 preterm babies were cared for at PRUH, avoiding separation of baby from the mother.

13.   Maternity Risk Register

There are 12 open risks for Maternity on the Women's Health risk register. Of the total, 2 are rated 12 or above. 1 new risk has been added in Q4

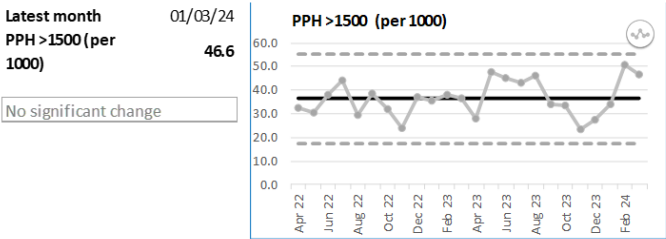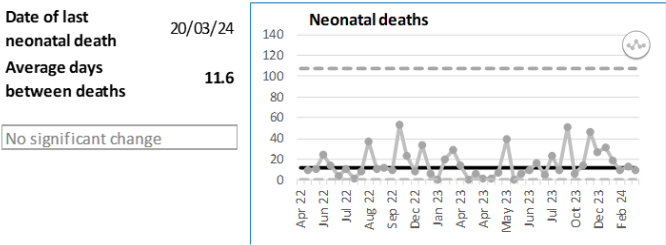| Risk	Control	Initial Rating	Current Rating
Risk 00003377 Inpatient Maternity services currently do not have adequate ligature light rooms for service users presenting with acute mental health crisis.	• 1:1 care for service users at risk (via maternity staff or mental health support). • Service users risk assessed on admission for potential harm • Works are currently ongoing with Estates	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	• Risk assessment have been completed to identify and source requirement for additional equipment • HDU patients are cared for by a HDU trained staff member at all times who will escalate any patient deterioration.	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 services are 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	9	9

Risk	Control	Initial Rating	Current Rating
	services can continue providing safe and personalised care during unprecedented pressures and reduce harm. • 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 • Recruitment is ongoing for 24hr reception cover at PRUH	15	6
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 ratified in February 2024 • Ongoing quality improvement project led by consultant midwife	15	6
Risk 0003395 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 Poor staff morale, burn out and inability to provide safe care due to staffing deficits	• Proactive recruitment • Workforce review completed 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	• Each incident reported to maintenance	8	8

Risk	Control	Initial Rating	Current Rating
Safety to service users and staff at the CMC at DH due to multiple window panes falling	• Addition to estates risk register • Ongoing communication with senior Building officer		
Risk 0003479 (added 05/02/2024) Call bell system being updated and fixed on Nightingale Birth Centre with a temporary system being used that was not reliable	• On occasion, when buzzers were pressed it did not sound the alarm • Maintenance works commenced in early February 2024 and not due to be complete until end of March 2024	16	16

Appendix 1: Maternity Dashboard

Latest month 01/03/24
Number of births 665

No significant change
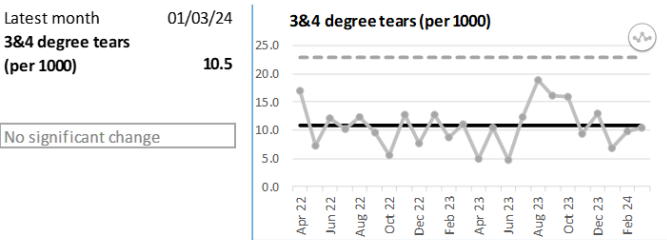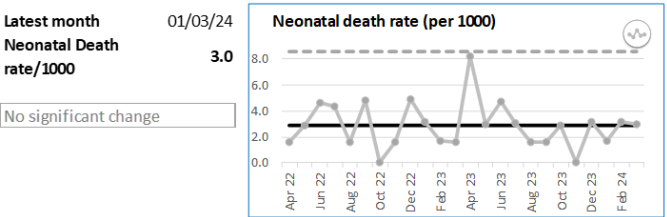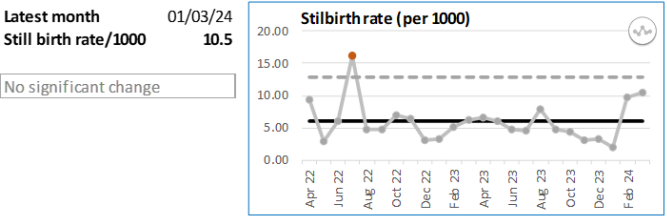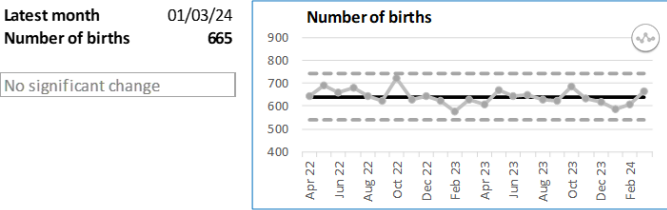
Number of births

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of births	609	671	645	652	631	622	686	636	619	586	608	665
Stilbirth rate (per 1000)	6.6	6	4.7	4.6	7.9	4.8	4.4	3.1	3.2	2	9.8	10.5
Neonatal death rate (per 1000)	8.2	3	4.7	3.1	1.6	1.6	2.9	0	3.2	1.7	3.2	3
3&4 degree tears (per 1000)	4.9	10.4	4.7	12.3	19	16.1	16	9.4	12.9	6.8	9.8	10.5
PPH >1500 (per 1000)	27.9	47.7	45	42.9	46	33.8	33.5	23.6	27.5	34.1	50.9	46.6

Latest month 01/03/24
Still birth rate/1000 10.5

No significant change

Stilbirth rate (per 1000)

Date of last stillbirth 30/03/24

Average days between stillbirths 5.9

No significant change

Still births

Latest month 01/03/24
Neonatal Death rate/1000 3.0

No significant change

Neonatal death rate (per 1000)

Date of last neonatal death 20/03/24

Average days between deaths 11.6

No significant change

Neonatal deaths

Latest month 01/03/24
3&4 degree tears (per 1000) 10.5

No significant change

3&4 degree tears (per 1000)

Latest month 01/03/24
PPH >1500 (per 1000) 46.6

No significant change

PPH >1500 (per 1000)

Appendix 2: Perinatal Quality Surveillance Model

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/ 24	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Findings of review of all perinatal deaths using the real time data monitoring tool	3	4	2	6	4	4	5	2	2	3	4	6
Findings of review of all cases eligible for referral to Maternity and Newborn Safety Investigations (MNSI) programme (formerly HSIB)	0	0	0	2	0	0	1	1	0	0	0	1
The number of incidents logged graded as moderate or above and what actions are being taken	4	5	5	10	4	4	0	5	0	1	1	4
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%	93.054%	85.8%	88.05%
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%

2023/ 24	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
DH: Midwife minimum safe staffing planned cover versus actual prospectively				83.5%	83.4%	78%	76.8%	81.5%	80.5%	84%	86%	86%
PRUH: Midwife minimum safe staffing planned cover versus actual prospectively				86%	84%	79.3%	77.5%	89.5%	87.5%	91%	89%	85%
Service User Voice Feedback (FFT Maternity)	87.5%	91.5%	92.3%	90.4%	91.4%	89%	94%	97%	Not available post-EPIC implementation			
Staff feedback from safety champions walkabouts (date & location of walkabouts)	✓	✓	✓	19.07.23 PRUH	09.08.23 DH	13.09.23 PRUH	26.10.23 DH	14.11.23 DH	07.12.23 PRUH	11.01.24 DH	29.02.24 DH	19.03.24 PRUH
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	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0
Progress in achievement of CNST MIS 10 Safety Actions	N/A	N/A	MIS Yr 5: **6/10** Non-compliant: SA1 PMRT, SA5 Midwifery Workforce, SA6 SBL, SA8 Training							Year 6 Guidance published 2 April 2024		
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%
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 Board of Directors (Jan 2024

Appendix 3: PMRT

All perinatal deaths Jan – Mar 2024:

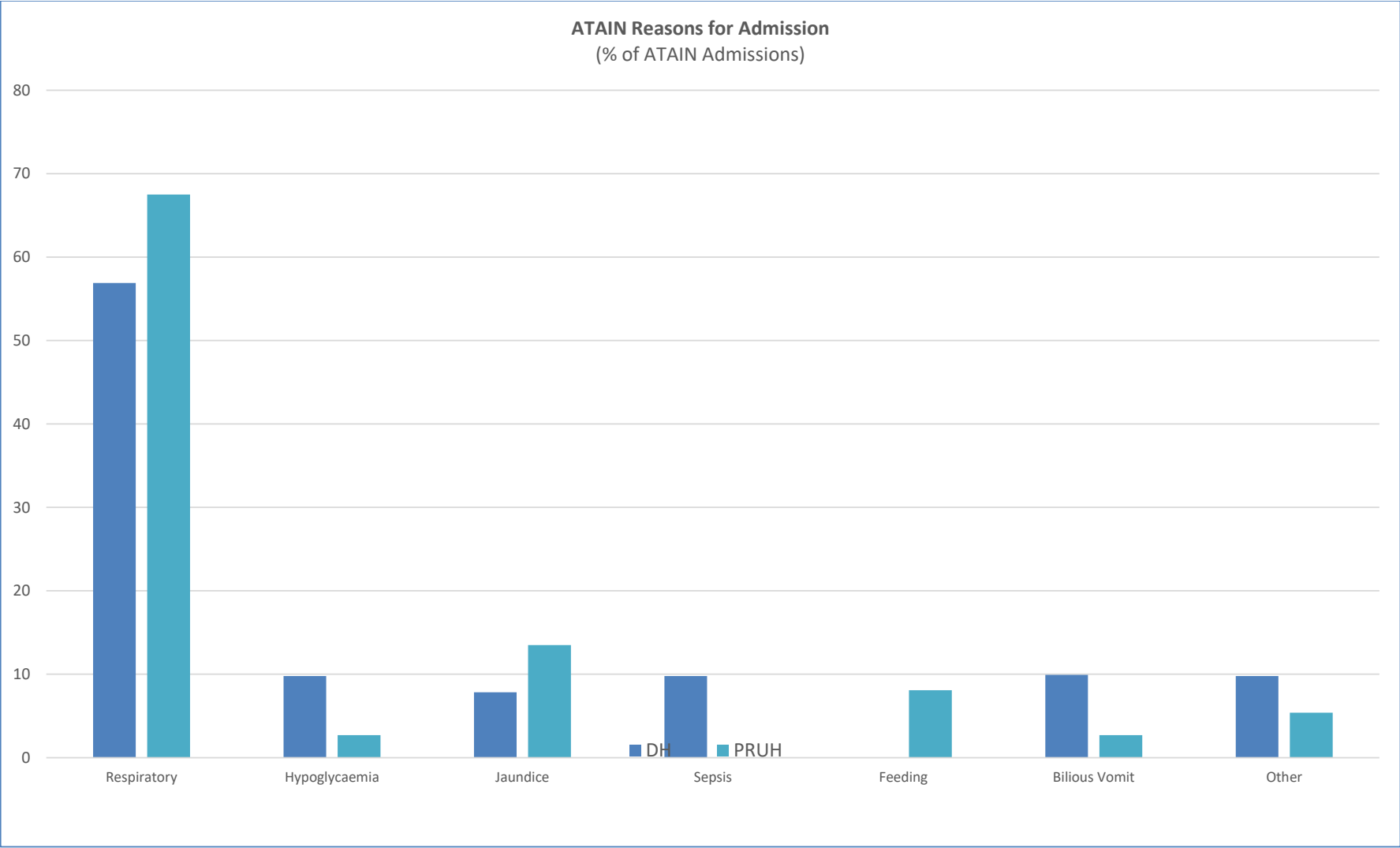| Site	MIS – reporting period	Date of delivery/death	Type of loss	MBRRACE Number	Safety Action 1a met/not met	MBRRACE REPORTABLE	PMRT Review	Not Supported (PMRT)	MIS 1a		MIS 1b	MIS Ci	MIS Cii	
									Date notified to MBRRACE	Completion of surveillance (within 1 month)	Parents Informed & questions sourced	MDT review date	Draft Report Due - 4 months	Formal Report 6 months
PRUH	6	01/01/2024	Miscarriage	N/A	N/A	NO	N/A	17+4/40	N/A	N/A	N/A	N/A	N/A	N/A
PRUH	6	06/01/2024	Stillbirth	91234	Yes	Yes	Yes	N/A	08/01/2024	Yes	Yes	18/03/2024	Met	Met
DH	6	12/01/2024	NND Day 14	91311	Yes	Yes	Yes	N/A	14/01/2024	Yes	Yes	22/01/2024	Met	Met
DH	6	29/01/2024	NND Day 0	91614	Yes	Yes	Yes	N/A	30/01/2024	Yes	Yes	Due April 24	Due May-2024	Due July-2024
PRUH	6	29/01/2024	Miscarriage	N/A	N/A	NO	N/A	17+4/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	05/02/2024	MTOP	N/A	N/A	NO	N/A	20+5-TOP	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	07/02/2024	MTOP	91818	YES	Yes	N/A	36+3-TOP	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	08/02/2024	Miscarriage	91819	Yes	Yes	Yes	N/A	09/02/2024	Yes	Yes	Due April 24	Due June 24	Due Aug 24
PRUH	6	09/02/2024	Stillbirth	91820	Yes	Yes	Yes	N/A	09/02/2024	Yes	Yes	Due June 24	due June 2024	Due Aug 2024
PRUH	6	13/02/2024	Miscarriage	N/A	N/A	NO	N/A	19+4/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	17/02/2024	NND Day 0	92005	Yes	Yes	N/A	20+4/40	21/02/2024	N/A	N/A	N/A	N/A	N/A
DH	6	19/02/2024	MTOP	92007	Yes	Yes	N/A	32+2/40-TOP	21/02/2024	N/A	N/A	N/A	N/A	N/A
DH	6	19/02/2024	Stillbirth	91996	Yes	Yes	Yes	N/A	20/02/2024	Yes	Yes	Due May-202	Due June-2024	Due Aug-2024
DH	6	20/02/2024	MTOP	92009	Yes	Yes	N/A	24+5-TOP	21/02/2024	N/A	N/A	N/A	N/A	N/A
DH	6	22/02/2024	MTOP	N/A	N/A	NO	N/A	17+0/40 - TOP	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	22/02/2024	Miscarriage	N/A	N/A	NO	N/A	20+5	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	22/02/2024	Miscarriage	N/A	N/A	NO	N/A	18+2	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	22/02/2024	Miscarriage	N/A	N/A	NO	N/A	18+2	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	26/02/2024	NND Day 0	92125	Yes	Yes	N/A	20+1/40	28/02/2024	Yes	N/A	N/A	N/A	N/A
DH	6	29/02/2024	Miscarriage	92163	Yes	Yes	Yes	N/A	29/02/2024	Yes	Yes	Due May-2024	Due June- 2024	Due Aug-2024
PRUH	6	07/03/2024	Miscarriage	N/A	N/A	NO	N/A	15+5/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	08/03/2024	MTOP	92277	Yes	Yes	N/A	26+0/40-TOP	11/03/2024	N/A	N/A	N/A	N/A	N/A
PRUH	6	08/03/2024	Miscarriage	92305	Yes	Yes	Yes	N/A	11/03/2024	Yes	Yes	Due May-202	Due July-2024	Due Sep-2024
PRUH	6	09/03/2024	MTOP	N/A	N/A	NO	N/A	14/+0/40- TOP	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	10/03/2024	NND Day 0	92298	Yes	Yes	N/A	20+1/40	11/03/2024	N/A	N/A	N/A	N/A	N/A
DH	6	11/03/2024	Miscarriage	N/A	Yes	NO	N/A	18+0/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	12/03/2024	Stillbirth	92326	Yes	Yes	Yes	N/A	12/03/2024	Yes	Yes	Due June 24	Due July-2024	Due Sep-2024
PRUH	6	15/03/2024	MTOP	32389	Yes	Yes	N/A	32+5/40-TOP	15/03/2024	N/A	N/A	N/A	N/A	N/A
PRUH	6	15/03/2024	MTOP	N/A	N/A	NO	N/A	13+5-TOP	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	17/03/2024	MTOP	92423	Yes	Yes	N/A	29+1/40-TOP	18/03/2024	N/A	N/A	N/A	N/A	N/A
DH	6	20/03/2024	NND Day 0	92474	Yes	Yes	Yes	N/A	20/03/2024	Yes	Yes	Due June 24	Due July-2024	Due Sep-2024
DH	6	23/03/2024	MTOP	N/A	N/A	NO	N/A	19+6/40- TOP	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	23/03/2024	Miscarriage	N/A	N/A	NO	N/A	15+3/40	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	24/03/2024	Miscarriage	92546	Yes	Yes	Yes	N/A	24/03/2024	Yes	Yes	Due June 24	Due July-2024	Due Sep-2024
PRUH	6	28/03/2024	MTOP	N/A	N/A	NO	N/A	14+3/40-TOP	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	29/03/2024	MTOP	92677	Yes	Yes	N/A	25+1/40-TOP	N/A	N/A	N/A	N/A	N/A	N/A
DH	6	29/03/2024	Miscarriage	92679	Yes	Yes	Yes	N/A	04/04/2024	Yes	Yes	Due June 24	Due July-2024	Due Sep-2024
PRUH	6	30/03/2024	Stillbirth	92602	Yes	Yes	Yes	N/A	31/03/2024	Yes	Yes	Due June 24	Due July-2024	Due Sep-2024

Appendix 4: Consultant Attendance at Clinical Situations

N.B. Data for Q4 is very limited due to the implementation of EPIC. Data extraction has been undertaken manually, which has limitations.
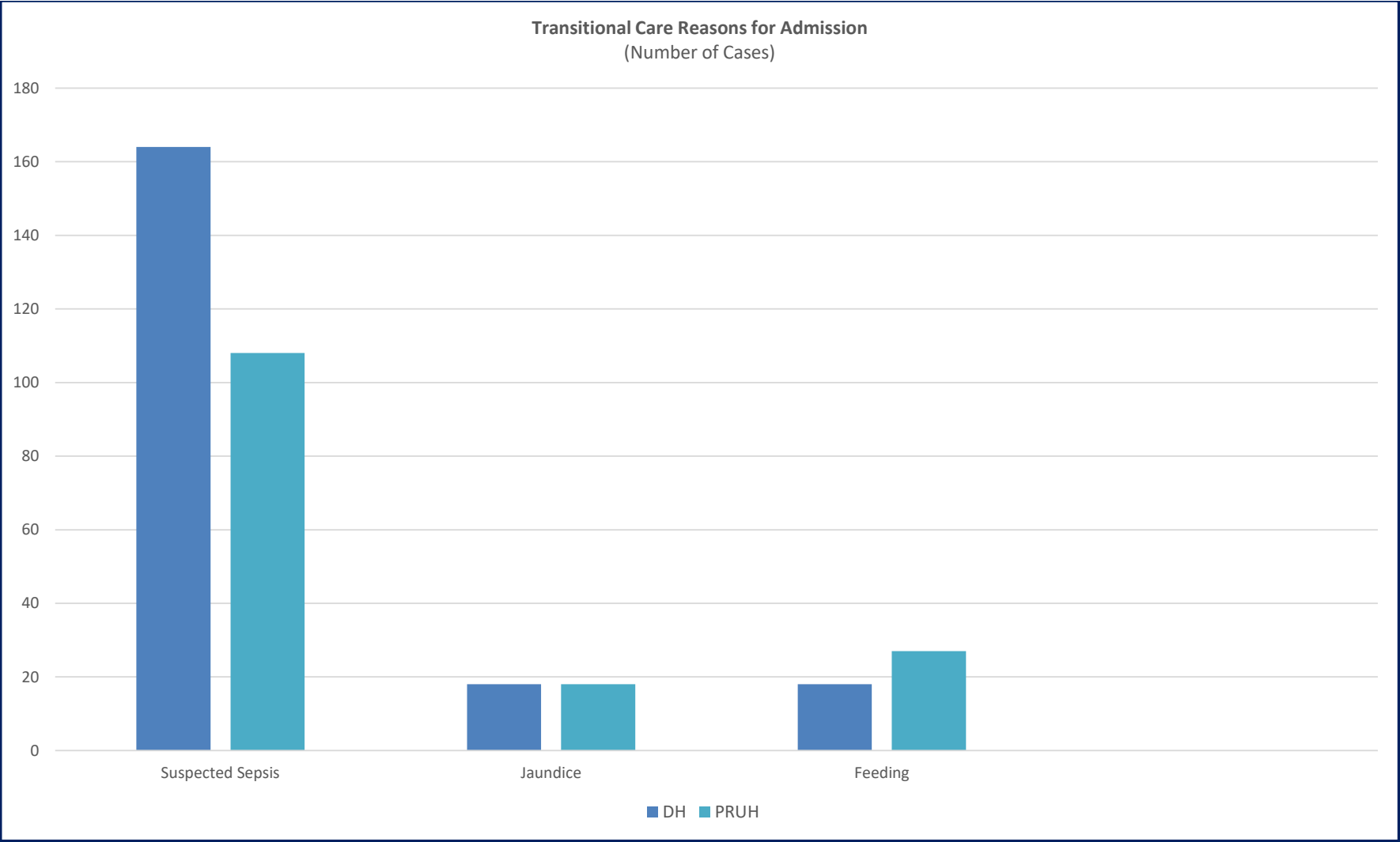
RCOG Criteria	Q1 (2023/24) Apr - Jun		Q2 (2023/24) Jul - Sept		Q3 (2023/24) Oct - Dec		Q4 (2023/24) Jan - Mar	
	Qualifying Cases	Consultant Present	Qualifying Cases	Consultant Present	Qualifying Cases	Consultant Present	Qualifying Cases	Consultant Present
Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU/ ITU care is likely to become necessary	0	N/A	0	N/A	N/A	N/A		
Caesarean birth for major placenta praevia/ abnormally invasive placenta	14	13	4	4	3	3	1	1
Caesarean birth for women with a BMI >50	5	4	1	1	1	1	0	N/A
Caesarean birth <28/40	9	8	2	2	2	2	0	N/A
Premature twins (<30/40)	3	2	1	1	1	1	0	N/A
4th degree perineal tear repair	0	N/A	0	N/A	N/A	N/A	1	1
Unexpected intrapartum stillbirth	0	N/A	0	N/A	N/A	N/A	0	N/A
Eclampsia	1	1	0	N/A	N/A	N/A	0	N/A
Maternal collapse e.g. septic shock, massive abruption	0	N/A	0	N/A	N/A	N/A	0	N/A
PPH >2L where the haemorrhage is continuing and Massive Obstetric Haemorrhage protocol has been instigated	44	23	18	11	5	5	9	9
TOTAL	76	51	26	19	12	12	11	11
Overall Compliance	Q1		Q2		Q3		Q4	
	67%		73%		100%		100%	

Appendix 5: ATAIN Reasons for Admission

ATAIN Reasons for Admission
(% of ATAIN Admissions)

Appendix 6: Transitional Care Reasons for Admission

Transitional Care Reasons for Admission
(Number of Cases)

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NHS
King's College Hospital
NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	09 May 2024
Report title:	**Integrated Performance Report Month 11 (February) 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 February 2024 returns.

Board/ Committee action required (please tick)

Decision/ Approval	✔	Discussion		Assurance		Information	

The Board is asked to approve the latest available 2023/24 M11 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).

Executive summary

Section one - Operational performance overview:

Unplanned care:
- M11 performance:
  - Trust A&E/ECS compliance improved from 62.37% in January to 65.91% in February 2024. By Site: DH 66.65% and PRUH 65.00% (23/24 Operating Plan target > 76%).
- Actions being taken:
  - DH Flow Group is overseeing 9 workstreams to support flow.
  - 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. The Epic system has been updated to include trigger escalation status and a revised ED performance dashboard for in-day performance monitoring.

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- The PRUH Site has remained on Opel 3 and Opel 4 internal triggers into February which has meant 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 continues to enact the Boarding policy when required to be triggered.
  - An increase in CDU capacity at PRUH was delivered in February with a targeted focus on improving patient experience and overall performance, particularly type 1 performance.
  - Executive-led huddles to support and manage escalations.

- March position:
  - The Trust delivered 68.75% All Types performance, and 75.7% inclusive of the UTC footprint which means that the Trust has achieved the 70% target agreed for the month.

Planned care:
- M11 performance:
  - Diagnostics: performance improved from 39.86% reported in January to 36.25% of patients waiting >6 weeks for diagnostic test in February 2024 (and therefore continuing to exceed the 2023/24 Operating Plan target of <5%). Current [un-validated] DM01 position for March 2024 has reduced to 39.37%.
  - RTT incomplete performance reduced by 1.20% to 54.10% in February 2024 (target 92%). Current [unvalidated] compliance for March month-end has improved to 53.77% based on the latest un-validated position with 48,558 patients waiting over 18 weeks.
  - Our long waiting RTT position continues to improve as we are currently reporting zero 104+ week wait patients and the number of 78+ week waiters has reduced to 46 patients by the w/e 31 March position. Residual risks remain in bariatrics (with 14 patient breaches) and orthopaedics (with 13 patient breaches).
  - Cancer treatment within 62 days of post-GP referral is not compliant but improved to 61.00% for the latest submitted position for February 2024 (target 85%).
  - The Faster Diagnosis Standard (FDS) standard performance has improved significantly from 58.74% for January 2024 to 74.11% for February, which is just below the 75% target.
  - 62-day Cancer backlog continues to see week-on-week improvements with 102 pathways waiting over 62 days based on the w/e 31 March reported position which is better than the year-end trajectory of 150 patients waiting.

Actions being taken:
- **Data quality:** RTT validation work is ongoing and now working on the implementation of pilot 'treatment groupers' which will assist with the automatic closure of pathways based on the recording of outcome and clinical coding information. Diagnostic DM01 issues are now well understood and focus has shifted towards month-end data quality cleansing related to patient DNAs, tertiary referrals and screening pathways. Utilising APC funding we have also commissioned an external company which has been focussed on diagnostic long waiting time validation work.
- **Activity and productivity:** The Joint Trust Activity Recovery Group is tasked with analysing activity volumes compared to BAU, identifying top priority areas that require

Tab 9 Integrated Performance Report

- intervention, assigning ownership of and actioning resolution paths to return activity to BAU levels, determining completion criteria for resolution paths, and monitoring activity levels throughout resolution paths to hit targets.
- Alongside some cross-cutting themes related to outpatient and diagnostic activity identification and clinic/template build, there is a KCH focus on T&O, Ophthalmology, Respiratory Medicine, Endoscopy and GUM. These areas make a significant contribution to bridging the ERF delivery gap.
- **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. Orthopaedics and General Surgery are both working with System Partners to identify capacity to treat the longest waiting patients.

Section two - Wider integrated performance domains:

Quality
- 8 Trust attributed cases of C-difficile in February with 110 cases reported YTD which is above the cumulative target of 109 cases.
- 3 MRSA bacteraemia cases reported in February and 10 cases reported YTD;

Finance
- As at month 11, the Trust has reported a deficit of -£84.7m which represents a -£81.0m adverse variance to plan once adjusted for ICB surplus and strike monies.

Workforce
- The Trust has achieved the 90% appraisal target since July 2023 for all staff groups combined.
- The sickness rate reported has decreased by 0.24% from 5.13% in January to 4.89% in February.
- Statutory and Mandatory training compliance rate has improved by 0.58% to 89.14% for February 2024 but remains below the 90% target.
- The Trust vacancy rate has remained static at 9.37% for January and February 2024.
- The voluntary turnover rate has increased slightly to 12.31% in February 2024 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*	✓	**Effective processes, managing risk and performance**

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	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	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**	

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King's College Hospital **NHS**

NHS Foundation Trust

Integrated Performance Report

Month 11 (February) 2023/24

Board of Directors

9 May 2024

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King's College Hospital **NHS**

NHS Foundation Trust
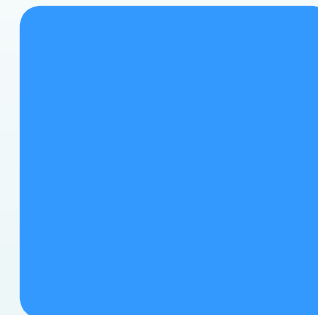
Report to:	*Board Committee*
Date of meeting:	*9 May 2024*
Subject:	*Integrated Performance Report 2023/24 Month 11 (February)*
Author(s):	*Rachel Burnham, Acting Director of Performance & Planning*
	Steve Coakley, Assistant Director of Performance & Planning;
Presented by:	*Angela Helleur, Site CEO, 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 February 2024 returns.

Action required
- *The Committee is asked to approve the latest available 2023/24 M11 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

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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)	

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King's

Executive Summary
2023/24 Month 11

QUALITY

- Summary Hospital Mortality Index (revised to NHS Digital index) has increased to 100.5 and is above the expected index of score of 100.
- **HCAI**:
  - ❑ 3 MRSA bacteraemia cases reported in February and 10 cases reported YTD.
  - ❑ E-Coli bacteraemia: 16 new cases reported in February with 175 cases reported YTD which is above the cumulative target of 160 cases.
  - ❑ 8 Trust attributed cases of c-Difficile in February with 110 cases reported YTD which is above the cumulative target of 109 cases.
- **FFT**: Emergency Department experience rating for February significantly improved with the Trust receiving a score of 65% compared to January's score of 59% but remains below the Trust target of 76%.

PERFORMANCE

- Trust A&E/ECS compliance improved from 62.37% in January to 65.91% in February. By Site: DH 66.65% and PRUH 65.00%.
- 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 is not compliant but improved to 61.00% for February (target 85%).
  - ❑ Faster Diagnostic Standard (FDS) compliance improved significantly from 58.74% in January to 74.11% in February (target 75%).
- Diagnostics: performance improved by 3.61% to 36.25% of patients waiting <6 weeks for diagnostic test in February (target <5%).
- RTT incomplete performance improved by 1.20% to 54.10% in February (target 92%).
- RTT patients waiting >52 weeks increased by a further 317 cases to 4,313 cases in February compared to 3,996 cases in January.

