

## AGENDA

<b>Committee</b>	<b>Board of Directors</b>
<b>Time</b>	<b>14:30 – 16:30</b>
<b>Date</b>	<b>Thursday 11 May 2023</b>
<b>Location</b>	<b>The Board Room, Hambleden Wing, King's College Hospital, Denmark Hill</b>

No.	Agenda item	Lead	Format	Purpose	Time
STANDING ITEMS					
1.	Welcome and Apologies for absence	Chairman	Verbal	Information	14:30
2.	Declarations of Interest	Chairman	Verbal	Information	
3.	Chair's Actions	Chairman	Verbal	Approval	
4.	Minutes of the Meeting held 9 March 2023	Chairman	Enclosure	Approval	
5.	Patient Story	Acting Chief Nurse & Executive Director of Midwifery	Verbal	Discussion	14:35
PERFORMANCE, QUALITY & FINANCE					
6.	Report from the Chief Executive	Chief Executive	Enclosure	Discussion	14:55
6.1.	Integrated Performance Report (M12)	Site CEOs	Enclosure	Assurance	
6.2.	Finance Performance Report (M12)	Chief Financial Officer	Verbal	Assurance	
STRATEGY					
7.	Strong Roots, Global Reach – Year 1 delivery update	Chief Financial Officer	Enclosure	Assurance	15:45
GOVERNANCE & ASSURANCE					
8.	Board Committee – Highlight Reports	Committee Chairs	Enclosure	Assurance	15:55
9.	Board Assurance Framework – Q1	Acting Director of Corporate Affairs	Enclosure	Assurance	16:15
10.	Council of Governors' Update	Lead Governor	Verbal	Information	16:20
OTHER					
11.	Any Other Business	Chairman	Verbal	Information	16:25
DATE OF THE NEXT MEETING					
12.	The next meeting of the Board of Directors will be held on 13 July 2023 at 14:30.				

<b>Members:</b>  Charles Alexander Dame Christine Beasley Nicholas Campbell-Watts Prof Jonathan Cohen Prof Yvonne Doyle Akhter Mateen Prof Richard Trembath Steve Weiner Prof Clive Kay Lorcan Woods Clare Williams Dr Leonie Penna Mark Preston Julie Lowe Jonathan Lofthouse Beverley Bryant	Chairman ( <i>Chair</i> ) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Chief Financial Officer Acting Chief Nurse and Executive Director of Midwifery Chief Medical Officer Chief People Officer Site CEO – Denmark Hill Site CEO – PRUH and South Sites Chief Digital Information Officer
<b>Attendees:</b>  Ellis Pullinger Chris Rolfe Siobhan Coldwell Sara Harris	Apollo Programme SRO Director of Communications Acting Director of Corporate Affairs Head of Corporate Governance (Minutes)
<b>Circulation List:</b>  Board of Directors & Attendees	

## Board of Directors

**DRAFT** Minutes of the meeting held on Thursday 9 March 2023 at 14:30 -16:30  
Board Room, Hambleden Wing, King's College Hospital, Denmark Hill.

### Members:

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

### In attendance:

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

### Apologies:

Prof. Richard Trembath	Non-Executive Director
Steve Weiner	Non-Executive Director

Item	Subject
023/001	<b><u>Welcome and apologies</u></b>  The Chairman, Charles Alexander welcomed all to the meeting. The Board noted apologies received from Steve Weiner and Prof Richard Trembath.
032/002	<b><u>Declarations of Interest</u></b>  None.

## **Subject**

### **023/003 Chair's Actions**

There were no Chair's Actions to report.

### **023/004 Minutes of the last meeting**

The minutes of the meeting held on the 8 December 2022 were approved as an accurate reflection of the meeting.

### **023/005 Patient Story**

DM attended the Board meeting to talk about his experience of being a patient in the Urology department. DM had received care for a number of years and reported that both inpatient and outpatient care had been excellent although the environment could have been improved in some areas e.g. signage and cafe facilities. DM noted that support to manage health outside the hospital had been good and that the second appointment process worked well.

The Board thanked DM for attending the meeting, sharing his experience and for all his volunteering work he has done for the Trust over many years.

### **023/006 The Report from the Chief Executive**

The Chief Executive introduced his report and noted the on-going challenges to healthcare such as the operational demand and activity (both non-elective and elective) had been very high, exacerbated by high levels of seasonal illnesses including influenza and COVID-19. The Trust continued to work hard to recover its elective position, although progress had been impacted to a small extent by industrial action. Demand for urgent and emergency care had been very significant and this continued to impact on the ability to meet the four-hour Emergency Care Standard. The Emergency Departments were striving to meet ambulance handover targets, and a number of initiatives had been implemented over the period to support this initiative.

The CEO acknowledged the tremendous hard work, time and dedication of all staff involved in preparing for the industrial action in terms of cancelling and re-booking patient appointments. The Board extended their sincere gratitude for the care and considerate nature staff had shown in keeping patients safe.

The Chief Medical Officer provided the Board with an overview on patient safety. Good progress had been made in the clearance of the Serious Incident (SI) backlog initially at 65 and now at 41 SIs. There was one SI case being investigated by the Healthcare Safety Investigation Branch (HSIB) for maternity safety and the Board noted there were no reported never events incidents in the last quarter. The implementation of the new national Patient Safety Incident Response Framework (PSIRF), which involved patients and families in managing incidents with a rapid turnaround was being progressed.

The Acting Chief Nurse and Executive Director of Midwifery informed the Board on the progress made in improving patient experience. In December 2022, the Friends of King's Charity opened at the DH site. The PALs team had been working at pace in reducing the backlog around complaints. There was work underway to align the PHSO standards and the

National Care Partner Policy by the Complaints Management team. A video of staff experiencing Violence and Aggression was produced and now formed part of the training for staff and for the SEL.

The Well-led inspection took place 15-16 November 2022, and the CQC had published their report. The overall Well-led domain had improved from 'Requires Improvement' to 'Good'. The report noted that the Trust's leadership team had improved, there was a strong strategy in place, and that the leaders ran the services well. Additionally, the CQC noted a significant improvement in risk management in the corporate risk register.

The Trust had not received any Prevention of Future Deaths (PFD) reports during the reporting period, although the Trust did receive a post-inquest request for further assurance in one case.

The Site CEO – PRUH presented to the Board an update on the site performance which showed a slight deterioration over the December 2022 and January 2023 period, due to the winter periods and bank holidays. The Elective Recovery position showed 10 patients waiting 78 weeks waits and would be nil by the end of March 2023. The Board noted the update on diagnostics during the Christmas period. The failure of the diagnostic equipment at the PRUH, meant patients were moved between the two sites for MRI investigations. It was anticipated by December 2024, the PRUH would have two MRIs on site. The Trust continued to meet the two week wait and 28 Faster Diagnosis Standards and while there had been improvement against the 62 day treatment target the Trust was still non-compliant.

In relation to Emergency Care standard (4 hour target) both sites were non-compliant and action plans were in place. There had been an improvement as a result of the improvements put in at the end of 2022.

The Site CEO—DH reported on the national Delivery Plan for recovering urgent and emergency care standards which set out a number of ambitions which had been worked into the plans for 2023/24 and beyond. These included:

- Improve the elective recovery position of the 65 week waits whilst retaining the level of 5% breaches on the diagnostic waiting times.
- 76% of patients being admitted, transferred or discharged within 4 hours by March 2024.
- Improved response to category 2 ambulance response to an average of 30 minutes during 23/24.

The Chief Executive briefed the Board on the Acute Provider Collaborative meetings with the primary aim to support Trusts in the collaboration around the long elective recovery waiting list. The high volume low (HVLC) complexity specialties had made good strides at KCH and SEL. Further work was required around the infrastructure of the clinical networks to reconfigure some of the clinical services.

The Chief Financial Officer reported to the Board that in month 10 the Trust had reported a year to date deficit of £38.4m and had been forecasted to be at £28m by the end of the year. The Trust was informed of the national funds being made available which would help deliver the deficit of £19-£20m. The Efficiency Programme had delivered £35m of savings. The Trust was performing poorly against the Better Payments Practice Code and an improvement plan was submitted to the Audit & Risk Committee in January 2023.

The Trust was due to invest £75m this year. The estates primary focus had been in ensuring the Trust was safe and compliant with fire, water and ventilation. As a result a number of wards had been improved which enhanced the lived in experience for patients by ensuring the wards were safe and compliant.

The Board was assured the complaints process was improving and would see the improvements in future reports once the PHSO and the National Care Partner Policy had been applied.

The Board discussed pay expenditure noting whilst vacancies (especially nursing were reducing, expenditure was also going down). This was in part due to the new workforce systems being put in place. The overall cost base, including pay was broadly stable.

In relation to the CCU, £11m had been provided and the ICS is committed to funding for the next year. A London wide review of bed numbers was being done and the KCH intention was to consolidate the CCU beds with the new unit and free up space for the G&A beds.

The Trust's vacancy rate had reduced to 13.43% in December 2022 from 15.42% in July 2021 and from 14.19% in December 2021. A new workforce system pay had been consistent over the last 6 months.

The Board noted that there had been feedback about the patient entertainment system during NED /ED walkabouts. Concerns were raised about accessibility of devices and access to technical support and volunteers to support patients. The patient experience team was working to address this.

The Board discussed the funding received for the ambulance handover times. There had been notable improvements at the PRUH as a result and the money had been utilised to increase space for the flow of rapid upload of assessments, expanded ambulatory medicine and alternative services.

**Action: Site CEO PRUH agreed to provide the figures in relation to improved flow.**

The Chief People Officer informed the Board on the industrial action by the Royal College of Nursing (RCN). In total over 400 staff took action on each day of the RCN strikes. Members of the Chartered Society of Physiotherapists (CSP) took strike action on the 26 January 2023.

The Board noted the strikes by the members of the BMA was due to take place from 13-16 March 2023. The Hospital Consultants and Specialist Association (HCSA), had confirmed junior doctors in their union would take strike action on the same dates as the BMA. The Trust's Emergency Resilience Preparedness and Response (EPPR) Teams had plans in place to provide support and minimise the impact on patients.

The Board was informed on the significant increase in the response rate of the National Staff Survey for 2022, from 38% in 2021 to 46% in 2022. All Care Groups and corporate teams had received their 2022 survey results to develop their three People Priorities for 2023. The Organisational Development team and People Partners would assist the local teams to review their results and develop targeted actions in response. Work was underway around flexible working as the Trust did not score highly in this category.

The Trust has launched the King's Ambassador scheme to support embedding the values and culture across the organisation. The Trust was undertaking a review of its current turnover

and retention rate with a focus on the reasons why staff leave King's, particularly those with less than twelve months' service. Funding had been received from the ICS to support this work. The Board noted the turnover at the Trust had been relatively static for the past 4 months. The Trust had appointed Tracey Carter as the new substantive Chief Nursing Officer and Executive Director of Midwifery and is due to commence her new role at the Trust in June 2023.

The Director of Equality, Diversity & Inclusion reported to the Board on the priorities for the coming year, a review of the Roadmap to Inclusion had taken place and was in alignment with the Trust strategy. Key areas identified were around education and awareness, changing learnt behaviours, how to improve policies and programmes. The Board noted that much time had been invested in training, raising awareness with engagement events and supporting staff which have been noted in the EDI annual report.

The Joint Chief Digital Information Officer updated the Board on the ongoing collaboration between GSTT and KCH to implement a new electronic patient record (Apollo). On the 10 February 2023 the Joint Oversight Committee agreed that both Trusts would Go-Live jointly in late Sept/ early October 2023. The focus was now on operational readiness. The Board noted the risks to Go-Live and the mitigations in place.

The Site CEO-DH briefed the Board on the annual emergency planning self-assessment and regional review. An assurance meeting between the Trust's Accountable Emergency Officer and EPRR Team, NHS England (NHSE) and ICB colleagues took place on the 1 December 2022. NHSE noted that the Trust had continued to provide a high level of EPRR activity despite a series of complex disruptive challenges across the financial year, especially in the context of the new operating model. It was agreed that the Trust had achieved a substantially compliant rating against the 2022-23 core standards for EPRR.

The Board thanked Funmi Onamusi for all her dedication and the changes she had implemented as the Director of Equality, Inclusion & Diversity over the last few years and wished her every success with her new role in Surrey.

The Board **NOTED** the report.

#### **023/007     Safe Nurse Staffing Report**

The Board received the Safe Nurse Staffing report from the Acting Chief Nursing Officer & Executive Director of Midwifery. The Safe Nurse Staffing quarterly report highlighted the improvement in the Register Nurse (RN) vacancy at 10.5%. The current vacancy for January 2023 is 14.63% for unregistered Nursing and Midwifery staff a significant drop from October 2022 vacancy 16.24%. The Health Care Assistant (HCA) vacancy remained static at 13% and further work planned to reduce turnover in both areas. There was continued international recruitment for nurses, midwives and HCAs to address the shortfall. The HCAs re-banding was underway with an impact expected in June 2023.

The Board discussed the differences in vacancy rate between sites and noting that PRUH and South Sites staff did not receive London Weighting. Consideration was being given to how this could be mitigated.

The Board discussed the level of mental health quantified nurses in the Trust noting the programme for dual registration was underway as well as additional training for HCAs.

The Board **NOTED** the report.

**032/008     Board Committee Structure**

The Acting Director of Corporate Affairs updated the Board on the review undertaken by Deloitte. The Board welcomed Steven Picken, the Deloitte Consultant who had done tremendous work in shaping the new structure. As part of the process Board Members were invited to comment of the efficacy of the current structure, in order to inform any changes.

The proposed new structure included these key changes:

- The Board of Directors to meet alternate months, therefore, increasing its meetings to 6 times a year.
- The Board in Common would meet during the months whereby there was no Board meeting taking place, which included items from Strategy, Research & Partnerships, and Deep Dives on performance.
- A new People, Education and Research Committee would be established, with Board level scrutiny.
- Quality would be a stand-alone Committee and would include staff elements such as safer staffing. There would also be more focus on quality improvement.
- Audit and Risk and Remuneration Committee would continue relatively unchanged.
- Terms of reference had been drafted to support the new structure and once agreed, annual work plans would also be developed. These would be reviewed in detail by the Committees at their first meeting and any further changes would be brought back to the Board for ratification at the next available meeting.

The Board endorsed the proposed Board and Board Committee structure and reviewed the supporting terms of reference. The Board agreed that the structure should be revisited every three years and an initial review in 12 months' time to ensure the new structure was working well. The Board suggested about benchmarking itself with its governance arrangements with other teaching hospitals who were rated outstanding.

The Board **ENDORSED** the proposal.

**023/009     Board Assurance Framework - Q4**

The Board received the Board Assurance Framework from the Acting Director of Corporate Affairs. There had been no change and all risks had been reviewed.

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

- Recruitment and Retention (BAF 1)
- Financial Sustainability (BAF 3)
- Maintenance and development of the Trust's estate (BAF 4)
- High Quality Care (BAF 7); and
- Demand and Capacity (BAF 9).

The risk around the Apollo Programme would need to be reviewed and split in terms of the benefits realisation and implementation. In relation to BAF Risk 7 "High Quality Care" the Board noted that a new Quality Assurance Framework and Quality Committee Structure was being implemented and this should continue to bring the risk rating down from red to amber.



The Board noted that the Committee oversight of the BAF would need to be re-aligned with the new structure and the 2023/24 Strategy Delivery Plan.

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

**023/010 Council of Governors Update**

Jane Allberry, Lead Governor, welcomed the improvements in relation to patient care and the hard work of all staff involved in supporting patients and the Governors. It was excellent to hear the Trust's diagnostic performance was one of the best in the country.

The Governors were involved in the testing of My Chart as part of the Apollo Programme and found it hugely beneficial and to start the rollout to patients. Jane Allberry confirmed she was involved in the quality work in the neuro rehab outcomes and was impressed how keen staff were to take that initiative forward.

The Governors would welcome increased signage around the hospital site and noting these small details made such a difference to patient experience, such as updated maps on the website.

The Board agreed that the hospitals can be difficult to navigate and was committed to further improvements.

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

**023/011 Board Committee Highlight Reports**

The Board considered the highlight reports from the Board Committees.

The Board **NOTED** the highlight reports.

**023/012 Any Other Business**

There were no other business discussed.

**023/013 Date of the next meeting**

Thursday 11 May 2023 at 14:30 - 16:30 in the Board Room, Hambleden Wing, King's College Hospital, Denmark Hill.

Meeting:	Board of Directors	Date of meeting:	11 May 2023
Report title:	<b>Report from the Chief Executive</b>	Item:	
Author:	Siobhan Coldwell, Acting Director of Corporate Affairs	Enclosure:	
Executive sponsor:	Professor Clive Kay, Chief Executive Officer		
Report history:	n/a		

### Purpose of the report

This paper outlines the key developments and occurrences since the last Board meeting held on 9<sup>th</sup> March 2023 that the Chief Executive wishes to discuss with the Board of Directors.

### Board/ Committee action required (please tick)

<b>Decision/ Approval</b>		<b>Discussion</b>	✓	<b>Assurance</b>	✓	<b>Information</b>	✓
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The Board is asked to note the contents of the report.

### Executive summary

The paper covers quality and safety, finance and performance as well as key workforce activities.