WORKFORCE

- The Trust has achieved the 90% appraisal target since July 2023 for all staff groups combined.
- The sickness rate reported has decreased by 0.24% from 5.13% in January to 4.89% in February.
- Statutory and Mandatory training compliance rate has improved by 0.58% to 89.14% for February 2024 but remains below the 90% target.
- The Trust vacancy rate has remained static at 9.37% for January and February 2024.
- The voluntary turnover rate has increased slightly to 12.31% in February 2024 but remains below the 13% target.

FINANCE

- As at month 11, the Trust has reported a deficit of -£84.7m which represents a -£81.0m adverse variance to plan once adjusted for ICB surplus and strike monies. The variance is largely driven by:
  - ❑ £26.4m YTD CIP underperformance (£13.4m pay, £9.5m non-pay & £3.6m Income)
  - ❑ £18.3m excess inflation relating to PFI, Energy, Pathology, Block Drugs, Estates / PFI
  - ❑ £11.4m pay cost of strikes and £9.3m overspend in PBU
- Pay costs have decreased in month by £1.5m mainly as a result of a reduction in bank and agency shifts booked compared to January, despite £1.2m of redundancy costs related to the Apollo programme.
- Non pay has decreased in month by £5.7m primarily because in month 10 the Trust incurred cost of £3.8m related to reclaimed Clinical Negligence (CNST) as well as a £1.5m reduction in Drugs expenditure in M11.

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Strategic Oversight Framework

NHSE Dashboard

Domain	Indicator	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	F-YTD Actual	Trend
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%	62.37%	65.91%	65.01%	
RTT	RTT Incomplete Performance	71.74%	72.23%	71.46%	69.71%	67.57%	65.17%	60.96%	59.23%	55.15%	52.90%	54.10%	63.66%	
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%	58.74%	74.11%	69.20%	
	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%	82.64%	88.17%	89.12%	
	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%	59.47%	61.00%	60.40%	
	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: 109)	14	12	11	6	12	10	11	5	15	6	8	110	

A&E 4 Hour Standard

- A&E performance was non-compliant in February but improved by 3.54% to 65.91% compared to 62.37% performance reported for January, but was below the revised national target of 76%.

Cancer

- *Please note, greyed out boxes relate to a change in national cancer standards*
- The latest validated 62-day performance for patients referred by their GP for first cancer treatment improved by 1.53% from 59.47% reported for January 2024 to 61.00% in February, which is below the national target of 85%.

RTT

- RTT performance improved to 54.10% for February which is a reduction of 2.25% compared to 52.90% performance achieved in January.

C-difficile

- There were 8 Trust attributed cases of c-Difficile in February with 110 cases reported YTD which is above the cumulative target of 109 cases.

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Benchmarked Trust performance

Based on national comparative data published from '*Public View*'
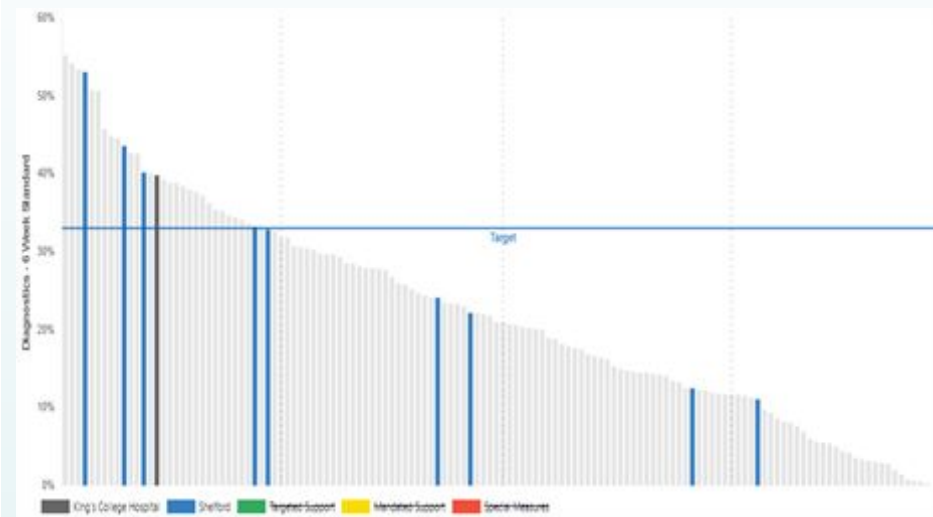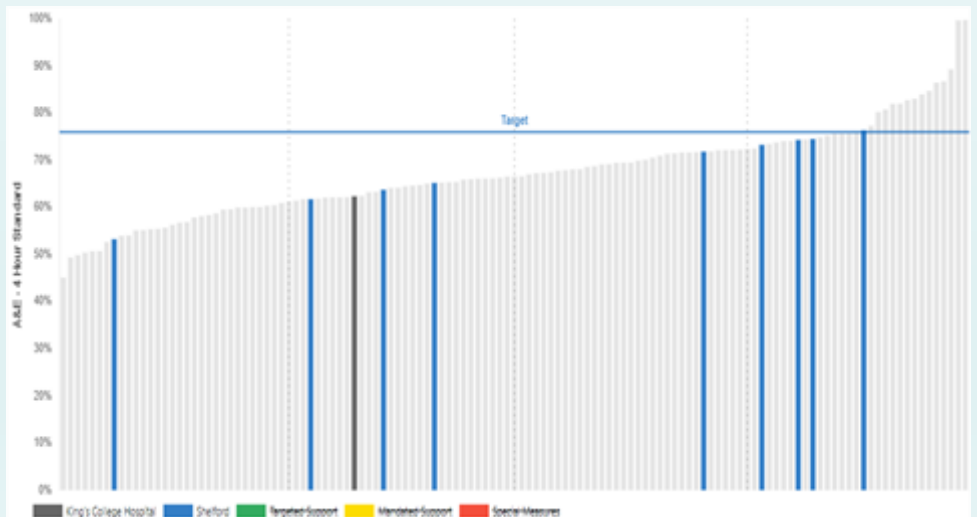

The chart above shows the national ranking against the DM01 diagnostic 6 week standard. **Kings is ranked 121 out of 135 selected Trusts based on January 2024 data published.**
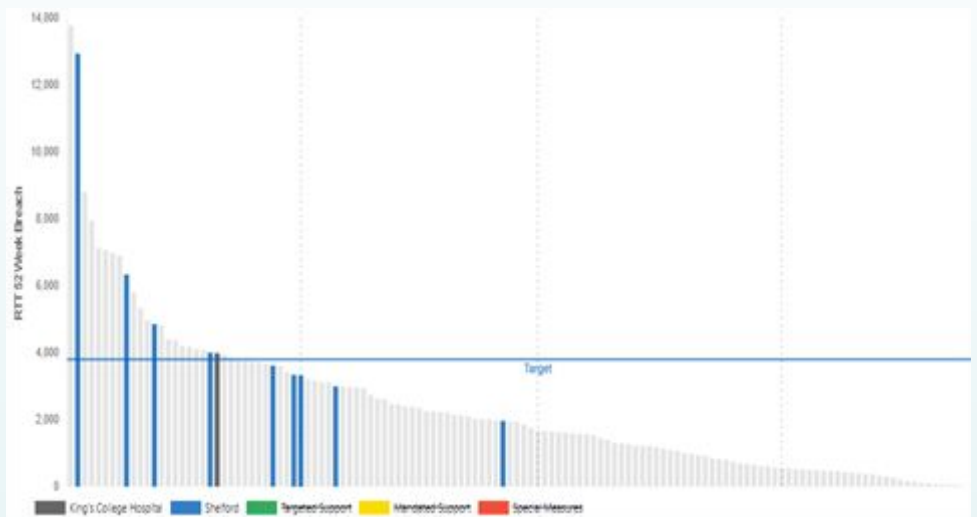
The chart above shows the national ranking against the RTT 52 week standard. **Kings is ranked 114 out of 135 selected Trusts based on latest January 2024 data published.**
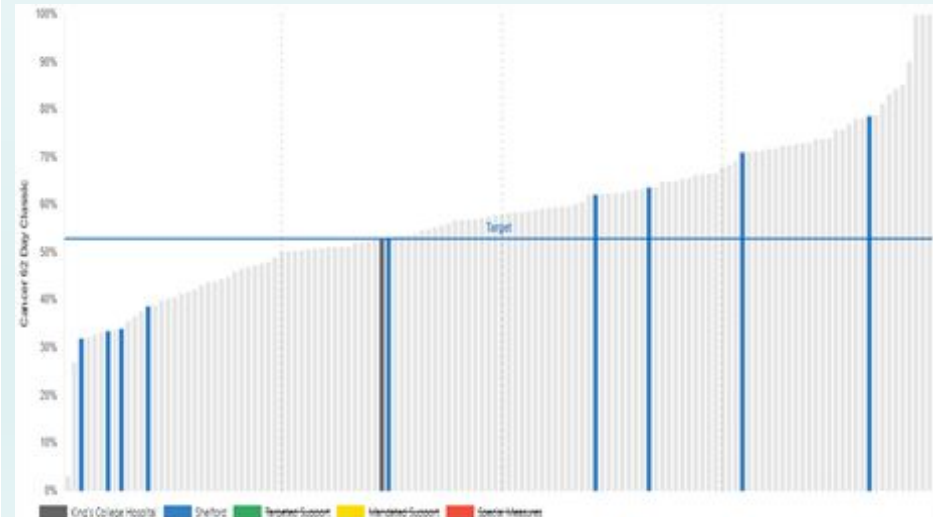
The chart above shows the national ranking against the cancer standard for patients receiving first definitive treatment within 62 days of an urgent GP referral. **Kings is ranked 83 out of 130 selected Trusts based on latest January 2024 data published.**

The chart above shows the national ranking against the 4 hour Emergency Care Standard. **Kings is ranked 85 out of 125 selected Trusts based on latest January 2024 data published.**

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Safety Dashboard

King's

Safe

		Trust											F-YTD Actual	Trend
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24		
CQC level of inquiry: Safe														
Reportable to DoH														
2717	Number of DoH Reportable Infections	65	66	60	64	79	69	39	35	40	31		548	
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	1	0	2	2	21	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	2	1	0	0	2	1	0	2	0	2	3	13	
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 3 MRSA bacteraemia cases reported for February – all reported for the Denmark Hill site and 10 cases reported since April this financial year.
- E-Coli bacteraemia: 16 new cases reported in February with 175 cases reported YTD which is above the cumulative target of 160 cases.
- 8 Trust attributed cases of c-Difficile in February with 110 cases reported YTD which is above the cumulative target of 109 cases.

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King's
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 February 2024

Figure 1: Monthly Healthcare-associated Infection (HCAI) Data – February 2024				
Infection	Denmark Hill	PRUH & ORP	Trust month Total	Trust (YTD)
MRSA BSI	3	0	**3**	10
MSSA BSI	8	1	**9**	68
C.difficle (HOHA and COHA)	7	1	**8**	110
E.coli BSI	8	8	**16**	175
Klebsiella BSI	10	2	**12**	121
Pseudomonas aeruginosa BSI	7	0	**7**	64

Figure 2: 2023/24 YTD HCAI Trust Trajectory		
Infection	Actual case(s)	Objective
MRSA BSI	10	**0**
MSSA BSI	68	**No Target**
CDT	110	**109**
E.coli BSI	175	**160**
Klebsiella BSI	121	**142**
Pseudomonas BSI	64	**69**

The annual programme of work for 2024-2025 is currently in draft.

Theme Analysis *Clostridioides difficile*
Improvement actions to reduce the risk of C.difficile cases include:
Nurse-led IV to oral switch antibiotic wards rounds in high risk wards.
Environmental Action Group review of most common cleaning failures and actions to address
IPC nurses review of stool samples on a daily basis – discussion of clinical assessment of diarrhoea with the clinical areas.
Glow-box hand hygiene training on the wards
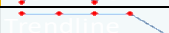Quality Improvement project for glove use kick off meeting at the beginning of April 2024.

Actions to reduce intravenous line-related blood stream infection
Quality Improvement project for IV line care underway
PDN post now in the Vascular Access team to support education and training
A superior product for skin preparation has been implemented for IV cannulation and taking blood cultures
After-action reviews with the clinical teams for all line-related blood stream infections

Actions to reduce urinary-catheter related blood stream infections
The Health Foundation multi-centre research study 'TWIC-TWOC' being undertaken on Byron and Donne wards; involves visual cues and a campaign to review and remove urinary catheters
Plan for Urology/Bladder and Bowel ward round pilot, to review urinary catheters.
Trust-wide catheter audit has been undertaken.
After-action reviews with the clinical teams for all urinary-catheter related blood stream infections.

Tab 9 Integrated Performance Report

Patient Experience Dashboard

Are patients cared for?

Are patients cared for?	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trendline
FFT **inpatient** experience rating	93%	92%	93%	92%	93%	93%	93%	93%	93%	94%	92%	
FFT **outpatient** experience rating	91%	91%	91%	91%	91%	90%	90%	91%	87%	90%	91%	
FFT **maternity** experience rating	88%	91%	92%	90%	91%	89%	88%	93%	91%	98%	96%	
FFT **ED** experience rating	73%	68%	72%	72%	72%	67%	63%	60%	65%	59%	65%	
FFT **inpatient** response rate	52%	50%	55%	48%	57%	46%	304%	*	*	*	*	
Inpatient responses received	1804	1963	2216	1906	2190	1699	1142	1377	1223	1465	1485	
FFT **outpatient** response rate	11%	10%	10%	9%	7%	10%	9%	*	*	*	*	
Outpatient responses received	10644	11815	12128	10459	8412	10616	776	202	202	202	228	
FFT **maternity** response rate	17%	29%	25%	21%	29%	12%	21%	*	*	*	*	
Maternity responses received	97	179	160	251	178	155	40	73	151	137	113	
FFT **ED** response rate	8%	7%	7%	8%	9%	8%	15%	*	*	*	*	
ED responses received	776	692	739	832	829	860	217	509	630	664	711	
Compliments received per month	10	26	21	32	30	24	30	23	21	7	38	

Inpatient
- The Trust FFT inpatient score slightly decreased with a score of 92% in February 2024 compared to 94% in January 2024. The Trust received a total of 1,485 responses, a slight increase from the previous month's number of responses. Patients continue to praise the staff on their friendliness, compassion and emotional support provided. However, delays in patients being admitted, discharge procedures and medication collection negatively impacted experience. Environment at night such a noise and light continue to impact the quality of sleep and overall comfort, 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 February significantly improved, with the Trust receiving a score of 91% compared to January's score of 90%. The Trust received a total of 228 responses. 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
- ED FFT scores for Emergency Department for the Trust overall increased by 6% with 65%, comparable to figures seen throughout the past few months. Although staff were praised on their professional and helpful nature, a number of responses highlighted the long waiting time to be admitted.
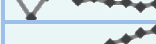
Maternity
- Maternity experience rating decreased by 2% with a recommendation rating of 96% compared to January's score of 98%. Patients commended the emotional and physical support provided by midwives during the reporting period, as well as a high number of responses noting the caring nature of staff.

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Tab 9 Integrated Performance Report

Performance Dashboard

Performance

		Trust											F-YTD Actual	Trend
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24		
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%	52.90%	54.10%	63.66%	
632	Patients waiting over 52 weeks (RTT)	865	924	950	1068	1250	1506	2769	3025	3813	3996	4313	24479	
4997	Patients waiting over 78 weeks (RTT)	8	14	9	22	44	55	87	89	120	137	100	685	
4537	Patients waiting over 104 weeks (RTT)	0	0	0	0	0	0	1	2	3	3	0	9	
4977	Cancer 28 day FDS Performance	74.72%	75.24%	77.54%	80.95%	77.21%	73.78%	50.67%	55.92%	62.31%	58.74%	74.11%	69.20%	
412	Cancer 2 weeks wait GP referral	81.24%	81.93%	85.87%	81.14%	75.49%	76.41%	41.00%					74.73%	
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%	59.47%	61.00%	60.69%	
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%	39.86%	36.25%	16.16%	
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%	64.44%	61.28%	62.37%	65.91%	65.01%	
Patient Flow														
399	Weekend Discharges	25.8%	20.3%	19.5%	23.6%	18.1%	21.2%						21.43%	
404	Discharges before 1pm	16.2%	17.0%	16.9%	16.8%	15.8%	15.6%						16.38%	
747	Bed Occupancy	92.2%	94.0%	93.6%	93.0%	93.6%	94.3%	97.5%	95.3%	96.5%	97.2%	98.5%	95.05%	
1357	Number of Stranded Patients (LOS 7+ Days)	596	590	580	573	603	647	661	656	408	425	401	6140	
1358	Number of Super Stranded Patients (LOS 21+ Days)	275	279	265	287	271	312	308	290	278	288	286	3139	
762	Ambulance Delays > 30 Minutes	387	383	397	473	468	702	1055	1072	1225	1147	644	7953	
772	12 Hour DTAs	767	555	270	286	409	544	827	901	1018	992	674	7243	
	A&E Attendances (All Types)	22926	24843	24613	24490	23196	23979	24153	24401	24817	25414	24442	267274	

A&E 4 Hour Standard
- A&E performance was non-compliant in February at 65.91%, but represents an improvement from 62.37% performance achieved in January.

Cancer
- Treatment within 62 days of post-GP referral is not compliant – but improved to 61.00% for February (target 85%) compared to 59.47% in January.
- Faster Diagnosis Standard compliance improved significantly from 59.74% in January to 61.00% in February which remains below the national target of 75%.

Tab 9 Integrated Performance Report

Emergency Care Standard

King's

Denmark Hill performance:
- Executive Owner: Julie Lowe, Site Chief Executive
- Management/Clinical Owner: Lesley Powls, DOO
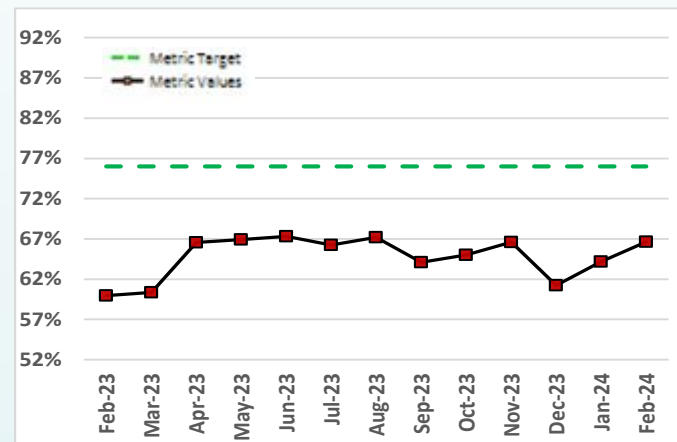
PRUH performance:
- Executive Owner: Angela Helleur, Site Chief Executive
- Management/Clinical Owner: James Watts, DOO
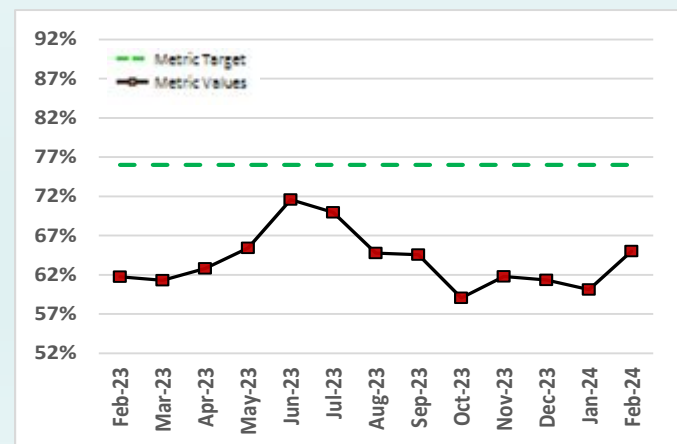
Background / target description:
- Ensure at least 76% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

Underlying issues:
- There were 22 ambulance delays >60 minutes and 644 ambulance delays waiting 30-60 minute delays in February 2024 (un-validated) compared to 35 delays >60 minutes and 1,147 delays >30 minutes for January 2024.

DH Actions:
- The DH Flow Group continues to move forward with the 9 workstreams to support flow. Key actions include maximising flow through SDEC and utilising decision-making units, in order to reduce admissions when they can be avoided.
- Epic has been updated to include trigger escalation status and a revised ED performance dashboard for in-day performance monitoring.
- Paediatric Observation Procedures area has been opened and a new Operating Model within ED has seen a significant reduction in type 1 breaches. Escalation/boarding capacity has been opened in Mathew Whiting ward to support flow out of ED.

PRUH Actions:
- The Site has remained on Opel 3 and Opel 4 internal triggers into February which has meant 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 continues to enact the Boarding policy when required to be triggered.
- An increase in CDU capacity was delivered in February with a targeted focus on improving patient experience and overall performance, particularly type 1 performance.
- Stroke activity increased throughout February with an increase in the number of days taken to repatriate patients.

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Tab 9 Integrated Performance Report

King's — RTT

RTT Incomplete performance:
- Executive Owner: Julie Lowe/Angela Helleur, Site Chief Executive
- Management/Clinical Owner: James Eales, DOO
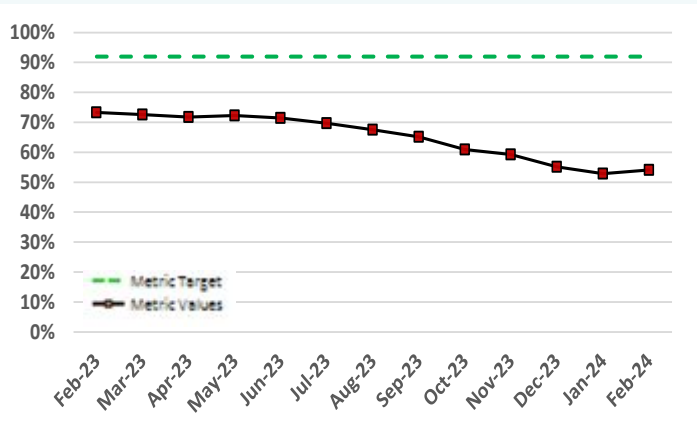
Total RTT PTL waiters:
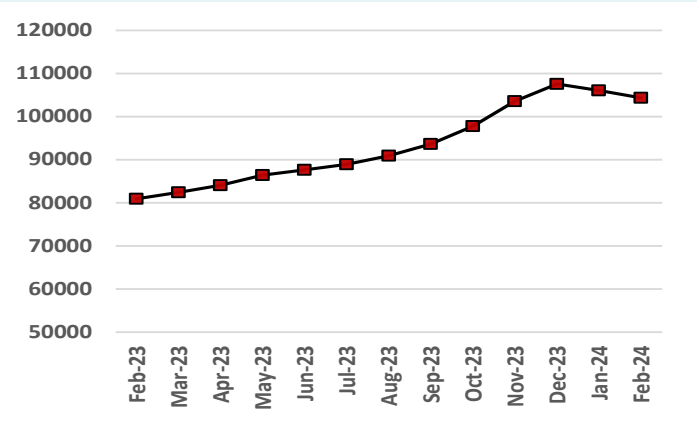
Background / target description:
- Ensure 92% of patients are treated within 18 weeks of referral.

Current RTT Incomplete position:
- RTT performance improved to 54.10% for February compared to 52.90% performance achieved in January. Total PTL reduced by 1,737 to 104,320 pathways and the 18+ week backlog reduced by 2,070 to 47,886 pathways.

DH Actions
- Elective activity levels continued to recover through February with overall inpatient elective activity now above pre-Epic levels in some weeks, and total activity above FY19/20 baseline. There is an ongoing programme to address data quality issues and mapping issues. There remains a strong focus on recovering activity through the 'Thrifty Thursday' meetings structures.
- There is a strong focus on treating the patients with the longest waits alongside urgent and cancer patients with weekly reviews of long waits patients in place. The overall waiting list however has plateaued although the number of patients waiting 52 week does continue to increase.
- The DH theatre productivity has identified core areas for improvement, with plans for FY24/25 being finalised.

PRUH Actions
- Activity remains below pre-EPIC levels in February which presents a challenge with regards to long waiters, although this position has improved from January 2024.
- Services are working towards a year-end position of zero patients waiting more than 78 weeks although this is recognised as a challenge in some areas, such as Orthopedics and General Surgery. Both services are working with System Partners to identify capacity to treat the longest waiting patients.

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Tab 9 Integrated Performance Report

RTT – 52 Weeks

King's

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

RTT 52+ Week waiters:
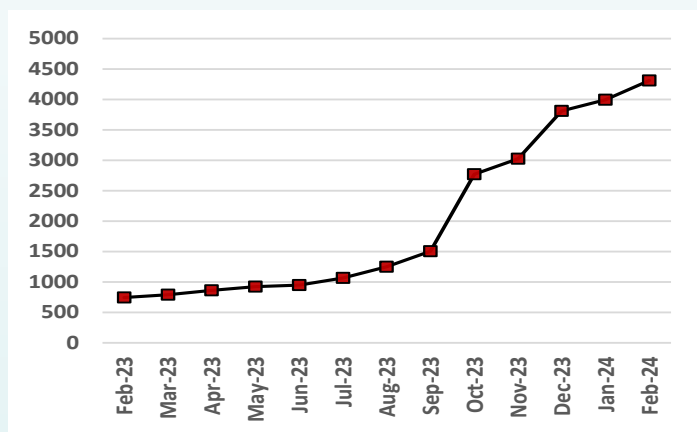
RTT 78+ Week waiters:
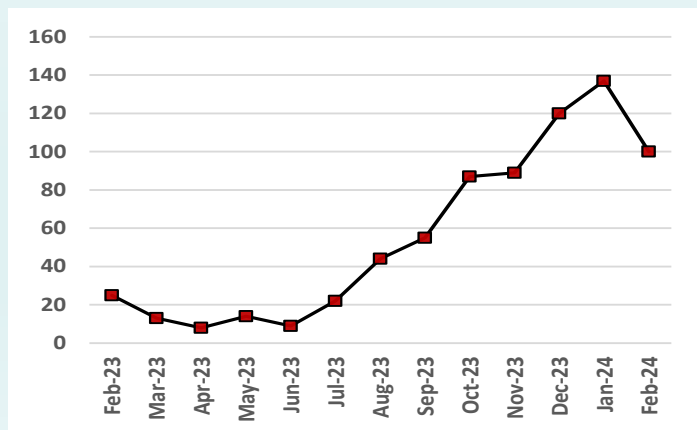
Background / target description:
- Zero patients waiting over 52 weeks.

52 Week position:
- Increase of 183 breaches from 3,996 in January to 4,313 in February. We also reported 3 breaches for patients waiting over 104 weeks in January.

Over 65 Week and 78 Week position:
- The number of patients waiting over 65 weeks increased by 110 cases from 812 in January to 922 in February which is above our original trajectory (set at the start of the year with the assumption of no ongoing industrial action) of 15 patients. The Trust had 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 reduced from 137 in January to 100 in February. The Trust had committed to zero waiters by March 2024 as part of the H2 SE London Operational Delivery plans.

Actions:
- From January 2024 the Site-based RTT Delivery Groups have been mobilised with a focus on delivering FY23/24 Operating Plan requirements.
- Enhanced Director of Ops-led weekly grip enacted for long waiting patients to ensure pathway progression in line with Trust Access Policy.
- Alignment between FY24/25 activity planning and performance improvement initiatives with cross-Group working to maximise available capacity/resource.
- Initial discussions around key residual areas of concern for FY24/25 through the Acute Provider Collaborative, with outline areas for mutual aid identified (Bariatric Surgery, Ophthalmology and Orthopedics).

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Tab 9 Integrated Performance Report

Cancer 62 day standard

King's

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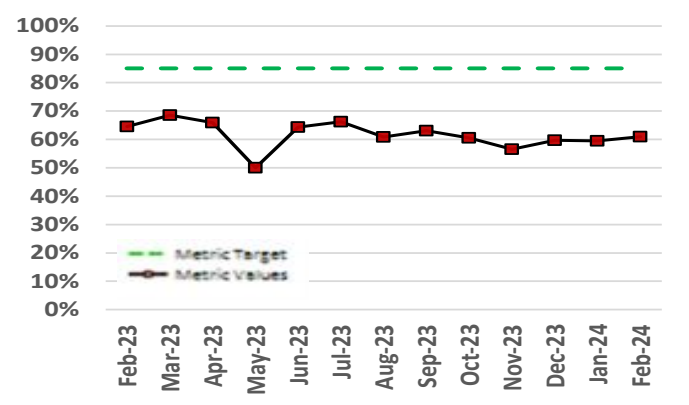
Trust Faster Safer Diagnosis (FDS) compliance:
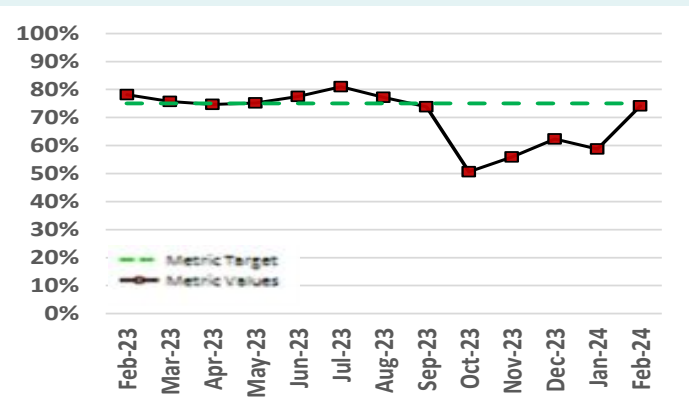
Background / target description:
- That 85% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP (GDP or GMP) referral for suspected cancer.
- That 90% of patients receive their first definitive treatment for cancer within 62 days of referral from an NHS cancer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

Underlying / Trust-wide issues:
- The Trust began its Tier 1 (Regulatory Performance Regime) meetings for cancer performance, as confirmed in January 2024.

- The Trust continues to deliver its Cancer Waiting Times improvement action plan which is monitored in the recently renewed governance structure for cancer performance.