### Strategy

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

	<b>Person- centred</b>	<b>Sustainability</b>	
	<b>Digitally-enabled</b>	<b>Team King's</b>	

<b>Key implications</b>	
<b>Strategic risk - Link to Board Assurance Framework</b>	<p>The report outlines how the Trust is responding to a number of strategic risks in the BAF including:</p> <ul style="list-style-type: none"> <li>- Recruitment and retention</li> <li>- Culture and values</li> <li>- Financial sustainability</li> <li>- High quality care</li> <li>- Demand and capacity</li> <li>- Partnership working.</li> </ul>
<b>Legal/ regulatory compliance</b>	n/a
<b>Quality impact</b>	The paper addresses a number of clinical issues facing the Foundation Trust.
<b>Equality impact</b>	The Board of Directors should note the activity in relation to promoting equality and diversity within the Foundation Trust.
<b>Financial</b>	The paper summarises the latest Foundation Trust financial position.
<b>Comms &amp; Engagement</b>	n/a
<b>Committee that will provide relevant oversight</b>	
n/a	

**King's College Hospital NHS Foundation Trust:**

**Report from the Chief Executive Officer**

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6. Workforce Update
7. Equality, Diversity and Inclusion
8. Apollo Programme
9. Board Committee Meetings
10. Good News Stories

**Appendix 1 – Consultant Appointments**

## 1 Introduction

- 1.1 This paper outlines the key developments and occurrences since the last Board meeting on 9<sup>th</sup> March 2023 that I, the Chief Executive Officer (CEO), wish to discuss with the Board of Directors.
- 1.2 The NHS continues to be challenged and King's College Hospital NHS Foundation Trust ("the Trust") is no different. There have been a number of strikes by the BMA junior doctors and members of the Royal College of Nursing since the Board of Directors last met.
- 1.3 I am supportive of people's right to strike, and I am grateful to everyone who is supporting our strike preparations, which could easily create divisions, but despite obvious challenges, I sense a real coming together of teams, which is positive to see.
- 1.4 It is unfortunate that the Trust had to cancel much of its elective activity whilst the junior doctors took strike action. Our teams are working hard to reschedule that activity, so that patients receive their treatment as quickly as possible.

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

### Patient Safety

- 2.1 The Trust has stood up a Patient Safety Incident Response Framework (PSIRF) implementation steering group to oversee our transition to the new national patient safety strategy in October 2023. We successfully deployed our Learning from Patient Safety Events (LFPSE) compliant incident reporting system (InPhase) at the start of April 2023 in line with our PSIRF delivery plan. The system is currently being optimised to support improved analysis and reporting as we develop our Patient Safety Incident Response Plan (PSIRP). The first draft of this plan was presented to the steering group in April 2023 and we expect to be in a position to finalise this and share with ICB colleagues in the summer.
- 2.2 The 22 comprehensive thematic analyses commissioned in 2022 were completed in March 2023. The learning from these has been synthesised into our draft PSIRP which will enable us to prioritise key system safety actions to address this year.
- 2.3 We are making sustained progress in the reduction of late investigations and have a number of task and finish groups in place to support compassionate communication with patients and families who are due to receive significantly delayed reports.
- 2.4 In April 2023 the Trust reported two Never Events, both of which related to retained swabs in Maternity. An urgent safety plan has been put in place to ensure safety whilst the investigations are completed.

### Quality Governance

- 2.5 The Trust is overseeing progress against the action plans to address the findings from the recent CQC inspections through the Quality Assurance Group.
- 2.6 The Trust has approved a new Quality Assurance Framework (QAF) which is being piloted in May ahead of a formal launch in June 2023. The QAF has three key elements: Executive Quality Reviews; Quality Audits; and *Quality at a Glance* dashboards. The QAF brings together existing elements of quality control and quality assurance and

enhances them through use of peer review and regular executive oversight. Under the new model each care group will be visited twice a year by an Executive Director and once a year by a Non-Executive Director.

### **Elective Delivery**

- 3.1 As part of the national programme to restore elective waiting times to pre Covid positions all Trusts had been set the target to eliminate waits of more than 78 weeks from referral to treatment (RTT). Regrettably, disruption to elective activity resulting from both Nursing and Junior Doctor industrial action prevented achievement of full elimination by 31<sup>st</sup> of March 2023, but the Trust did achieve an outturn position of just 13 patients who were waiting more than 78 weeks. This places the Trust among the best performing organisations nationally for this metric, particularly when comparing organisations of equal size and complexity of clinical case load to King's.
- 3.2 Subject to the impact of long term continuation of industrial action the Trust has robust plans in place to both eliminate the remaining 78 week waits and improve further to a maximum of 65 week waits by the end of the 2023/24 financial year.
- 3.3 Industrial action also disrupted diagnostic services and resulted in a small increase in the percentage of patients waiting more than 6 weeks to 2.27% in March compared to 1.79% at the end of the previous month. Despite this small deterioration the Trust remains within the top ten providers nationally, and has the best access times for Trusts of similar size and complexity.
- 3.4 As above, the reduction of elective capacity also impacted on cancer services. The national target to ensure patients wait less than 2 weeks to be seen following a referral from a GP with suspected malignancy was missed for the first time in the preceding 12 months in March with compliance of 90.8% versus target of 95%. Derogation to support cancer admissions did however allow the Trust to maintain treatment within 62 days of referral at pre industrial action levels with 69.8% of patients meeting the standard in March.

### **Urgent & Emergency Care**

- 3.5 Strike action has also impacted on front door emergency care, generating capacity gaps and variation in demand. Despite these disruptions our performance against the 4-hour Emergency Care Standard for patients to be admitted, transferred or discharged within 4 hours of arrival at an Emergency Department (ED) did not deteriorate in month. The March position of 60.77% remained almost unchanged on the February position of 60.75%.
- 3.6 A number of critical work streams are in place to drive improvement, including the launch at Denmark Hill of multi-specialty Same Day Emergency Care (SDEC) to reduce zero length of stay emergency admissions and deliver improvements in time to clinician assessment across Ambulatory Majors Assessment (AMA) and SDEC for non-overnight patient cohorts. A continuous flow model was also implemented to support enhanced ambulance handovers and admitted patient pathway management.
- 3.7 On the PRUH site we have launched a 'Star Chamber' approach to provide continuous review of improvement workstreams relating to use of the Summary Department Indicator Table (SEDIT) dashboard information to complement diagnosis; use of 'Criteria to Reside' data within daily board round processes; and long length of stay reviews with Transformation support. In addition, ED continues its collaboration

between the Trust and One Bromley partners to establish a synchronised discharge process. The SDEC footprint continues to drive down the unplanned care conversion rate.

#### **4. Acute Provider Collaborative (APC)**

- 4.1. The APC Committee in Common met on 17 March, chaired by Mike Bell, the chair of Lewisham & Greenwich NHS Trust. Much of the discussion focused on the projected out-turn financial and operational performance for 2022/23 and operational planning for 2023/24, including confirming the commitment to adopt an aligned approach as far as possible to Trust submissions to the ICB plan, as well as to discussions with the ICB particularly on financial plans, given the very challenging financial position for this year and next year. The Committee noted the significant progress made towards meeting the target to have zero patients waiting more than 78 weeks (78+ww) for treatment by the of March 2023 and the plans for mutual aid to ensure that all patients waiting more than 65 weeks have been treated the end of March 2024.
- 4.2. The differential activity targets for each trust compared to 2019/2020 activity levels were noted and the Committee further noted the considerable level of ambition represented by the 2023/24 draft plans, across activity, finance and workforce, as well as the risks to achievement of these plans that will need to be managed and mitigated. The Committee also received an update on the Community Diagnostic Centre (CDC) programme, and approved the APC Conflict of Interests policy in principle subject to some minor amendments.
- 4.3. Following the Committee meeting, the final out-turn for 78+ww breaches at end March 2023 was 209 across the APC, representing a very significant achievement by Trust operational and clinical teams working closely with APC colleagues, from a starting point in April 2022 of having over 46,000 patients at risk of breaching the 78+ww standard – particularly in the context of the challenges of ongoing industrial action, significant pressure on urgent and emergency care pathways, with knock-on impacts on planned care, and staffing challenges.
- 4.4. The previous board report noted that the governance structure for the APC adopted in May 2022 was being reviewed in order to identify what is working well and what can be improved. As a result, there have been some changes to senior APC governance meetings, which have been put in place with effect from 1 April. This includes the establishment of a new Strategy & Operations Executive Advisory Group, and an enhanced role for the APC Project Management Office in co-ordinating and communicating across the different groups.
- 4.5. The APC is making progress in strengthening the programme management approach, establishing work plans with milestones and KPIs, and associated reporting arrangements, across the APC's clinical networks, cross-cutting programmes and the Executive Advisory Groups – with the approach tailored to the specific needs of the different groups and programmes.
- 4.6. In September 2022, the APC secured over £2m funding for KCH and the SEL system from the NHSE National Intensive Support team, as part of their support to KCH to exit SOF4. Separate tranches of funding have been provided for Urgent and Emergency Care (UEC) (KCH and system) and for elective and surgical care. The majority of the workstreams have been overseen by the Acute Provider Collaborative and have been established in support of key priorities, including non-admitted care, theatres improvement and investment in the establishment and operation of system hubs. This includes recruiting a hub manager for the Queen Mary Sidcup (QMS) hub;

and a senior hub manager to support the development of the planned high volume surgical hub at University Hospital Lewisham (UHL) (discussed in the next section)

- 4.7. The biggest single tranche of funding has supported an increase in pre-operative assessment capacity at all three trusts, using a variety of approaches. Around 1,000 patients have already benefited from this capacity increase.
- 4.8. The APC secured Targeted Investment Funding ('TIF') in July 2022 for three prioritised capital schemes (KCH Critical Care Unit completion, completion of the Evelina Children's Day Surgery Centre, and creation of a high volume surgical hub at UHL providing system capacity for Urology and ENT. Supporting effective system planning for the Lewisham hub is a key priority for the APC as a whole. An additional funding opportunity from Health Education England (HEE) was used to fund a ten week piece of consultancy by theatre specialists Four Eyes Insight. This work is now nearing completion, and has significantly advanced clinical and operational engagement with the hub plans across South East London. The focus has been on developing integrated activity, finance and workforce plans, supporting teams to work through the various options for operational performance, patient flows, associated costs and financial flows, and innovative workforce models to support system working.
- 4.9. Following discussions with anaesthetic clinical leaders across SEL, a South East London Anaesthetic Network is going to be set up by the APC to provide a forum for collective discussion and action on a number of key areas, e.g. improving pre-operative assessment.
- 4.10. The third APC bulletin is currently in press, with an audience of over 400 operational, clinical and executive colleagues across the three Trusts and beyond. The APC Executive have also recently approved the adoption of a new visual identity for the APC, mirroring the SEL ICB identity.

## **5. Financial Performance (Month 12)**

- 5.1. The Trust has recorded a deficit for 2022-23 of £19.9m in line with the mid-year forecast position at SOF 4 exit, after excluding allowable transactions. During the year the Trust has also achieved a close to break-even position on its capital expenditure, delivering a capital programme of £76.7m. The external audit of the 2022-23 has commenced and is due to report before the end of June.
- 5.2. The Trust has agreed a planned deficit of £49m for 2023/24, which includes a Cost Improvement Target of £72m (c.5% of income). There is no doubt this will be challenging and in order to provide the Board with assurance, I have established a revised Efficiency Board that will meet monthly to monitor delivery of the cost improvement programme.

## **6. Workforce Update**

### **Industrial Action**

- 6.1. The British Medical Association (BMA) junior doctor strikes were held from 13-15 March and 11-15 April. These have had significant impact on the delivery of service with elective work and outpatient appointments being cancelled. The BMA, as yet, have not yet announced further strike dates for the junior doctors.
- 6.2. Picket lines for the BMA strikes were in place at both Denmark Hill and the PRUH.



- 6.3. The BMA are balloting consultant members about industrial action and this ballot opens on 15 May 2023.
- 6.4. The Royal College of Nursing, (RCN), announced further strike dates as their members voted not to accept the government's pay offer. The RCN strike took place from 8.00pm on Sunday 30 April and finish at 8.00pm on Monday 1<sup>st</sup> May.
- 6.5. UNISON members have accepted the government pay offer, as have the Chartered Society of Physiotherapists, (CSP), and GMB members. Unite members rejected the offer.
- 6.6. The Trust has mobilised our Emergency Planning response to ensure that the impact on patients are minimised.

### **Recruitment and Retention**

- 6.7. The Trust's vacancy rate has reduced to 12.48% in March 2023 from 14.47% in March 2022. The Trust headcount has increased by 671 over the same period. The Trust has seen reductions in vacancies across most professional groups over the past year; nursing and midwifery (decreased from 13.89% to 12.36%); medical & dental (decreased from 11.36% to 10.09%); allied health professionals (decreased from 15.08% to 11.64%); admin and clerical (decreased from 17.55% to 16.7%). King's continues to undertake extensive local, national and international recruitment.
- 6.8. The Trust has seen a reduction in the turnover rate which is now at 14.61%. This is a significant improvement from July 2022, when the turnover rate was 15.27%.
- 6.9. A new campaign has been launched to support recruitment at PRUH and South Sites, given the different challenges faced in recruiting staff there as opposed to Denmark Hill. The campaign recognises the appeal of living and working in Bromley but also taps into the King's College Hospital NHS Foundation Trust branding. The PRUH is launching a careers internet page that will exist as a subset of the King's recruitment site for healthcare workers and young people specifically looking to work in Bromley. The launch of this specific site will also include a social media video, careers video and life stories of PRUH staff. In addition, the PRUH is working with the local care partnership, One Bromley, to actively launch a similar recruitment venture as a healthcare system and is one of the first to do so in the NHS.

### **Board Changes**

- 6.10. Bernadette Thompson OBE has been appointed as King's new Director of Equality, Diversity and Inclusion. Bernadette brings a wealth of experience to this role, having spent over 20 years working in a number of Government departments and agencies, before joining Barts in 2021. For five years, Bernadette co-chaired the Race to the Top G6/7 Network, which helps Black, Asian and Minority Ethnic (BAME) Civil Service colleagues thrive and progress, and address BAME under-representation in Government. Bernadette is also a Different Woman Ambassador, advocating for a more inclusive gender agenda, and amplifying the voices for women of colour. Most recently, Bernadette received an OBE for services to diversity and inclusion. Bernadette is due to start at King's towards the end of the summer.

### **Mapother House Staff Nursery**

- 6.11. King's has given formal notification to parents/carers and staff of the closure of the Mapother House staff nursery. The nursery is being closed as South London and the Maudsley NHSFT are redeveloping their site at which both the King's and SLAM nurseries are located.
- 6.12 The Trust is continuing to explore all opportunities available to support childcare provision including options for a new site. We are working with parents/carers in this regard and we are in contact with our local MPs and potential commercial partners to review what alternatives are possible.
- 6.13 The Mapother House nursery is due to close on 29 December 2023.

#### **Temporary Staffing**

- 6.14 The in-house Temporary Staffing team has been located in new premises at Denmark Hill with staff also working at PRUH and South Sites. The Trust's joint working with Patchwork is currently focussed on medical and dental staff whilst development for other staff groups continues. A benefits realisation review will take place during the summer in relation to the technology platform provided by Patchwork.

#### **National Staff Survey 2022**

- 6.15 All Care Groups and Corporate teams have received their 2022 staff survey results for them to develop their people priorities for 2023. This process is underway and will conclude in early May 2023.

#### **Learning and Organisational Development**

- 6.16 The Trust continues to embed its King's Leaders programmes. The third cohort of our new 'Essentials' programme has commenced and cohort two of our 'Inspire' programme starts in May 2023. We have also delivered three cohorts of our coaching skills programme with a fourth cohort planned for June 2023.
- 6.17 In April we started a programme of work to ensure our core skills training is aligned to the National Core Skills Training Framework. The first phase includes aligning refresher periods with a second phase taking place in July 2023 to ensure audiences are reviewed for each topic.
- 6.18 We launched our new King's Work Experience Scheme with a pilot of 10 students placed at DH and the PRUH. This is the start of an ambitious new scheme which has been established to continue to promote King's as a local employer and to increase engagement with local schools and colleges. The next cohort of the scheme takes place in the summer.
- 6.19 The King's Ambassadors programme, our new staff advocacy scheme, was launched in March. The Ambassadors support our work relating to values and culture at King's.
- 6.20 The 2023 Appraisal season for all non-medical/dental staff opened on 1 April. We are providing weekly manager training and have published a number of resources to support staff to have high quality appraisal conversations. The season concludes at the end of July 2023.
- 6.21 The first King's 'Love Admin' week was held in April aimed at supporting and developing our administrative professional's network. The week included a number of

CPD training sessions as well as networking opportunities for administrative and clerical staff across the Trust.

- 6.22 In May 2023 we are holding our next Brilliant People Week which will see the launch of a range of initiatives identified in our People and Culture Plan. These include our manager fundamentals programme, a new 360 feedback tool and our values and engagement toolkits.

## 7. Equality, Diversity and Inclusion

- 7.1. We published our first [Annual Report](#), marking one year on from the publication of the *Roadmap to Inclusion*. The report sets out our successes over the past twelve months and our progress against the EDI projects we have committed to across our BOLD ambitions. Additionally, during this period, we were shortlisted for awards in several categories at the 'Inspiring Workplaces Awards' and for a 'Commitment to the Local Community' award at the *Better Society Awards*, the outcome for both will be confirmed in May.
- 7.2. **We have delivered several well attended events for our staff during this period that celebrated the diversity of King's workforce, including:**
- International Women's Day celebration event and stalls at both PRUH and DH had 190 staff in attendance, alongside a co-facilitated 'Gender Pay Gap' webinar - attended by forty staff.
  - In celebration of the Sikh holiday Vaisakhi, over 200 fruit bowls were distributed to teams across the Denmark Hill, PRUH and Orpington sites.
  - To mark LGBT+ History Month, we held a series of webinars with an array of special guests who spoke about a variety of subjects, from HIV History to LGBT rights in schools. Over 130 attendees came to at least one of these webinars.
- 7.3. **We continued to deliver and introduce a range of training and mentoring programmes to build understanding of EDI concepts among King's staff, including:**
- Cultural Intelligence (CQ) training to Liver and Critical Care staff, with 56 and 23 attending respectively.
  - Eight Active Bystander Training sessions with >170 staff in attendance. We also launched 'Active Bystander Extra', which is fully booked until October 2023.
  - Seven 'Inclusive Recruitment' training sessions, which were attended by >150 staff.
  - 'Transgender Complaint Awareness' training delivered to thirty outpatient staff at PRUH and South Sites.
- 7.4. **We continued to strengthen and grow our staff diversity networks**
- Total staff diversity network membership is now 2,394 (an increase of 120 since March).
  - Introduced remuneration via King's Bank for our Network Chairs and Co-Chairs which was well received.
  - Chair elections for both Inter Faith & Belief Network and the Women's Network were completed.
  - We supported the BAME Network's Re-branding Launch – as they move to the name REACH Network – hosted at Denmark Hill by the current Chairs and Steering Group members and supported by members of the EDI Team.
- 7.5. **We launched our Reasonable Adjustments Programme, which will ensure that staff with disabilities are fully supported to carry out their roles**

- We launched our Reasonable Adjustments Plan Framework at an event attended by 127 staff and received 100% positive feedback.
- Consultation commenced on the development of a Reasonable Adjustments Policy, which we will publish in July.
- We also commenced work on the creation of a reasonable adjustments training package to be launched in Q3.

**7.6. We continued our work to ensure equity in access, experience and outcome through our trust wide programme to tackle health inequalities.**

- Two Health Inequalities Showcase events took place in the Boardrooms of PRUH and Denmark Hill. [An accompanying brochure](#) was developed for the events, which details thirteen projects being delivered by Care Groups, aimed at reducing disparities in access, experience and outcome. Both events were introduced by the respective Site CEOs. Both Boardrooms were at capacity with over 25 attending the PRUH event and more than 55 attending the DH event.
- The 'Supporting Trans and Non-Binary Patients' guidance was submitted to and approved by King's Executive. The guidance follows the staff policy that was published in 2022 and is the product of eighteen months of consultation with staff, patients, charities and a range of other internal and external stakeholders. This is the first such guidance published by the Trust and we are currently working with ICS colleagues to share the document as an example of best practice with other local providers.

**7.7. We continued to develop and deliver our new approach to community engagement**

- We continued to pilot our new model for community engagement through our health inequalities programme. Our local partners, Centric Community Research, delivered joint training between our staff and community researchers who are participating in the programme. We also recruited two 'Community Champions' to each of our three programme working groups, where they will now provide a community perspective in meeting discussions.

**7.8. Next Steps**

- Publication of the new Reasonable Adjustment policy
- Launch of the 'Supporting Trans and Non-Binary' patient guidance
- Development of 'phase 2' of the Trust Diversity Dashboard
- Publication of Equality Delivery System (EDS) 2 mandatory report and introduction of new reporting structure, EDS2022
- Introduction of 'Calibre' positive action programme for staff with disabilities

**8. Apollo Programme**

- 8.1. As previously reported in the March 2023 Chief Executive report to this Board, the Apollo Joint Oversight Committee took the decision, in February, to delay the GSTT go-live which was scheduled to launch on 27<sup>th</sup> April 2023. As a result, King's and GSTT will now both go-live, and at the same time, on the 5<sup>th</sup> October, together with our Pathology partners Synnovis. Detailed planning towards this new go-live date and a revised governance framework is being established to ensure that both Trusts continue to work closely together to achieve a successful joint go-live later this year.
- 8.2. Despite the delay and work involved in resetting the programme, the Apollo team continues to make steady progress towards the new go-live date. As summary of key achievements since the last trust Board is as follows:

- **Programme management:** Additional support (Deloitte) has been on-boarded to provide programme management support to the programme and across a number of workstreams. Embedding within existing teams, they have focused on resetting the programme's governance, aligning reporting processes with Epic's (Apollo) reporting, developing a new status report and defining a clear critical path.
  - **Programme Governance:** A review of programme governance has been undertaken and approved by the Apollo Joint Oversight Committee.
  - **System build:** The Workflow and Content Build status is currently 98% complete.
  - **Training:** In response to the Joint Go-Live approach, a new training strategy has been developed where staff will receive basic training via a series of eLearning courses, reinforced through self-directed exercises in the playground environment and followed up by mandatory face to face sessions. Every member of staff will still need to complete their proficiency assessment and login lab before gaining system access.
  - **Go-Live Logistics:** The command centre operating model for both GSTT and KCH has been agreed.
  - **Technical Readiness:** The Technical Dress Rehearsal (TDR) pilot on 03 Feb 23 at GSTT was successfully completed. The team are working towards starting full TDR at GSTT on 15 May 23 and KCH on 01 Jul 23, which is in line with the programme's critical path.
  - **Interfaces:** The final scope of interfaces (joining IT systems together) was approved by the Apollo Joint Programme Board on the 18<sup>th</sup> April 2023 and build is progressing.
  - **Testing:** Application Testing and Integrated End User Testing were both completed on 7<sup>th</sup> April and 20<sup>th</sup> April respectively. Integrated testing is 100% complete for pass 1 and 97% complete for pass 2 with only 3 scripts outstanding.
  - **Reporting:** A revised programme plan for the reporting stream of work has been agreed and additional Project Management support and technical support has been added to the team to support delivery of this significant area of risk for the programme.
- 8.3. The Apollo programme, working closely with our partner, Epic, has a significant amount of work to do between now and the 5<sup>th</sup> October 2023. There are a number of actions programmed for completion in May 2023 which will give the joint programme a very good overview of progress to go-live.
9. **Board Committee Meetings since the last Board of Directors Meeting (8<sup>th</sup> Dec 2023)**
- |  |                           |
|--|---------------------------|
| Quality Committee                                | 20 <sup>th</sup> Apr 2023 |
| Finance and Commercial Committee                 | 20 <sup>th</sup> Apr 2023 |
| Audit Committee                                  | 27 <sup>th</sup> Apr 2023 |
| Strategy, Research and Partnerships Committee    | 27 <sup>th</sup> Apr 2023 |
| Council of Governors                             | 28 <sup>th</sup> Mar 2023 |
| Governor Patient Safety and Experience Committee | 28 <sup>th</sup> Mar 2023 |
| Governor Strategy Committee                      | 16 <sup>th</sup> Mar 2023 |
10. **Good News Stories**



- 10.1. **Spring edition of Inside King's published:** The latest edition of Inside King's features the emotional story of Tulip, who shares her experience of pregnancy loss, and the support she received from bereavement midwives at King's. There is also an update about Epic, our new electronic health record system, and what it means for staff and patients, as well as an article about the Hospital@Home service at the PRUH, which is enabling young people across Bromley to be treated in their homes rather than at hospital.
- 10.2. **Senior Nurse at King's receives Senior Research Leadership Programme Award:** John Smith, Lead Nurse for Anaesthetics, Critical Care, Emergency Medicine and Trauma at the Trust, has been awarded a fully-funded scholarship from the National Institute of Health and Care Research to join their senior research leadership programme
- 10.3. **King's Preceptorship programme awarded Quality Mark:** The Trust has become the first Trust in England to be awarded the National Preceptorship Interim Quality Mark. The Quality Mark is the national gold standard for preceptorships, and was created in October 2022 when NHS England introduced the new national Preceptorship framework for Nursing, which NHS Trusts now use to benchmark themselves against.
- 10.4. **ITV News: ITV's Jason and Clara: In Memory of Maudie 'The reason I made a programme about sepsis':** In a documentary focusing on the tragic death of his two-year-old daughter from sepsis, the actor Jason Watkins visited King's to meet with Professor Akash Deep, who runs training programmes to teach health professionals at all levels how to identify the condition. The film also featured King's consultants Dr Trisha Radia and Dr Nia Williams as they ran simulation training at King's for staff to help upskill colleagues in spotting the signs of sepsis.
- 10.5. **Lambeth GP Food Co-op celebrates 10-year anniversary:** On Thursday 30 March, the Lambeth GP Food Co-op celebrated its 10-year anniversary, and seventh at Jennie Lee House at King's College Hospital. The garden at Jennie Lee House, which opened in 2016, is designed to support local patients with long-term health conditions, by teaching them how to grow food and, by doing so, improve their health and wellbeing.
- 10.6. **BBC News: How the World Transplant Games gave Watford man a post-op goal:** Seven years after a kidney and liver transplant at King's, Andy Taylor is heading to the World Transplant Games. Andy praised the care he received at King's back in 2016, and encouraged others to join the organ donor register.
- 10.7. **Health Service Journal – King's recognised as one of best performing Trusts for elective care:** In a HSJ article about elective recovery and performance targets for 2023/24, King's was referenced as one of the best performing Trusts during the past year. The article included a statement from Clive Kay, Chief Executive, in which he attributed the strong performance last year to the extraordinary efforts of staff, plus 'new co-ordinated ways of working, more effective use of pre-operative and theatre capacity, and a real focus on maximising day-case and inpatient theatre segregation'.

**Appendix 1 – Consultant Appointments**

AAC Date	Name of Post	Appointee	Post Type New / Replacement	Start Date
02/03/2023	Consultant in Restorative Dentistry	Dr Shirin Shahr Baf	New	TBC
08/03/2023	Consultant Gastroenterology, Interest in IBD	Dr Polychronis Pavlidis	New	TBC
13/03/2023	Consultant Medical Microbiology	Dr Jonathan Youngs	New	TBC
16/03/2023	Consultant Diagnostic Neuroradiologist	Dr Jay Patel	New	TBC
22/03/2023	Consultant In Radiology with a Special Interest In Musculoskeletal And Trauma Imaging	Dr Frederick Charles L Barber Dr Jugal Narendra Patel	Replacement	TBC TBC
23/03/2023	Consultant in Genito-Urinary & HIV Medicine	Dr Harriet Anne Le Voir	Replacement	TBC
	Consultant in Sexual Health & HIV Medicine	Dr Larissa Victoria Mulka	Replacement	TBC
31/03/2023	Consultant Haematologist, Interest in Thrombosis & Haemostasis	Dr Micky Tsui	Replacement	TBC
15/09/2022	Consultant Radiologist (Hepatobiliary Imaging & Intervention)	Dr Matthew John Seager	New	06/03/2023
25/08/2022	Consultant Haematologist with an Interest in Lymphoid Malignancies	Dr Emil Arjun Kumar	New	06/03/2023
28/11/2022	Consultant Gastroenterologist - Interest in Nutri & Video Capsule	Ms Dominique Clement	New	27/03/2023
Locum Consultant	Locum Consultant in Acute Care Radiology with Special Interest	Dr Pooja Subrahmanya Hegde	Replacement	06/03/2023



Locum Consultant	Locum Acute Medicine Consultant	Mr Shams ur Rehman	Replacement	06/03/2023
Locum Consultant	Locum Consultant Neurologist	Dr Rhia Ghosh	Replacement	13/03/2023
Locum Consultant	Locum Consultant in Nuclear Medicine	Dr Richard Halsey	New	24/03/2023
Locum Consultant	Locum Consultant Neonatologist	Dr Fahad Muhamed Shareef Arattu Thodika	Replacement	27/03/2023
Locum Consultant	Locum Consultant Paediatrician with an interest in Haematology/ Oncology	Dr Katherine Helen Quinan	Replacement	06/03/2023
Locum Consultant	Locum Consultant in Palliative Care	Dr Rebecca Grace Darge	New	06/03/2023



Meeting:	Board of Directors	Date of meeting:	11 May 2023
Report title:	<b>Integrated Performance Report Month 12 (March) 2022/23</b>	Item:	6.1.
Author:	Adam Creeggan, Director of Performance & Planning; Steve Coakley, Assistant Director of Performance & Planning;	Enclosure:	6.1.1. & 6.1.1.2
Executive sponsor:	Beverley Bryant, Chief Digital Information Officer		
Report history:	None		

### Purpose of the report

This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets, noting that our required Trust response to COVID-19 continues to impact activity delivery and performance for March 2023 returns.

### Board/ Committee action required (please tick)

<b>Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Discussion</b>	<input type="checkbox"/>	<b>Assurance</b>	<input type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>
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The Committee is asked to approve the latest available 2022/23 M11 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).

### Executive summary

#### Performance:

- Trust A&E/ECS compliance increased slightly from 60.75% in February to 60.77% in March. By Site: DH 60.34% and PRUH 61.30%.
- Diagnostics: performance reduced by 0.48% to 2.27% of patients waiting >6 weeks for diagnostic test in March (target <1%).
- RTT incomplete performance reduced by 0.74% to 72.62% in March (target 92%).
- RTT patients waiting >52 weeks increased by a further 44 cases to 791 cases in March compared to 747 cases in February.
- Cancer treatment within 62 days of post-GP referral is not compliant but improved to 68.50% for March (target 85%).
- The two-week wait from GP referral standard reduced to 90.71% in March which is below the national 93% target.

#### Quality

- 15 new e-Coli cases and 18 new C-difficile cases reported in March.
- 1 new MRSA case reported in March 2023 on the Stroke Unit at PRUH.

<b>Finance</b>			
<ul style="list-style-type: none"> <li>As at month 12 the Trust has reported a deficit for FY2022-23 of £19.9m in line with the mid-year forecast position at SOF 4 exit, after excluding allowable transactions.</li> </ul>			
<b>Workforce</b>			
<ul style="list-style-type: none"> <li>Statutory and Mandatory training compliance rate has increased to 86.05% for March and remains below the 90% target.</li> <li>The decline in the rate of compliance over the last 3 months is due to planned changes in core skills training which has led to larger audiences being asked to undertake Safeguarding Children, Adults and Resuscitation.</li> </ul>			
<b>Strategy</b>			
<b>Link to the Trust's BOLD strategy (Tick as appropriate)</b>		<b>Link to Well-Led criteria (Tick as appropriate)</b>	
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓	<b>Leadership, capacity and capability</b>
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓	<b>Vision and strategy</b>
✓	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	✓	<b>Culture of high quality, sustainable care</b>
✓	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓	<b>Clear responsibilities, roles and accountability</b>
✓	<b>Person- centred</b>	✓	<b>Effective processes, managing risk and performance</b>
	<b>Digitally-enabled</b>	✓	<b>Accurate data/ information</b>
	<b>Sustainability</b>	✓	<b>Engagement of public, staff, external partners</b>
	<b>Team King's</b>	✓	<b>Robust systems for learning, continuous improvement and innovation</b>

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

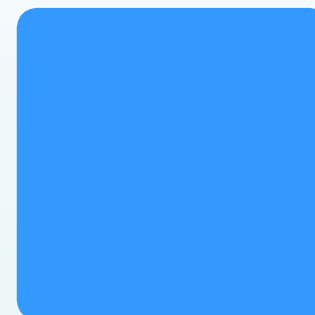
<b>Financial</b>	Trust reported financial performance against published plan.
<b>Comms &amp; Engagement</b>	Trust's quarterly and monthly results will be published by NHSi and the DoH
<b>Committee that will provide relevant oversight</b>	
QPP Committee	

# Integrated Performance Report

Month 12 (March) 2022/23

Board of Directors

11 May 2023



Report to:	<i>Board Committee</i>
Date of meeting:	<i>11 May 2023</i>
Subject:	<i>Integrated Performance Report 2022/23 Month 12 (March)</i>
Author(s):	<i>Adam Creeggan, Director of Performance &amp; Planning; Steve Coakley, Assistant Director of Performance &amp; Planning;</i>
Presented by:	<i>Beverley Bryant, Chief Digital Information Officer</i>
Sponsor:	<i>Beverley Bryant, Chief Digital Information Officer</i>
History:	<i>None</i>
Status:	<i>For Discussion</i>

### Summary of Report

- *This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets, noting that our required Trust response to COVID-19 continues to impact activity delivery and performance for March 2023 returns.*
- *The report provides a site specific operational performance update on patient access target performance, with a focus on delivery and recovery actions and key risks.*

### Action required

- *The Committee is asked to approve the latest available 2022/23 M12 performance reported against the governance indicators defined in the Strategic Oversight Framework (SOF).*

### 3. Key implications

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



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## Executive Summary

### 2022/23 Month 12

#### QUALITY

- Summary Hospital Mortality Index (revised to NHS Digital index) has increased to 99.5 but remains below expected index of score of 100.
- **HCAI:**
  - ❑ 1 MRSA bacteraemia case reported in March with 5 cases reported for the year;
  - ❑ 7 new VRE bacteraemia cases reported in March and 72 cases reported for the year.
  - ❑ E-Coli bacteraemia: 15 new cases reported in March and 157 cases for the year, above the target of 114 cases;
  - ❑ 18 new C-difficile cases reported in March and 126 cases for the year which is above the target of 108 cases.
- FFT inpatient recommendation scores reduced by 2.1% in March to 92.4% and is now below the 94.0% target.
- FFT ED recommendation scores improved by 0.5% in March to 65.9% which is below the 73.0% target.

#### PERFORMANCE

- Trust A&E/ECS compliance increased slightly from 60.75% in February to 60.77% in March. By Site: DH 60.34% and PRUH 61.30%.
- Cancer:
  - ❑ Treatment within 62 days of post-GP referral is not compliant but improved to 68.50% for March (target 85%).
  - ❑ Treatment within 62 days following screening service referral is not compliant at 70.31% for March (target 90%).
  - ❑ The two-week wait from GP referral standard reduced to 90.71% in March and not compliant with the 93% target.
- Diagnostics: performance reduced by 0.48% to 2.27% of patients waiting >6 weeks for diagnostic test in March (target <1%).
- RTT incomplete performance reduced by 0.74% to 72.62% in March (target 92%).
- RTT patients waiting >52 weeks increased by a further 44 cases to 791 cases in March, compared to 747 cases in February.

#### WORKFORCE

- The non-medical appraisal compliance rate of 91.35% for March 2023 has remained over the 90% target since August last year.
- The Medical & Dental rate has increased from last month to 93.11% in March and remains over the 90% target this month.
- The sickness and absence rate has reduced from 4.46% in February to 4.42% in March.
- There were a total of 2,781 staff off sick during March.
- Statutory and Mandatory training compliance rate has increased to 86.05% for March and remains below the 90% target.
- The Trust vacancy rate has increased from 12.20% in February to 12.48% in March.
- The Trust Turnover rate has reduced from 14.97% in February to 14.61% in March and remains above the internal 14% target.