- **FDS performance improvement** - further improvements were seen in February with a month-end performance of 74.11% compared to 58.74% achieved for January.

- **62 day backlog reduction** – February saw a further reduction in the backlog, with services achieving their in-month target. The focus remains on having under 150 patients in the backlog by the end of March, in line with Tier 1 discussions.

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Tab 9 Integrated Performance Report

Diagnostic Waiting Times

DM01 performance:
- Executive Owner: Julie Lowe/Angela Helleur, Site Chief Executive
- Management/Clinical Owner: James Eales, DOO
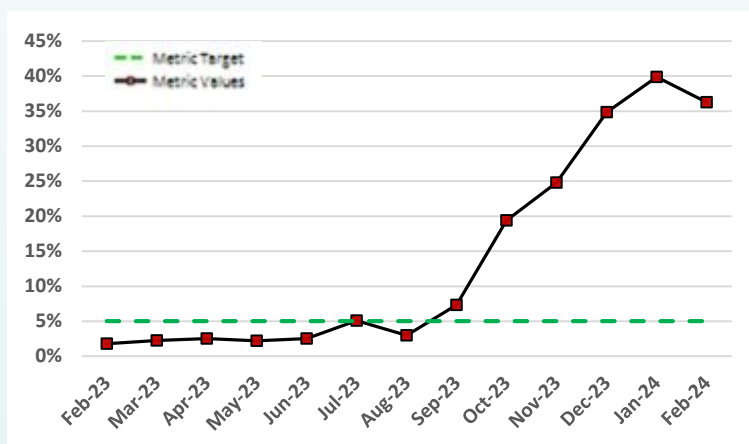
Background / target description:
- The percentage of patients not seen within six weeks for 15 tests reported in the DM01 diagnostic waiting times return.

Underlying issues:
- The number of diagnostic DM01 breaches reduced from 10,617 in January to 9,769 in February which equates to an improved performance position with 36.25% patients waiting >6 weeks.

Actions
- Despite the overall reduction in the Trust DM01 backlog, the largest breach increase was seen in non-obstretric ultrasound which rose by 196 cases with 6,159 patients waiting over 6 weeks by the end of February. Cardiac echo accounts for 1,002 backlog cases and 750 breach cases in neurophysiology.
- There were 1,983 patients waiting over 13 weeks at the end of February compared to 1,594 patients waiting at the end of January.

- There are a number of system and 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 from February for the remainder of this financial year.
- Modality activity has largely recovered since EPIC implementation, with the exception of non-obstetric ultrasound which was at 94% of baseline in M11 (500 fewer scans). However, non-recurrent backlogs have developed across modalities which are driving up median waiting times.
- Modality level review meetings have been implemented from February 2024 and improvement actions developed. This will be monitored through the site RTT Delivery Groups and the monthly modality review meetings.

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Tab 9 Integrated Performance Report

Workforce Dashboard

		Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Month Target	Trend
	Staffing Capacity														
729	Establishment FTE	15591	15450	15449	15428	15419	15412	15402	15395	15381	15375	15322	15324	15450	
877	Headcount	14421	14475	14455	14485	14485	14447	14632	14783	14824	14756	14752	14765	14039	
730	In-Post FTE - Total FTE at month end	13477	13534	13508	13543	13540	13510	13638	13838	13822	13754	13755	13757	13106	
872	Leavers headcount	236	185	154	145	206	448	265	203	116	128	156	202	225	
873	Starters Headcount	172	262	130	169	201	336	382	401	136	101	174	221	288	
875	Voluntary Turnover %	14.6%	14.7%	14.2%	14.0%	13.7%	13.6%	13.1%	12.5%	12.3%	12.5%	12.2%	12.3%	14.0%	
732	Vacancy Rate %	12.48%	11.58%	11.75%	11.37%	11.32%	11.50%	10.66%	9.32%	9.26%	9.65%	9.38%	9.37%	10.00%	
874	Vacancy Rate FTE	1946	1790	1815	1755	1746	1773	1641	1435	1424	1484	1437	1436	2170	

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

Sickness
- The sickness rate reported has decreased by 0.24% from 5.13% in January to 4.89% in February.

Training
- Statutory and Mandatory training compliance rate has reduced by 0.58% to 89.14% for February 2024 and remains below the 90% target.

Staff Vacancy and Turnover
- The Trust vacancy rate has remained static at 9.37% for January and February 2024.
- The voluntary turnover rate has increased slightly to 12.31% in February 2024 but still remains below the 13% target.

Tab 9 Integrated Performance Report

Appraisal Rate

King's

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

Trust / APPRAISALS_UP_TO_DATE
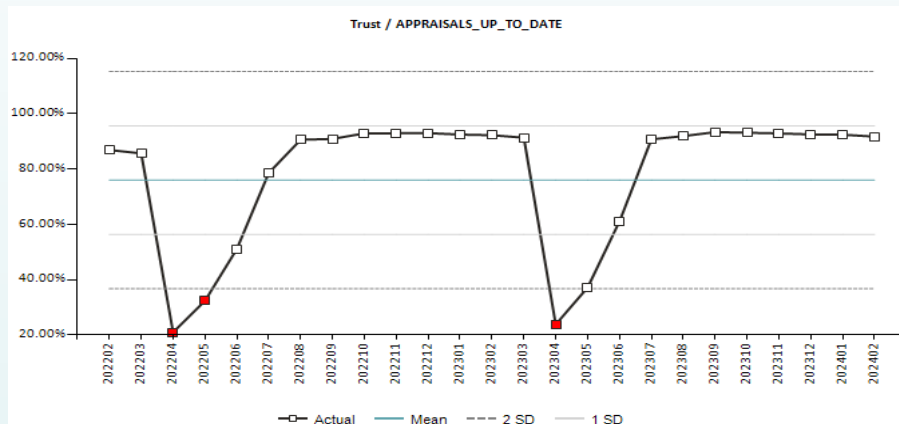
Performance Delivery:
- The Trust has achieved the 90% appraisal target in February at 92.61% for all staff groups combined, and has been above the target since July 2023.
- The Medical & Dental rate has reduced from 89.89% in January to 88.15% in February, and is now below the 90% target.

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 CDs , Site MDs, HRBPs, and General managers. CDs and Site MDs 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 CDs and Site MDs.
- Regular review of submitted appraisals on SARD pending sign-off - chase appraiser and appraise to complete relevant sections of the appraisal.
- CDs to provide support to colleagues in their Care Group who have difficulty identifying an appraiser.
- Monthly meeting with Chief Medical Officer, Responsible Officer, Trust Lead for Appraisal and Revalidation and Site Medical Directors to monitor/address appraisal compliance.

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Tab 9 Integrated Performance Report

Sickness Rate

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

Trust / STAFFING_ABSENCE_SICK

Legend: Actual, Mean, 2 SD, 1 SD
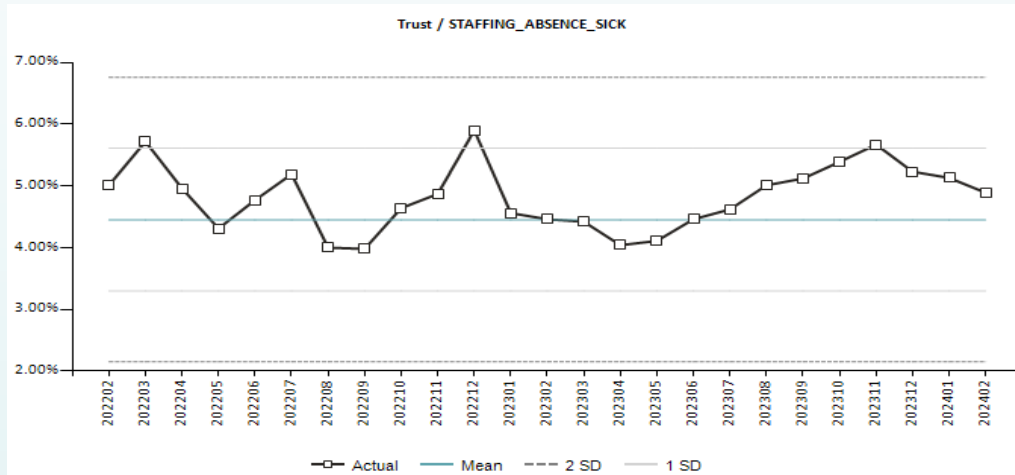
Performance Delivery:
- The sickness rate reported has decreased by 0.24% from 5.13% in January to 4.89% in February.
- The split of COVID-19 and other absences was 0.11% and 4.79% respectively in January 2024.
- There were a total of 2,781 staff off sick during February 2024.
- The highest absence reasons based on the number of episodes excluding COVID-19 and unspecified were:
  - Cold/Cough/Flu (27%),
  - Gastrointestinal problems (12%), and
  - Anxiety/stress/depression/other psychiatric illnesses and Other musculoskeletal problems (both 7%).

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:

- A Sickness Reduction plan has been produced and includes a number of actions to reduce sickness absence and ensure staff are supported.

- All long term sickness absences will be reviewed to ensure a plan is in place to support individuals back to work or bring the cases to a close.

- The People Business Partner's will meet with Care Groups to review all short term sickness absence to ensure that cases are being managed in accordance with the Trust policy.

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Tab 9 Integrated Performance Report

Statutory and Mandatory Training

King's

Statutory and Mandatory Training
- Executive Owner: Mark Preston, Chief People Officer
- Management/Clinical Owner: tbc

Trust / TRAINING_MANDATORY

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. We now have dedicated resource to contact people who are 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.

Performance Delivery:

- The Core skills compliance rate for February 2024 is 89.14%.

- The 2 topics with the **highest** compliance:
  - Conflict Resolution at 94.2%
  - Preventing Radicalisation Level 1&2 (Non-Clinical) at 93.6%

- The 2 topics with the **lowest** compliance:
  - Resuscitation Level 3 - PILS/EPILS at 63.9%
  - Resuscitation Level 3 - ILS/EILS at 74.2%

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Tab 9 Integrated Performance Report

Vacancy Rate

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

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.
- Continue to recruit to exempt and non exempt approved roles only.

Performance Delivery:
- Recruitment continues with a total of 221 new starters in February this year compared to 282 in February 2023.

- The Trust overall vacancy has reduced to 9.37% from 12.20% in Feb-23.
- The vacancy rate for the PRUH &SS has reduced to 7.57% from 10.33% in Feb-23.
- The vacancy rate for Denmark Hill has reduced to 8.42% from 10.56% in Feb-23.

- The Medical & Dental vacancy rate has reduced to 5.57% from 9.00% in Feb-23.
- The Nursing & Midwifery registered vacancy has decreased to 7.79% from 11.98% in Feb-23.
- The AHP vacancy rate has reduced to 10.16% from 11.47% in Feb-23.
- The Admin & Clerical vacancy rate reduced to 14.29% from 17.24% in Feb-23.

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Tab 9 Integrated Performance Report

Turnover Rate

King's

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

Trust / STAFFING_VOLUNT_TURNOVER
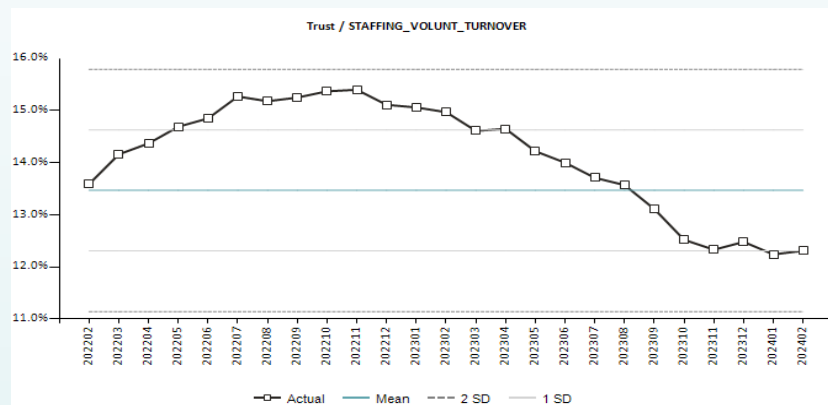
Performance Delivery:
- The voluntary turnover rate has increased marginally this month, but still remains below the 13% target.

- The three main reasons for leaving voluntarily during February were: Relocation (31%), Promotion (17%), and Work Life Balance (15%).

- 16% of all voluntary leavers (131) left within 12 months of service at Kings.

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:
- We have been successful in joining the NHSE London Retention Exemplar programme which provides funding to recruit to a People Promise Manager for 12 months.

- Recruitment to this post is underway

- A delivery plan is being developed which sets out priorities to improve retention and staff experience across the People & Culture Plan, Bold Strategy and all areas of the People Promise.

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Tab 9 Integrated Performance Report

Domain 4: Finance
2023/24 M11 (February) – Financial Performance

King's

Surplus / (Deficit)

£(84.7)m ●	Actual
£(49.6)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

£902.1m ●	Actual
£868.9m	Plan

ERF Delivery (At M6)

105.3%* ●	Actual
110.0%	Plan

CIP Delivery

£37.3m ● ●	Actual
£63.7m	Plan

CIP Identification - £72m Target

£46.7m	Green
£3.5m	Amber
£11.9m	Red

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Tab 9 Integrated Performance Report

BIU
Business Intelligence Unit

Key Metrics - IPR Summary
A selection of core metrics for aggregate KCH performance to Board/FPC and organisational review
Trust: February 2024

Performance

		Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Month Target
CQC level of inquiry: Responsive														
Access Management - RTT, CWT and Diagnostics														
364	RTT Incomplete Performance	72.62%	71.74%	72.23%	71.46%	69.71%	67.57%	65.17%	60.96%	59.23%	55.15%	52.90%	54.10%	92.00%
632	Patients waiting over 52 weeks (RTT)	791	865	924	950	1068	1250	1506	2769	3025	3813	3996	4313	0
4997	Patients waiting over 78 weeks (RTT)	13	8	14	9	22	44	55	87	89	120	137	100	0
4537	Patients waiting over 104 weeks (RTT)	0	0	0	0	0	0	0	1	2	3	3	0	0
4977	Cancer 28 day FDS Performance	75.7%	74.7%	75.2%	77.5%	80.9%	77.2%	73.8%	50.7%	55.9%	62.3%	58.7%	74.1%	75.00%
412	Cancer 2 weeks wait GP referral	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	68.50%	65.87%	50.00%	64.36%	66.18%	60.87%	63.03%	59.68%	56.49%	57.48%	59.47%	61.00%	85.00%
536	Diagnostic Waiting Times Performance > 6 Wks	2.27%	2.53%	2.23%	2.51%	5.08%	3.00%	7.31%	19.40%	24.80%	34.83%	39.86%	36.25%	1.00%
Access Management - Emergency Flow														
459	A&E 4 hour performance (monthly SITREP)	60.77%	64.91%	66.27%	69.18%	67.86%	66.14%	64.30%	62.40%	64.44%	61.28%	62.37%	65.91%	76.00%
Patient Flow														
747	Bed Occupancy	93.4%	92.2%	94.0%	93.6%	93.0%	93.6%	94.3%	97.5%	95.3%	96.5%	97.2%	98.5%	92.8%
1357	Number of Stranded Patients (LOS 7+ Days)	593	596	590	580	573	603	647	661	656	408	425	401	
1358	Number of Super Stranded Patients (LOS 21+ Days)	277	275	279	265	287	271	312	308	290	278	288	286	
762	Ambulance Delays > 30 Minutes	491	387	383	397	473	468	702	1055	1072	1225	1147	644	0
772	12 Hour DTAs	1201	767	555	270	286	409	544	827	901	1018	991	674	0
	A&E Attendances (All Types)	24451	22926	24843	24613	24490	23196	23979	24153	24401	24817	25414	24442	

Quality

		Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Month Target
CQC level of inquiry: Safe														
Reportable to DoH														
2717	Number of DoH Reportable Infections	66	65	66	60	64	79	69	39	35	40	31		73
Safer Care														
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.08	0.16	0.08	0.08	0.02	0.04	0.06						0.19
1897	Potentially Preventable Hospital Associated VTE	4	3	3	0	5	3	2		1	0	2	2	0
538	Hospital Acquired Pressure Ulcers (Category 3 or 4)	2	2	1	0	2	1	0	2	0	2	3		0
945	Open Incidents	8												
Incident Reporting														
520	New Serious Incidents declared in month	18	14	5	9	11	7	6	1	0				
516	Moderate Harm Incidents	41	34	36	40	36	38	41	3	12	9			
509	Never Events	2	0	1	1	0	1	0	0	0	0	0		0
CQC level of inquiry: Caring														
Friends & Family Test														
422	Friends & Family - Inpatients	92.4%	93.1%	93.3%	92.7%	92.7%	93.8%	92.6%	92.8%	93.0%	93.0%	94.0%	92.0%	94.0%
423	Friends & Family - ED	65.9%	73.2%	68.1%	71.6%	71.5%	72.1%	66.7%	62.7%	60.0%	65.0%	60.0%	65.0%	76.0%
774	Friends & Family - Outpatients	90.9%	90.7%	90.7%	90.9%	91.0%	91.3%	89.9%	89.7%	93.0%	87.0%	88.0%	91.0%	93.0%
775	Friends & Family - Maternity	86.6%	87.5%	91.5%	92.3%	90.4%	91.4%	89.0%	87.5%	93.0%	91.0%	33.0%	96.0%	92.0%
Complaints														
5397	Number of new complaints reported in month	88	52	87	102	48	82	93	70					
5398	% Complaints resolved within agreed timescale													
Operational Engagement														
4357	Number of PALS Contacts	898	652	811	884	1005	939	1031	2470	3318				395
Incident Management														
660	Duty of Candour - Conversations recorded in notes	90.0%												94.6%
661	Duty of Candour - Letters sent following DoC Incidents	87.7%												91.0%
1617	Duty of Candour - Investigation Findings Shared	1.8%												11.8%
CQC level of inquiry: Effective														
Improving Outcomes														
831	Standardised Readmission Ratio	92.9	92.4	92.0	91.5	90.7	89.7	85.9						105.0
436	HSMR	97.4	97.8	96.9	95.9	95.9	94.0	93.8						100.0
4917	SHMI (NHS Digital)	101.3	101.8	102.5	100.9	101.5	100.3	100.5						105.0
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	83.3%	76.5%	74.3%	69.4%	77.3%	71.4%	85.0%						76.7%
625	Diagnostic Results Acknowledgement	11.9%	12.1%	11.6%	11.5%	11.0%	9.5%	7.1%						12.4%

Workforce

		Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Month Target
CQC level of inquiry: Well Led														
Staff Training & CPD														
715	% appraisals up to date - Combined	91.35%	23.82%	37.14%	61.08%	90.73%	91.92%	93.35%	93.13%	92.89%	92.52%	92.41%	91.71%	90.00%

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

Created date: October 2019

Tab 9 Integrated Performance Report

BIU
Business
Intelligence
Unit

Key Metrics - IPR Summary

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

Trust: February 2024

721	Statutory & Mandatory Training	86.05%	75.84%	80.53%	85.39%	88.62%	88.76%	88.97%	88.24%	87.72%	88.74%	88.56%	89.14%	90.00%
Staffing Capacity														
875	Voluntary Turnover %	14.6%	14.7%	14.2%	14.0%	13.7%	13.6%	13.1%	12.5%	12.3%	12.5%	12.2%	12.3%	14.0%
732	Vacancy Rate %	12.48%	11.58%	11.75%	11.37%	11.32%	11.50%	10.66%	9.32%	9.26%	9.65%	9.38%	9.37%	10.00%
Efficiency														
743	Monthly Sickness Rate	4.42%	4.04%	4.11%	4.46%	4.62%	5.01%	5.12%	5.39%	5.67%	5.23%	5.13%	4.89%	3.50%

Finance

		Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Month Target
Overall (000s)														
895	Actual - Overall	57,986	16,498	6,567	13,448	14,737	10,947	3,174	21,566	(13,237)	29,275	25,377	14,407	2,171
896	Budget - Overall	(158)	5,339	13,024	6,921	6,219	4,939	2,844	1,837	1,765	2,058	2,192	2,171	
897	Variance - Overall	(58,144)	(11,160)	6,458	(6,527)	(8,518)	(6,008)	(330)	(19,729)	15,002	(27,216)	(23,186)	(12,236)	0
Medical - Agency														
602	Variance - Medical - Agency	(1,121)	(488)	(477)	(753)	(595)	(185)	(417)	(690)	(452)	(477)	(580)	(401)	0
Medical Bank														
1095	Variance - Medical Bank	(2,293)	(2,320)	(1,694)	(2,178)	(2,007)	(3,037)	(2,125)	(1,677)	(1,258)	(1,884)	(2,926)	(1,763)	0
Medical Substantive														
599	Variance - Medical Substantive	(635)	891	(296)	2,163	1,577	951	3,163	774	429	316	1,636	1,069	0
Nursing Agency														
603	Variance - Nursing Agency	(902)	(584)	(432)	(505)	(190)	(70)	(315)	(257)	(198)	(373)	(191)	(160)	0
Nursing Bank														
1104	Variance - Nursing Bank	(4,500)	(3,313)	(3,393)	(2,431)	(2,599)	(2,805)	(2,539)	(2,882)	(3,196)	(2,692)	(2,811)	(2,775)	0
Nursing Substantive														
606	Variance - Nursing Substantive	(22,448)	1,070	3,375	7,575	3,910	3,845	3,580	3,471	4,302	3,343	3,064	3,378	0

Tab 11 Financial Position M12

NHS
King's College Hospital
NHS Foundation Trust

Meeting:	Board of Directors	Date of meeting:	7 May 2024
Report title:	**Month 12 Financial Position**	Item:	11
Author:	Arthur Vaughan Deputy Chief Financial Officer	Enclosure:	
Executive sponsor:	Roy Clarke Chief Financial Officer		
Report history:	King's Executive & Finance and Commercial Committee		

Purpose of the report	
To update on Month 12 financial position, subject to audit.	

Board/ Committee action required (please tick)

Decision/ Approval	✔	Discussion		Assurance		Information	

The Board of Directors are asked to note the Month 12 financial position, subject to audit.

Executive summary

As at month 12, the Trust has reported a deficit of 78.7m. This represents a £(61.7)m adverse variance to the original £17m deficit plan (£49m adjusted for August ICB surplus redistribution of £32m). This variance is predominantly driven by:

- £11.4m pay cost of direct strike costs and £9.1m of H2 ERF. underperformance relating to EPIC and Q4 strikes offset by £24.6m of strike monies.
- £9.5m shortfall in pay award funding.
- £5.3m outsourcing linked to ERF.
- £2.1m COVID testing offset by £0.4m income.
- £9.2m overspend in PBU (£4.3m over performance, £3.9m Genomics and £1m other testing)
- £20.0m excess inflation relating to PFI, Energy, Pathology, Block Drugs, Estates / PFI.
- £28.8m CIP underperformance (£14.9m pay, £11.3m non-pay & £2.6m income).
- Unbudgeted enhanced care £3.6m relating to MH patients (additional security, LOS and other costs being analysed given increased prevalence).
- £5.2m overspend in International recruitment, offset by £1.8m income.
- £3.8m CNST payment in month 10 relating to prior years.
- All the above is offset by additional income, including £6m prior year drugs income benefit and a further 17m ICS surplus redistribution in month 12.

The Trust planned for a CIP of £72m but only delivered £43.2m, a shortfall of £28.8m, largely driven by failure to deliver identified Amber and red schemes.

The Trust has booked £9.2m of ERF under performance in H2 largely due to reporting and productivity impacts of EPIC. In H1 the Trust over performed by £6m. 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.

Tab 11 Financial Position M12

Revenue support received from month 4 onwards (£63.7m to month 12) continues to help maintain the creditor position.

Strategy

Link to the Trust's BOLD strategy (Tick as appropriate)

✔	**Brilliant People**: *We attract, retain and develop passionate and talented 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*	
✔	**Leaders in Research, Innovation and Education**: *We continue to develop and deliver world-class research, innovation and education*	
✔	**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*	
✔	**Person- centred**	**Sustainability**
	Digitally- enabled	**Team King's**

Link to Well-Led criteria (Tick as appropriate)

✔	**Leadership, capacity and capability**
	Vision and strategy
	Culture of high quality, sustainable care
✔	**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

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**	

Tab 11 Financial Position M12

Month 12 – March 2024 Finance Report*

Board of Directors

April 2024

*note the information contained in this report is subject to audit

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

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Tab 11 Financial Position M12

Key Metrics Dashboard

Surplus / (Deficit)

| £(78.7)m 🔴 | **Actual** |
| £(49.0)m | **Plan** |

* Original plan was £49.0m before receipt of ICS redistribution when it moved to £17m.

Forecast Surplus /(Deficit)

| £(78.7)m 🟡 | **Forecast** |

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

Pay Variance

| £1024.9m 🔴 | **Actual** |
| £946.7m | **Plan** |

* Includes employers pension charge of £37.1m when adjusted the actual is £987.8m

ERF Delivery (At M6)

| 105.3%* 🟡 | **Actual** |
| 110.0% | **Plan** |

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

CIP Delivery

| £43.2m 🔴 | **Actual** |
| £72.0m | **Plan** |

CIP Identification - £72m Target

£47.8m	**Green**
£6.2m	**Amber**
£8.5m	**Red**

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Tab 11 Financial Position M12

Executive Summary

- As at month 12, the Trust has reported a deficit of 78.7m (subject to audit). This represents a £(61.7)m adverse variance to the original £17m deficit plan (£49m adjusted for August ICB surplus redistribution of £32m). This variance is predominantly driven by:
  - £11.4m pay cost of direct strike costs and £9.1m of H2 ERF underperformance relating to EPIC and Q4 strikes offset by £24.6m of strike monies
  - £9.5m shortfall in pay award funding
  - £5.3m outsourcing linked to ERF
  - £2.1m COVID testing offset by £0.4m income.
  - £9.2m overspend in PBU (£4.3m over performance, £3.9m Genomics and £1m other testing)
  - £20.0m excess inflation relating to PFI, Energy, Pathology, Block Drugs, Estates / PFI
  - £28.8m CIP underperformance (£14.9m pay, £11.3m non-pay & £2.6m income)
  - Unbudgeted enhanced care £3.6m relating to MH patients (additional security, LOS and other costs being analysed given increased prevalence).
  - £5.2m overspend in International recruitment, offset by £1.8m income
  - £3.8m CNST payment in month 10 relating to prior years
  - All the above is offset by additional income, including £6m prior year drugs income benefit and a further 17m ICS surplus redistribution in month 12.

- The Trust planned for a CIP of £72m but only delivered £43.2m, a shortfall of £28.8m, largely driven by failure to deliver identified Amber and red schemes.

- The Trust has booked £9.2m of ERF under performance in H2 largely due to reporting and productivity impacts of EPIC. In H1 the Trust over performed by £6m. KCH was estimated to be performing at 109%.

- Revenue support received from month 4 onwards (£63.7m to month 12) continues to help maintain the creditor position.

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Tab 11 Financial Position M12

King's

Summary of Year to Date Financial Position*

The KCH Group has reported a year-to-date deficit of £78.7 million (including a £9.2m negative adjustment in relation to ERF underperformance), £61.7m adverse to planned deficit of £17 million after adjustment for the £32m ICB surplus distribution received in August.

NHSI Category	Last 4 Months				Current Month				Year to Date				Run Rate Change
	M8	M9	M10	M11	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M12 vs M11
	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income	169.3	139.1	146.0	138.7	234.7	137.1	205.2	68.1	1,725.5	1,644.2	1,791.6	147.4	66.5
Employee Operating Expenses	(81.9)	(83.0)	(83.7)	(82.2)	(133.5)	(77.7)	(122.8)	(45.1)	(965.5)	(946.7)	(1,024.9)	(78.2)	(40.6)
Operating Expenses Excluding Employee Expenses	(72.5)	(64.5)	(70.5)	(64.8)	(123.5)	(58.4)	(91.5)	(33.1)	(790.7)	(712.6)	(829.3)	(116.7)	(26.8)
Non Operating Expenses	(4.4)	(19.1)	(7.7)	(2.8)	(10.8)	(3.0)	(8.4)	(5.5)	(43.3)	(35.6)	(62.6)	(27.0)	(5.6)
Trust Total	10.5	(27.4)	(15.9)	(11.0)	(33.2)	(2.1)	(17.6)	(15.5)	(74.1)	(50.7)	(125.2)	(74.5)	(6.6)
Less Impairment, donated income, PFI IFRS16	0.7	18.6	2.2	1.2	44.1	(0.1)	16.5	(16.6)	41.2	(1.2)	39.4	40.5	15.3
Operating Total	11.2	(8.8)	(13.7)	(9.8)	10.9	(2.2)	(1.1)	(32.0)	(33.0)	(51.9)	(85.8)	(34.0)	8.7
Plus intercompany adjustments/profit share							7.1				7.1	7.1	
Operating Total Group	(13.5)	(11.6)	(16.2)	(12.1)	10.9	(2.2)	6.0	(32.0)	(33.0)	(51.9)	(78.7)	(26.9)	18.1

Note: both income and pay both include employers pension charge and income of £37.1m, neither was in budget

This is equivalent to £49m on adjusted control total basis. This became £17m after distribution of £32m ICB surplus.

Key Messages:

As at month 12, the Trust has reported a deficit of 78.7m. This represents a £(61.7)m adverse variance to the original £17m deficit plan (£49m adjusted for August ICB surplus redistribution of £32m). This variance is predominantly driven by:
- £11.4m pay cost of direct strike costs and £9.1m of H2 ERF underperformance relating to EPIC and Q4 strikes offset by £24.6m of strike monies
- £9.5m shortfall in pay award funding
- £5.3m outsourcing linked to ERF
- £2.1m COVID testing offset by £0.4m income.
- £9.2m overspend in PBU (£4.3m over performance, £3.9m Genomics and £1m other testing)
- £20.0m excess inflation relating to PFI, Energy, Pathology, Block Drugs, Estates / PFI
- £28.8m CIP underperformance (£14.9m pay, £11.3m non-pay & £2.6m income)
- Unbudgeted enhanced care £3.6m relating to MH patients (additional security, LOS and other costs being analysed given increased prevalence).
- £5.2m overspend in International recruitment, offset by £1.8m income
- £3.8m CNST payment in month 10 relating to prior years
- All the above is offset by additional income, including £6m prior year drugs income benefit and a further 17m ICS surplus redistribution in month 12.