#### FINANCE

- As at month 12 the Trust has reported a deficit for FY2022-23 of £19.9m in line with the mid-year forecast position at SOF 4 exit, after excluding allowable transactions.
- During the year the Trust has also achieved a close to break-even position on its capital expenditure, delivering a capital programme of £76.7m.
- The Trust has agreed a planned deficit of £49m for 2023/24, which includes a CIP target of £72m (c.5% of income).



# NHSi Dashboard - Strategic Oversight Framework

## NHSi Dashboard

Domain	Indicator	Denmark Hill Site Group				PRUH/SS Site Group				Trust				13-Month Trend
		Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	
A&E	A&E Waiting times - Types 1&3 Depts (Target: > 95%)	60.96 %	59.97 %	60.34 %	57.56 %	61.18 %	61.77 %	61.30 %	63.49 %	61.06 %	60.75 %	60.77 %	60.18 %	
RTT	RTT Incomplete Performance	77.68 %	77.61 %	77.30 %	75.93 %	67.43 %	66.86 %	65.37 %	70.19 %	73.67 %	73.36 %	72.62 %	73.70 %	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: > 93%)	96.45 %	94.42 %	92.80 %	94.63 %	96.59 %	96.61 %	87.66 %	94.83 %	96.52 %	95.36 %	90.71 %	94.72 %	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: > 93%)					87.50 %	100.00 %	80.56 %	95.19 %	87.50 %	100.00 %	80.56 %	95.19 %	
	31 days diagnosis to first treatment (Target: >96%)	86.31 %	90.00 %	90.36 %	91.19 %	94.00 %	86.36 %	90.38 %	91.98 %	88.07 %	89.19 %	90.50 %	91.43 %	
	31 days subsequent treatment - Drug (Target: >98%)	72.22 %	91.30 %	97.37 %	94.36 %	66.67 %	100.00 %	80.00 %	87.50 %	69.70 %	93.33 %	93.75 %	93.33 %	
	31 days subsequent treatment - Surgery (Target: >98%)	89.19 %	86.21 %	80.00 %	88.30 %	93.33 %	70.00 %	80.00 %	71.21 %	90.38 %	82.05 %	80.00 %	85.65 %	
	62 days GP referral to first treatment (Target: >85%)	53.98 %	57.78 %	60.11 %	58.98 %	77.94 %	81.48 %	91.18 %	76.75 %	60.66 %	64.55 %	68.50 %	64.57 %	
	62 days NHS screening service referral to first treatment (Target: >90%)	57.69 %	68.63 %	71.74 %	72.29 %	87.50 %	54.55 %	66.67 %	82.56 %	64.71 %	66.13 %	70.31 %	74.69 %	
Patient Safety	Clostridium difficile infections	8	8	13	95	1	4	5	31	9	12	18	126	

### A&E 4 Hour Standard

- A&E performance was non-compliant in March at 60.77%, below the national target of 95% and improving slightly by 0.02% compared to 60.75% performance achieved in February 2023.

### Cancer

- The latest interim 62-day performance for patients referred by their GP for first cancer treatment improved by 3.95% from 64.55% reported for February 2023 to 68.50% in March, and below the national target of 85%.

### RTT

- RTT performance is validated at 72.62% for March which is a reduction of 0.74% compared to 73.36% performance achieved in February.

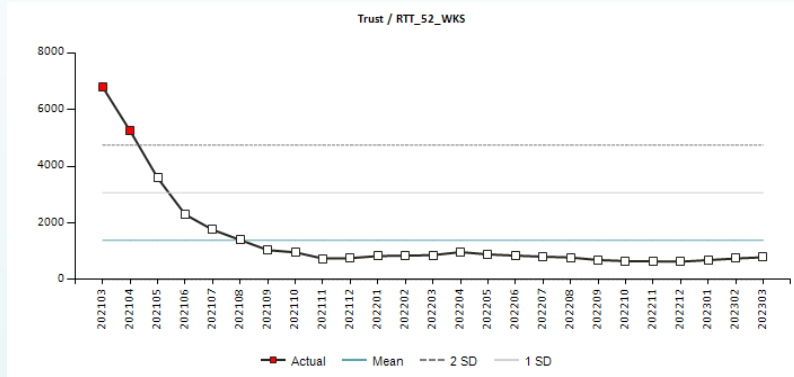
### C-difficile

- There were 18 Trust attributed cases of C-Difficile in March 2023 and 126 cases for the year which is above the cumulative target of 108 cases.

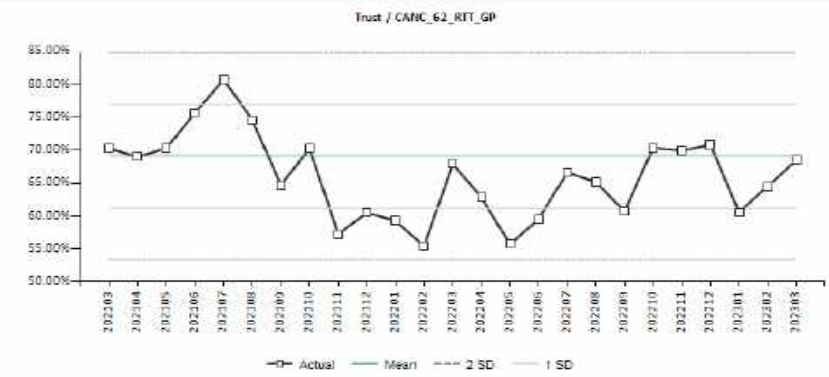
# Selected Board Report NHSi Indicators

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

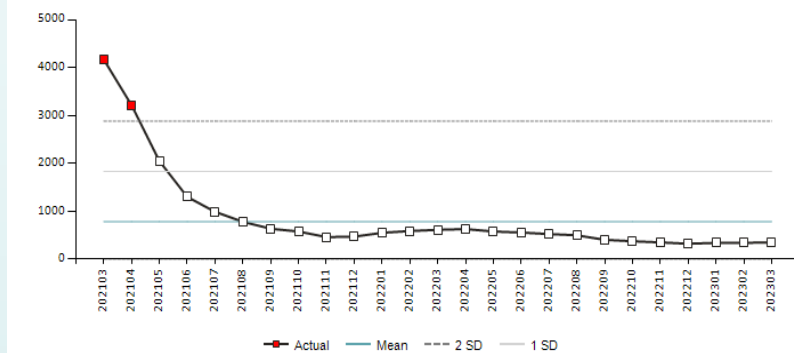
RTT Incomplete Pathways



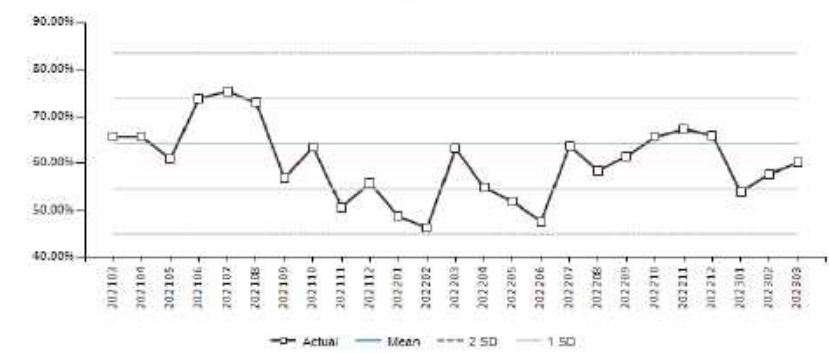
Cancer: 62 day standard



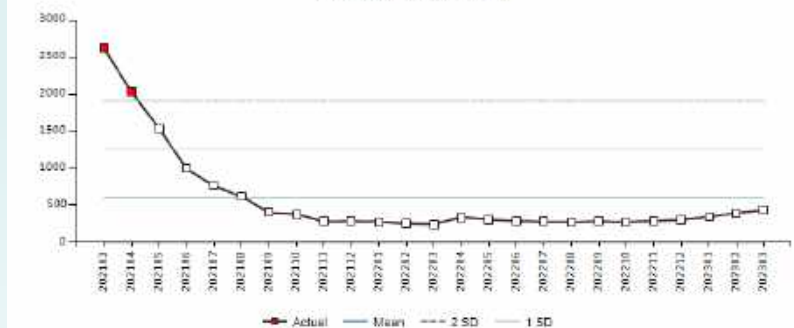
Denmark Hill / RTT\_52\_WKS



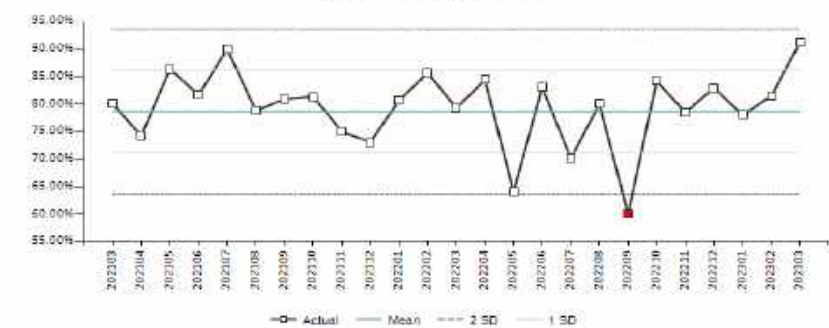
Denmark Hill / CANC\_62\_RET\_GP



PRUH and South Sites / RTT\_52\_WKS

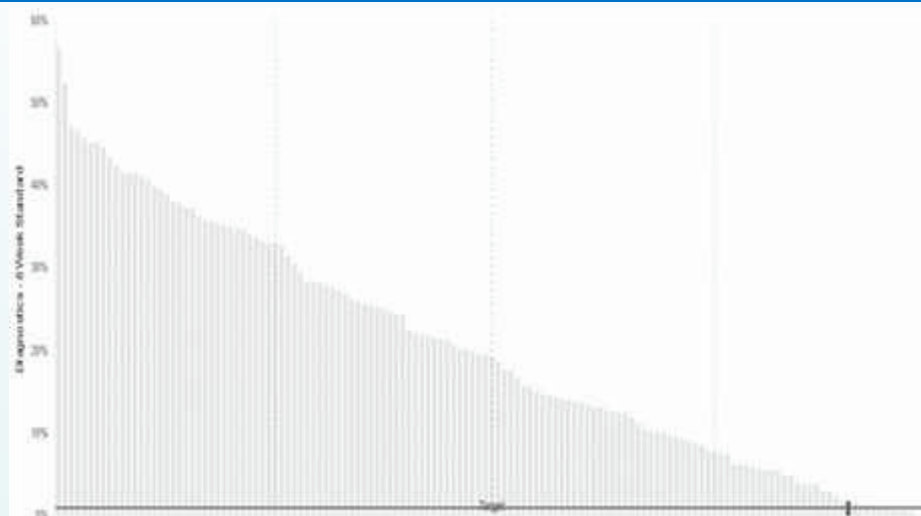


PRUH and South Sites / CANC\_62\_RET\_GP

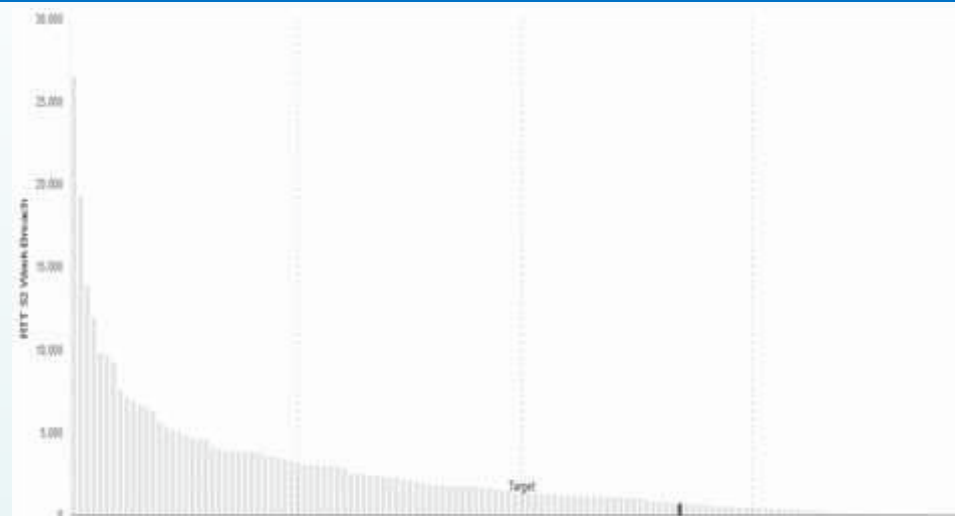


## Selected Board Report NHSi Indicators

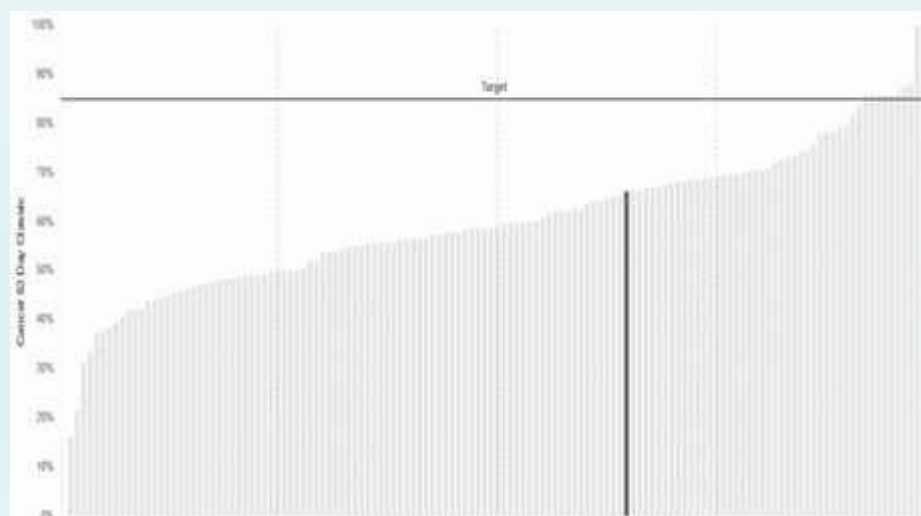
Based on data published from 'Public View'



The chart above shows the national ranking against the DM01 diagnostic 6 week standard. Kings is ranked 13 out of 137 selected Trusts based on February 2023 data published.



The chart above shows the national ranking against the RTT 52 week standard. Kings is ranked 45 out of 137 selected Trusts based on latest February 2023 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 47 out of 134 selected Trusts based on latest February 2023 data published.



The chart above shows the national ranking against the 4 hour Emergency Care Standard. Kings is ranked 92 out of 113 selected Trusts based on latest March 2023 data published.

# Safety Dashboard

## Safe

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13 Month Trend
		Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	
CQC level of inquiry: Safe														
Reportable to DoH														
2717	Number of DoH Reportable Infections	59	42	53	763	8	15	12	112	67	57	66	880	
Safer Care														
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.06	0.10	0.09	0.07	0.12	0.13	0.06	0.19	0.08	0.11	0.08	0.11	
1897	Potentially Preventable Hospital Associated VTE	1	2	1	15	1	1	2	15	2	3	3	30	
538	Hospital Acquired Pressure Ulcers (Grade 3 or 4)	0	0	0	6	0	1	1	2	0	1	1	8	
Incident Reporting														
520	Total Serious Incidents reported	6	12	10	97	6	3	8	67	12	15	18	165	
516	Moderate Harm Incidents	18	20	23	226	23	7	17	192	45	29	41	434	
509	Never Events	0	0	0	3	0	0	0		0	0	0	3	

## HCAI

- There was one MRSA bacteraemia case reported for March on the Stroke Unit at PRUH following the previous case that was reported in February 2023. Five MRSA cases have been reported for this financial year.
- 7 new VRE bacteraemia cases reported in March and 72 cases for the year.
- E-Coli bacteraemia: 15 new cases reported in March and 157 cases for the year which is above the cumulative target of 123 cases.
- 18 Trust attributed cases of c-Difficile in March and 126 cases for the year which is above the target of 108 cases for the month.

## Complaints

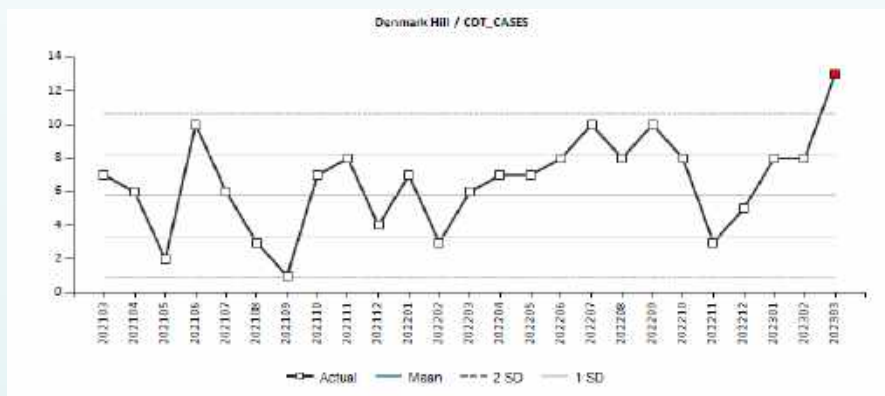
- The number of complaints remained static with 71 cases reported for March. The number of complaints not responded to within 25 days reduced from 310 cases in February to 67 cases in March. From 1 April 2023 InPhase will fully replace Datix as the Trust's new local risk management system.