Income has increased in month by £66.5m, driven by £19.3m of additional ICB surplus monies (£8.6m industrial strike action and £8.4 system recommitment). In addition, £37.1m income received relating to the 6.3% employers pensions contributions liability (fully offsets the cost in Pay).

Pay costs have increased in month by £40.6m. This is driven by 6.3% employers pensions charge of £37.1m which has been offset by income, and £3.3m provision for restructuring/redundancy costs which have been committed in 23/24. Pay remains an area of concern for the Trust going into 24/25.

Non pay has increased in month by £26.8m, primarily due to year end financial adjustments to Fixed Asset Impairments (£15.9m) and Increase in Impairments of Receivables (£3.2m).

The Trust planned for a CIP of £72m but only delivered £43.2m, a shortfall of £28.8m, largely driven by failure to deliver identified Amber and red schemes.

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Tab 11 Financial Position M12

Detail (1/3) – Operating Income

King's

NHSI Category	Last 4 Months M8 £ M	M9 £ M	M10 £ M	M11 £ M	Current Month Last Year £ M	Budget £ M	Actual £ M	Variance £ M	Year to Date Last Year £ M	Budget £ M	Actual £ M	Variance £ M	Run Rate Change M12 vs M11 £ M
NHS England	34.1	33.3	34.2	32.8	97.4	34.3	73.9	39.6	651.4	470.7	514.9	44.2	41.0
Clinical Commissioning Groups	100.7	76.0	83.7	73.6	99.6	75.5	94.7	19.2	721.7	851.1	914.5	63.4	21.1
Pass Through Drugs Income	16.4	16.5	16.5	16.5	20.2	14.7	21.5	6.8	188.4	172.1	202.9	30.8	5.0
NHS Foundation Trusts	0.0				0.0		(0.0)	(0.0)	0.1		0.0	0.0	(0.0)
NHS Trusts	0.1	0.1	0.1	0.1	0.7	0.1	0.2	0.1	1.8	1.3	1.4	0.1	0.2
Local Authorities	0.4	0.4	0.4	0.4	1.0	0.3	0.4	0.1	4.4	3.7	4.8	1.1	(0.0)
NHS Other (Including Public Health England)	0.2	0.3	0.3	0.4	(4.5)	0.4	1.4	1.0	0.0	4.7	5.7	1.0	1.0
Non NHS: Private Patients	1.2	0.9	0.5	0.5	0.8	0.8	0.7	(0.1)	9.4	9.7	8.8	(0.9)	0.2
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	0.4	0.3	0.3	0.3	(2.7)	0.4	0.4	0.0	4.1	4.4	4.1	(0.3)	0.1
Injury Cost Recovery Scheme	0.2	0.3	0.3	0.3	0.3	0.4	0.1	(0.2)	4.3	4.5	3.8	(0.7)	(0.2)
Non NHS: Other					1.5		0.0	0.0	1.5		0.0	0.0	0.0
Operating Income From Patient Care Activities	**153.6**	**128.2**	**136.4**	**124.9**	**214.2**	**126.7**	**193.3**	**66.5**	**1,586.9**	**1,522.1**	**1,660.8**	**138.6**	**68.4**
Research and Development	2.2	2.1	1.6	2.5	1.7	1.8	1.8	0.0	20.4	21.0	23.1	2.1	(0.7)
Education and Training	6.5	3.6	3.7	4.9	5.8	4.2	4.7	0.5	47.5	48.4	48.9	0.5	(0.2)
Cash Donations / Grants For The Purchase Of Capital Assets	0.0	0.1	0.0	0.0	0.9	0.0	0.1	0.1	2.0	0.1	0.3	0.2	0.1
Charitable and Other Contributions To Expenditure	0.0	0.0	0.0	0.1	(0.0)	0.0	0.1	0.0	0.0	0.0	0.1	0.1	(0.0)
Non-Patient Care Services To Other Wga Bodies					0.0		0.0	0.0	0.0		0.0	0.0	0.0
Non-Patient Care Services To Other Non Wga Bodies	1.0	1.0	1.0	1.0	0.1	0.9	1.0	0.1	10.6	11.0	11.9	1.0	0.1
PSF, FRF, MRET funding and Top-Up	0.6	0.4	(0.0)	0.0	(1.0)	0.0	(1.0)	(1.0)	11.8	0.5	0.0	(0.5)	(1.0)
Income In Respect Of Employee Benefits Accounted On A Gross Basis	0.9	0.9	0.7	1.2	2.1	0.8	0.5	(0.3)	10.3	9.6	9.5	(0.2)	(0.7)
Rental Revenue From Operating Leases	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	1.2	1.1	1.3	0.2	0.0
Other (Operating Income)	4.3	2.8	2.4	4.2	9.6	2.5	4.4	1.9	33.4	30.3	35.3	5.0	0.2
Other Operating Income	**15.7**	**11.0**	**9.5**	**13.8**	**19.3**	**10.3**	**11.7**	**1.4**	**137.3**	**122.1**	**130.6**	**8.5**	**(2.2)**
Finance Income					1.3				1.3				0.0
Finance Income					**1.3**				**1.3**				**0.0**
Gains/(Losses) On Disposal Of Assets					(0.0)		0.3	0.3	0.0		0.3	0.3	0.3
Gains/(Losses) On Disposal Of Assets					**(0.0)**		**0.3**	**0.3**	**0.0**		**0.3**	**0.3**	**0.3**
Operating Income	**169.3**	**139.1**	**146.0**	**138.7**	**234.7**	**137.1**	**205.3**	**68.3**	**1,725.5**	**1,644.2**	**1,791.7**	**147.5**	**66.6**

1 Operating Income from Patient Care – a favourable variance of £66.5m against budget in month and £138.6m favourable YTD

The favourable year to date variance is driven by £65.3m of additional ICB surplus monies (industrial strike, SDF, Dental and growth and ICB profit share). In addition, £37.1m income was received in month relating to the 6.3% employers pensions contributions liability (fully offsets the cost in Pay).

YTD over performance also includes £6m prior year non recurrent drugs benefit, current year drugs over performance of £6m.

The run rate change is primarily due to £19.3m of additional ICB surplus monies (£8.6m industrial strike action and £8.4 system recommitment), and £37.1m pensions income noted above.

2 Other Operating Income – a favourable variance of £1.3m against budget in month and £8.4m YTD

The favourable variance in month is driven by various one off Other Operating Income across the sites, and additional Education & Training income received relating to Q4.

The change in run rate is predominantly due to R&D Income received last month which related to Clinical Trials in the prior year (Haematology £0.9m), and additional Education & Training income being received last month.

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Tab 11 Financial Position M12

Year on Year – Pay Review

King's

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 despite additional scrutiny and controls, 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 and 23/24 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. In M12, £0.8m for additional medical pay award for Consultants has been accrued and is included in the below figures.
- Taking into account the pay awards and strikes, pay remains at a stable level (see appendix 3.0).

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Tab 11 Financial Position M12
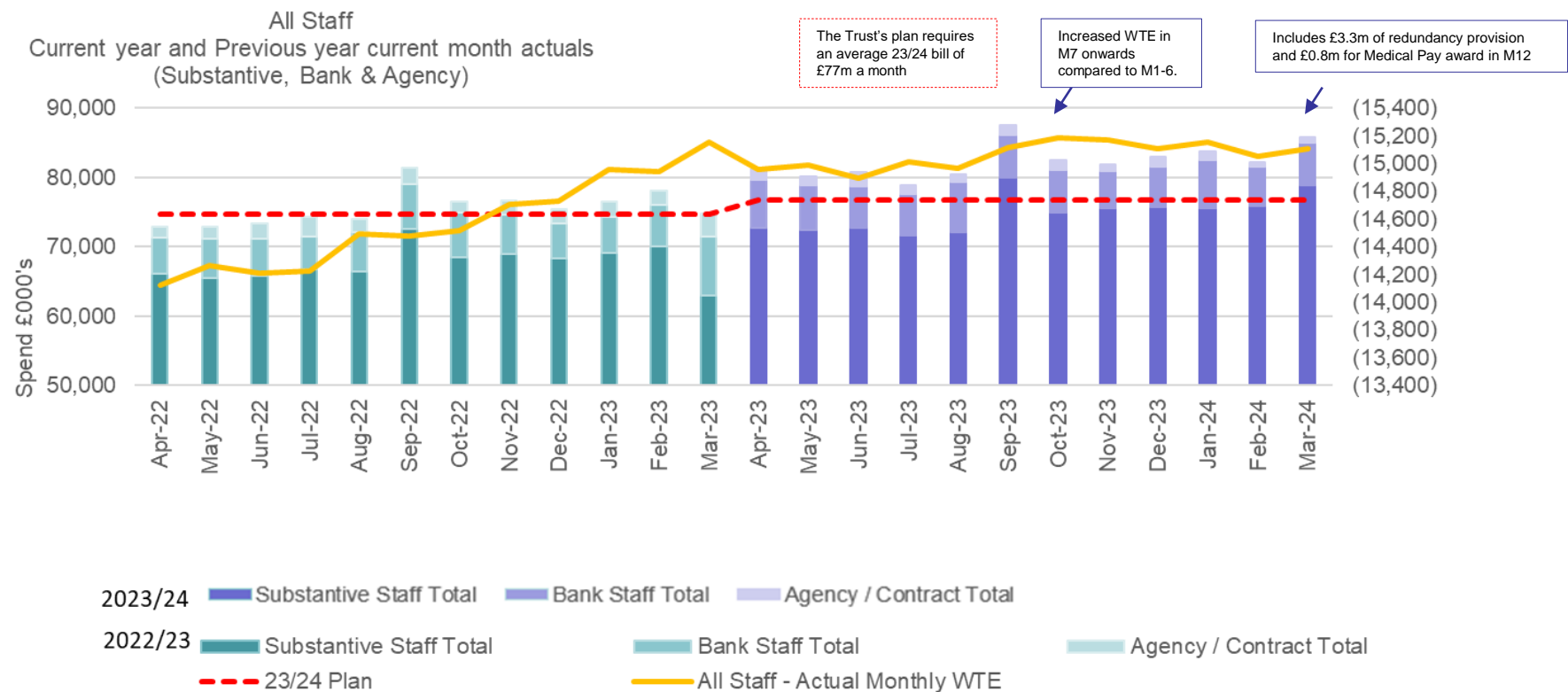
Detail (2/3) – Employee Expenses (Pay £)

	Last 4 Months				Current Month				Year to Date				Run Rate Change
	M8	M9	M10	M11	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M12 vs M11
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Substantive Staff	(24.5)	(25.1)	(24.5)	(24.4)	(23.9)	(25.4)	(26.9)	(1.5)	(266.0)	(304.5)	(293.4)	11.1	(2.5)
Bank Staff	(1.3)	(1.9)	(2.9)	(1.8)	(2.3)	(0.0)	(1.7)	(1.7)	(18.6)	(0.2)	(24.8)	(24.5)	0.1
Agency / Contract	(0.5)	(0.5)	(0.6)	(0.4)	(1.2)		(0.6)	(0.6)	(8.5)		(6.1)	(6.1)	(0.2)
Medical Staff	(26.3)	(27.4)	(28.0)	(26.6)	(27.4)	(25.5)	(29.2)	(3.7)	(293.1)	(304.8)	(324.3)	(19.6)	(2.6)
Substantive Staff	(29.0)	(29.0)	(29.3)	(29.1)	(51.6)	(32.5)	(29.5)	3.0	(339.6)	(388.0)	(344.2)	43.8	(0.3)
Bank Staff	(3.4)	(3.3)	(3.5)	(3.4)	(5.2)	(0.6)	(3.9)	(3.3)	(43.3)	(7.6)	(42.3)	(34.7)	(0.5)
Agency / Contract	(0.2)	(0.4)	(0.2)	(0.2)	(1.0)		(0.2)	(0.2)	(8.7)		(3.4)	(3.4)	0.0
Nursing Staff	(32.6)	(32.8)	(33.0)	(32.7)	(57.8)	(33.2)	(33.6)	(0.4)	(391.6)	(395.7)	(390.0)	5.7	(0.8)
Substantive Staff	(12.5)	(12.0)	(12.3)	(13.0)	(3.3)	(12.9)	(9.8)	3.2	(125.9)	(155.4)	(144.1)	11.3	3.2
Bank Staff	(0.4)	(0.4)	(0.3)	(0.3)	(0.6)	(0.0)	(0.2)	(0.2)	(4.9)	(0.2)	(4.6)	(4.3)	0.1
Agency / Contract	(0.1)	(0.2)	(0.2)	0.0	(0.6)	(0.0)	0.2	0.2	(3.5)	(0.0)	(2.1)	(2.1)	0.2
Admin & Clerical	(12.9)	(12.6)	(12.7)	(13.2)	(4.5)	(12.9)	(9.8)	3.1	(134.3)	(155.7)	(150.8)	4.9	3.4
Substantive Staff	(9.5)	(9.6)	(9.6)	(9.5)	(9.0)	(10.0)	(9.5)	0.5	(104.1)	(119.5)	(113.2)	6.3	(0.0)
Substantive Staff (Apprentices)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	0.0	(0.2)	(0.3)	(0.2)	0.1	0.0
Bank Staff	(0.2)	(0.2)	(0.2)	(0.2)	(0.4)	(0.0)	(0.2)	(0.2)	(3.4)	(0.3)	(3.0)	(2.7)	(0.0)
Agency / Contract	(0.2)	(0.3)	(0.3)	(0.0)	(0.5)		(0.2)	(0.2)	(4.9)		(3.1)	(3.1)	(0.1)
Other Staff	(10.0)	(10.2)	(10.0)	(9.7)	(9.9)	(10.1)	(9.9)	0.2	(112.6)	(120.1)	(119.4)	0.7	(0.2)
CIP Target Pay						3.9		(3.9)		29.5		(29.5)	0.0
Pay Savings Target						3.9		(3.9)		29.5		(29.5)	0.0
Substantive Staff (Termination Benefit)							(3.3)	(3.3)			(3.3)	(3.3)	(3.3)
Substantive Staff (Pension Charge)					(33.9)		(37.1)	(37.1)	(33.9)		(37.1)	(37.1)	(37.1)
Pay Reserves					(33.9)		(40.4)	(40.4)	(33.9)		(40.4)	(40.4)	(40.4)
Employee Operating Expenses	(81.9)	(83.0)	(83.7)	(82.2)	(133.5)	(77.7)	(122.8)	(45.1)	(965.5)	(946.7)	(1,024.9)	(78.2)	(40.6)
Substantive Staff Total	(75.6)	(75.8)	(75.6)	(76.0)	(121.7)	(77.0)	(116.0)	(39.0)	(869.7)	(938.3)	(935.5)	2.8	(40.0)
Bank Staff Total	(5.3)	(5.9)	(6.9)	(5.7)	(8.5)	(0.7)	(6.1)	(5.4)	(70.3)	(8.4)	(74.7)	(66.3)	(0.4)
Agency / Contract Total	(1.0)	(1.4)	(1.2)	(0.6)	(3.3)	(0.0)	(0.7)	(0.7)	(25.6)	(0.0)	(14.7)	(14.7)	(0.2)
Employee Operating Expenses	(81.9)	(83.0)	(83.7)	(82.2)	(133.5)	(77.7)	(122.8)	(45.1)	(965.5)	(946.7)	(1,024.9)	(78.2)	(40.6)

1 Medical – An adverse variance in month of £3.7m against budget and £19.6m 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 in month due predominantly to additional pay award uplift (£0.8m – offset by income), and additional local CEA award (£0.7m).

2 Nursing – an adverse variance in month of £0.4m against budget and £5.7m favourable 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 – a favourable variance in month of £3.1m against budget and £4.9m YTD

The YTD favourable variance is driven by vacancies in Estates and Facilities and Finance. The in month adverse favourable variance is due to staff costs transferred to capital (£1.4m) and month 11 including redundancy costs (£1m).

Other staff – a favourable variance in month of £0.2m against budget and £0.7m YTD

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

4 Month 12 pay figures include a provision for redundancy/restructuring costs (£3.3m) and 6.3% employers pensions charge of £37.1m, which has been offset by income.

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 24/25 plan.

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.

Tab 11 Financial Position M12

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

	Last 4 Months				Current Month				Year to Date				Run Rate Change
	M8	M9	M10	M11	Last Year	Budget	Actual	Variance	Last Year	Budget	Actual	Variance	M12 vs M11
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Purchase Of Healthcare From NHS Bodies	(1.3)	(0.9)	(2.1)	(0.9)	(5.6)	(0.9)	(1.7)	(0.8)	(14.2)	(10.2)	(12.6)	(2.4)	(0.8)
Purchase Of Healthcare From Non-NHS Bodies	(19.0)	(22.5)	(20.1)	(19.7)	(11.3)	(18.2)	(18.5)	(0.3)	(180.3)	(219.0)	(234.4)	(15.4)	1.2
Non-Executive Directors					(0.2)		(0.2)	(0.2)	(0.2)		(0.2)	(0.2)	(0.2)
Supplies and Services - Clinical (Excluding Drugs Costs)	(1.2)	(1.7)	(0.5)	(1.2)	(5.6)	(1.0)	(1.4)	(0.4)	(31.9)	(11.7)	(16.1)	(4.4)	0.2
Supplies and Services – General	(0.2)	(0.1)	(0.1)	(0.1)	(0.3)	(0.1)	(0.1)	(0.0)	(1.6)	(1.3)	(1.7)	(0.4)	(0.0)
Drugs costs – on tariff	10.1	(2.1)	(2.8)	(2.3)	(1.9)	(2.7)	(2.3)	0.4	(28.9)	(32.4)	(28.9)	3.5	0.0
Pass Through Drugs Cost	(33.1)	(12.5)	(17.5)	(16.5)	(15.8)	(14.4)	(16.8)	(2.4)	(180.2)	(172.7)	(196.6)	(24.0)	(0.3)
Consultancy	(0.1)	(0.2)	0.2	(0.2)	(0.6)	(0.2)	(0.4)	(0.2)	(5.4)	(2.7)	(3.1)	(0.4)	(0.3)
Establishment	(1.3)	(1.0)	(1.1)	(0.8)	(2.1)	(1.0)	(2.3)	(1.3)	(14.8)	(11.2)	(15.7)	(4.5)	(1.5)
Premises - Business Rates Payable To Local Authorities	(0.5)	(1.0)	(0.2)	(0.5)	(0.6)	(0.4)	(0.4)	(0.1)	(4.8)	(4.6)	(5.8)	(1.2)	0.0
Premises – Other	(6.7)	(3.6)	(2.6)	(5.1)	54.7	(3.9)	(12.1)	(8.2)	(73.8)	(44.6)	(63.2)	(18.6)	(7.0)
Transport	(1.0)	(0.7)	(1.0)	(0.7)	(2.0)	(0.9)	(1.7)	(0.8)	(12.5)	(10.9)	(11.8)	(0.9)	(1.0)
Depreciation	(4.3)	(4.1)	(4.1)	(5.6)	(6.5)	(3.8)	(3.5)	0.3	(48.0)	(45.6)	(51.5)	(5.9)	2.1
Amortisation	(0.6)	0.2	(0.1)	(0.1)	(0.2)	(0.3)	(0.2)	0.1	(2.2)	(3.0)	(1.9)	1.1	(0.0)
Fixed Asset Impairments net of Reversals					(45.1)		(15.9)	(15.9)	(45.1)		(15.9)	(15.9)	(15.9)
Increase/(Decrease) In Impairment Of Receivables	(0.3)	(0.2)	(0.3)	(0.4)	0.6	(0.3)	(3.5)	(3.2)	(2.7)	(4.1)	(7.0)	(2.9)	(3.2)
Audit Fees and Other Auditor Remuneration	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.3)	(0.1)	0.0
Clinical Negligence	(3.9)	(3.9)	(7.6)	(3.9)	(3.9)	(3.9)	(3.9)	0.0	(46.2)	(46.4)	(50.2)	(3.8)	0.0
Research and Development - Non-Staff	(0.1)	(0.1)	(0.0)	0.0	(1.0)	(0.3)	0.0	0.3	(2.4)	(3.6)	(1.3)	2.4	(0.0)
Education and Training - Non-Staff	(0.9)	(0.6)	(0.7)	(0.5)	(3.2)	(1.2)	(1.8)	(0.6)	(9.4)	(11.3)	(8.3)	3.0	(1.3)
Lease Expenditure					(0.8)				(0.8)				0.0
Operating Lease Expenditure (net)	(0.1)	(0.1)	(1.8)	(0.2)	(0.1)	(0.1)	(0.2)	(0.1)	(1.7)	(0.9)	(3.5)	(2.6)	0.0
Charges To Operating Expenditure For Ifric 12 Schemes (E.G. PFI / LIFT) On Ifrs Basis	(6.3)	(7.4)	(6.9)	(6.6)	(71.0)	(6.3)	(6.6)	(0.3)	(71.0)	(76.0)	(81.8)	(5.8)	(0.1)
Other	(1.7)	(1.9)	(1.1)	0.5	(1.0)	(1.6)	2.0	3.7	(12.4)	(19.8)	(17.4)	2.4	1.6
Operating Expenses Excluding Employee Expenses	(72.5)	(64.5)	(70.5)	(64.8)	(123.5)	(61.4)	(91.5)	(30.2)	(790.7)	(732.2)	(829.3)	(97.1)	(26.8)
CIP Target Non Pay			(0.0)			2.9		(2.9)	0.0	19.7	(0.0)	(19.7)	0.0
Non Pay Savings Target			(0.0)			2.9		(2.9)	0.0	19.7	(0.0)	(19.7)	0.0
Operating Expenses Excluding Employee Expenses	(72.5)	(64.5)	(70.5)	(64.8)	(123.5)	(58.4)	(91.5)	(33.1)	(790.7)	(712.6)	(829.3)	(116.7)	(26.8)

❶ Operating expenses – an adverse variance in month of £30.2m against budget excluding CIP line and £97.1m YTD

Non-Pay costs are £26.8m higher than in month 11.

The main contributors for £97.1m YTD overspend (excluding CIP target) are:

- £17.8m overspend on Purchase of Healthcare which is driven by over performance in Pathology (£4.3m), Genomics (£4.9m) and new tests (£1.0m), in addition to DH Outsourcing relating to ERF activity (£5.3m) – predominantly in Radiology.
- £4.4m overspend in Supplies and Services - Clinical is driven by Pathology Covid19 expenditure (£1.8m) partially offset by income (£0.4m), and overspend on blood products (£1.9m).
- £20.5m 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.
- £18.6m 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, in addition to £9.1m Apollo/EPIC costs.
- £4.5m overspend in Establishment is driven by International Recruitment (£5.2m – of which £1.8m is offset by income) and Connexia contract (£0.5m)
- £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).
- £23.6m relating to year end financial adjustments; Depreciation and Amortisation (£4.8m) Fixed Asset Impairments (£15.9m) and Increase in Impairments of Receivables (£2.9m).

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Tab 11 Financial Position M12

H2 ERF achievement

Due to Apollo implementation, the data from month 7 onwards has been unavailable. However, in M12 the Trust has been able to estimate where the was compared to the 105.3% target adjusting for known EPIC counting and coding issues and activity outside of EPIC. The analysis shows a £4.7m shortfall. However, there is a significant risk not all this activity is able to be included in SUS in time for true up therefore the Trust has assumed a £9.2m underperformance in year end figures.

Item	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	H2
Day Case	5,286,726	6,593,007	6,637,739	18,517,473	7,566,108	8,020,974	9,257,806	24,844,888	43,362,361
Elective	6,305,908	8,605,930	7,614,436	22,526,274	6,608,833	7,787,616	8,572,432	22,968,882	45,495,156
Outpatients	4,590,728	7,800,855	7,088,016	19,479,599	8,410,867	8,619,807	8,738,244	25,768,918	45,248,517
Epic Activity	**16,183,362**	**22,999,792**	**21,340,192**	**60,523,346**	**22,585,808**	**24,428,397**	**26,568,483**	**73,582,688**	**134,106,034**
Oct 1-4	3,435,798	0	0	3,435,798	0	0	0	0	3,435,798
SDEC	0	0	0	0	0	0	0	0	0
GUM FUP->First	348,287	509,878	584,767	1,442,932	500,709	474,854	461,175	1,436,738	2,879,670
Ophthalmology Injections	175,707	248,502	201,098	625,307	407,345	185,161	144,780	737,286	1,362,593
Respiratory Procedures	203,852	344,771	279,437	828,060	469,337	486,833	476,450	1,432,619	2,260,679
Fracture clinic	66,509	66,509	66,509	199,527	66,509	66,509	66,509	199,527	399,054
Q3 Total	**20,413,515**	**24,169,453**	**22,472,003**	**67,054,970**	**24,029,708**	**25,641,754**	**27,717,396**	**77,388,858**	**144,443,828**
Shortfall vs Target	5,635,655	1,879,717	25,007	7,540,379	2,019,462	-776,638	-4,036,333	-2,793,509	4,746,870
19/20 Baseline	**24,667,774**	**24,667,774**	**21,303,987**	**70,639,535**	**24,667,774**	**23,546,512**	**22,425,249**	**70,639,535**	**141,279,070**
ERF Target	**26,049,170**	**26,049,170**	**22,497,010**	**74,595,349**	**26,049,170**	**24,865,116**	**23,681,063**	**74,595,349**	**149,190,698**

The Trust has assumed on 25% of the capture and coding changes outside of EPIC (GUM FUP to Fracture Clinic) are included in SUS in May true up and assumed underperformance of £9.2m in H2.

It should be noted that February includes some prior month activity and March has a low baseline. However, the analysis shows that in Q4 the Trust was back to the Elective activity levels it was seeing in the summer. The challenge is to:
• Continue to improve EPIC capture to ensure all activity in captured during 2024/25.
• Increase to the 110% targeted ERF levels in the 24/25 plan.

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CIP Scoping/Identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £62.5m of which £47.8m 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 £62.5m of schemes. This is broken down as £8.5m in Red, £6.2m in Amber and £47.8m in Green.
- The identified schemes are currently split Recurrent £39.0m and Non-Recurrent £23.5m.
- This leaves a £9.5m gap which is yet to be identified.
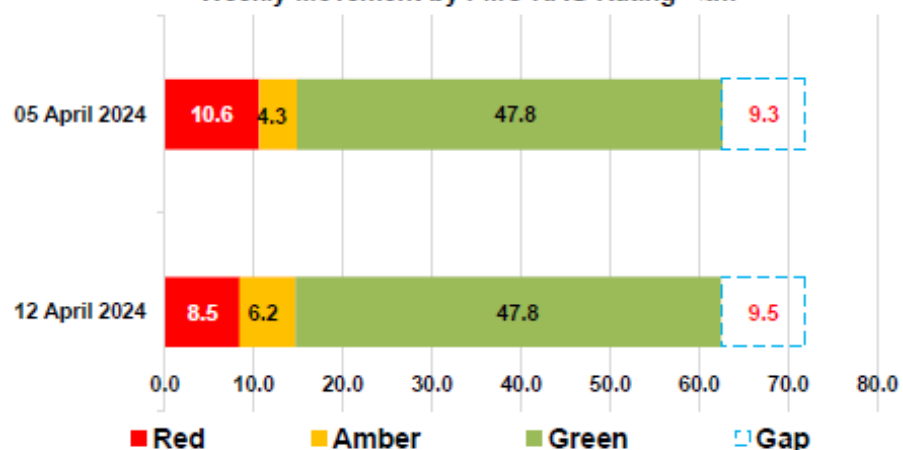
Weekly Movement by PMO RAG Rating - £m

Total identification - Target vs. Identified						
Site	Target	Identified	Gap	Red	Amber	Green
Denmark Hill	34.1	27.4	(6.7)	1.9	0.6	24.9
PRUH and South Sites	12.1	13.6	1.5	2.7	0.3	10.6
Corporate	22.8	14.8	(8.0)	1.3	3.3	10.2
Commercial	1.0	3.8	2.8	0.0	2.0	1.7
Guthrie	2.0	0.4	(1.6)	0.0	0.0	0.4
Unallocated	0.0	2.5	2.5	2.5	0.0	0.0
Total	72.0	62.5	(9.5)	8.5	6.2	47.8

Total Identified - Split by Recurrent / Non Recurrent
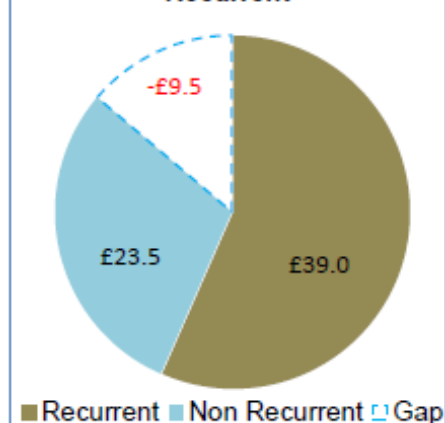
Total Identified - Split by Type

Total Identified split by Workstreams (£m)

Tab 11 Financial Position M12
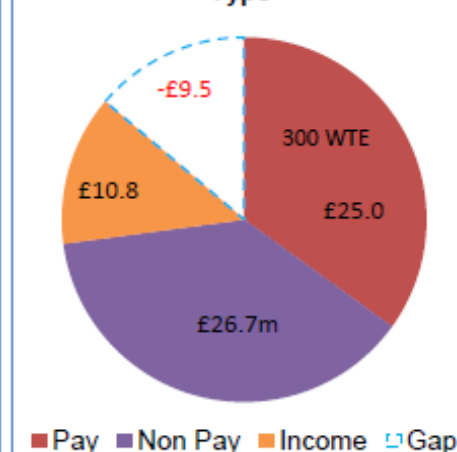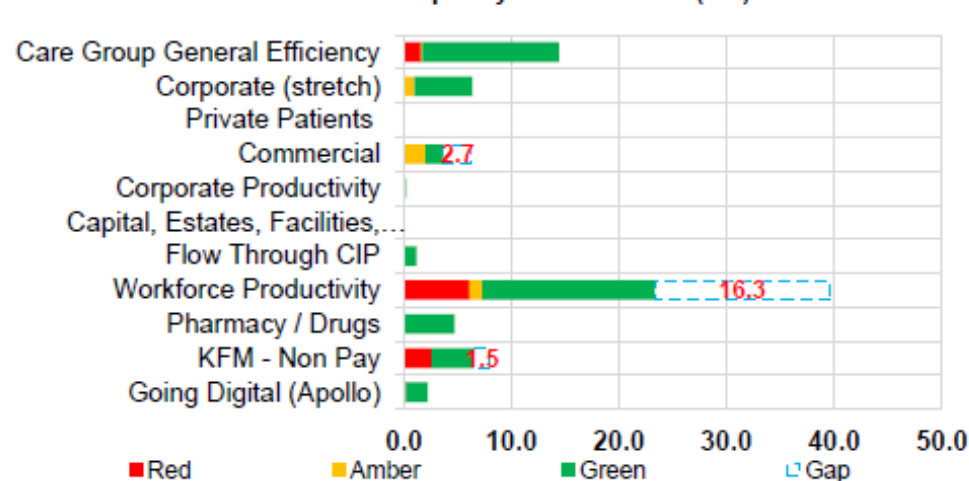
As at the 12th April, the Group had £62.5m CIP identified of which £47.8m is in green.