## Inpatient Surgical Cancellations

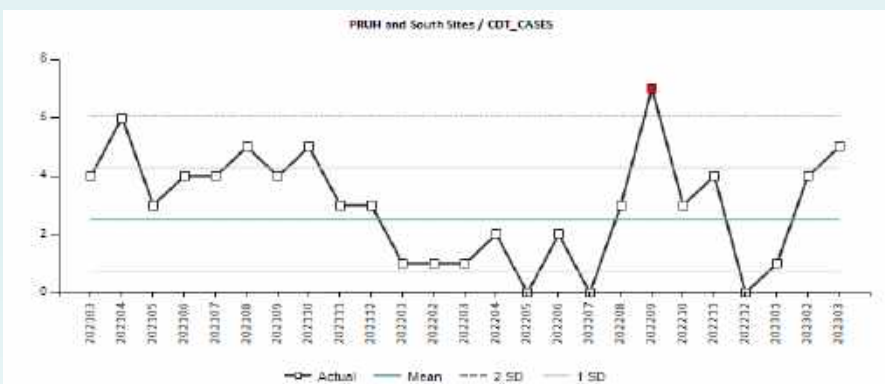
- The number of inpatient surgical operations cancelled on the day increased from 68 in February to 71 in March, above the Trust target of 47 cases for the month.

**Denmark Hill performance:**

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

**PRUH performance:**

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

**MRSA:**

- There was one MRSA bacteraemia case reported for March on the Stroke Unit at PRUH, following the previous case reported on Fisk & Cheere ward in Renal in February, as well as a case reported on an Acute Medicine ward at Denmark Hill in January 2023 and July 2022, and on a Haematology ward at Denmark Hill in May 2022.

**VRE:**

- 7 new VRE bacteraemia cases reported in March with 6 cases reported on the Denmark Hill site – including 4 cases reported on Critical Care and 1 case each reported on a Cardiovascular and Haematology ward.
- There was 1 case reported on the PRUH site on Surgical Ward 4.

**E-Coli:**

- E-Coli bacteraemia: 15 new cases reported in March and 157 cases for the year which is above the cumulative target of 124 cases. There were 13 cases were reported at Denmark Hill.
- There were 2 cases reported at PRUH/South Sites.

**C-Difficile:**

- 18 Trust attributed cases of c-Difficile in March and 126 cases for the year which is above the cumulative plan of 108 cases.
- 13 cases reported on the DH site with 4 cases in Acute Medicine wards, 3 cases in Critical Care, 2 cases in Child Health wards, 1 case in a Cardiovascular ward, 1 case in a Haematology ward, 1 case in a Liver ward and 1 case in a Surgery ward.
- There were 5 c-Difficile cases reported on the PRUH site – with 2 cases reported on General Medicine wards, and 1 case reported on each of an Adult Medicine ward, Surgical ward and a Speciality Medicine ward.

# Patient Experience Dashboard

## Caring

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13 Month Trend
		Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	
CQC level of inquiry: Caring														
HRWD														
422	Friends & Family - Inpatients	93.8 %	95.3 %	91.8 %	93.7 %	94.3 %	92.8 %	93.6 %	94.2 %	94.0 %	94.5 %	92.4 %	93.9 %	
423	Friends & Family - ED	72.3 %	64.7 %	64.5 %	62.2 %	68.6 %	66.4 %	67.6 %	66.8 %	70.5 %	65.4 %	65.9 %	64.4 %	
774	Friends & Family - Outpatients	90.9 %	91.0 %	90.9 %	90.4 %	90.8 %	90.4 %	90.9 %	90.2 %	90.8 %	90.7 %	90.9 %	90.3 %	
775	Friends & Family - Maternity	85.5 %	82.8 %	83.3 %	84.4 %	90.6 %	95.1 %	89.9 %	91.6 %	88.8 %	90.9 %	86.6 %	89.0 %	
Complaints														
619	Number of complaints	44	46	52	555	30	25	19	289	74	71	71	850	
Operational Engagement														
620	Number of complaints not responded to within 25 Days	184	205	49	1,106	90	105	18	554	274	310	67	1,667	
3119	Number of PALS enquiries – unable to contact department				73				84				161	
Incident Management														
660	Duty of Candour - Conversations recorded in notes	100.0 %	95.7 %	100.0 %	94.5 %	96.9 %	100.0 %	77.8 %	94.6 %	98.3 %	97.6 %	90.0 %	94.6 %	
661	Duty of Candour - Letters sent following DoC Incidents	96.0 %	96.0 %	91.2 %	91.0 %	83.3 %	90.0 %	82.6 %	90.9 %	89.3 %	93.3 %	87.7 %	91.0 %	
1617	Duty of Candour - Investigation Findings Shared	7.4 %	3.5 %	0.0 %	9.2 %	6.7 %	0.0 %	4.0 %	15.3 %	6.6 %	2.0 %	1.8 %	11.8 %	

- **FFT – Inpatient:** The Trust score dropped by 2.1% to a 94.5% recommendation rate in March. However our response figures increased and exceeded 50% of all inpatient admissions.
- **FFT - A&E:** The overall Trust scored increased by 0.5% to 65.9% in March.
- **FFT – Outpatients:** The Trust FFT score for outpatients increased marginally by 0.2% to 90.9% in March.
- **FFT – Maternity (combined):** The overall Trust combined FFT maternity score dropped by 4.3% to 86.6% in March. Feedback by SMS is collected for women across all key touchpoints: antenatal, labour and birth and community postnatal; and further work is being carried out to widen the patient sample.



# Performance Dashboard

## Performance

		Denmark Hill Site Group				PRU/SS Site Group				Trust				13 Month Trend	
		Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual		
CQC level of inquiry: Responsive															
Access Management - RTT, CWT and Diagnostics															
364	RTT Incomplete Performance	77.68 %	77.61 %	77.30 %	75.93 %	67.93 %	66.85 %	65.37 %	70.19 %	73.67 %	73.36 %	72.62 %	73.70 %		
632	Patients waiting over 52 weeks (RTT)	344	345	350	5,300	344	308	438	3,833	690	747	791	9,156		
4997	Patients waiting over 78 weeks (RTT)	29	17	7	547	8	8	6	173	38	25	13	721		
4537	Patients waiting over 104 weeks (RTT)	0	0	0	5	0	0	0	3	0	0	0	8		
4557	RTT P2 Admitted Pathways	1,557	1,638	1,709	13,680	598	573	610	6,990	2,155	2,211	2,370	22,891		
4558	RTT P2 Admitted Pathways waiting >4 weeks	51.9 %	52.8 %	54.4 %	51.1 %	54.9 %	63.7 %	66.6 %	57.3 %	52.7 %	55.6 %	57.6 %	53.0 %		
412	Cancer 2 weeks wait GP referral	96.45 %	94.42 %	92.80 %	94.63 %	96.59 %	96.61 %	87.66 %	94.83 %	96.51 %	95.36 %	90.71 %	94.72 %		
413	Cancer 2 weeks wait referral - Breast					87.50 %	100.00 %	80.56 %	95.19 %	87.50 %	100.00 %	80.56 %	95.19 %		
419	Cancer 62 day referral to treatment - GP	53.98 %	57.78 %	60.11 %	58.98 %	77.94 %	81.48 %	91.18 %	76.75 %	60.66 %	64.55 %	68.50 %	64.57 %		
536	Diagnostic Waiting Times Performance > 6 Wks	2.79 %	2.03 %	2.61 %	4.41 %	0.19 %			0.13 %	2.45 %	1.79 %	2.27 %	3.84 %		
Access Management - Emergency Flow															
459	A&E 4 hour performance (monthly SITREP)	60.96 %	59.97 %	60.34 %	57.56 %	61.18 %	61.77 %	61.30 %	63.49 %	61.06 %	60.75 %	60.77 %	60.18 %		
Patient Flow															
399	Weekend Discharges	22.9 %	24.0 %	20.0 %	22.4 %	18.0 %	18.9 %	15.0 %	18.1 %	21.4 %	22.5 %	18.5 %	21.1 %		
404	Discharges before 1pm	16.8 %	16.5 %	16.7 %	16.0 %	16.6 %	17.5 %	20.2 %	17.5 %	16.7 %	16.8 %	17.8 %	16.5 %		
747	Bed Occupancy	91.9 %	91.0 %	91.1 %	91.4 %	96.6 %	97.6 %	97.6 %	95.4 %	93.5 %	93.2 %	93.3 %	92.7 %		
1357	Number of Stranded Patients (LOS 7+ Days)	366	401	375	4,518	223	225	219	2,622	591	627	595	7,164		
1358	Number of Super Stranded Patients (LOS 21+ Days)	177	217	198	2,282	95	84	79	1,001	274	302	279	3,305		
762	Ambulance Delays > 30 Minutes				2,451				1,223				8,672		
772	12 Hour DTAs	281	183	302	1,975	844	748	899	7,599	1,125	931	1,201	9,374		
Theatre Productivity															
801	Day Case Rate	76.6 %	76.8 %	77.8 %	76.5 %	76.3 %	74.3 %	70.1 %	73.1 %	77.2 %	76.6 %	76.1 %	76.1 %		

### A&E 4 Hour Standard

- A&E performance was non-compliant in March at 60.77% which has improved slightly from 60.75% performance achieved in February.

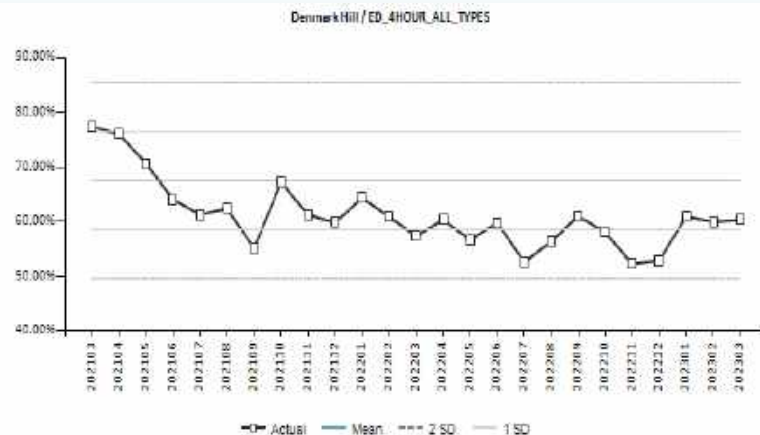
### Cancer

- Treatment within 62 days of post-GP referral is not compliant – but improved to 68.50% for March (target 85%) compared to 64.55% in February.
- The two-week wait from GP referral standard reduced to 90.71% in March and is no longer compliant with the national 93% target having achieved each month since November 2022

# Emergency Care Standard

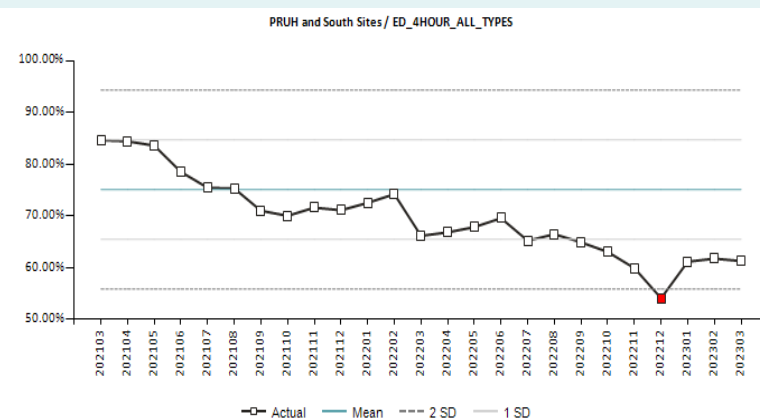
## Denmark Hill performance:

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



## PRUH performance:

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



## Background / target description:

- Ensure at least 95% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

## Underlying issues:

- There were 280 ambulance delays >60 minutes and 491 ambulance delays waiting 30-60 minute delays in March (un-validated) compared to 267 delays >60 minutes and 433 delays >30 minutes reported in February.

## DH Actions:

- Time to initial assessment remains strong. AMA breaches have increased with the highest AMA attendances since October. The ED team are working to deliver improvements in time to clinician assessment across AMA and SDEC for non-overnight patient cohorts. The multi-specialty SDEC opened in January has been supporting zero-day admissions.
- Introduction of continuous flow model was implemented in January and is supporting ambulance handovers, and the admitted patient pathway. The Orange Hub flow model is shortly to be implemented, which will further support flow within the department.

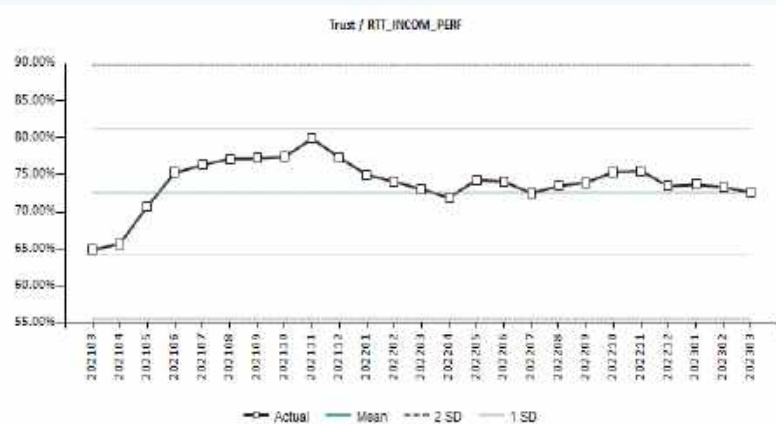
## PRUH Actions:

- Since adopting a 'Star Chamber' approach in February 2023, reviews continue of each workstream's delivery against plan. The Care Group has also reviewed the use of SEDIT dashboard information to complement its diagnosis and targeted work.
- Due to on-going industrial actions, emergency care at the front door has been under pressure with on-going variation in demand and capacity gaps. Despite that performance has improved recently, notably with regard to 12-hour DTAs
- The use of No Criteria to Reside patient level data is embedded as part of the daily board round process, and long length of stay reviews with Transformation support. In addition, ED continues its collaboration between the Trust and One Bromley partners to establish a synchronised discharge process.
- The SDEC footprint continue to drive down Unplanned care conversion rate through pathways optimisation and expansion.



**RTT Incomplete performance:**

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

**Background / target description:**

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

**Current RTT Incomplete position:**

- RTT performance reduced to 72.26% for March compared to 73.36% performance achieved in February. Total PTL increased by 1,466 to 82,385 pathways and the 18+ week backlog increased by 1,002 to 22,560 pathways.

**DH Actions**

- Sustained improvement in DSU theatre productivity, with March the third best month this year for activity despite the strike days and the best month for the whole of 22/23 for in-week activity.
- Next steps for theatre productivity is to broaden to include all other theatres in Denmark Hill, starting with Neurosurgery.
- Insourcing support from Xyla completed in March 2023.
- There has been a sustained reduction in outpatient DNAs, which are again the lowest we have seen in 12 months, however clinic utilisation has reduced.

**PRUH Actions**

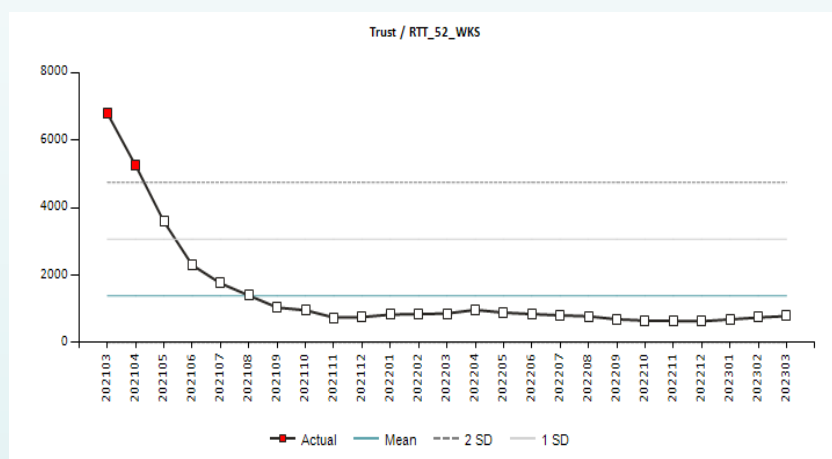
- The weekly specialty meetings with theatres, in conjunction with refreshed operational dashboards, are well attended by senior clinical and managerial colleagues from Care Groups.
- This process has helped prioritise a range of efforts to improve theatre productivity, from refreshing the number of patients on a list to deep diving into late starts and resolving equipment failures. It has notably identified the need to strengthen the booking systems used. Transformation support, trustwide and locally, is due to continue into 2023-24.
- Recent support to booking admission teams has been needed with notable success. They have already added over 65 bariatric patients across 25 sessions to the end of May in less than five working days. The Trust has offered mutual aid capacity and the additional booking resource will be needed to process on a timely basis. Also in development is a tool to help teams schedule patients from the PTL and this will help cleanse our records ahead of the EPIC implementation.

# RTT – 52 Weeks

## RTT Incomplete performance:

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

## RTT 52+ Week waiters:



## Background / target description:

- Zero patients waiting over 52 weeks.

## 52 Week position:

- Increase of 44 breaches from 747 in February to 791 in March.
- The majority of the breaches are in General Surgery (191 patients), Bariatric Surgery (95 patients) and T&O (88 patients).
- The number of 52 week breaches at Denmark Hill has increased by 5 cases from 345 in February to 350 in March. The number of breaches at PRUH/SS increased by 40 cases from 398 in February to 438 in March.

## Over 65 Week and 78 Week position:

- The number of patients waiting over 65 weeks reduced from 110 in February to 86 in March. This cohort forms part of the long wait reduction requirements as part of the national FY23/24 Operating Plan.
- The number of patients waiting over 78 weeks reduced from 25 in February to 13 in March compared to the planned trajectory of zero cases for March.