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

The programme so far has identified £62.5m of schemes, ending the year with £47.8m RAG rated as Green.

Red   Amber   Green   Identified

Tab 11 Financial Position M12

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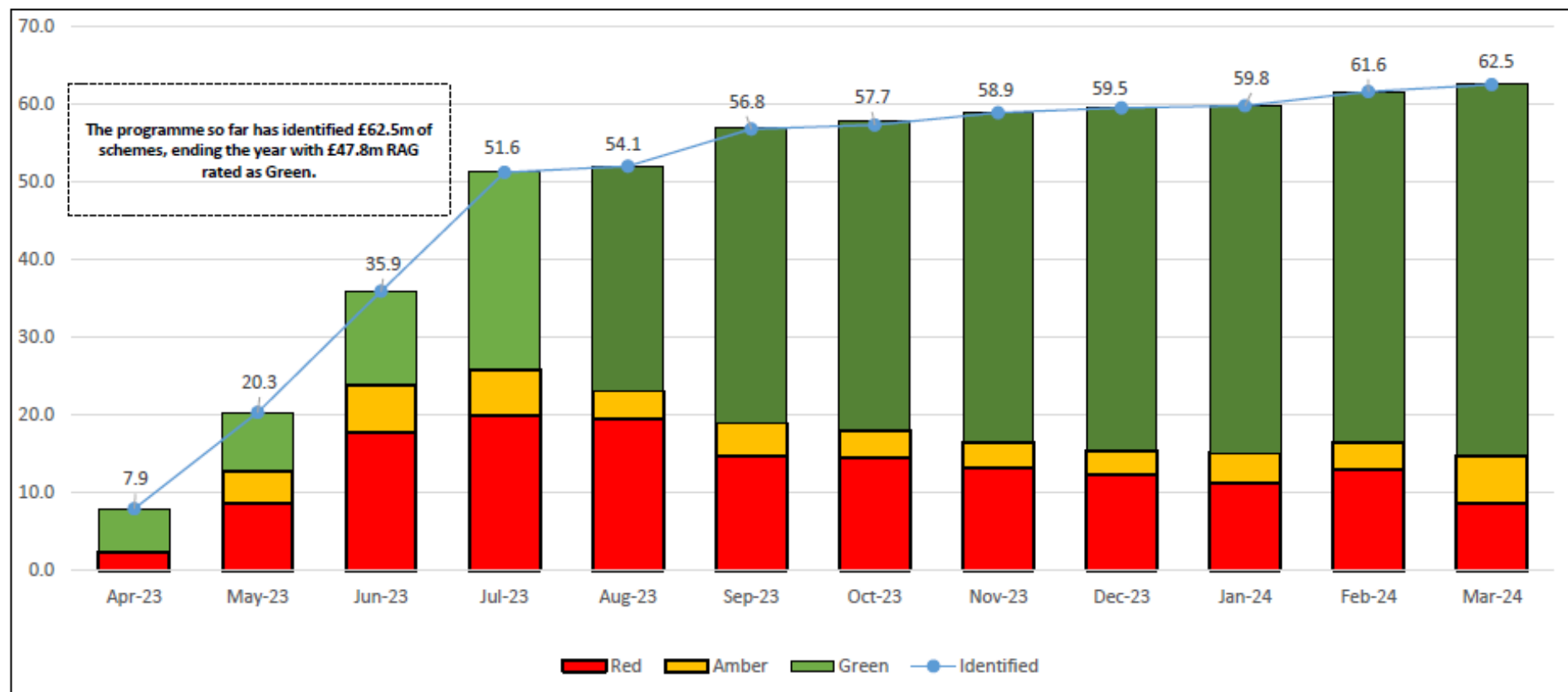
Productivity Scoping/Identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £2.1m of which £2.1m is in Green and ready for implementation

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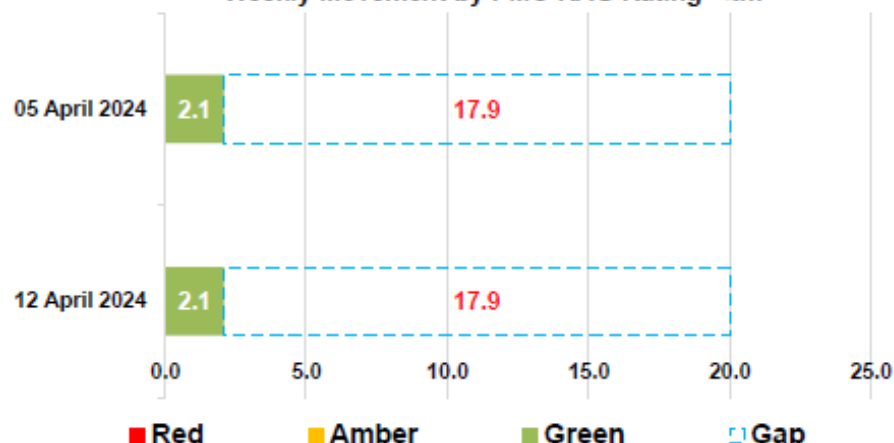- The programme to date has identified £2.1m of schemes. This is broken down as £0.0m in Red, £0.0m in Amber and £2.1m in Green.
- The identified schemes are currently Recurrent £1.8m and Non-Recurrent £0.3m.
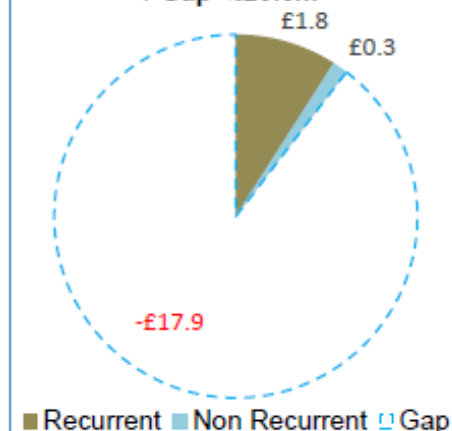- This leaves a £17.9m which is yet to be identified.

Weekly Movement by PMO RAG Rating - £m

| 05 April 2024 | 2.1 | 17.9 |
| 12 April 2024 | 2.1 | 17.9 |

■ Red   ■ Amber   ■ Green   ⬜ Gap

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

Total Identified - Split by Recurrent / Non Recurrent / Gap- £20.0m

£1.8   £0.3   -£17.9

■ Recurrent   ■ Non Recurrent   ⬜ Gap

Total Identified - Split by Type - £20.0m

£2.1   -£17.9

■ Pay   ■ Non Pay   ■ Income   ⬜ Gap

Total Identified split by Workstreams (£m)

Care Group General...	
Corporate (centrally held)	0.0
Private Patients	0.0
Commercial	0.0
Corporate Productivity	0.0
Capital, Estates,.	0.0
Flow Through CIP	0.0
Workforce Productivity	0.0
Pharmacy / Drugs	0.0
KFM - Non Pay	0.0
Going Digital (Apollo)	0.0

■ Red   ■ Amber   ■ Green   ⬜ Gap

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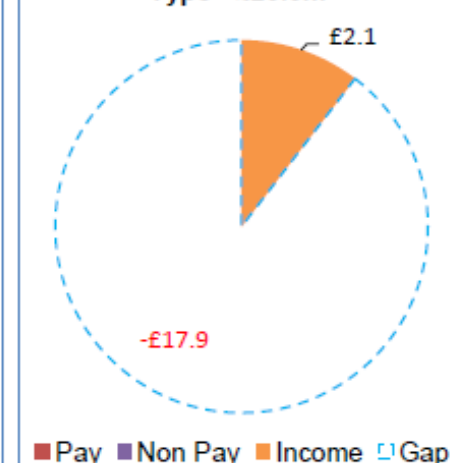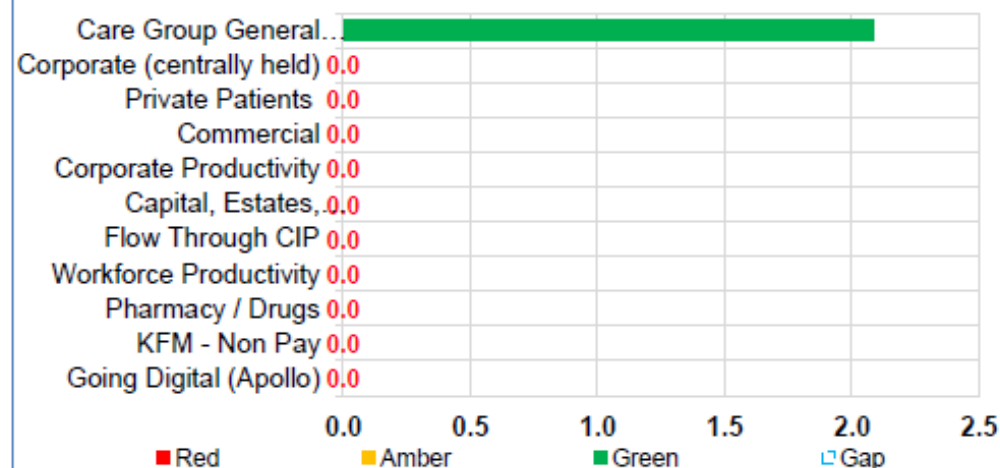
Better Payment Practice Code

Better payment practice code	YTD Number	YTD £'000
Non NHS		
Total bills paid in the year	210,013	1,227,801
Total bills paid within target	186,105	1,128,671
Percentage of bills paid within target	**88.6%**	**91.9%**
NHS		
Total bills paid in the year	3,366	106,751
Total bills paid within target	3,318	103,215
Percentage of bills paid within target	**98.6%**	**96.7%**
Total		
Total bills paid in the year	**213,379**	**1,334,552**
Total bills paid within target	**189,423**	**1,231,886**
Percentage of bills paid within target	**88.8%**	**92.3%**

- 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.

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Cash and Cash Equivalents

Total Cash and Cash Equivalents
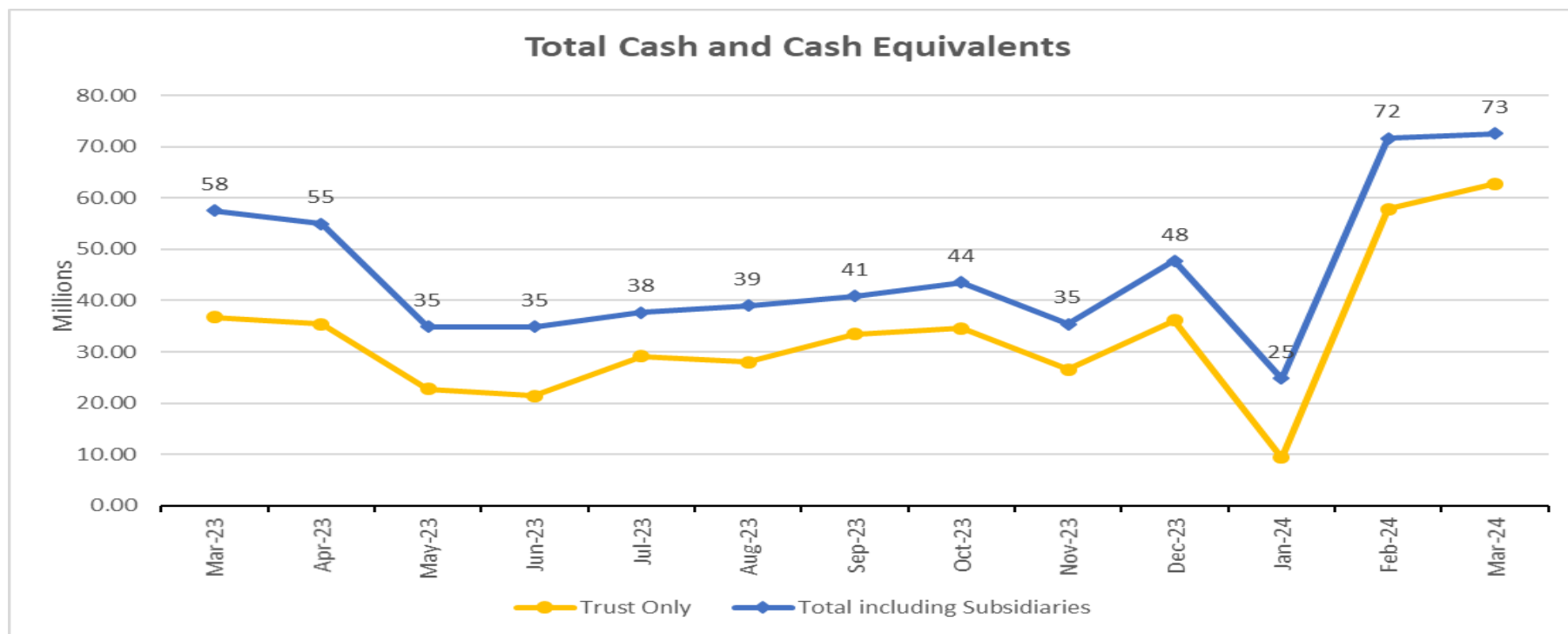
- The month end group cash balance at 31 March 2024 was £73m. The increased cash balance primarily relates to Capital PDC funding received in M11 an M12 (£27m) and large receipts against Debtor accounts (£13m) above expected receipts.

- The Trust has received £63.7m of Revenue Support PDC and £33.1m Capital PDC Funding in 2023/24.
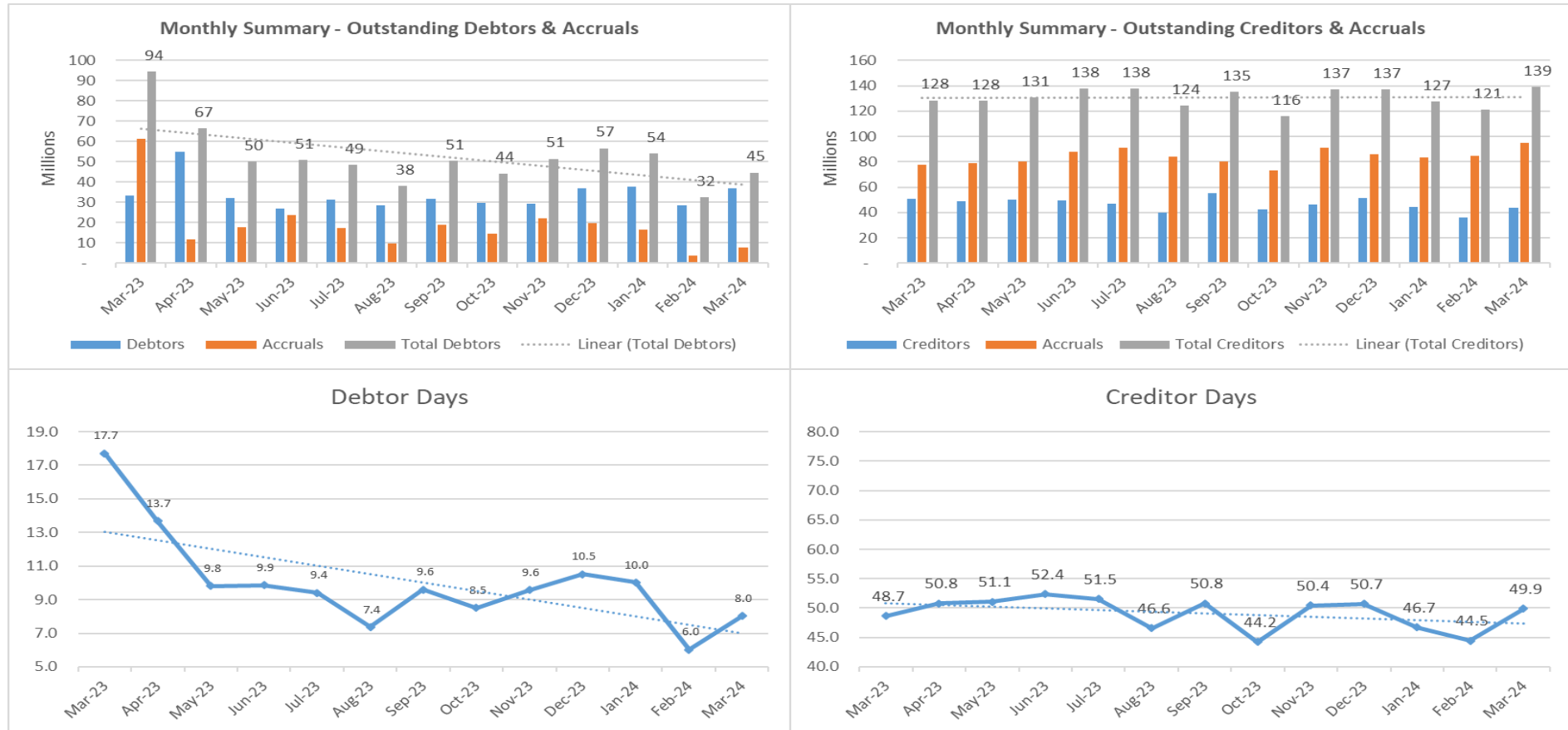
- Overall cash levels reduced early in 23/24 due to reducing outstanding levels of trade creditors and investment of capital projects (including the Apollo project and ongoing CCU build) but stabilised through Q2 and Q3 following receipt of Revenue Support funding.

- The Trust started 22/23 with a Trust-only opening cash position of £71m and closing position £59.7m (c.7 days of cash) and minimum cash balance in January 24 of £9.4m. 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).

- 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.

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Tab 11 Financial Position M12

Debtors and Creditors Summary

Monthly Summary - Outstanding Debtors & Accruals

Monthly Summary - Outstanding Creditors & Accruals

Debtor Days

Creditor Days

- Debtor Days have increased in March 24 with accruals being converted to invoiced debt and large outstanding invoices being paid. 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 increased in month 12 to 49.9 days with approved invoice being paid up to date in March. 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 (£63.7m to month 12) continues to help maintain the creditor position.

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Tab 11 Financial Position M12

Debtor and Creditor Ageing Update
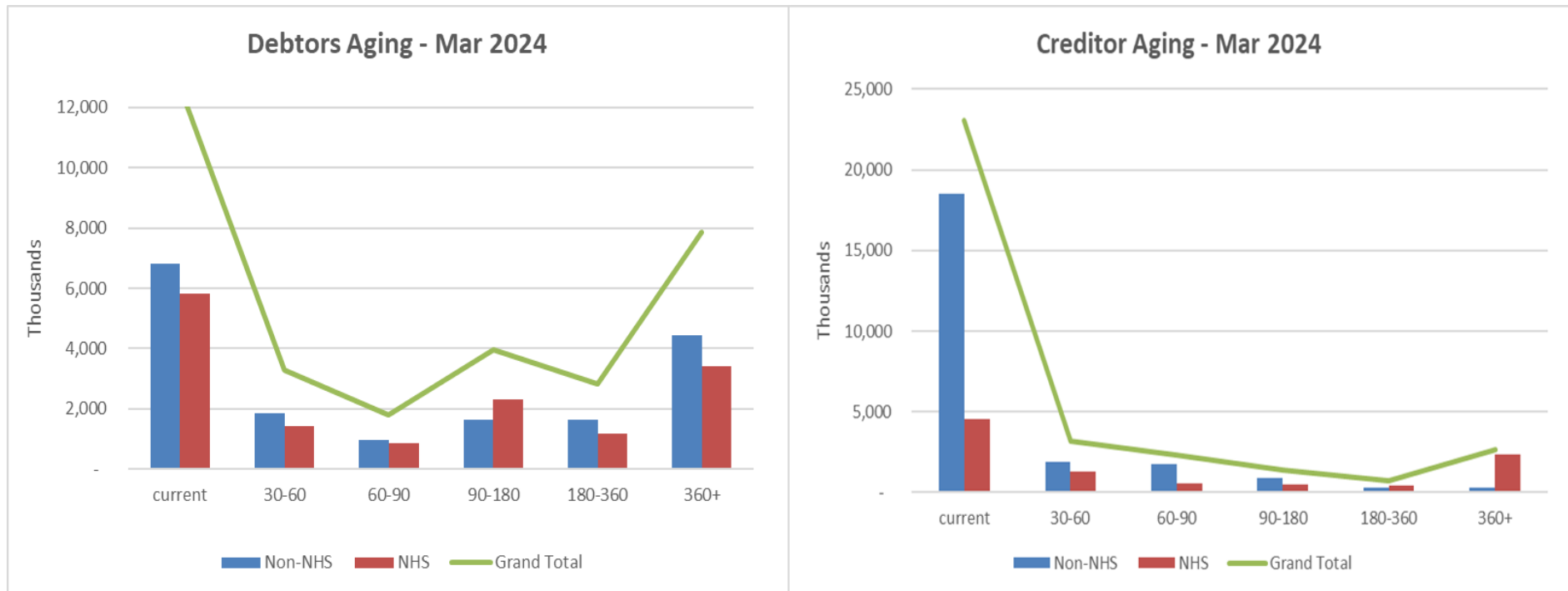
- Aged creditors continue to show a current profile, however an increase in creditors moving to 30+ days can be seen as a result of timing of approval and payment runs and a particular non-recurrent spike in invoicing relating to the Epic transition.

- 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).

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Tab 11 Financial Position M12

Appendices 1.0
Run Rate Detail

Tab 11 Financial Position M12

1.1 Run Rate Detail – Income

12 Months Run Rate	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Feb-24	Mar-24	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
NHS England	50.7	58.5	54.7	34.9	34.8	36.5	36.5	34.1	33.3	34.2	32.8	73.9	514.9
Clinical Commissioning Groups	68.4	40.9	57.1	74.0	79.1	93.7	72.6	100.7	76.0	83.7	73.6	94.7	914.5
Pass Through Drugs Income	0.0	31.2	15.3	17.8	14.5	13.7	23.0	16.4	16.5	16.5	16.5	21.5	202.9
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	0.1	0.1	0.1	0.1	0.0	0.2	0.1	0.1	0.1	0.1	0.2	1.4
Local Authorities	0.3	0.3	0.3	0.3	0.4	0.3	0.9	0.4	0.4	0.4	0.4	0.4	4.8
NHS Other (Including Public Health England)	0.5	0.2	0.2	0.1	0.3	0.5	1.4	0.2	0.3	0.3	0.4	1.4	5.7
Non NHS: Private Patients	0.6	0.7	0.7	1.2	0.7	0.6	0.4	1.2	0.9	0.5	0.5	0.7	8.8
Non-NHS: Overseas Patients (Non-Reciprocal, Chargeable To Patient)	0.1	0.4	0.5	0.4	0.4	0.2	0.4	0.4	0.3	0.3	0.3	0.4	4.1
Injury Cost Recovery Scheme	0.3	0.5	0.2	0.3	0.4	0.3	0.3	0.2	0.3	0.3	0.3	0.1	3.8
Non NHS: Other	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 Income From Patient Care Activities	**121.1**	**132.8**	**129.1**	**129.2**	**130.8**	**145.8**	**135.7**	**153.6**	**128.2**	**136.4**	**124.9**	**193.3**	**1,660.8**
Research and Development	2.0	1.9	2.2	2.2	1.4	1.6	1.7	2.2	2.1	1.6	2.5	1.8	23.1
Education and Training	3.9	3.9	3.8	3.5	3.6	3.4	3.5	6.5	3.6	3.7	4.9	4.7	48.9
Cash Donations / Grants For The Purchase Of Capital Assets	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.3
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	0.1	0.1	0.1
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	0.9	1.1	0.9	0.9	1.2	0.9	1.0	1.0	1.0	1.0	1.0	1.0	11.9
PSF, FRF, MRET funding and Top-Up	0.0	0.0	(0.0)	(0.0)	(0.0)	0.0	0.0	0.6	0.4	(0.0)	0.0	(1.0)	0.0
Income In Respect Of Employee Benefits Accounted On A Gross Basis	0.6	0.7	0.6	0.6	0.8	0.7	1.2	0.9	0.9	0.7	1.2	0.5	9.5
Rental Revenue From Operating Leases	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.3
Other (Operating Income)	2.0	3.0	4.4	2.2	0.7	2.7	2.3	4.3	2.8	2.4	4.2	4.4	35.3
Other Operating Income	**9.6**	**10.8**	**12.0**	**9.6**	**7.9**	**9.4**	**9.7**	**15.7**	**11.0**	**9.5**	**13.8**	**11.7**	**130.6**
Finance Income	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
Finance Income													**0.0**
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	0.3	0.3
Gains/(Losses) On Disposal Of Assets												**0.3**	**0.3**
Operating Income	**130.7**	**143.5**	**141.1**	**138.8**	**138.7**	**155.1**	**145.4**	**169.3**	**139.1**	**146.0**	**138.7**	**205.3**	**1,791.7**

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Tab 11 Financial Position M12

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1.2 Run Rate Detail – Employee Expenses

12 Months Run Rate	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Feb-24	Mar-24	Total
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Substantive Staff	(22.8)	(24.0)	(21.5)	(22.4)	(22.3)	(30.4)	(24.6)	(24.5)	(25.1)	(24.5)	(24.4)	(26.9)	(293.4)
Bank Staff	(2.3)	(1.7)	(2.2)	(2.0)	(3.1)	(2.1)	(1.7)	(1.3)	(1.9)	(2.9)	(1.8)	(1.7)	(24.8)
Agency / Contract	(0.5)	(0.5)	(0.8)	(0.6)	(0.2)	(0.4)	(0.7)	(0.5)	(0.5)	(0.6)	(0.4)	(0.6)	(6.1)
Medical Staff	**(25.7)**	**(26.2)**	**(24.5)**	**(25.1)**	**(25.6)**	**(32.9)**	**(26.9)**	**(26.3)**	**(27.4)**	**(28.0)**	**(26.6)**	**(29.2)**	**(324.3)**
Substantive Staff	(29.4)	(27.1)	(28.0)	(28.3)	(28.6)	(28.3)	(28.6)	(29.0)	(29.0)	(29.3)	(29.1)	(29.5)	(344.2)
Bank Staff	(4.0)	(4.0)	(3.1)	(3.3)	(3.5)	(3.3)	(3.6)	(3.4)	(3.3)	(3.5)	(3.4)	(3.9)	(42.3)
Agency / Contract	(0.6)	(0.4)	(0.5)	(0.2)	(0.1)	(0.3)	(0.3)	(0.2)	(0.4)	(0.2)	(0.2)	(0.2)	(3.4)
Nursing Staff	**(34.0)**	**(31.6)**	**(31.6)**	**(31.8)**	**(32.1)**	**(31.9)**	**(32.4)**	**(32.6)**	**(32.8)**	**(33.0)**	**(32.7)**	**(33.6)**	**(390.0)**
Substantive Staff	(11.5)	(12.3)	(12.9)	(11.7)	(11.9)	(12.1)	(12.3)	(12.5)	(12.0)	(12.3)	(13.0)	(9.8)	(144.1)
Bank Staff	(0.4)	(0.4)	(0.4)	(0.5)	(0.4)	(0.4)	(0.5)	(0.4)	(0.4)	(0.3)	(0.3)	(0.2)	(4.6)
Agency / Contract	(0.2)	(0.2)	(0.3)	(0.3)	(0.2)	(0.4)	(0.2)	(0.1)	(0.2)	(0.2)	0.0	0.2	(2.1)
Admin & Clerical	**(12.2)**	**(12.9)**	**(13.6)**	**(12.4)**	**(12.5)**	**(12.9)**	**(13.0)**	**(12.9)**	**(12.6)**	**(12.7)**	**(13.2)**	**(9.8)**	**(150.8)**
Substantive Staff	(8.9)	(9.0)	(10.3)	(9.2)	(9.4)	(9.2)	(9.5)	(9.5)	(9.6)	(9.6)	(9.5)	(9.5)	(113.2)
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)	(0.3)	(0.2)	(0.2)	(0.2)	(0.3)	(0.3)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(3.0)
Agency / Contract	(0.2)	(0.2)	(0.5)	(0.1)	(0.6)	(0.2)	(0.3)	(0.2)	(0.3)	(0.3)	(0.0)	(0.2)	(3.1)
Other Staff	**(9.4)**	**(9.4)**	**(11.0)**	**(9.6)**	**(10.2)**	**(9.7)**	**(10.2)**	**(10.0)**	**(10.2)**	**(10.0)**	**(9.7)**	**(9.9)**	**(119.4)**
CIP Target Pay	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pay Savings Target	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Substantive Staff (Termination Benefit)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(3.3)	(3.3)
Substantive Staff (Pension Charge)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(37.1)	(37.1)
Pay Reserves												**(40.4)**	**(40.4)**
Employee Operating Expenses	**(81.3)**	**(80.0)**	**(80.8)**	**(78.9)**	**(80.4)**	**(87.5)**	**(82.5)**	**(81.9)**	**(83.0)**	**(83.7)**	**(82.2)**	**(122.8)**	**(1,024.9)**
Substantive Staff Total	(72.7)	(72.3)	(72.8)	(71.7)	(72.2)	(79.9)	(74.9)	(75.6)	(75.8)	(75.6)	(76.0)	(116.0)	(935.5)
Bank Staff Total	(7.0)	(6.5)	(5.9)	(6.0)	(7.2)	(6.2)	(6.1)	(5.3)	(5.9)	(6.9)	(5.7)	(6.1)	(74.7)
Agency / Contract Total	(1.5)	(1.3)	(2.1)	(1.2)	(1.0)	(1.4)	(1.4)	(1.0)	(1.4)	(1.2)	(0.6)	(0.7)	(14.7)
Employee Operating Expenses	**(81.3)**	**(80.0)**	**(80.8)**	**(78.9)**	**(80.4)**	**(87.5)**	**(82.5)**	**(81.9)**	**(83.0)**	**(83.7)**	**(82.2)**	**(122.8)**	**(1,024.9)**

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Tab 11 Financial Position M12

1.3 Run Rate Detail – Employee (WTE)

WTE 12 Months Run Rate	Mar-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Feb-24	Avg
NHSI Category	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**	**WTE**
Substantive Staff	2,555	2,517	2,579	2,498	2,515	2,467	2,614	2,584	2,587	2,588	2,605	2,616	2,560
Bank Staff	111	103	104	101	154	165	141	120	104	121	136	119	123
Agency / Contract	19	6	11	13	25	20	28	12	10	2	21	19	16
Medical Staff	**2,684**	**2,626**	**2,694**	**2,613**	**2,695**	**2,652**	**2,784**	**2,717**	**2,701**	**2,711**	**2,762**	**2,754**	**2,699**
Substantive Staff	6,350	6,421	6,404	6,419	6,442	6,403	6,438	6,480	6,555	6,537	6,554	6,538	6,462
Bank Staff	978	839	880	785	809	859	829	881	845	811	837	823	848
Agency / Contract	140	101	132	98	47	58	50	49	39	40	36	29	68
Nursing Staff	**7,468**	**7,361**	**7,416**	**7,302**	**7,298**	**7,320**	**7,317**	**7,410**	**7,439**	**7,388**	**7,426**	**7,390**	**7,378**
Substantive Staff	2,760	2,771	2,791	2,768	2,787	2,789	2,794	2,809	2,811	2,788	2,762	2,755	2,782
Bank Staff	115	96	111	106	109	104	100	113	91	89	71	60	97
Agency / Contract	24	19	18	18	16	8	4	10	15	14	11	5	14
Admin & Clerical	**2,899**	**2,886**	**2,920**	**2,892**	**2,911**	**2,901**	**2,899**	**2,931**	**2,917**	**2,891**	**2,845**	**2,821**	**2,893**
Substantive Staff	2,000	1,989	1,998	1,992	1,998	1,997	2,025	2,030	2,038	2,040	2,044	2,026	2,015
Substantive Staff (Apprentices)	10	12	12	12	11	11	10	10	12	11	11	11	11
Bank Staff	54	51	45	42	53	48	48	55	39	41	37	33	46
Agency / Contract	43	38	38	46	46	42	32	35	27	24	28	18	35
Other Staff	**2,106**	**2,089**	**2,094**	**2,092**	**2,108**	**2,097**	**2,115**	**2,130**	**2,116**	**2,115**	**2,119**	**2,086**	**2,106**
Employee Operating Expenses	**15,158**	**14,962**	**15,124**	**14,899**	**15,012**	**14,970**	**15,115**	**15,188**	**15,173**	**15,105**	**15,152**	**15,051**	**15,076**
Substantive Staff Total	13,675	13,709	13,784	13,690	13,753	13,666	13,881	13,913	14,003	13,963	13,976	13,945	13,830
Bank Staff Total	1,257	1,088	1,140	1,034	1,125	1,176	1,119	1,170	1,079	1,062	1,081	1,035	1,114
Agency / Contract Total	226	164	200	175	134	128	115	105	91	80	95	71	132
Employee Operating Expenses	**15,158**	**14,962**	**15,124**	**14,899**	**15,012**	**14,970**	**15,115**	**15,188**	**15,173**	**15,105**	**15,152**	**15,051**	**15,076**
Trust Total	**15,158**	**14,962**	**15,124**	**14,899**	**15,012**	**14,970**	**15,115**	**15,188**	**15,173**	**15,105**	**15,152**	**15,052**	**15,076**

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Tab 11 Financial Position M12

King's

1.4 Run Rate Detail – Operating Expenses

12 Months Run Rate	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Feb-24	Mar-24	Total
NHSI Category	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**	**£ M**
Purchase Of Healthcare From NHS Bodies	(0.7)	(0.8)	(0.7)	(0.9)	(1.0)	(0.9)	(0.7)	(1.3)	(0.9)	(2.1)	(0.9)	(1.7)	(12.6)
Purchase Of Healthcare From Non-NHS Bodies	(18.6)	(17.4)	(21.5)	(19.7)	(19.3)	(19.1)	(18.8)	(19.0)	(22.5)	(20.1)	(19.7)	(18.5)	(234.4)
Non-Executive Directors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.2)	(0.2)
Supplies and Services - Clinical (Excluding Drugs Costs)	(1.7)	(1.8)	(1.1)	(1.8)	(0.7)	(1.5)	(1.5)	(1.2)	(1.7)	(0.5)	(1.2)	(1.4)	(16.1)
Supplies and Services - General	(0.1)	(0.2)	(0.3)	(0.3)	0.1	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(1.7)
Drugs costs – on tariff	(2.7)	(3.8)	(3.6)	(3.7)	(7.4)	(4.5)	(3.6)	10.1	(2.1)	(2.8)	(2.3)	(2.3)	(28.9)
Pass Through Drugs Cost	(14.4)	(13.5)	(15.2)	(13.2)	(10.0)	(16.3)	(17.7)	(33.1)	(12.5)	(17.5)	(16.5)	(16.8)	(196.6)
Consultancy	(0.4)	(0.5)	(0.6)	(0.4)	(0.6)	0.1	(0.1)	(0.1)	(0.2)	0.2	(0.2)	(0.4)	(3.1)
Establishment	(1.4)	(1.4)	(1.4)	(1.4)	(1.2)	(0.8)	(1.7)	(1.3)	(1.0)	(1.1)	(0.8)	(2.3)	(15.7)
Premises - Business Rates Payable To Local Authorities	(0.3)	(0.6)	(0.4)	(0.5)	(0.5)	(0.5)	(0.4)	(0.5)	(1.0)	(0.2)	(0.5)	(0.4)	(5.8)
Premises - Other	(11.1)	(11.4)	(10.9)	(12.6)	21.0	(3.7)	(4.3)	(6.7)	(3.6)	(2.6)	(5.1)	(12.1)	(63.2)
Transport	(1.6)	(1.3)	(0.5)	(1.0)	(0.6)	(0.7)	(0.9)	(1.0)	(0.7)	(1.0)	(0.7)	(1.7)	(11.8)
Depreciation	(4.0)	(4.3)	(2.6)	(6.4)	(3.6)	(4.9)	(4.0)	(4.3)	(4.1)	(4.1)	(5.6)	(3.5)	(51.5)
Amortisation	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.6)	0.2	(0.1)	(0.1)	(0.2)	(1.9)
Fixed Asset Impairments net of Reversals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(15.9)	(15.9)
Increase/(Decrease) In Impairment Of Receivables	(0.1)	(0.4)	(1.0)	(0.3)	(0.0)	(0.2)	(0.3)	(0.3)	(0.2)	(0.3)	(0.4)	(3.5)	(7.0)
Audit Fees and Other Auditor Remuneration	(0.0)	(0.0)	(0.0)	(0.1)	(0.0)	(0.0)	(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)	(7.6)	(3.9)	(3.9)	(50.2)
Research and Development - Non-Staff	(0.3)	(0.0)	(0.2)	(0.6)	(0.1)	0.1	0.0	(0.1)	(0.1)	(0.0)	0.0	0.0	(1.3)
Education and Training - Non-Staff	(0.5)	(0.6)	(0.4)	(0.6)	(0.6)	(0.5)	(0.5)	(0.9)	(0.6)	(0.7)	(0.5)	(1.8)	(8.3)
Lease 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
Operating Lease Expenditure (net)	(0.1)	(0.2)	(0.1)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(1.8)	(0.2)	(0.2)	(3.5)
Charges To Operating Expenditure For Ifric 12 Schemes (E.G. PFI / LIFT) On Ifrs Basis	0.0	0.0	0.0	(0.0)	(34.3)	(6.6)	(7.2)	(6.3)	(7.4)	(6.9)	(6.6)	(6.6)	(81.8)
Other	(1.4)	(1.4)	(3.6)	(2.8)	(1.0)	(0.6)	(4.4)	(1.7)	(1.9)	(1.1)	0.5	2.0	(17.4)
Operating Expenses Excluding Employee Expenses	**(63.5)**	**(63.8)**	**(68.2)**	**(70.4)**	**(64.2)**	**(64.9)**	**(70.6)**	**(72.5)**	**(64.5)**	**(70.5)**	**(64.8)**	**(91.5)**	**(829.3)**
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	**(63.5)**	**(63.8)**	**(68.2)**	**(70.4)**	**(64.2)**	**(64.9)**	**(70.6)**	**(72.5)**	**(64.5)**	**(70.5)**	**(64.8)**	**(91.5)**	**(829.3)**
Finance Expense	(3.2)	(4.0)	(3.4)	(3.6)	(4.2)	(3.8)	(3.9)	(4.3)	(19.9)	(8.4)	(3.7)	0.0	(62.2)
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	(0.1)	(0.4)	(0.3)
Share Of Profit/ (Loss) Of Associates/ Joint Ventures	1.5	0.3	0.3	0.7	0.7	1.7	0.7	(0.1)	0.8	0.7	1.0	(8.1)	0.0
Corporation Tax Expense	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Non Operating Expenses	**(1.7)**	**(3.7)**	**(3.1)**	**(2.9)**	**(3.5)**	**(2.1)**	**(3.2)**	**(4.4)**	**(19.1)**	**(7.7)**	**(2.8)**	**(8.4)**	**(62.6)**
Trust Total	**(15.7)**	**(4.0)**	**(11.0)**	**(13.5)**	**(9.4)**	**0.7**	**(11.0)**	**10.5**	**(27.4)**	**(15.9)**	**(11.0)**	**(17.6)**	**(125.2)**
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	0.0	0.0	(0.0)	0.0	0.0	(0.1)	(0.0)	0.0	(0.1)	0.0	0.0	(0.1)	(0.3)
Less Fixed Asset Impairments												15.9	15.9
Less Impairment, donated income	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.0**	**0.1**	**0.1**	**15.9**	**17.1**
Operating Total	**(15.6)**	**(3.8)**	**(10.9)**	**(13.3)**	**(9.3)**	**0.7**	**(10.9)**	**10.6**	**(27.4)**	**(15.8)**	**(10.9)**	**(1.7)**	**(108.1)**

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Tab 11 Financial Position M12

Appendices 2.0
Bank and Agency filled rates

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Tab 11 Financial Position M12

2.1 Medical Bank and Agency filled rates

PRUH MEDICAL BANK AND AGENCY SHIFT FILLED RATES (HOURS)

	M12 22-23	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
■ Unfilled	3,500	4,039	2,735	3,638	5,417	4,326	4,133	3,966	2,688	2,623	2,355	1,876	1,069
■ Filled	11,111	10,188	9,234	8,938	11,932	12,802	10,437	12,572	12,636	13,748	13,263	12,723	11,345
Total shifts	14,611	14,227	11,969	12,576	17,349	17,127	14,569	16,538	15,324	16,371	15,618	14,599	12,414

DH MEDICAL BANK AND AGENCY SHIFT FILLED RATES (HOURS)

	M12 22-23	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
■ Unfilled	3,937	2,880	2,596	3,966	5,605	8,229	4,421	4,692	3,846	4,354	4,103	2,613	1,367
■ Filled	18,000	16,817	14,095	18,179	20,709	21,908	19,511	19,634	17,598	19,916	21,499	18,352	14,154
Total shifts	21,936	19,697	16,691	22,145	26,313	30,137	23,932	24,326	21,444	24,270	25,602	20,965	15,521

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Tab 11 Financial Position M12

2.2 Nursing Bank and Agency filled rates

PRUH NURSING BANK AND AGENCY SHIFT FILLED RATES (HOURS)

	M12 22-23	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
■ Unfilled	33,274	27,621	23,077	28,726	32,165	32,212	23,608	29,766	27,157	28,226	25,870	23,842	22,131
■ Filled	59,046	53,211	58,181	49,005	45,830	49,701	45,321	49,712	47,270	43,591	47,100	46,751	50,994
Total shifts	92,320	80,832	81,258	77,731	77,995	81,912	68,929	79,478	74,427	71,817	72,970	70,593	73,125

DH NURSING BANK AND AGENCY SHIFT FILLED RATES (HOURS)

	M12 22-23	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
■ Unfilled	87,989	66,130	64,137	70,309	76,617	70,381	63,634	77,146	61,852	67,314	60,671	53,591	52,303
■ Filled	140,935	119,598	121,614	107,714	105,598	113,219	111,231	115,031	108,786	106,808	106,567	104,614	120,591
Total shifts	228,923	185,728	185,751	178,023	182,215	183,600	174,865	192,178	170,638	174,122	167,238	158,205	172,894

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Tab 11 Financial Position M12

3.0 Normalised Pay Graph for Strike Action

King's

- 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 remains at a stable level.
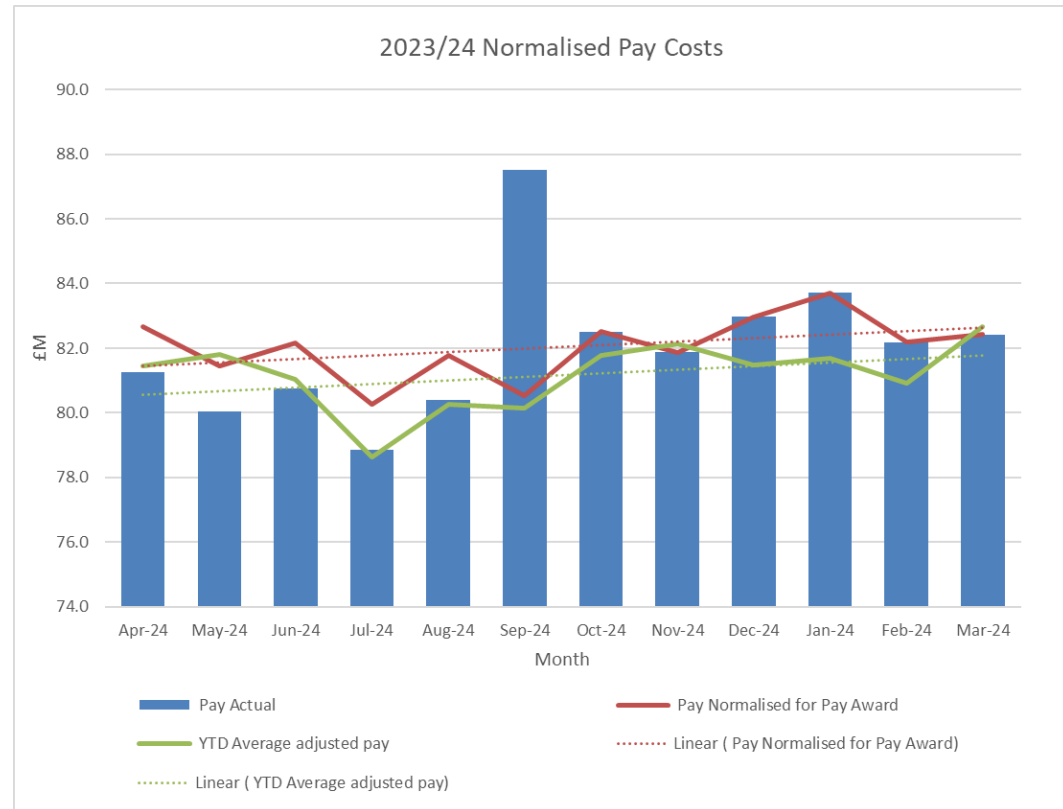
2023/24 Normalised Pay Costs

Legend: Pay Actual | Pay Normalised for Pay Award | YTD Average adjusted pay | Linear (Pay Normalised for Pay Award) | Linear (YTD Average adjusted pay)

12 Months Run Rate	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	Feb-24	Mar-24
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M	£ M
Substantive Staff Total (excl. provisions)	(72.7)	(72.3)	(72.8)	(71.7)	(72.2)	(79.9)	(74.9)	(75.6)	(75.8)	(75.6)	(76.0)	(75.6)
Bank Staff Total	(7.0)	(6.5)	(5.9)	(6.0)	(7.2)	(6.2)	(6.1)	(5.3)	(5.9)	(6.9)	(5.7)	(6.1)
Agency / Contract Total	(1.5)	(1.3)	(2.1)	(1.2)	(1.0)	(1.4)	(1.4)	(1.0)	(1.4)	(1.2)	(0.6)	(0.7)
Pay Actual	(81.3)	(80.0)	(80.8)	(78.9)	(80.4)	(87.5)	(82.5)	(81.9)	(83.0)	(83.7)	(82.2)	(82.4)
Normalise Pay award	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	7.0	0.0	0.0	0.0	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)	(83.7)	(82.2)	(82.4)
Strikes	1.3	0.0	1.1	2.1	1.8	1.0	1.0	0.0	1.5	2.3	1.6	0.0
Strike clawback	(0.1)	(0.4)	0.1	(0.4)	(0.2)	(0.6)	(0.3)	(0.3)	0.0	(0.2)	(0.3)	(0.2)
Net Strike impact	1.2	(0.4)	1.1	1.6	1.5	0.4	0.7	(0.3)	1.5	2.0	1.3	(0.2)
Underlying Pay Run Rate	(81.5)	(81.8)	(81.0)	(78.6)	(80.3)	(80.1)	(81.8)	(82.1)	(81.5)	(81.7)	(80.9)	(82.7)

Includes £3.3m of redundancy provision and £0.8m for Medical Pay award in M12

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NHS
King's College Hospital
NHS Foundation Trust

Committee Highlight Report for Board of Directors				
Committee Chair:	Jane Bailey, Acting Chair / NED	Date of Meeting:	18 April 2024	
Author:	Sara Harris Head of Corporate Governance	Item:	12.0.	
Committee:	People, Inclusion, Education & Research Committee (PIERC)			

Purpose:	**Board action required (please tick)**						
	Decision/ Approval		**Discussion**	✔	**Assurance**	✔	**Information**	

Agenda Ref	Item	Link to BAF
1.	**Workforce Performance Report - Month 11** The Committee considered the M11 workforce Performance Metrics report, which included recruitment and retention, training and employee relations and key headlines for the Board to note are: - Trust vacancy rate remained below the 10% target rate at 9.37%, which is the same rate as the previous month. - Turnover remained below the 13% target rate at 12.31% compared to 12.24% last month. - Sickness is above the 3.5% target but has decreased to 4.89% from 5.13% last month. There is on-going work with departments with high sickness rates to put plans in place to reduce sickness levels. Work is also on-going with Employee Relations and Occupational Health teams to ensure they are supporting the management of relevant processes. - The new appraisal season commenced on the 1 April 2024. Last year the Trust exceeded the appraisal target of 90%. - Core skills is marginally below the target of 90% at 89.14%. - Job planning (Medical & Dental) is below the target of 90% at 79.22%. - The Trust continues to review all posts at the weekly Local Pay Control (LPC), in adherence with the Integrated Care System "Triple Lock" process. - Based on the last quarter, improvement was noted in the number of formal and informal disciplinary cases. The Trust is managing cases below the 12 week target with the average number of cases being processed is 10 weeks. - A review of how employee relations (ER) is being delivered across the Trust with a view to a change the operational management of this is on-going. - The Trust has seen a continued reduction in Bank & Agency use as part of the overall Financial Recovery programme.	BAF 1 & BAF 2. People, Inclusion, Education and Research

| 2. | **National Staff Survey Results 2023 – Action Update Detailed Benchmarking Staff Survey Update**

The Committee received a summary of the King's 2023 National Staff Survey Results in comparison to the national results and key headlines for the Board to note are:
▪ The committee expressed concern about a lack of change in some of the key staff survey measures
▪ The Trust had received a 48% response rate, which is 10% higher than 2 years ago. In 2023, the response rate was 46%. The aim for 2025 is to achieve 50%.
▪ The Trust is keen to share our results and learn from other Trusts.

Key achievements for the Trust include:
▪ Appraisals completed and actions taken forward in terms of training.
▪ Kaleidoscope learning hub.
▪ Largest work experience programme in London.
▪ Increased the numbers of apprenticeships.
▪ Significant increase in Healthcare Assistants moving from band 2 to 3, who are undertaking an apprenticeship.
▪ Recruiting the 4th cohort for Project Search.
▪ There is much support for King's Ambassador with increasing numbers of staff joining up.

Key areas for improvement:
▪ Work flexibly – The Trust scored the lowest nationally last year. To address this, the Trust has delivered a programme of work to improve the scores however more work needs to be done
▪ Staff Engagement and I have a Voice that Counts – Are key areas for improvement. The Trust has been in "command and control" over the recent past given the financial position and the introduction of Epic.

The Committee noted next steps are:
▪ To agree and understand three key areas that the Trust can do differently that will have a significant impact on the organisation, both culturally, in terms of staff morale, behaviours, and staff well-being
▪ There will also be individual people priorities for each of the Care Groups. These should be shared with the committee.
▪ A set of Trust wide initiatives that will support changes to staff experience.
▪ Embed the feedback loop – 'You said, We did'.
▪ Working Flexibly: Rostering and non-rostering and to clearly define what working flexibly looks and means for staff | BAF 1, BAF 2 & BAF 6. People, Inclusion, Education and Research |

| 3. | **Health Inequalities Network Update**

The Committee considered the Health Inequalities and community work undertaken by the EDI team and the key headlines for the Board to note are:

▪ The EDI and Strategy Team worked together in the last year to set up the Health Inequalities Programme made of three working groups with a number of priorities. These priorities will help to support King's to work with its partners to tackle health inequalities that exist in the system.
▪ It was noted that there will be a decline in the work, due to the departure of the Head of Community Engagement and Health Inequalities and this role has since been disestablished.
▪ The Trust had secured funding from the King's Charity for an onsite health check machine for staff members: K9 Health station which will be delivered imminently; this will put KCH in a better position to identify and tackle ill health and health inequalities that exist in the workplace.
▪ The King's model to research participation has been developed, and a webinar is planned for the whole Trust to gain insight into the work so the methodology can be rolled out systematically. | BAF 1, BAF 2 & BAF 6.

People, Inclusion, Education and Research |
| 4. | **Update from King's Able – Our Disability Network**

The Committee received a presentation from the King's Able Disability Network and key headlines for the Board to note are:
▪ A paediatric Critical Care Nurse shared her experiences on video and her personal reflection on her barriers and challenges to career progression with her disability and people's attitudes. The Committee noted that the film was very thought provoking, hearing first-hand the challenges and emotional experiences of the nurse.

The Committee was also provided with an update from the Network:
▪ The King's Able Network is steadily growing with 2 co-chairs appointed and increasing in membership with 300 members.
▪ A number of events have been held including Neurodiversity week, a panel event where people shared their experiences of being neuro diverse. The challenges that they have experienced and measures put in place to try and overcome these barriers and how the organisational can help to lower these barriers.
▪ There is on-going work on the workplace adjustment policy.
▪ Disability History Month (DHM) will take place this year from 16 November to the 16 December 2024.
▪ At least one in 10 people has dyslexia. Disability and impairment is subjective as some people may not view themselves as having a long term impairment of disability and do not declare their disability. There will be a drive to encourage staff to have those conversations and make disability an accepted subject to talk about. | BAF 1, BAF 2 & BAF 6.

People, Inclusion, Education and Research |

	The Network asked the Committee to consider: ▪ To encourage Executive presence at events endorse they do take disability seriously and are interested in attending. ▪ To pilot a central budget for reasonable adjustments. ▪ Fund the calibre programme The Network is currently focussing on: ▪ Pathway talent / management development programme for disabled staff. ▪ NHS Employers have released a new guidance on Centralised Workplace Adjustment Budget, which is being worked through. Managers need to understand whilst there are financial constraints, staff need the necessary adjustments to do their job. ▪ Managers appointing without discrimination due to requiring reasonable adjustments. A training programme and shift in stigmatisation, attitudes and having conversations about career progression with disabled staff. ▪ The Royal Brompton Hospital have a Disability and Wellness Network (DAWN) programme, led by Simon Friend, NED at the Trust whom the Director of EDI is liaising with.	
5.	**Board Assurance Framework (BAF)** The Committee noted that the BAF in its entirety was under a complete review by the Director of Corporate Affairs.	BAF 1, BAF 2 & BAF 6. People, Inclusion, Education and Research

Tab 13 Staff Survey Results

Meeting:	Board of Directors	Date of meeting:	9 May 2024
Report title:	**2023 National Staff Survey Results**	Item:	13
Author:	Sarah Quinn, Deputy Director of Learning and OD	Enclosure:	
Executive sponsor:	Mark Preston, Chief People Officer		
Report history:	King's Executive [08.04.24] People, Inclusion, Education and Research Committee (22.04.24)		

Purpose of the report

- To share a summary of the King's 2023 National Staff Survey Results in comparison to the national results.
- To update on progress to identify Trust-wide and local people priorities.

Board/ Committee action required (please tick)

Decision/ Approval		Discussion	✓	Assurance		Information		

Executive summary

This report includes a summary of the 2023 National Staff Survey comparisons 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**	
				Culture of high quality, sustainable care	
				Clear responsibilities, roles and accountability	
	Leaders in Research, Innovation and Education: *We continue to develop and deliver world-class research, innovation and education*			**Effective processes, managing risk and performance**	
				Accurate data/ information	
✓	**Diversity, Equality and Inclusion at the heart of everything we do:** *We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people*		✓	**Engagement of public, staff, external partners**	
			✓	**Robust systems for learning, continuous improvement and innovation**	
	Person- centred	**Sustainability**			
	Digitally- enabled	**Team King's**			

Tab 13 Staff Survey Results

Key implications	
Strategic risk - Link to Board Assurance Framework	BAF Risks 1 and 2. The report provides assurance to KE 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	

Tab 13 Staff Survey Results

1. Introduction

The National Staff Survey, (NSS), is an annual survey of NHS staff regarding their experiences at work. The survey is usually run between October – November each year with results issued to each Trust under embargo in January and the full set of national results published in March.

The Trust Board has received an overview of the results of the 2023 National Staff Survey for King's and this report provides a more detailed review following the publication of the full set of national results – please note that some results have been updated since the last paper due to the application of weighting criteria for national publication of results and comparisons.

For the people promises and key themes, the Trust scored higher in 2023 for five of these, and decreased in four compared to 2022:

People Promise/ Theme	King's 2022 score	King's 2023 score	King's 2023 compared to 2022 score
We are compassionate & inclusive	6.99	6.98	-0.01
We are recognised & rewarded	5.55	5.63	+0.08
We each have a voice that counts	6.49	6.43	-0.06
We are safe & healthy	5.69	5.71	+0.02
We are always learning	5.62	5.64	+0.02
We work flexibly	5.61	5.64	+0.03
We are a team	6.58	6.57	-0.01
Theme - Staff engagement	6.70	6.64	-0.06
Theme - Morale	5.53	5.56	+0.03

2. Response Rate

The NSS 2023 response rate was the highest ever response rate for King's. In comparison to other Trusts in our benchmark group (acute and acute and community hospitals), our response rate has increased significantly at a time when others have been declining. This can be taken as a positive sign that people are engaging with the staff survey at King's.
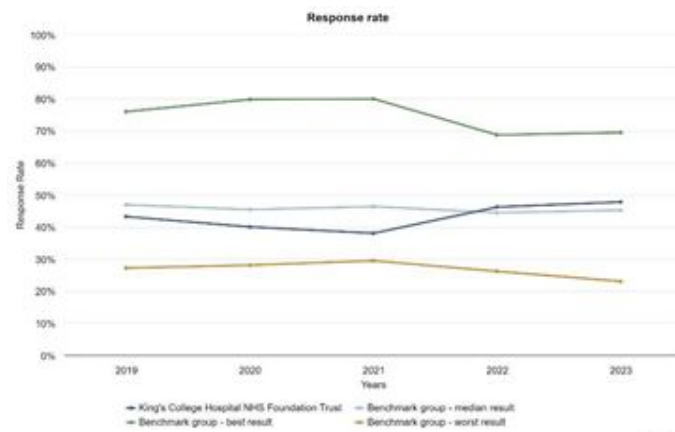
Tab 13 Staff Survey Results

Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	43%	40%	38%	46%	48%
Benchmark group - median result	47%	45%	46%	44%	45%
Benchmark group - best result	76%	80%	80%	69%	69%
Benchmark group - worst result	27%	28%	29%	26%	23%

The Trust undertook a number of initiatives that supported this increase, including key news stories of how previous results have been used to improve staff experience for people in Care Groups (through an engaging poster campaign as well as regular news updates), a video explaining the confidentiality of the survey and how the data is handled independently of the Trust, use of iPads on wards to allow people space and time to complete the survey, sharing of up-to-date response rates throughout the running of the survey, and a free drinks voucher for all who completed the survey.