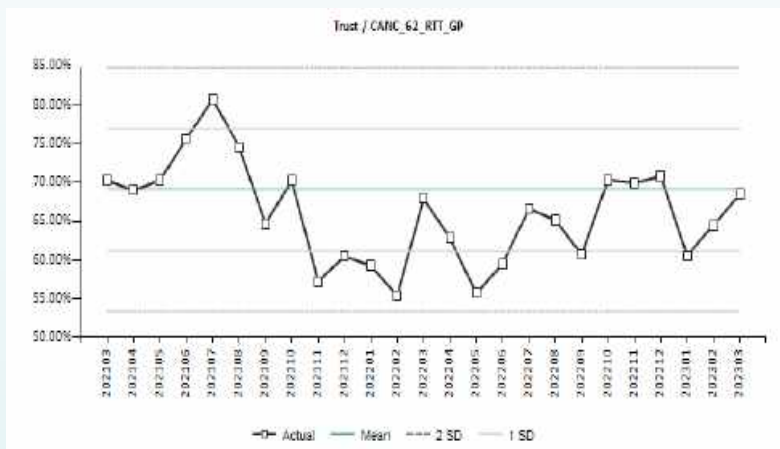
## Actions:

- **Bariatrics:** Plans to restart bariatric surgery operating at PRUH progressing with target start of May 2023, a weekly cross site working group has been established chaired by DOO.
- **Cardiology:** The main challenges remain around AFO, PFO, and EP cohorts which are capacity-constrained. The service has re-allocated capacity with a reduction in the 52+ week backlog in March.
- **HPB:** A plan in place to book current patients >52 weeks over the next two months utilising additional Saturday theatre capacity, implement additional PTL meetings with clinical leads and extend lists, where possible.
- **Maxillo-facial Surgery:** The service is ahead of its 52 week trajectory (32 v 236) with activity levels ahead of plan. Theatre lists have been re-allocated to MaxFax to support backlog reduction, with the service working up proposals to further expand operating capacity.
- **Allergy:** In line with forecast, there has been an increase in 52+ week waiters due to PTL shape, however, the overall PTL has reduced by 23% in Q4 and we forecast reduced 52+ week waits over Q1 23-24.

## Cancer 62 day standard

### 62 days GP referral to first treatment performance:

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



CANCER SITE	TARGET	CASES	BREACHES	NO BREACH	PERF
Breast	85%	16.0	1.0	15.0	93.8%
Colorectal	85%	10.0	4.0	6.0	60.0%
Gynaecology	85%	1.5	0.5	1.0	66.7%
Haematology	85%	3.0	1.0	2.0	66.7%
Lung	85%	1.5	0.5	1.0	66.7%
Skin	85%	3.0	0.0	3.0	100.0%
Upper GI - HPB	85%	1.0	1.0	0.0	0.0%
Urology	85%	15.5	8.5	7.0	45.2%

### Background / target description:

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

### Underlying issues:

- Accelerated pathways** – implementation of accelerated pathways for prostate cancer. Notable improvement to 28-day performance at DH as a result (compliant with standard in Nov 2022). Challenges remain at PRUH due to workforce and operational challenges.
- Oncology** – Further HPB oncologist starting in March 2023. Uro-oncology CNS posts to be reviewed following recent challenges (PRUH post holder resigning) – additional post holder starting at DH.
- Surgery** – reviewing pre-assessment process to ringfence slots for all cancer pathway patients – to be implemented soon at PRUH.
- Urology** – additional procedure room in use from February 2023 to increase prostate biopsy capacity. Outpatient capacity challenges remain at various bits of the pathway.

### DH Actions

- Colorectal DH** – SELCA funded fixed term post appointed on a pilot basis to reduce patient delays in diagnostic phase (commenced mid-February 2023). Consideration of a mini MDM to be set up for frail patients requiring surgery.
- HPB** – Additional radiology capacity to be sought to further reduce MDM bottlenecks. To streamline referral criteria for referrals received from external Trusts.

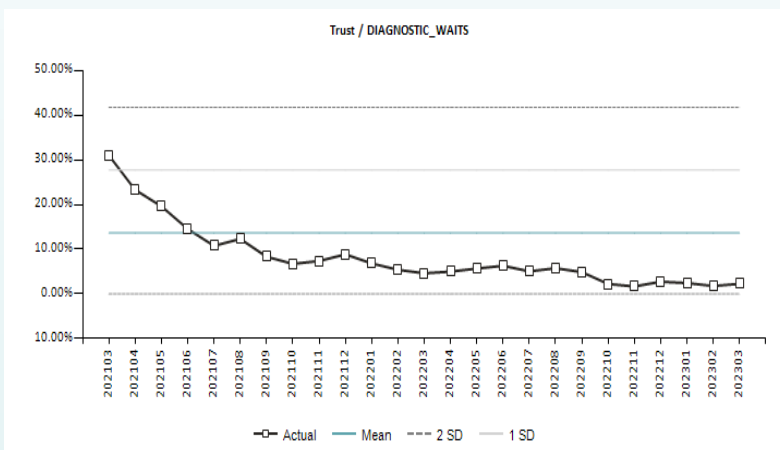
### PRUH Actions

- Head & Neck** - further re-design of 1-stop clinic to be discussed including haematology involvement to streamline diagnostic element of pathway – initial business proposal being developed.
- Upper GI** - Business case approved for additional consultants to increase cover in these areas in long term (job plans being reviewed and adverts out).

# Diagnostic Waiting Times

## DM01 performance:

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



## Background / target description:

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

## Underlying issues:

- The number of diagnostic DM01 breaches increased from 224 in February to 293 in March which equates to 2.27% patients waiting <6 weeks.
- Performance for the Denmark Hill site group reduced from 2.03% in February to 2.61% in March.
- There were no 6+ week breaches for the PRUH/South Sites site group reported in February or March.

## DH Actions

- Cardiac MRI:** The 6 week backlog increased from 44 in February to 89 in March as a result of reduced onsite and ISP activity. Workforce plans are under development between Cardiology and Radiology to reduce outsourced ISP activity with a proposal to be taken to the Investment Board.
- GA Neuro MRI:** The backlog decreased from 66 in February to 41 in March in line with the forecast reduction.
- Urology-urodynamics:** The backlog reduced from 32 in February to 6 in March in line with the DM01 recovery plan.

## PRUH Actions

- The DM01 position remained compliant in March with no breaches reportable to the PRUH and South Sites executive group.
- The number of breaches across the sites but attributable to the DH site group varied across modalities; 49 Urology cystoscopy, 3 MRIs and 4 non-obstetric ultrasound breaches.

# Workforce Dashboard

## Workforce

		Denmark Hill Site Group				PRUH/SS Site Group				Trust				13 Month Trend
		Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	
CQC level of inquiry: Well Led														
Staff Training & CPD														
715	% appraisals up to date - Combined									92.46 %	92.23 %	91.35 %		
721	Statutory & Mandatory Training									87.23 %	85.47 %	86.05 %		
Staffing Capacity														
875	Voluntary Turnover %	15.1 %	15.0 %	14.8 %		16.3 %	16.2 %	15.7 %		15.1 %	15.0 %	14.6 %		
732	Vacancy Rate %	10.65 %	10.35 %	10.78 %		10.55 %	10.25 %	10.75 %		12.52 %	12.20 %	12.48 %		
Efficiency														
743	Monthly Sickness Rate	4.57 %	4.28 %	4.28 %		4.68 %	4.70 %	4.77 %		4.56 %	4.46 %	4.42 %		

### Appraisals

- The non-medical appraisal compliance rate of 91.35% for March 2023 has remained over the 90% target since August last year.
- The Medical & Dental rate has increased from last month to 93.11% in March and remains over the 90% target this month.

### Sickness

- The sickness and absence rate has reduced from 4.46% in February to 4.42% in March.
- There were a total of 2,781 staff off sick during March which is an increase compared to 2,628 staff off sick during February.

### Training

- Statutory and Mandatory training compliance rate has increased to 86.05% for March and remains below the 90% target.

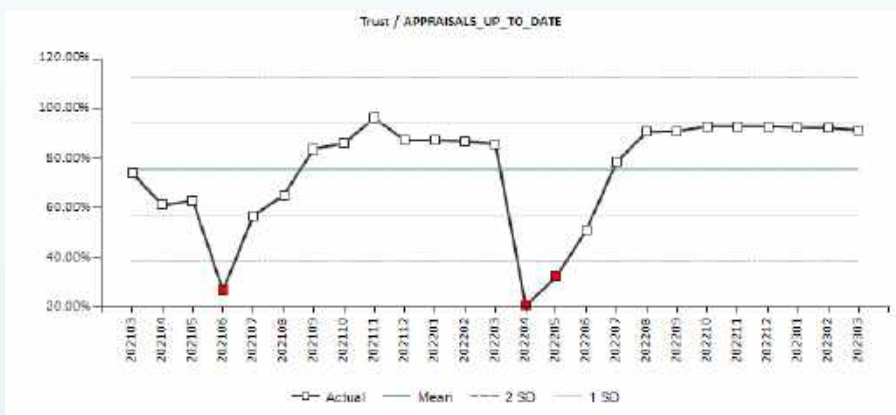
### Staff Vacancy and Turnover

- The Trust vacancy rate has improved from 12.20% in February to 12.48% in March.
- The Trust Turnover rate has reduced from 14.97% in February to 14.61% in March, and remains above the internal 14% target.

# Appraisal Rate

## Appraisal Rate:

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



## Performance Delivery:

- The non-medical appraisal compliance rate of 91.35% for March 2023 has remained over the 90% target since August last year.
- The Medical & Dental rate has increased from last month to 93.11% in March and remains over the 90% target this month.

## Background / target description:

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

## Actions to Sustain:

### Non-Medical:

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

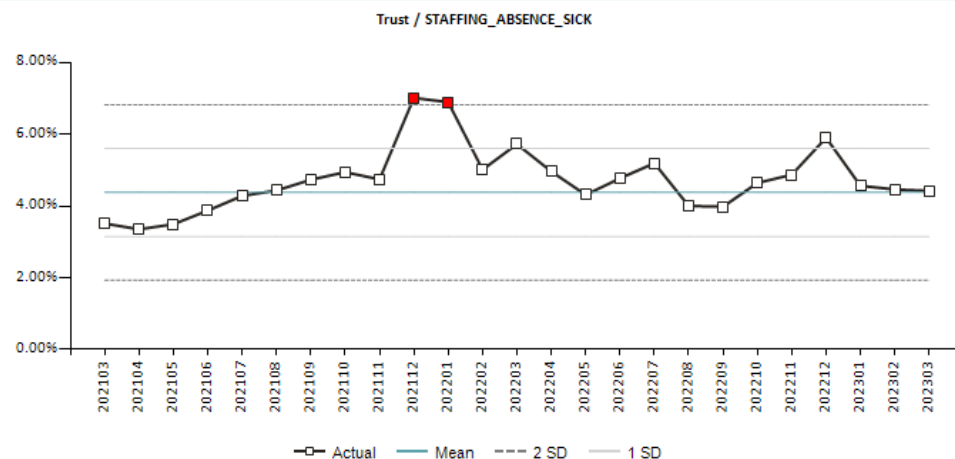
### Medical:

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

## Sickness Rate

### Sickness Rate:

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



### Performance Delivery:

- The sickness and absence rate has reduced from 4.46% in February to 4.42% in March.
- The split of COVID-19 and other absences was 0.05% and 4.37% respectively in March. They have changed marginally.
- The highest absence reasons, based on the number of episodes, excluding COVID-19 and unspecified were:
  - Cold/Cough/Flu (24%),
  - Gastrointestinal problems (13%) and
  - Anxiety/stress/depression/other psychiatric illnesses (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:

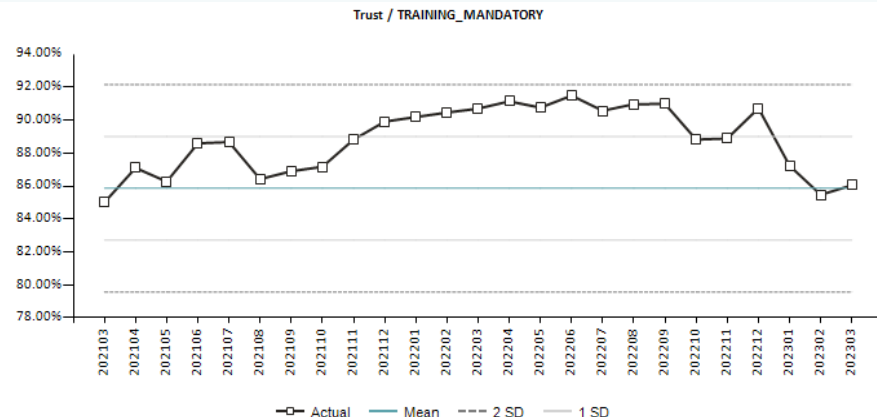
- Sickness rates are being monitored and managed. The ER Team Leader has fortnightly 1-2-1's with the ER Advisors to go through sickness cases.
- Monthly meetings are held with line managers to review and progress sickness cases and ensure that staff have access to the relevant support.
- Increase in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



# Statutory and Mandatory Training

## Statutory and Mandatory Training

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



### Performance Delivery:

- The rate has increased this month to 86.05%.
- The decline in the rate of compliance over the last 3 months is due to planned changes in core skills training which has led to larger audiences being asked to undertake Safeguarding Children, Adults and Resuscitation.
- Performance has been reviewed at the bi-monthly Core Skills Oversight Committee and the SME forum is taking place at the end of April to review topics of concern.
  - The three topics with the highest rate in February were:
    - Infection Control (NC) (99.1%),
    - SG Adult L1 (98.5%) and
    - Equality & Diversity (97.8%).

### Background / target description:

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

### Actions going forward:

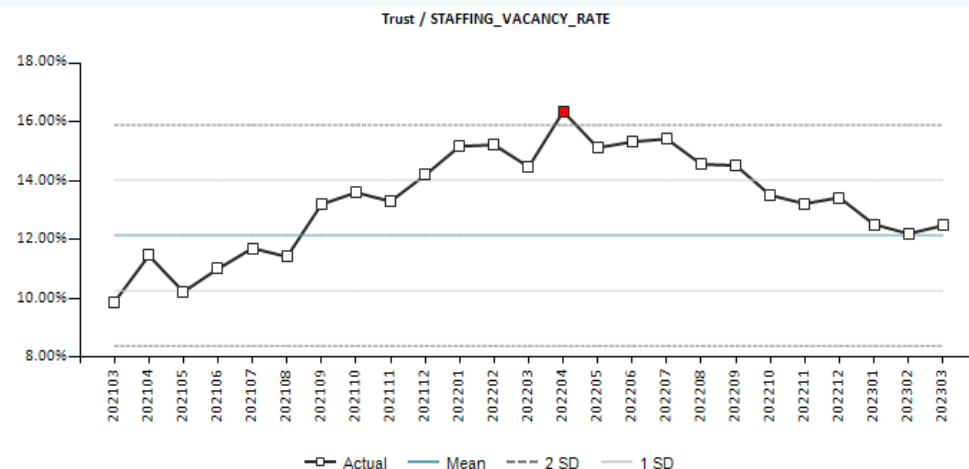
- It is important to note that we will see a continued planned decline in our compliance in April due to the KE signed-off programme of work to align the Trust's core skills training with the national core skills training framework.
- This will mean that for four topics (EDI, Manual Handling level 1 non-clinical, Health and Safety and Infection Control level 1 non-clinical) staff will be asked to refresh their learning every three years rather than once only.
- This change will impact around 8000 staff who have more than three years service.
- We expect that our compliance will decrease to 69% when this change is made on 3 April 2023.
- All staff who will be affected by the change have received a LEAP notification to explain this, as well as Trust-wide communication messages.
- In the M1 report we will set out the two CSTF alignment phases (a second is planned for July 2023) and our intentions to return to our compliance target by the end of the calendar year.



## Vacancy Rate

### Vacancy Rate:

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



### Performance Delivery:

- Extensive recruitment continues with a total of 172 new starters in March.
- The vacancy rate for the PRUH and South Sites increased slightly to 10.58% in March from 10.33% in February; and the rate for Denmark Hill increased slightly to 11.04% in March from 10.56% in February.
- The Medical & Dental vacancy rate increased to 10.09% in March from 9.00% in February.
- The Nursing & Midwifery registered vacancy rate increased to 12.36% in March from 11.98% in February.
- The AHP vacancy rate increased very slightly to 11.64% in March from 11.47% in February.
- The Admin & Clerical vacancy rate reduced slightly to 16.7% in March from 17.24% in February.
- The Trust vacancy has reduced from 14.47% in March 2022 to 12.48% in March 2023. The headcount has increased by 671 over this period too.

### Background / target description:

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

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

### Actions to Sustain:

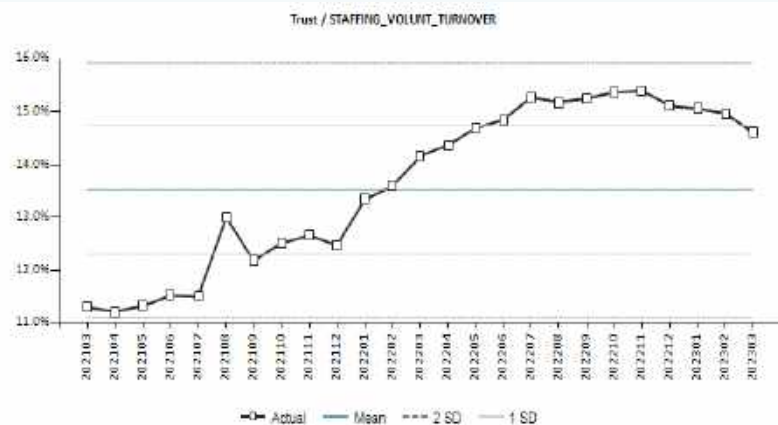
### Priority areas of recruitment:

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

## Turnover Rate

### Turnover Rate:

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



### Performance Delivery:

- The Trust Turnover rate has reduced from 14.97% in February to 14.61% in March and remains above the internal 14% target.
- The three main reasons for leaving voluntarily during February were: Relocation (31%), Promotion (17%) and Work Life Balance (13%).
- 26% of all voluntary leavers (172) left within 12 months of service at King's.
- Kings will be receiving funding from the ICS to start a project to review how we address staff leaving within their first 12 months.