3. Trend Results for King's

The trend data for King's against our benchmarking group for the people promises / key themes are at **Appendix 1**. For the two key themes, (Staff Engagement and Morale), the Trust has five years of data, and for the seven people promises there are three years of data to reflect when the questions were first aligned to the people promise framework. The below table provides an overview of the more detailed information in Appendix 1:

People Promise/ Theme	Overall Trends
We are compassionate and inclusive	The Trust score is -0.01 lower in 2023 than for 2022 but is the same as 2021. Benchmarking group results are mixed, with the median increasing over the three years but dropping in 2023 from the 2022 result.
We are recognised and rewarded	The Trust score has increased by 0.08 from 2022. The benchmarking group experienced lower scores in 2022 but increased by 0.12 in 2023.
We each have a voice that counts	The Trust scores have decreased each year from 2021, down -0.01 in 2022 and a further 0.06 in 2023. The benchmarking median dropped in 2022 but was higher in 2023.
We are safe and healthy	*N.B. Due to a recording error with one of the survey providers, national statistics for this people promise are not available at present.*
We are always learning	The Trust has seen an on-going increase in the score for this theme. The median benchmarking result has also increased during the same period.
We work flexibly	There has been an increase from 2022 to 2023 of 0.03 following a decrease between 2021 – 2022. The benchmarking results have also increased during this period (+0.16)
We are a team	There has been an increase of +0.03 across the three years, although there was a slight decrease between 2022 to 2023 (-0.01). The benchmarking group has increased over the three years by 0.17.
Staff Engagement (last 5 years)	There has been a decrease overall from 2019 (-0.15). The benchmark median result decreased from 2019-2022 but there was an increase in 2023 of +0.11.

Tab 13 Staff Survey Results

People Promise/ Theme	Overall Trends
Morale	Overall increase of +0.01 since 2019. Peaked in 2020, reduced in 2021 and increased by +0.03 in the last year. Similar patterns can be seen in the benchmarking median data, although here the 2023 result is still below the 2019 results by -0.04.

4. Initiatives to Support Improvements

Following the publication of the results these are analysed and reviewed at different Trust forums to ensure relevant interventions are developed and implemented to support better staff experiences.

The Trust has continued to score comparatively well in the '*We are always learning*' people promise. This has been supported by the continued development of Kaleidoscope. The Trust has also introduced more work-based learning programmes and events arranged following a Trust-wide training needs analysis. The Trust has also re-launched our work experience programme and related mentoring opportunities, increased numbers of apprenticeship opportunities and Organisational Development team interventions and facilitated development festivals.

The Trust's score for '*We Work Flexibly*' was one of the lowest nationally in 2022. To address this, the Trust has delivered a programme of work to improve our scores including rewriting the policy on flexible working, enhancing managers training, and using case studies where senior leaders share examples of where flexible working has worked well and supported staff. This has helped the Trust to improve our scores from 2022 to 2023 and we have further work planned to support flexible working.

The Trust has also seen an increase in our scores for '*We are safe and healthy*' from 2022. The Trust has introduced initiatives in this domain to improve staff experience, including the provision of meal machines in key areas of the Trust, introduction of the King's Ambassador role, regular wellbeing festivals, and the continued work of the clinical psychology team with our Care Groups.

At a Care Group/Corporate Team level, recognition schemes have been introduced (e.g. the Cup of Kindness award scheme), which have supplemented Trust-wide initiatives (e.g. annual and quarterly Staff Awards), which has helped to improve our overall score for staff feeling that they are recognised and rewarded.

The Trust have had an improvement in the score for Morale over the last year, and the initiatives mentioned above will have likely contributed to this increase.

Where the Trust has seen a decrease in scores in 2023 from 2022, (e.g. '*We each have a voice that counts*' and '*Staff Engagement),* interventions have been developed to address these. Our values and engagement toolkits, and the Cultural Exploration Tool (which all support managers to involve their teams and understand how to increase their engagement) are available on the intranet and have started to be used by managers with positive feedback so far.

These are supported by resources such as Manager Fundamentals and our internal leadership courses. Developing a coaching culture can also have a real impact in all these areas, and we have introduced a new coaching and mentoring offer to managers over the last six months. The continuing success of Schwartz rounds, listening events carried out by the FTSU, EDI and OD teams, a renewed focus on appraisals and quality conversations, along with the introduction of the new intranet with the ability for instant feedback or thankyou, will also start to help show an improvement in these scores.

5. Benchmarking Comparisons

The below graph compares the NSS people promise/themes results from King's against the overall London results, the Southeast London ICS (SEL ICS), and the Shelford Group.

Tab 13 Staff Survey Results

Comparisons - London Acute and Acute and Community, SEL ICS and Shelford group

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale
King's College Hospital NHS Foundation Trust	6.98	5.63	6.43	0	5.64	5.64	6.57	6.64	5.56
London A&A&C	7.16	5.86	6.68	0	5.64	6.04	6.74	6.93	5.81
South East London ICS	7.18	5.84	6.67	0	5.72	6.03	6.74	6.91	5.77
Shelford group	7.19	5.83	6.65		5.63	6.04	6.66	6.89	5.84

For '*We are always learning*', the Trust are higher than the Shelford group average, equal to the London-based Trust average, and below the SEL ICS average (by -0.08).

For the other people promises and themes King's are below the other average score sets. The Trust remains closer to the Shelford Group average scores for most areas than to either the London scores or the SEL ICS averages.

6. Next steps/ recommendations for action

Given the results of the 2023 Survey, the Trust is developing specific interventions related to the following, '*We each have a voice that counts*' and '*Staff Engagement*' and '*Flexible Working*'. This work has started with the people promise action planning workshops delivered by a collaboration of the OD team with EDI, the People Business Partners, Health and Wellbeing, Freedom to Speak Up Guardian and Quality Improvement.

The Trust has been keen to ensure transparency regarding the sharing of results and involving frontline staff in improvement action planning. A presentation has been made to the Trust's Clinical Management Group and Leadership Forum so 'ownership' for change sits across the organisation. The Trust has used both forums to develop ideas and interventions to support long term cultural change and ensure improved staff experience at King's.

Training for managers has increased the emphasis around involving their team members in local decision making and increasing autonomy and confidence. An Engagement toolkit is now available on the intranet to provide ideas and practical steps that managers can take to support greater engagement.

We have also been reviewing our results with Trusts locally in these areas and we have a meeting arranged with South London and Maudsley Listening to understand what learning we can apply from this in our own context.

The Trust has also been 'refreshing' support for managers and staff regarding flexible working. Whilst we have improved our overall scores from 2022, the Trust still scores lower than our benchmark group for the '*We work flexibly*' people promise.

In terms of local actions, the majority of Care Groups/Corporate Teams have now confirmed their People Priority and are beginning to deliver the actions associated with this. The Trust's OD team will be monitoring this to assure the quality of the actions and the deliverables of the action plans. Governance will be managed with each Care Group triumvirates.

A key part of both the local and Trust wide interventions will be to have a supporting communication plan that allows staff to understand how their feedback is being used and what difference is being made because of this. The communications plan will also be developed to ensure the Trust Executive and Board are kept up to date with both short and longer term programmes of work and the delivery of these.
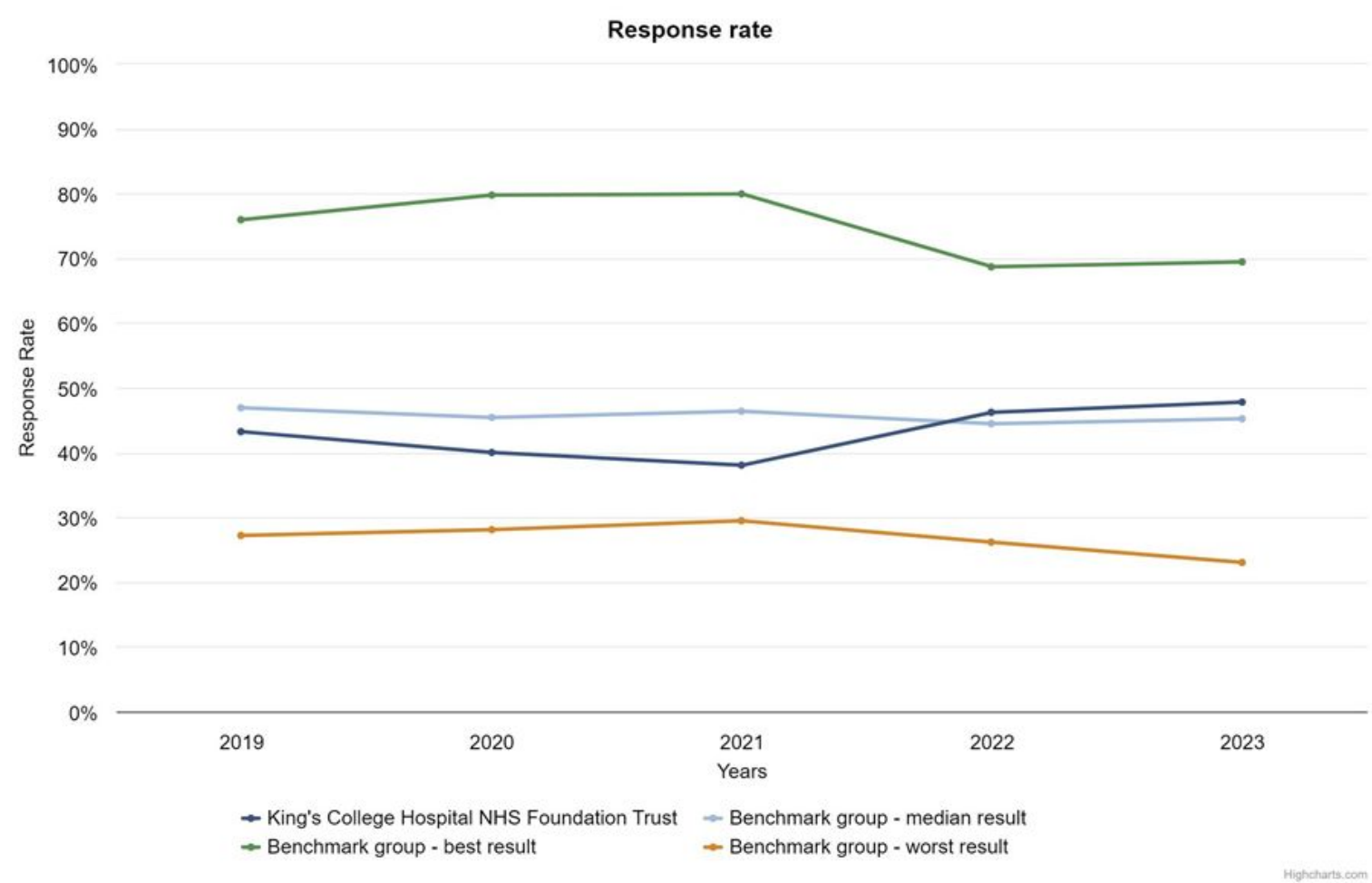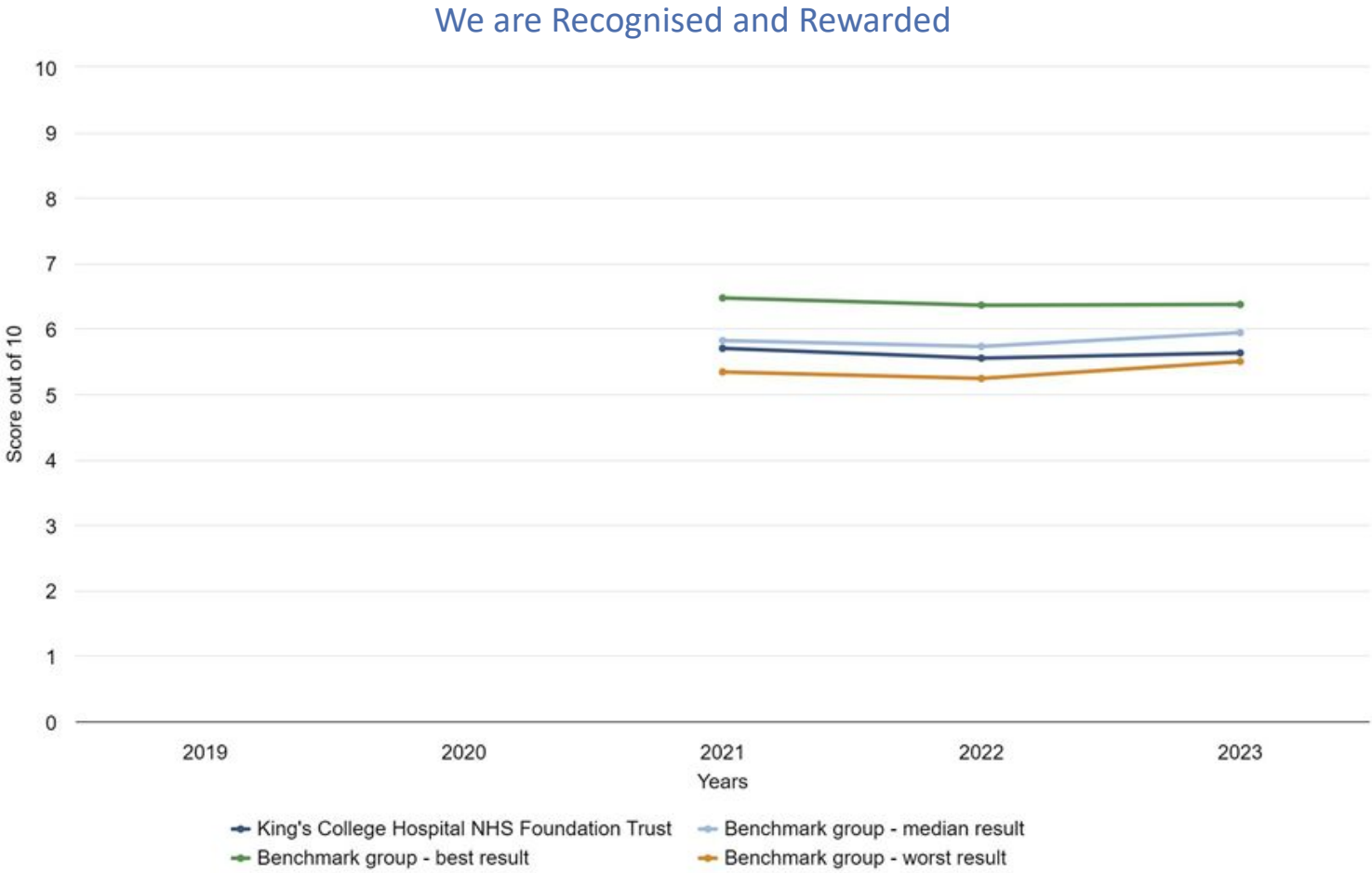
Tab 13 Staff Survey Results

Response rate

Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	43%	40%	38%	46%	48%
Benchmark group - median result	47%	45%	46%	44%	45%
Benchmark group - best result	76%	80%	80%	69%	69%
Benchmark group - worst result	27%	28%	29%	26%	23%

Tab 13 Staff Survey Results

We are Compassionate and Inclusive
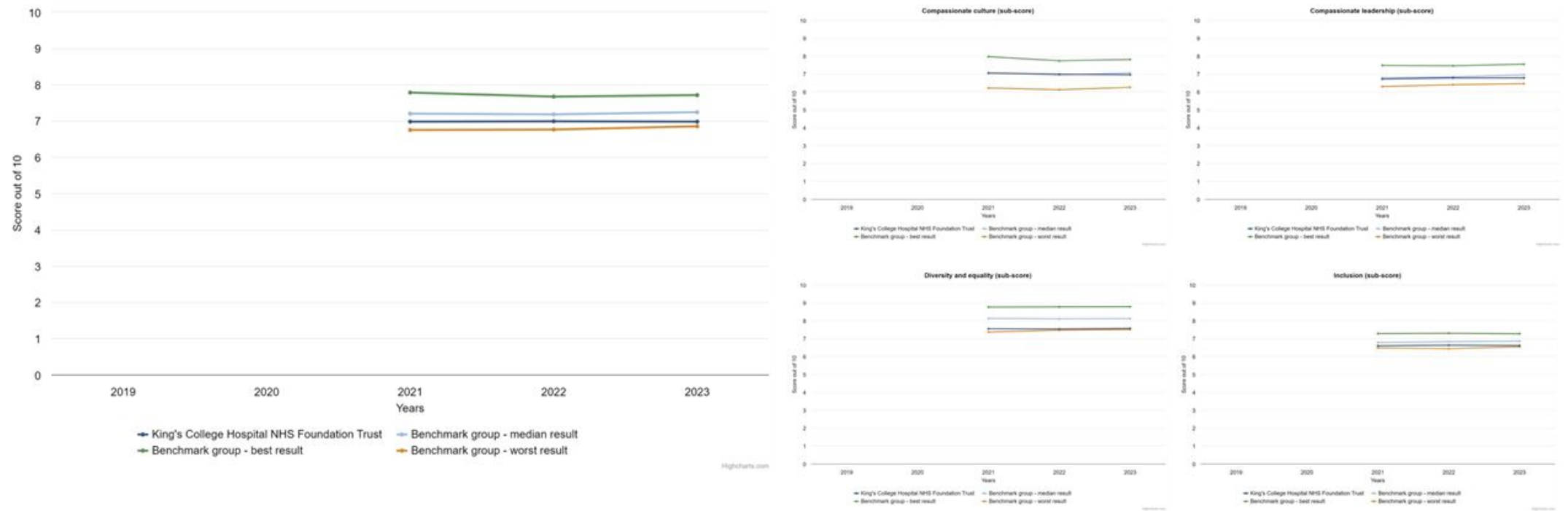
Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	-	-	6.98	6.99	6.98
Benchmark group - median result	-	-	7.20	7.18	7.24
Benchmark group - best result	-	-	7.78	7.67	7.71
Benchmark group - worst result	-	-	6.75	6.76	6.85

Tab 13 Staff Survey Results

We are Recognised and Rewarded

Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	-	-	5.70	5.55	5.63
Benchmark group - median result	-	-	5.82	5.73	5.94
Benchmark group - best result	-	-	6.47	6.36	6.37
Benchmark group - worst result	-	-	5.34	5.24	5.50

Tab 13 Staff Survey Results

We Each Have a Voice that Counts

Autonomy and control (sub-score)

Raising concerns (sub-score)
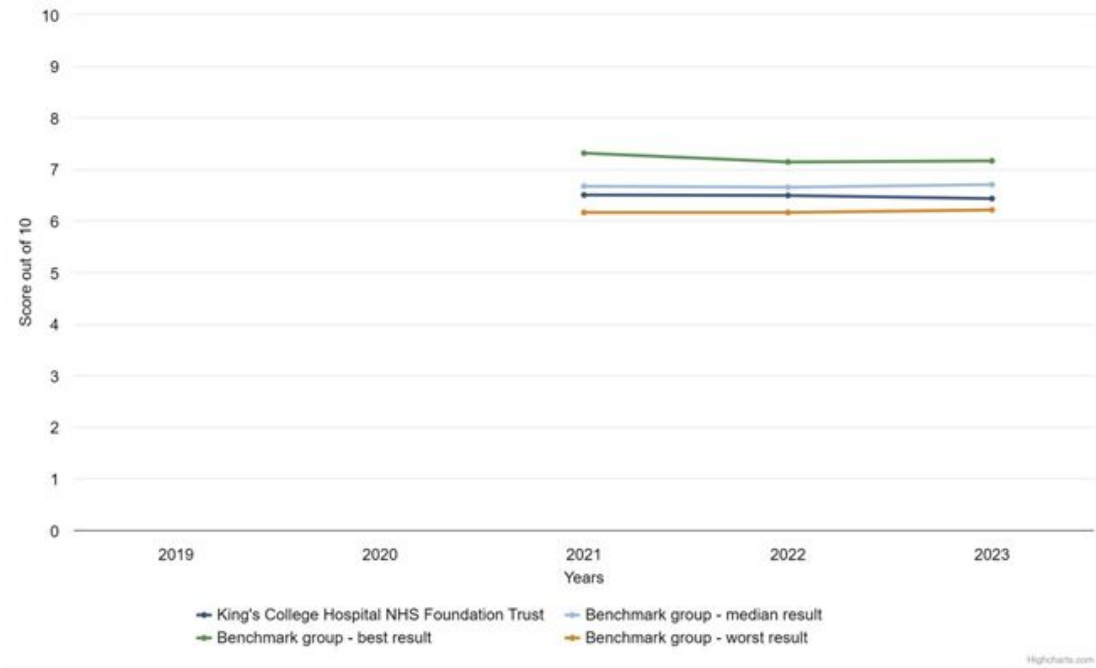
Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	-	-	6.50	6.49	6.43
Benchmark group - median result	-	-	6.67	6.65	6.70
Benchmark group - best result	-	-	7.31	7.14	7.16
Benchmark group - worst result	-	-	6.16	6.16	6.21

Tab 13 Staff Survey Results
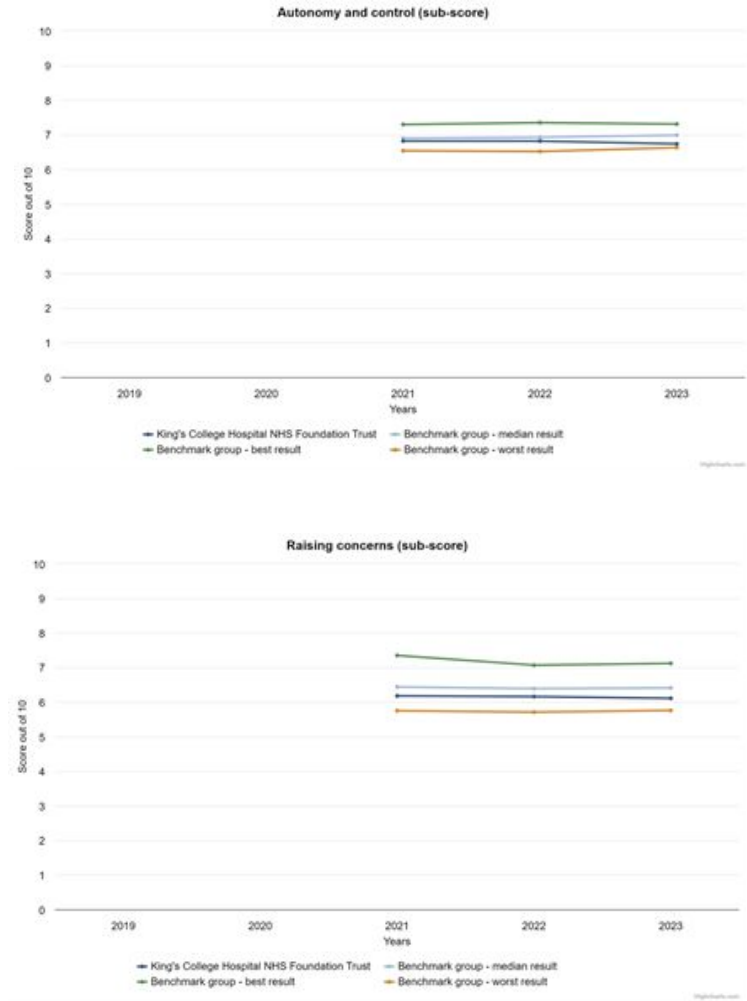
We are Safe and Healthy[*]
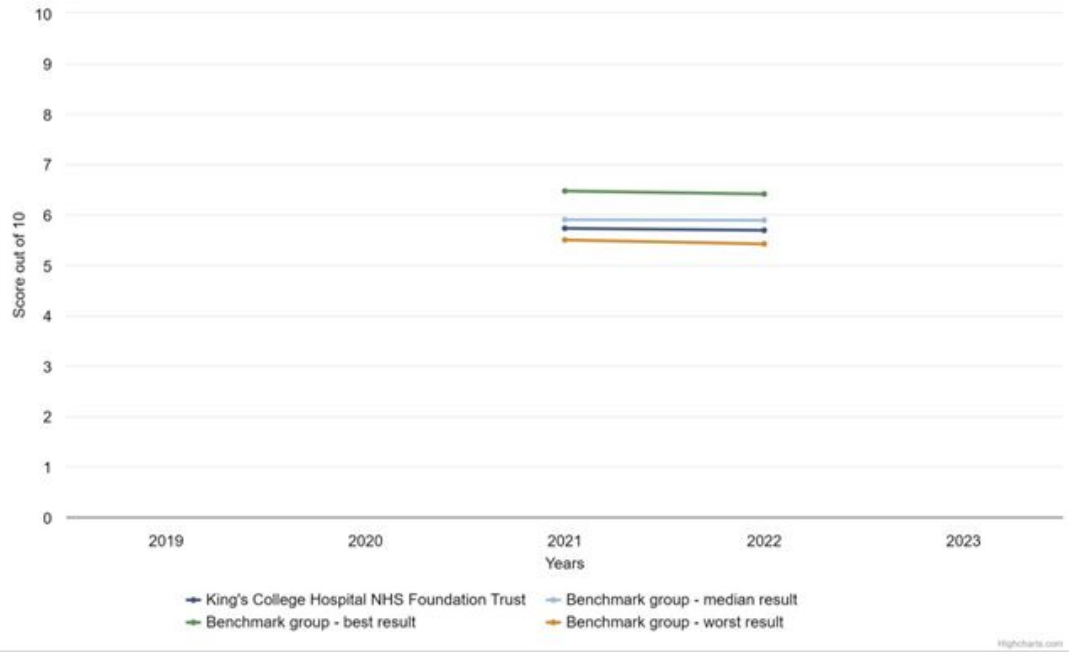
We are safe and healthy					
Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	-	-	5.73	5.69	-
Benchmark group - median result	-	-	5.90	5.89	-
Benchmark group - best result	-	-	6.47	6.41	-
Benchmark group - worst result	-	-	5.50	5.42	-
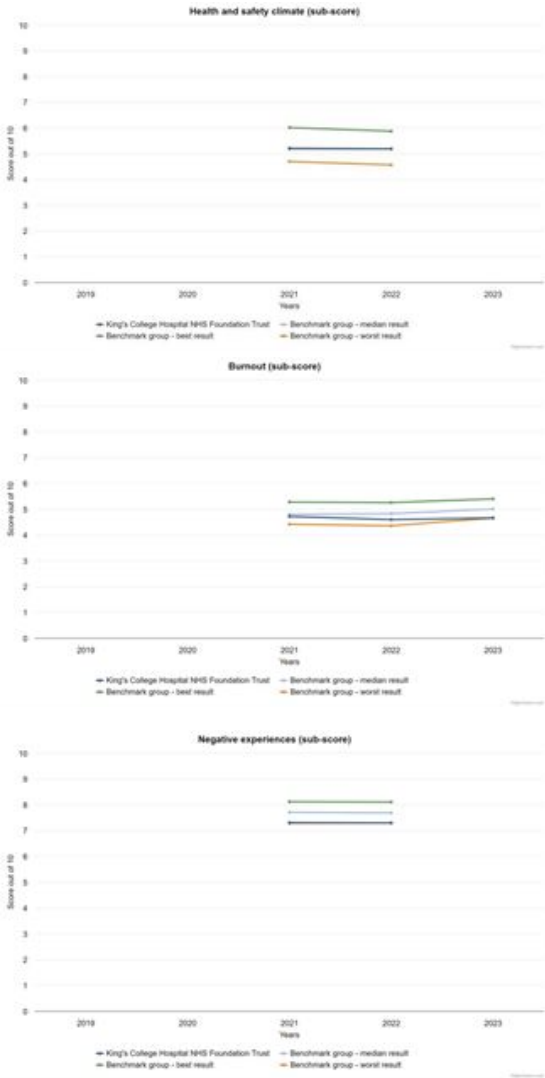
[*] *Full results for this people promise aren't yet available due to issues with recording of data*

Tab 13 Staff Survey Results

We are Always Learning
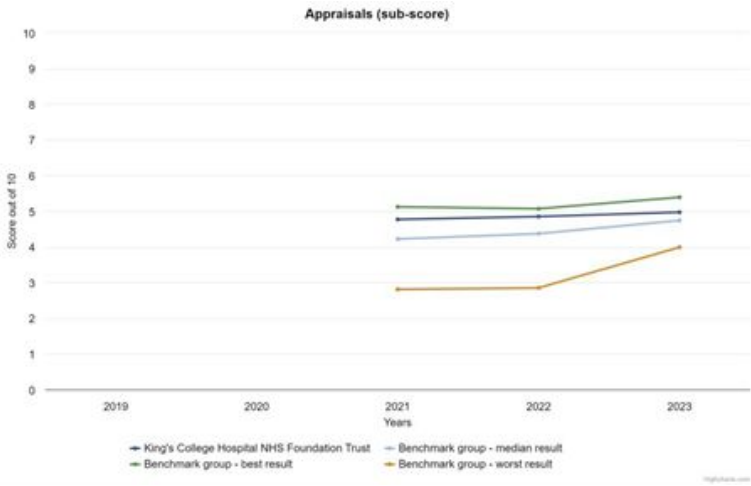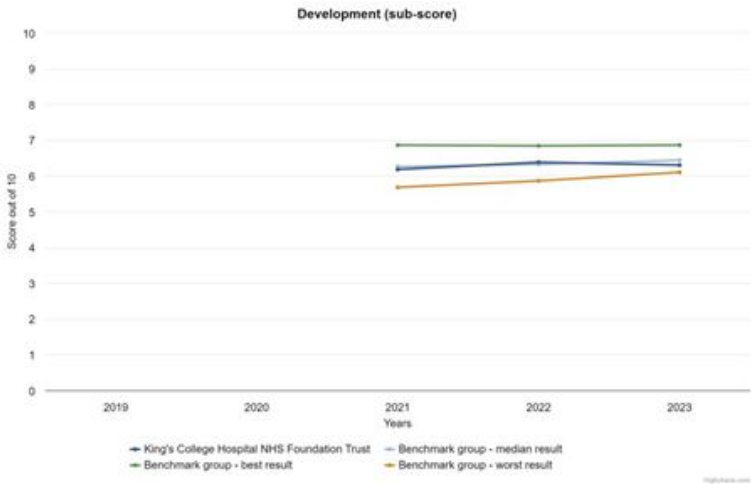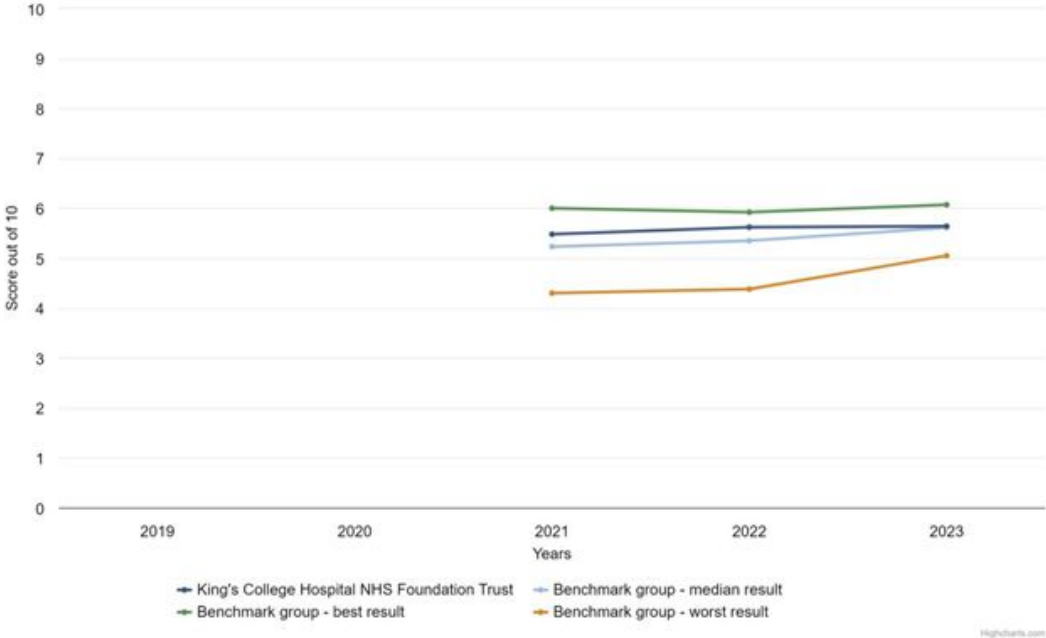
Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	-	-	5.48	5.62	5.64
Benchmark group - median result	-	-	5.23	5.35	5.61
Benchmark group - best result	-	-	6.00	5.92	6.07
Benchmark group - worst result	-	-	4.30	4.38	5.05

Development (sub-score)

Appraisals (sub-score)

Tab 13 Staff Survey Results

We work flexibly
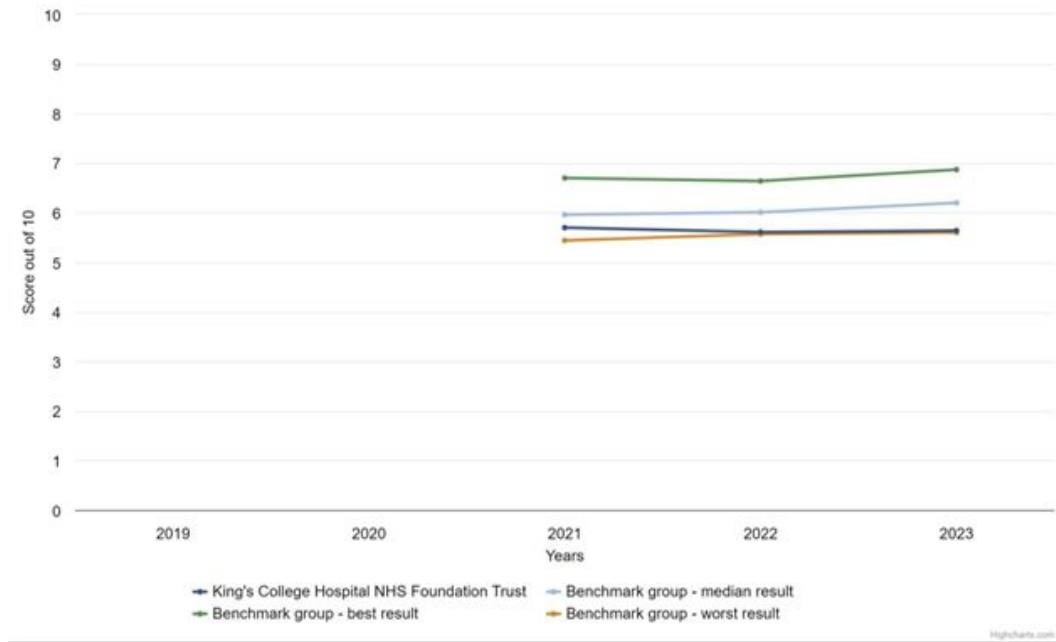
Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	-	-	5.70	5.61	5.64
Benchmark group - median result	-	-	5.96	6.01	6.20
Benchmark group - best result	-	-	6.70	6.64	6.87
Benchmark group - worst result	-	-	5.44	5.57	5.60

Support for work-life balance (sub-score)

Flexible working (sub-score)

Tab 13 Staff Survey Results
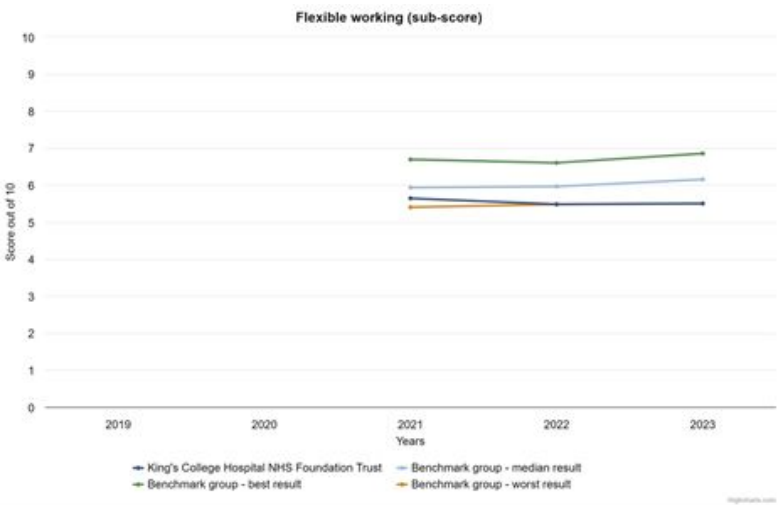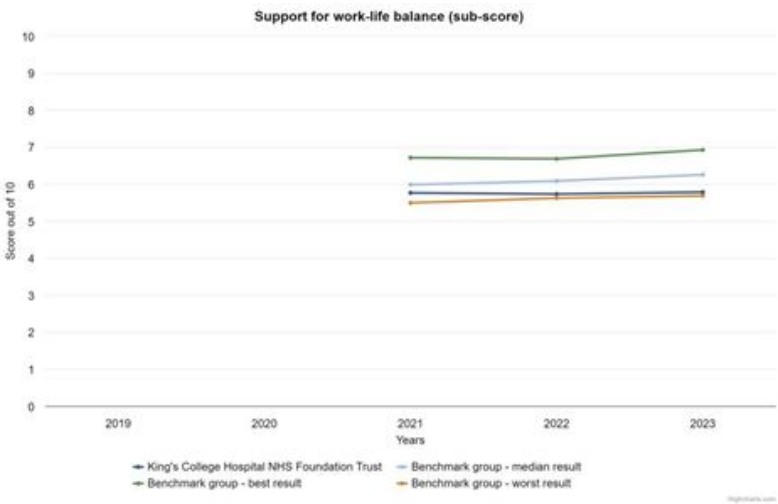
We are a team
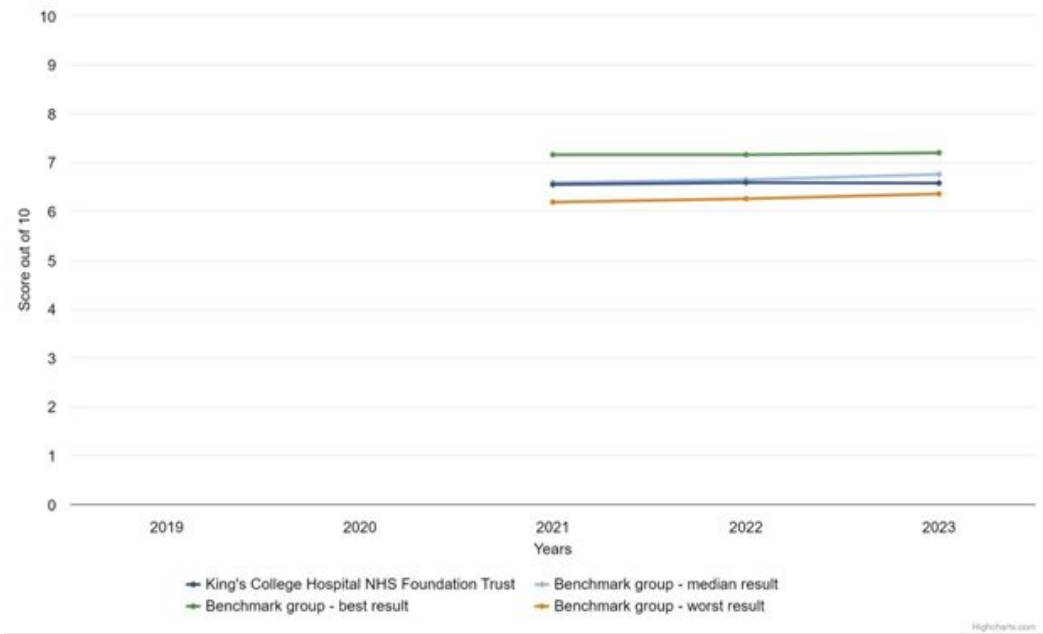
Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	-	-	6.54	6.58	6.57
Benchmark group - median result	-	-	6.58	6.64	6.75
Benchmark group - best result	-	-	7.15	7.15	7.19
Benchmark group - worst result	-	-	6.18	6.25	6.35

Team working (sub-score)

Line management (sub-score)

Tab 13 Staff Survey Results
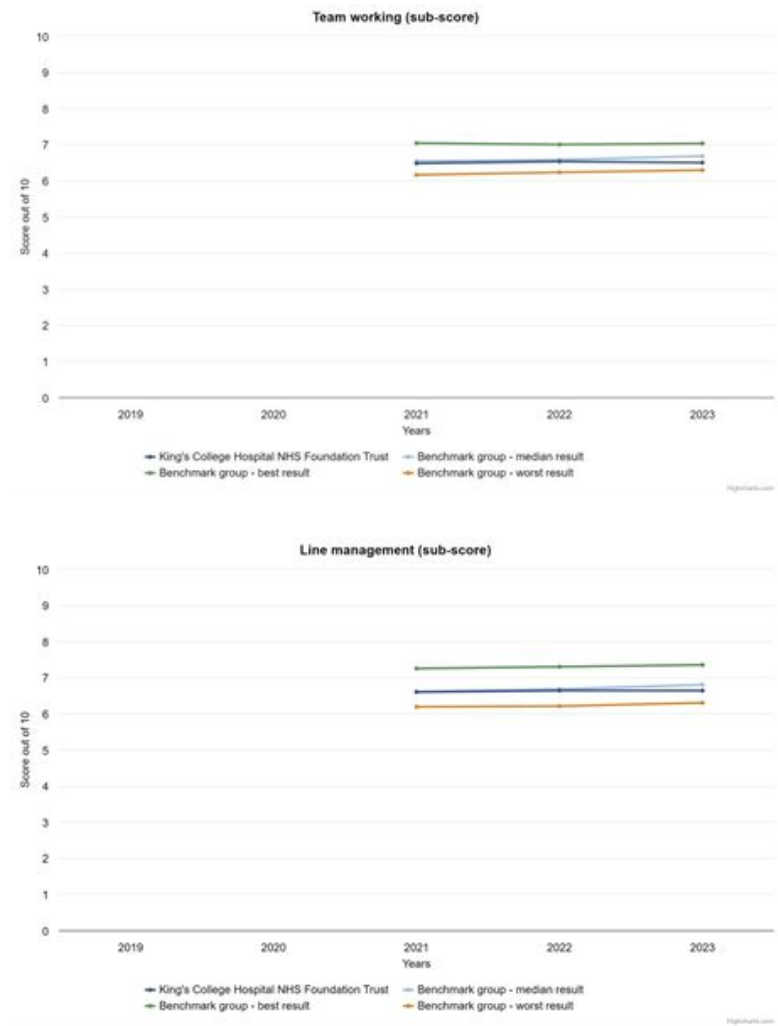
Theme – Staff Engagement
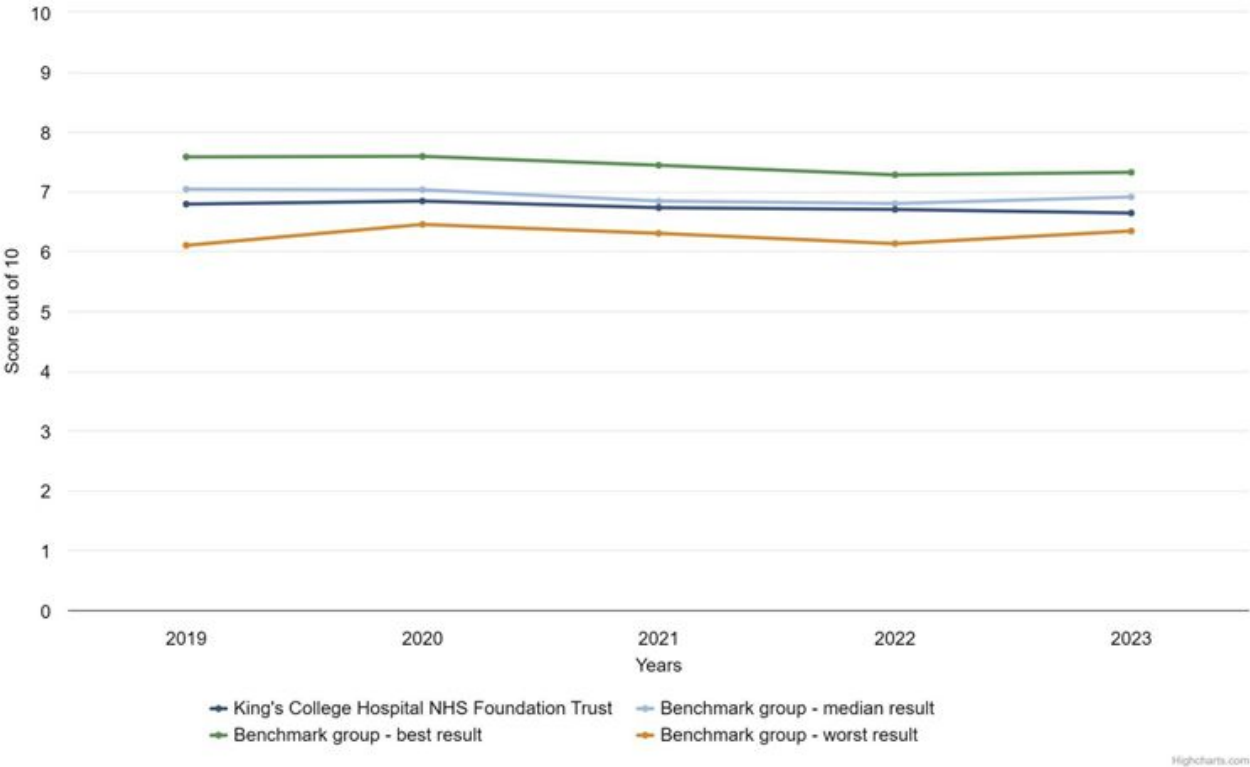
Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	6.79	6.84	6.73	6.70	6.64
Benchmark group - median result	7.04	7.03	6.84	6.80	6.91
Benchmark group - best result	7.58	7.59	7.44	7.28	7.32
Benchmark group - worst result	6.10	6.45	6.30	6.13	6.34

Tab 13 Staff Survey Results
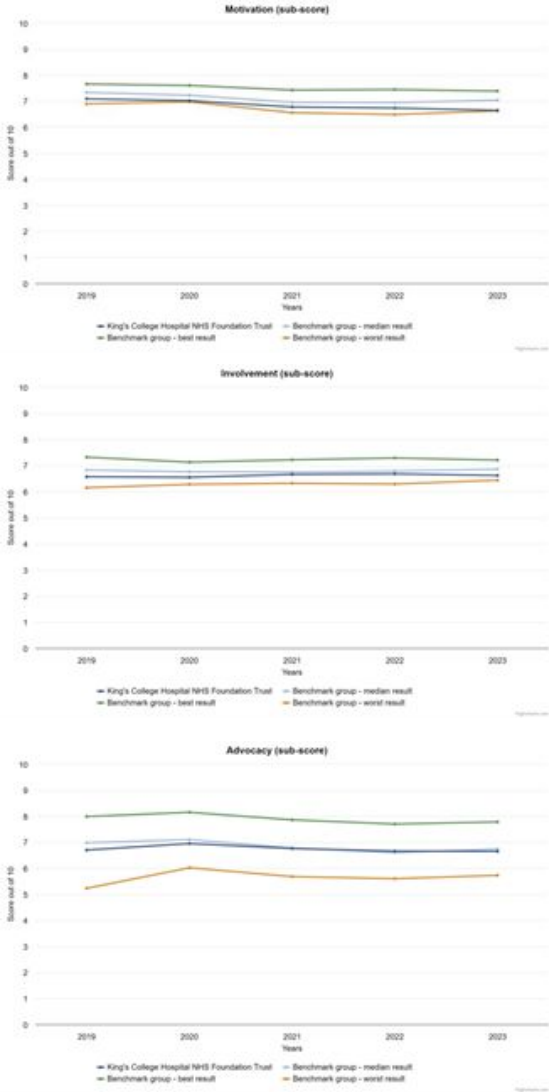
Theme – Morale
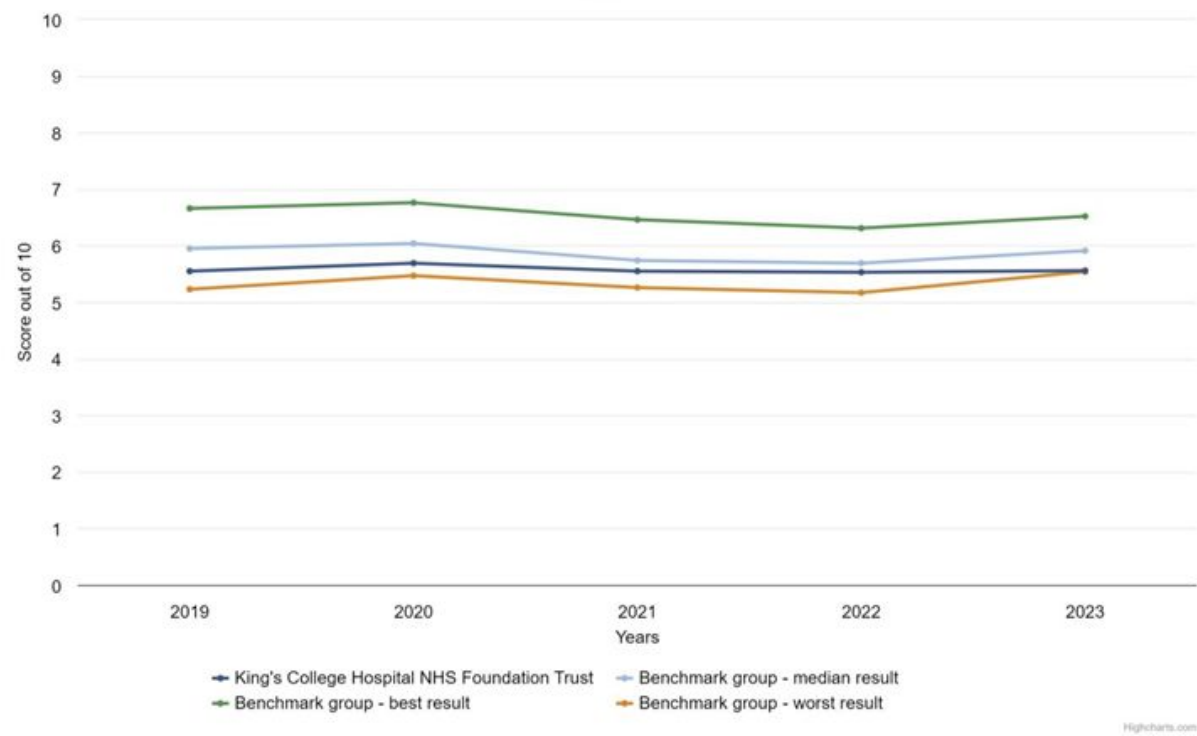
Organisation	2019	2020	2021	2022	2023
King's College Hospital NHS Foundation Trust	5.55	5.69	5.55	5.53	5.56
Benchmark group - median result	5.95	6.04	5.74	5.69	5.91
Benchmark group - best result	6.66	6.76	6.46	6.31	6.52
Benchmark group - worst result	5.23	5.47	5.26	5.17	5.54

Tab 14 Report from the Chair of the Audit and Risk Committee

NHS
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:	25 April 2024	
Author:	Sara Harris Head of Corporate Governance	Item:	14.0.	
Committee:	Audit and Risk Committee (A&RC)			
Purpose:	**Board action required (please tick)**			

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

Agenda Ref	Item	Link to BAF
1.	**Corporate Risk Register** The Committee considered the Corporate Risk Register and key headlines for the Board to note are: ▪ The Committee noted that all red rated risks were now reviewed within 30 days rather than 60 days. ▪ A new system allows new risks to be held in a pending system until the risk is reviewed by the relevant staff to ensure all fields are fully completed, with appropriate actions and with relevant mitigations. ▪ The Committee agreed that a board level risk review session be held annually. ▪ An agenda item "Risks to be escalated to Board/Committee" be set as a standing item on the R&GC agenda. ▪ Corporate Risk Register to be presented to the Board and relevant sections are discussed at the meeting.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit
2.	**Audit Committee Draft Annual Report – 1 April 2023 – 31 March 2024** The Committee received the Audit Committee Draft Annual and key headlines for the Board to note are: ▪ The Committee is broadly effective, with some opportunities for improvement in 2024/25. Three objectives have been set for next year around risk management, internal control and committee effectiveness. ▪ The terms of reference to be reviewed and updated in line with the Health Financial Management Association (HMFA). ▪ The Committee discussed committee effectiveness and suggested an inclusive dashboard of risks reviewed by the relevant committee with commentary and a standing item on the A&RC agenda to provide assurance to the Board that the Committee has complete oversight of all risks; reviewed and not reviewed.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit

Tab 14 Report from the Chair of the Audit and Risk Committee

3.	**Better Payment Code Update – 2023-24 Performance and Disclosures** The Committee was asked to note and approve the Better Payment Code Update (BPPC) and key headlines for the Board to note are: ▪ The proposed disclosure is to be written in the Trust's annual report on BPPC for the current year. ▪ The KPMG's recommendation is to include a narrative on the disclosures. ▪ The Committee approved the proposed presentation of BPPC figures and associated narrative disclosure.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit
4.	**Annual Report on Losses and Special Payments** The Committee was asked to note the Annual Report on Losses and Special Payments and key headlines for the Board to note are: ▪ The Committee discussed lost revenue from overseas visitors and noted that some visitors do pay for their services. however, there is one case progressing to prosecution. ▪ There was a discussion around the asset register for IT equipment through RFID tracking of Trust devices. This would come at a significant cost to the Trust hence needs to be validated as cost effective. ▪ Overpayments were being tracked and there is a clear audit trail in place. ▪ The Committee was advised there was no particular significant movement from the prior year in terms of reporting losses and special payments. ▪ The Committee noted the Annual Report on Losses and Special Payments.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit

5.	**Commentary on Draft 2024/25 Accounts**
	
	The Committee noted the Draft 2024/25 Accounts and key headlines for the Board to note are:
	▪ The Committee noted the draft annual accounts was submitted to NHSE in line with the timetable.
	▪ The Trust reported an adjusted financial position of £78.7m in line with the forecast. This was adverse to plan with the following being the main reasons:
	  o Delay in delivering CIP, particularly in relation to reducing staffing costs.
	  o Inflationary pressures in excess of funded levels across a number of areas including staffing, utility costs and PFI costs.
		BAF 3
		Finance, Commercial & Sustainability
		
		BAF 10
		Audit

Tab 14 Report from the Chair of the Audit and Risk Committee

6.	**Update on Prior Year External Audit Recommendations** The Committee noted the Update on Prior Year External Audit Recommendations and key headlines for the Board to note are: ■ The Committee was informed of some contracting challenges with Commissioners during 2023/24. ■ In some cases, signed contracts were not finalised by 31st March 2024. ■ The Trust continued to flag the issue with NHSE throughout the year and has continued to prioritise this into 2024/25. ■ Terms of engagement are in place for specific new works commencing from 2023-24. ■ The Committee noted the updates, but also confirmed that the External Audit team would make their own assessment of implementation.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit
7.	**Draft Going Concern Statement** The Committee noted the Draft Going Concern Statement and key headlines for the Board to note are: ■ The Trust assessed its services and confirmed it will continue with its services. ■ The Committee reviewed and approved the proposed Going Concern disclosure to be made in the 2023-24 accounts.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit
8.	**Update on CEF Waivers** The Committee noted the Update on CEF Waivers and key headlines for the Board to note are: ■ The Committee noted there was better engagement between procurement teams and estates teams in terms of getting some of these larger contracts out of the waiver listing and into proper procurement channels. ■ The four year trend showed a significant reduction in waivers in the last two years. ■ The Committee reviewed the Update on CEF Waivers and as a consequence anticipates a further reduction in 2024/25. ■ The Committee was assured with the Update on CEF Waivers.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit
9.	**Internal Audit Progress Report Update** The Committee noted the Internal Audit Progress Report Update and key headlines for the Board to note are: ■ The programme of work concluded for the year 2023/24. ■ The Committee was content with the completion of all reviews carried out in the last financial year.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit

Tab 14 Report from the Chair of the Audit and Risk Committee

10.	**Annual Audit Plan 2024/25** The Committee noted the Annual Audit Plan 2024/25 and key headlines for the Board to note are: ▪ The Annual Audit Plan 2024/25 had been presented at the Risk and Governance Committee and the Audit & Risk Committee previously in draft format.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit

11.	**Draft Annual Report 2023/24 (Including Head of Internal Audit Opinion)**
	
	The Committee noted the Draft Annual Report 2023/24 and key headlines for the Board to note are:
	   ▪ One high priority action: Outpatients review relating to data quality issues identified through testing.
	   ▪ Two high priority actions were raised: In and Outsourced Services Pathology and Radiology review relating to procuring services and declarations of interest.
	   ▪ Both actions are on track for completion in 2024/25.
	   ▪ The Committee was assured with the Draft Annual Report 2023/24 (Including Head of Internal Audit Opinion) is "one of significant assurance with minor improvement opportunities".
		BAF 3
		Finance,
		Commercial &
		Sustainability
		
		BAF 10
		Audit

12.	**Internal Audit (IA) / Local Counter Fraud Progress (LCFS) Report Review of Outsourced Services (Pathology and Radiology)**
	
	The Committee noted the Internal Audit (IA) / Local Counter Fraud Progress (LCFS) Report Review of Outsourced Services (Pathology and Radiology and key headlines for the Board to note are:
	   ▪ The report is an amber-red rated that includes 2 high priority actions. In and Outsourced Services Pathology and Radiology review relating to procuring services and declarations of interest.
	      o The lack of formal procurement exercise for pathology .
	      o A Trust wide finding around declarations of interest and sampling of consultants not having completed job plans and therefore not having gone through the process of declaring potential interests.
	   ▪ The Committee was assured of the rating for the review "partial assurance with improvements required".
		BAF 3
		Finance,
		Commercial &
		Sustainability
		BAF 7
		Quality
		
		BAF 10
		Audit

13.	**Internal Audit of Review of Outpatients** The Committee noted the Internal Audit of Review of Outpatients and key headlines for the Board to note are: ▪ The report is an amber-red rated report and has one high priority action.	BAF 3 Finance, Commercial & Sustainability BAF 7 Quality

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	o Driven by the need to update Standard Operating Procedures (SOPs). o Strengthen governance arrangements. o Address exceptions identified through our sample testing. ▪ The Committee was assured of the rating for the review "partial assurance with improvements required".	BAF 10 Audit
14.	**Care Group Risk Management Internal Audit Final Report** The Committee noted the Care Group Risk Management Internal Audit Final Report and key headlines for the Board to note are: ▪ The report is an amber-green rated and is a positive report. ▪ The rating is driven by evidence of well-designed and documented processes and controls for risk management across Care Groups, however, with inconsistent operation of controls for a sample of identified Care Groups. ▪ The Committee was assured of the rating for the review "significant assurance with minor improvement opportunities".	BAF 3 Finance, Commercial & Sustainability BAF 7 Quality BAF 10 Audit
15.	**Counter Fraud Progress Report** The Committee noted the Counter Fraud Progress Report and key headlines for the Board to note are: • The Committee noted the update on the proactive work, awareness and reactive work completed. • Completion of the finalised the joint IA and LCFS Pathology and Radiology In / Outsourced services review as an additional LCFS review. • The Committee was assured of the updated report.	BAF 3 Finance, Commercial & Sustainability BAF 7 Quality BAF 10 Audit
16.	**Review and Approve the Annual Work Plan for Counter Fraud Activity** The Committee noted the Counter Fraud Progress Report and key headlines for the Board to note are: ▪ The report reflected no changes and simply had the wording of draft removed. ▪ The Committee approved the Annual Work Plan for Counter Fraud Activity report.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit
17.	**KCH LCFS Annual Report 2023-24 (Draft)** The Committee noted the Counter Fraud Progress Report and key headlines for the Board to note are: ▪ The Counter Fraud Annual Report is the culmination of work carried out in 2023/24 work.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit

Tab 14 Report from the Chair of the Audit and Risk Committee

	▪ The Committee noted the amber rating for conflicts of interest, which is a good improvement from previous years. ▪ The Committee approved the KCH LCFS Annual Report 2023-24 (Draft) report for submission on the 31 May 2024.	
18.	**External Audit Progress Report & Sector Update** The Committee noted the External Audit Progress Report & Sector Update and key headlines for the Board to note are: ▪ The value for money work is progressing well and findings will be reported at the next Committee meeting.	BAF 3 Finance, Commercial & Sustainability BAF 10 Audit