### Background / target description:

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

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

### Actions to Sustain:

- Funding has been secured for the ICS to recruit a Staff Retention Project Adviser. They will work on a number of projects to improve retention such as Flexible working, supporting new starters, career conversations
- The flexible working policy is being reviewed and managers toolkits are being developed and education sessions are being rolled out.
- A flexible working oversight panel is being piloted in Womens care group.

# Finance Dashboard

## Finance

		Denmark Hill Site Group				PRU/SS Site Group				Trust				13 Month Trend	
		Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual	Jan 2023	Feb 2023	Mar 2023	F-YTD Actual		
CQC level of inquiry: Well Led															
Overall (000s)															
895	Actual - Overall	(1,443)	6,018	(1,233)	28,229	3,277	1,619	2,867	22,946	8,621	35,118	16,747	200,639		
896	Budget - Overall	(4,322)	1,893	(7,017)	(8,696)	(249)	1,182	(981)	5,965	(286)	(158)	(158)	819		
897	Variance - Overall	(2,878)	(4,126)	(5,784)	(36,925)	(3,526)	(437)	(3,848)	(16,382)	(8,907)	(35,276)	(16,904)	(199,820)		
Medical - Agency															
602	Variance - Medical - Agency	(260)	(154)	(322)	(2,065)	(299)	(404)	(630)	(5,108)	(625)	(560)	(1,121)	(7,560)		
Medical Bank															
1095	Variance - Medical Bank	(1,036)	(833)	(1,492)	(12,116)	(990)	(340)	(695)	(5,709)	(1,571)	(1,240)	(2,293)	(18,400)		
Medical Substantive															
599	Variance - Medical Substantive	549	199	(667)	4,550	373	308	210	5,860	938	659	(635)	11,695		
Nursing Agency															
603	Variance - Nursing Agency	(157)	(89)	(319)	(9,124)	(238)	(257)	(303)	(2,241)	(544)	(500)	(902)	(7,564)		
Nursing Bank															
1104	Variance - Nursing Bank	(1,338)	(1,983)	(2,413)	(21,376)	(848)	(1,235)	(877)	(8,265)	(2,164)	(3,513)	(4,500)	(35,136)		
Nursing Substantive															
606	Variance - Nursing Substantive	1,161	1,425	1,487	22,758	848	1,334	697	10,979	2,286	2,900	(22,448)	12,870		

- As at month 12 the Trust has reported a deficit for FY2022-23 of £19.9m in line with the mid-year forecast position at SOF 4 exit, after excluding allowable transactions.
- During the year the Trust has also achieved a close to break-even position on its capital expenditure, delivering a capital programme of £76.7m.
- The Trust has agreed a planned deficit of £49m for 2023/24, which includes a CIP target of £72m (c.5% of income).

**Domain 4: Finance**

M11 (February) – Financial Performance (M12 position not yet published)

**Surplus /  
(Deficit)**

(£2.2m)

Actual M11

(£3.7m)

Average M1-11  
22/23**Pay**

(£78.0m)

Actual M11

(£76.0m)

Average M1-11  
22/23**Non Pay**

(£62.0m)

Actual M11

(£61.0m)

**COVID Costs**

£13.3m

Actuals Total  
YTD

£3.4m

Pay YTD

£9.9m

Non Pay YTD

**Payment  
Compliance****Debtor Days**

16

Actual M11

15.3

Prior Month

**Creditor Days**

54.7

Actual M11

57.8

Prior Month

**Capital**

(£75m)

Annual Plan  
22/23

(£41.7m)

Actual YTD  
22/23



## Key Metrics - IPR Summary

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

Trust (100)

March 2023

### Performance

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Month Target	F-YTD Actual	Rolling 12mth	Trend
<b>CQC level of inquiry: Responsive</b>																		
<b>Access Management - RTT, CWT and Diagnostics</b>																		
364	RTT Incomplete Performance	73.06%	71.93%	74.31%	74.11%	72.52%	73.50%	73.98%	75.39%	75.53%	73.48%	73.67%	73.36%	72.62%	92.00%	73.70%	73.70%	
632	Patients waiting over 52 weeks (RTT)	865	971	890	848	809	781	693	655	646	635	690	747	791	0	9156	9156	
4997	Patients waiting over 78 weeks (RTT)	120	143	110	90	59	49	54	54	37	49	38	25	13	0	721	721	
4537	Patients waiting over 104 weeks (RTT)	4	3	3	1	1	0	0	0	0	0	0	0	0	0	8	8	
4557	RTT P2 Admitted Pathways	1918	1888	1680	1706	1686	1725	1793	1880	1927	1920	2155	2211	2320	2087	22891	22891	
4558	RTT P2 Admitted Pathways waiting >4 weeks	52.7%	55.7%	46.6%	51.5%	52.3%	53.1%	50.1%	49.6%	49.2%	59.1%	52.7%	55.6%	57.6%	56.1%	53.0%	53.0%	
412	Cancer 2 weeks wait GP referral	94.92%	92.05%	95.11%	95.50%	96.58%	96.24%	93.39%	92.43%	96.36%	96.37%	96.52%	95.36%	90.71%	93.00%	94.72%	94.72%	
413	Cancer 2 weeks wait referral - Breast	95.83%	93.10%	100.00%	88.89%	95.56%	97.67%	96.67%	98.39%	94.20%	100.00%	87.50%	100.00%	80.56%	93.00%	95.19%	95.19%	
419	Cancer 62 day referral to treatment - GP	67.97%	62.87%	55.74%	59.59%	66.67%	65.18%	60.77%	70.41%	70.00%	70.83%	60.66%	64.55%	68.50%	85.00%	64.57%	64.57%	
536	Diagnostic Waiting Times Performance > 6 Wks	4.63%	5.01%	5.69%	6.31%	5.06%	5.76%	4.89%	2.24%	1.68%	2.75%	2.45%	1.79%	2.27%	1.00%	3.84%	3.84%	
<b>Access Management - Emergency Flow</b>																		
459	A&E 4 hour performance (monthly SITREP)	61.22%	63.22%	61.57%	64.05%	58.27%	60.87%	62.75%	60.25%	55.71%	53.46%	61.06%	60.75%	60.77%	95.00%	60.18%	60.18%	
<b>Patient Flow</b>																		
399	Weekend Discharges	18.0%	21.2%	20.7%	18.5%	24.7%	18.9%	19.9%	23.5%	20.1%	22.8%	21.4%	22.5%	18.5%	20.8%	21.1%	21.1%	
404	Discharges before 1pm	16.4%	16.0%	17.0%	17.1%	17.1%	15.1%	16.7%	16.1%	15.8%	16.2%	16.7%	16.8%	17.8%	17.0%	16.5%	16.5%	
747	Bed Occupancy	90.6%	92.2%	92.7%	93.7%	92.3%	92.2%	92.9%	93.5%	92.3%	91.0%	93.5%	93.2%	93.3%	88.6%	92.7%	92.7%	
1357	Number of Stranded Patients (LOS 7+ Days)	570	547	550	585	587	632	623	628	610	588	591	627	596		7164	7164	
1358	Number of Super Stranded Patients (LOS 21+ Days)	252	248	249	248	248	284	303	297	290	284	274	302	279		3306	3306	
762	Ambulance Delays > 30 Minutes	818	821	759	664	759	669								0	3672	3672	
772	12 Hour DTAs	296	469	370	346	621	647	745	1038	872	1209	1125	931	1201	0	9574	9574	
<b>Theatre Productivity</b>																		
801	Day Case Rate	76.2%	76.4%	76.1%	75.7%	75.7%	76.2%	75.2%	77.4%	76.0%	74.8%	77.2%	76.6%	76.1%	78.3%	76.1%	76.1%	

### Quality

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Month Target	F-YTD Actual	Rolling 12mth	Trend
<b>CQC level of inquiry: Safe</b>																		
<b>Reportable to DoH</b>																		



## Key Metrics - IPR Summary

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

Trust (100)

2717	Number of DoH Reportable Infections	54	55	57	60	74	117	104	106	62	55	67	57	66	66	880	880	
<b>Safer Care</b>																		
629	Falls resulting in moderate harm, major harm or death per 1000 bed days	0.17	0.13	0.08	0.17	0.06	0.10	0.08	0.20	0.12	0.16	0.08	0.11	0.08	0.19	0.11	0.11	
1897	Potentially Preventable Hospital Associated VTE	1	3	4	2	1	5	3	1	3	0	2	3	3	0	30	30	
538	Hospital Acquired Pressure Ulcers (Category 3 or 4)	0	0	1	1	1	2	0	1	0	0	0	1	1	0	8	8	
945	Open Incidents	46			48			66			17			8		139	139	
<b>Incident Reporting</b>																		
520	Total Serious Incidents reported	14	10	20	14	7	7	8	19	17	18	12	15	18		165	165	
516	Moderate Harm Incidents	36	37	40	33	25	32	21	43	46	42	45	29	41		434	434	
509	Never Events	1	1	0	0	0	0	0	2	0	0	0	0	0	0	3	3	
<b>CQC level of inquiry: Caring</b>																		
<b>Friends &amp; Family Test</b>																		
422	Friends & Family - Inpatients	94.5%	92.7%	94.0%	93.6%	93.3%	94.3%	94.0%	93.7%	94.8%	95.4%	94.0%	94.5%	92.4%	94.0%	93.9%	93.9%	
423	Friends & Family - ED	64.5%	66.8%	64.7%	66.1%	66.8%	67.0%	60.4%	60.2%	59.5%	56.0%	70.5%	65.4%	65.9%	73.0%	64.4%	64.4%	
774	Friends & Family - Outpatients	89.4%	90.0%	89.9%	90.1%	89.8%	90.3%	89.7%	89.8%	90.2%	91.0%	90.8%	90.7%	90.9%	94.0%	90.3%	90.3%	
775	Friends & Family - Maternity	87.2%	91.0%	92.4%	90.3%	88.0%	86.9%	90.7%	85.4%	90.9%	86.7%	88.8%	90.9%	86.6%	92.0%	89.0%	89.0%	
<b>Complaints</b>																		
619	Number of complaints	133	85	73	87	64	88	105	87		45	74	71	71	94	850	850	
<b>Operational Engagement</b>																		
620	Number of complaints not responded to within 25 Days	78	74	85	57	122	31	170	231		246	274	310	67	74	1667	1667	
4357	Number of PALS Contacts														0			
3119	Number of PALS enquiries – unable to contact department	35	28	40	38	35	20								35	161	161	
5398	% Complaints resolved within agreed timescale																	
<b>Incident Management</b>																		
660	Duty of Candour - Conversations recorded in notes	95.4%	92.3%	96.2%	98.0%	92.0%	86.1%	96.9%	100.0%	97.6%	89.8%	98.3%	97.6%	90.0%	92.3%	94.6%	94.6%	
661	Duty of Candour - Letters sent following DoC Incidents	91.9%	85.7%	93.8%	96.0%	91.7%	87.5%	93.9%	91.2%	91.5%	91.4%	89.3%	93.3%	87.7%	86.0%	91.0%	91.0%	
1617	Duty of Candour - Investigation Findings Shared	19.2%	20.0%	20.8%	27.0%	18.2%	14.6%	18.8%	11.3%	6.6%	7.4%	6.6%	2.0%	1.8%	28.7%	11.8%	11.8%	
<b>CQC level of inquiry: Effective</b>																		
<b>Improving Outcomes</b>																		
831	Standardised Readmission Ratio	94.1	94.7	95.2	95.6	96.0	96.1	95.8	95.0	94.0					105.0			
436	HSMR	98.5	97.6	96.8	97.4	98.5	99.5	99.0	99.1	98.3	98.8				100.0			
4917	SHMI (NHS Digital)	100.0	99.1	98.4	98.7	98.6	98.9	99.1	99.5						105.0			
649	Patients receiving Fractured Neck of Femur surgery w/in 36hrs	74.4%	83.3%	69.7%	89.7%	74.2%	76.0%	76.5%	87.8%	80.0%	72.6%	78.1%	48.4%	85.7%	75.1%	76.5%	76.5%	
625	Diagnostic Results Acknowledgement	11.8%	12.0%	13.3%	11.7%	11.5%	12.4%	12.4%	12.2%	12.5%	12.6%	12.1%	10.4%	9.1%	11.4%	11.9%	11.9%	

Business Intelligence Unit

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Created date: October 2019



## Key Metrics - IPR Summary

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

Trust (100)

### Workforce

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Month Target	F-YTD Actual	Rolling 12mth	Trend
<b>CQC level of inquiry: Well Led</b>																		
<b>Staff Training &amp; CPD</b>																		
715	% appraisals up to date - Combined	85.66%	20.96%	32.36%	51.08%	78.58%	90.59%	90.90%	92.90%	92.95%	93.00%	92.46%	92.23%	91.35%	90.00%			
721	Statutory & Mandatory Training	90.70%	91.14%	90.76%	91.49%	90.57%	90.97%	90.98%	88.82%	88.89%	90.72%	87.23%	85.47%	86.05%	90.00%			
<b>Staffing Capacity</b>																		
875	Voluntary Turnover %	14.2%	14.4%	14.7%	14.9%	15.3%	15.2%	15.3%	15.4%	15.4%	15.1%	15.1%	15.0%	14.6%	14.0%			
732	Vacancy Rate %	14.47%	16.35%	15.12%	15.32%	15.42%	14.56%	14.52%	13.51%	13.22%	13.43%	12.52%	12.20%	12.48%	10.00%			
<b>Efficiency</b>																		
743	Monthly Sickness Rate	5.72%	4.96%	4.31%	4.77%	5.19%	4.00%	3.98%	4.64%	4.87%	5.90%	4.56%	4.46%	4.42%	3.50%			

### Finance

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Month Target	F-YTD Actual	Rolling 12mth	Trend
<b>Overall (000s)</b>																		
895	Actual - Overall	22,029	90,524	2,457	6,021	5,848	1,442	5,845	5,930	8,479	13,607	8,621	35,118	16,747	(158)	200,639	200,639	
896	Budget - Overall	298	4,388	4,388	5,406	(12,410)	(89)	(150)	(163)	171	(122)	(286)	(158)	(158)		819	819	
897	Variance - Overall	(21,731)	(86,136)	1,932	(615)	(18,258)	(1,531)	(5,995)	(6,093)	(8,308)	(13,730)	(8,907)	(35,276)	(16,904)	0	(199,820)	(199,820)	
<b>Medical - Agency</b>																		
602	Variance - Medical - Agency	39	(563)	(652)	(875)	(991)	(471)	(540)	(45)	(707)	(410)	(625)	(560)	(1,121)	0	(7,560)	(7,560)	
<b>Medical Bank</b>																		
1095	Variance - Medical Bank	1,154	(1,379)	(1,550)	(1,347)	(1,284)	(1,503)	(1,510)	(1,772)	(1,501)	(1,348)	(1,671)	(1,240)	(2,293)	0	(18,400)	(18,400)	
<b>Medical Substantive</b>																		
599	Variance - Medical Substantive	2,754	706	1,301	1,065	784	1,025	2,300	1,074	940	1,537	938	659	(635)	0	11,695	11,695	
<b>Nursing Agency</b>																		
603	Variance - Nursing Agency	(496)	(422)	(471)	(488)	(533)	(606)	(832)	(645)	(646)	(775)	(544)	(500)	(902)	0	(7,364)	(7,364)	
<b>Nursing Bank</b>																		
1104	Variance - Nursing Bank	(3,866)	(2,484)	(2,867)	(2,261)	(2,496)	(3,167)	(3,369)	(3,173)	(2,698)	(2,443)	(2,164)	(3,513)	(4,500)	0	(35,136)	(35,136)	
<b>Nursing Substantive</b>																		
606	Variance - Nursing Substantive	3,658	3,152	3,400	3,200	3,099	3,097	5,790	2,765	3,070	2,560	2,286	2,900	(22,448)	0	12,870	12,870	

Business Intelligence Unit

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Created date: October 2019



Meeting:	Board of Directors	Date of meeting:	11 <sup>th</sup> May 2023
Report title:	Strong Roots, Global Reach – Year 1 delivery update	Item:	7
Author:	Sarah Lafond, Acting Director of Strategy	Enclosure:	
Executive sponsor:	Lorcan Woods, Chief Financial Officer		
Report history:	King's Executive and Strategy, Research and Partnership Committee		

#### Purpose of the report

The purpose of this report is to give the Board of Directors the opportunity to review end of year progress against delivery the 2022/23 Strategy Delivery Plan.

#### Board/ Committee action required (please tick)

Decision/ Approval	✓	Discussion	✓	Assurance	✓	Information	
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On the basis of the information provided in this report, the Board is asked to:

1. Note the progress made across King's against the actions and milestones laid out in the 2022/23 Plan for Action and the Delivery Plan;

#### Executive summary

In April 2022, King's published the Plan for Action 2022/23; an external facing publication which showcases the **20 concrete actions** that King's will take this year to progress delivery of the strategy, mapped to our BOLD framework. It serves as the communication tool for Team King's and external partners.

In May 2022 the Strategy, Research & Partnerships (SR&P) Committee approved the Strategy Delivery Plan which set out activity that would take place across the Trust this financial year to progress the delivery of our *Strong Roots, Global Reach* Strategy. The Delivery Plan is the internal facing assurance tool which provides additional detail for the Board and enable the Strategy to track and monitor progress.

This report provides an update on progress made against the 2022/23 Plan for Action and Delivery Plan.

#### Progress made by the Trust in delivering the Strategy in 2022/23.

This report shows progress against the milestones laid out in the 2022/23 Delivery Plan and Plan for Action, as well as a summary of achievements made across the financial year.

As of Q4:

- 70% of concrete actions outlined in the Plan for Action are already delivered, with a further 10% due for completion in Q1 of 23/24, and 20% rolling over for completion later in the year.
- 69% of milestones were completed across the whole year, with 45 milestones rolling into the next financial year. Of these, 21 are due to be completed by Q2 of 23/24.

Notable achievements in Q4 include:

- The relaunch of our face-to-face King's Welcome and the King's Bazaar for new starters.
- Establishing the King's International NHS Consortium with Cambridge University Hospitals NHS Foundation Trust, The Christie NHS Foundation Trust, Moorfields Eye Hospital NHS Foundation Trust, and KHP.
- Exceeding our target of delivering 700 commercial and non-commercial research studies in this financial year.



This year we have:

- Published our People and Culture Plan and EDI Roadmap to Inclusion
- 6,183 members of staff (46%) completed the NHS Staff Survey, with 56.5% of our people said they would recommend the Trust as a place to work (compared to 55.4% last year).
- Delivered CIP savings totalling £38.6 million, and exited SOF 4 in December 2022.
- King's has been the best performing Trust in London in 2022/23 in terms of elective care performance and ranked the 4<sup>th</sup> best in London for our day case rates, at 84.6%.
- KHP ventures now has a portfolio of 16 investments across digital health, MedTech, and enterprise healthcare technologies.

### Delivery Plan 2023 / 24

Work is nearly complete on the Delivery Plan for 2023/24 and the strategy team is working with the Trust Communications Team to agree the finalised output for the summary Plan for Action, with an intent to publish the document in the week of 15 May 2023.

### Strategy

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

### Key implications

<b>Strategic risk - Link to Board Assurance Framework</b>	The Trust Strategy sets the strategic ambitions for the Trust over the coming years and the Strategy Delivery Plan 2023/24 will help to set our focus for the coming year, through detailed delivery planning and performance management.
<b>Legal/ regulatory compliance</b>	There are no legal implications arising out of this report.
<b>Quality impact</b>	The Strategy Delivery Plan 2023/24 sets the plan for key initiatives in the year ahead, against which we will monitor progress to improve the quality of our clinical services.
<b>Equality impact</b>	Delivery of our BOLD Strategy and Core Values will help to ensure King's is more diverse and inclusive. The Strategy Delivery Plan will

	assist in embedding the equality and diversity agenda across King's and help to tackle key issues, including long-standing health inequalities.
<b>Financial</b>	There are no financial implications arising directly out of this report.
<b>Comms &amp; Engagement</b>	The Plan for Action 2023/24 will be launched publically and will be made available on the trust website. The Strategy Delivery Plan and Q4 report have no comms & engagement implications.
<b>Committee that will provide relevant oversight</b>	
Board of Directors	

King's

King's College Hospital  
NHS Foundation Trust



# Delivering our BOLD Strategy

Update on progress with our 2022/23 Delivery Plan

April 2023

King's



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

## **1) Delivery of our Plan for Action - 2022/23**

We have completed **15 of our 20 priority actions**, with 2 more to be completed in Q1 of 2023/24 and 3 to be rolled over into 23/24.

## BRILLIANT PEOPLE

*We attract, retain and develop passionate and talented staff, creating an environment where they can thrive*

- 1 **Live our values throughout Team King's:** now embedded through recruitment, induction, career development and appraisals and via care group



- 2 **Launch our People and Culture Plan:** Launched in June 2022



- 3 **Establish wellbeing hubs on all sites & launch a new staff psychology service:** DH & Orpington hubs opened, one in progress at PRUH



- 4 **Launch Kaleidoscope:** Launched in June 2022



- 5 **Create new and more diverse routes into employment across King's:** Project SEARCH extended; >270 apprenticeships supported and a strategy in development



## OUTSTANDING CARE

*We deliver excellent health outcomes for our patients, and they always feel safe, cared for and listened to*

- 6 **Create a better experience and outcomes for inpatients:** 'What matters most' patient outcomes conference held in Sept '22; protected mealtimes re-introduced across King's



- 7 **Invest in the future of clinical care and deliver our major capital estates projects:** Willowfield Building at DH, Frailty Unit & car park at PRUH, and Theatre at Orpington opened this year



- 8 **Reduce backlogs in elective care:** King's has been the best performing Trust in London on elective recovery



- 9 **Make our services more efficient and deliver cost improvements:** King's exited SOF4 in Dec '22 and our efficiency programme is expected to deliver £44m of savings by Mar '23



- 10 **Transform our outpatient services:** launched SMS patient reminders; 21% of outpatient activity is virtual; check-in kiosks rolled out; and enabled chat bots on the Trust website to handle enquiries



## LEADERS IN RESEARCH, INNOVATION & EDUCATION

*We continue to develop and deliver world-class research, innovation and education - providing the best teaching, and bringing new treatments and technologies to patients*

- 11 **Deliver the next phase of the Apollo Programme:** On track to launch with GSTT October 2023



- 12 **Launch the King's Academy for Nursing and Midwifery and AHPs:** Construction is ongoing, and the Academy is due to open in June 2023



- 13 **Increase research at the PRUH:** PRUH labs received UKAS accreditation in 2022, we are working on securing additional space for research activity.



- 14 **Bolster research participants recruitment-** King's is currently the top recruiting Trust in the UK for research participants to the NIHR portfolio.



- 15 **Grow and embed our innovation culture:** SC1 Launched in June 2022, and KHP Ventures has a portfolio of 10 early-stage ventures. Innovation Steering Group to be launched May 2023



## DIVERSITY, EQUALITY & INCLUSION AT THE HEART OF EVERYTHING WE DO

*We proudly champion diversity and inclusion at King's, and act decisively to deliver more equitable experiences and outcomes for our patients and people*

- 16 **Launch the EDI roadmap:** launched in May 2022



- 17 **Develop a new Trust-wide health inequalities programme to improve pop health:** programme structure established and priority actions identified



- 18 **Launch our Trust-wide Anchors programme:** Anchors programme established



- 19 **Strengthen and grow our staff diversity networks:** Launch of new Women's network in March '22 and Interfaith&Belief network in Sept '22.



- 20 **Continue to deliver our Green Plan:** King's was highlighted at the national Greener NHS programme for our Nitrous Oxide Waste Reduction project. We have 124 pledges on DoNation platform - 1st in the SEL league table



## **2) Year in Review – 2022/23**

## Overview of progress | Brilliant People

### This year, we have:

- ✓ Completed **4 out of 5 priority actions** from the Plan for Action, with the date for the Wellbeing Hub to be confirmed in Q1 of 23/24.
- ✓ Delivered **16 out of 23 milestones** in the 22/23 Delivery Plan, with six rolling over into 23/24 and one removed.
- ✓ Published our **People and Culture Plan** during Brilliant People week in June 2022.
- ✓ **Launched Kaleidoscope in May 2022**, and so far over **2,000 members of staff** have engaged with the resources available.
- ✓ Opened **Wellbeing Hubs** at Denmark Hill and Orpington on 3<sup>rd</sup> May and 19<sup>th</sup> August 2022, respectively.
- ✓ Achieved **London Living Wage accreditation** ahead of schedule in Q2.



- ✓ **6,183 members of staff (46%)** completed the NHS Staff Survey, with **56.5% of our people** said they would **recommend the Trust as a place to work** (compared to 55.4% last year).
- ✓ We held the first two **bi-annual Leadership Forums**, and **158 members of staff** have participated in or are currently on a **leadership development programme**.
- ✓ The Trust's new **in-house Staff Bank** went live for all staff groups over autumn 2022.
- ✓ We have established a **Widening Participation working group**, currently supporting over **270 apprentices**, a new cohort of King's Interns (Project SEARCH) and further diversifying routes into King's.
- ✓ **Embedded EDI in induction and on-boarding programmes** across the Trust, including in the new **face-to-face element of King's Welcome** which was reinstated from January 2023.
- ✓ Increased our efforts to reduce incidents of violence and aggression towards our staff by expanded our **bespoke preventative models**, which look to **encourage positive behaviour** and help.



## Overview of progress | Outstanding Care

### This year, we have:

- ✓ Completed **5 out of 5 priority actions** from the Plan for Action.
- ✓ Delivered **46 out of 77** milestones in the 22/23 Delivery Plan. 4 are likely to be completed in Q1 of 23/24, and a further 21 are rolling into the next financial year.
- ✓ Met the national the cancer waiting times, achieving **2 week waits in 96.61% and 94.42%** of cases at the PRUH and DH respectively.
- ✓ Delivered CIP savings totalling £38.6 million, and **exited SOF 4** in December 2022.
- ✓ Eliminated Referral to Treatment (RTT) waits of >104 weeks at the Trust from June 2022.
- ✓ King's has been the **best performing Trust in London** in 2022/23 in terms of **elective care performance** and ranked the 4<sup>th</sup> best in London for our **day case rates**, which are **84.6%**.
- ✓ Demonstrated an improvement in theatre efficiency with a 3 percentage point increase in our capped utilisation from 73% (21/22) to 76% (22/23), putting us in line with National and London peer performance.



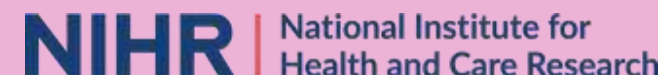
- ✓ We have delivered **major capital estates projects**, with the Willowfield building operational from November 2022, and the rest of the new CCU to be operationalised in Q1 of 23/24.
- ✓ As of June 2022, we had put in place our **High Volume Low Complexity plan**, which will be further supported by the new **surgical robot** procured in Q4.
- ✓ King's ranks in the **best-performing quartile nationally for year on year elective care performance**, ahead of all other London peer Trusts.
- ✓ We are **currently providing support to 18 care groups** to create local plans for their services, and have shared our **strategy planning toolkit** with all care groups as a step-by-step guide to creating their plans.
- ✓ Our 'What Matters Most' patient outcomes conference was held digitally from 20<sup>th</sup>- 23<sup>rd</sup> September. There were **14 sessions, with 28 speakers and nearly 400 attendees**. The Patient Outcomes team are continuing their progress to ensure that **outcomes are effectively captured within Apollo** from October 2023.



## Overview of progress | Leaders in Research, Innovation and Education

### This year, we have:

- ✓ Completed **2 out of 5 priority actions** from the Plan for Action - the N&M Academy will open in June 2023, the Innovation Steering Group to be set up by May 2023 and further PRUH lab space is being explored.
- ✓ Delivered **15 out of 27** milestones in the 22/23 Delivery Plan. 1 is to be complete by the end of April 2023, 7 are rolling into the next financial year.
- ✓ We remain the **top recruiting trust to the NIHR portfolio**.
- ✓ We have **over 700 commercial and non commercial studies open to recruitment or in follow up**, exceeding our target for this FY.
- ✓ KHP ventures now has a **portfolio of 10 investments** across digital health, medtech, and enterprise healthcare technologies.
- ✓ We are **on track for our joint Apollo launch** with GSTT, and have recruited over **1800 digital champions** who will ensure that staff are confident in using the system before we 'Go-Live' on 5<sup>th</sup> October 2023.



- ✓ Our **King's academy** is shortly due to launch in June 2023, there has been significant construction progress and the building will be used **to support Apollo training** in 23/24.
- ✓ The **Advanced Therapy Medicinal Products academy** was launched with a symposium held on 9<sup>th</sup> September 2022.
- ✓ We launched our new life sciences and health innovation district, **SC1**, on 7<sup>TH</sup> June 2022.
- ✓ With £1 million donated from the charity, we purchased a **Da Vinci Xi surgical robot** which will enhance patient care and experience.
- ✓ As part of the new Health Inequalities Programme launched in December, a **Research in Health Inequalities working group** was set up and are working on a research diversity action plan.
- ✓ The Innovation portfolio has been moved to sit within the Quality Improvement
- ✓ The PRUH was **successful in its UKAS accreditation** application, however, additional space for research has not been located at the PRUH but is being further explored for the future.

## Overview of progress | Diversity, Equality & Inclusion at the heart of everything we do

### This year, we have:

- ✓ Complete **3 out of 5 priority actions**, with our Trust-wide approach to co-production to be finalised in Q1 of 23/24 and further action against the Green Plan to continue in to the next financial year.
- ✓ Delivered **21 out of 27 milestones**, with three rolling over into 23/24, one in progress and two removed and incorporated into the new Health Inequalities programme.
- ✓ Published our **EDI Roadmap to Inclusion** on 23<sup>rd</sup> May 2023 and released the first **EDI annual report**, which covers progress made towards the goals set in the Roadmap to Inclusion.
- ✓ Established our **Health Inequalities and Anchors programmes** in Q3 of this year.
- ✓ Held the first **Health Inequalities showcase** at the PRUH, where they launched their **new brochure** capturing work being undertaken across the Trust.
- ✓ Seen a **13% increase in representation with senior levels** from 2021/22 to 2022/23.



- ✓ **152 members of staff** have registered for our **reciprocal mentoring programme** which enables staff to learn about the lived experiences of colleagues with different protected characteristics.
- ✓ **1,479 members of staff** (10% of King's workforce) completed our new **Active Bystander training**, ensuring that staff feel equipped to deal with incidents of discrimination.
- ✓ **40 students from underrepresented backgrounds** attended our NHS Careers Taster Day.
- ✓ We have achieved a **4.62% reduction in our median gender pay gap**.
- ✓ We launched two new staff networks – Women's and Inter Faith and Belief - our staff networks now have **2,274 members**.
- ✓ Using Quality Improvement tools, we have developed a plan to decommission one manifold – **NO<sub>2</sub>** (nitrous oxide) distribution system – which when put in place will **save over 100,000 litres of NO<sub>2</sub> waste**.
- ✓ KFM have developed their **new Carbon Cube to measure carbon emissions in the supply base** ("Scope 3") and are developing a list of **60 specific initiatives to address these emissions**.

Committee Highlight Report for Trust Board			
Committee Chair	Steve Weiner	Date of Meeting	20 April 2023
Committee:	Finance, Commercial and Sustainability Committee (FCSC)		

Agenda ref	Item	Link to BAF
23/24	<b>Finance Report – M11 (2022/23)</b> The Committee reviewed the M11 budget outturn, noting the Trust had reported a deficit of £40.7m at the end of M11. The Committee noted that subject to audit, the Trust would meet the target agreed with NHSE as part of the SOF4 exit process.	Financial Sustainability
23/25	<b>2023/24 Financial Plan (including the Capital Plan)</b> The Chief Financial Officer provided the Committee with an update on the negotiations to agree the 2023/24. A significant proportion of NHS Trusts were subject to national escalation to allow regional and national colleagues to further understand the plan and form a view on potential stretch. The Trust has been challenged to reduce the planned deficit from £60m be reduced to £49m. The Trust will have to deliver a significant cost improvement programme to achieve this as well as deliver elective activity at 114% of 2019/20 levels.	Financial Sustainability
23/27	<b>KCH Group 2022/23 Capital Financial Position – M11</b> The Committee noted that the Trust delivered the planned capital programme for the year (£75m), with a slight overspend of £700k. The committee noted that the phasing of capital invoices would result on some pressure on budgets at the start of the next financial year (2023/24). The financial year finished effectively with some flow through programmes to be incorporated into the 2023/24 programme.	Developing and Maintaining the Estate
23/28	<b>Endoscopy Business Case</b> The Committee reviewed the business case to develop additional endoscopy capacity at the PRUH. The project is part of a wider plan to develop capacity across the APC and was approved contingent to external funding being secured.	Developing and Maintaining the Estate
23/29	<b>2023/24 Draft Capital Programme</b> The Committee considered the draft capital programme for 2023/24, noting that further discussions were needed. Once agreed the programme will be brought forward for Board approval.	Developing and Maintaining the Estate
23/30	<b>Report from KFM</b> The Committee considered an updated from KFM, including an update on their year-end financial position. The Committee noted the success KFM had in minimising the impact of inflation (less than 1%) and maintaining product availability (99.3%). KFM and PWC conducted a sustainability analysis and developed a unique carbon cube model for 2023/24 future initiatives.	Financial Sustainability

Agenda ref	Item	Link to BAF
23/33	<p><b>BAF Risk 3 - Financial Sustainability</b> The Committee discussed whether the risk was appropriately scored, given the financial challenges facing the Trust in 2023/24.</p> <p><b>BAF Risk 4 – Developing and Maintaining the Estate</b> The Committee noted the capital envelope for 2023/24 would be significantly smaller than in previous years.</p>	n/a
23/33	<p><b>Committee Terms of Reference</b> The Committee agreed the revised terms of reference pending agreement on the level of delegated authority.</p>	

Committee Highlight Report for Trust Board			
Committee Chair	Prof Jon Cohen	Date of Meeting	20 <sup>th</sup> April 2023
Committee:	Quality Committee		

Agenda ref	Item	Link to BAF
1	<p><b>Matters Arising and immediate items for the attention of the Committee</b></p> <ul style="list-style-type: none"> <li>The Committee discussed the outcome of a recent Appeal Court case in relation to Reporting Restriction Orders placed on a withdrawal of life support case. The Committee sought assurance that relevant staff would be supported in such cases and noted the measures that had been put in place.</li> <li>The Committee was informed that there had been two never events in the previous month. The Committee expressed significant concerns that both incidents were the same procedure (retained swab) and were in the same care group. The Committee discussed the commonality and differences between the incidents (including one member of staff that was involved in both incidents) and the steps that have been taken to manage the incidents. The Committee noted that there is a SEL System working group in place to share learning and good practice. A detailed report on immediate actions was requested, with a full follow-up for the next meeting.</li> </ul>	<p>Recruitment and Retention and Culture and Values</p> <p>High Quality Care</p>
2	<p><b>Integrated Quality Report (IQR)</b></p> <p>The Committee reviewed the IQR, which provides a comprehensive overview of quality, safety, experience and effectiveness (outcomes). The Committee had detailed discussions in relation to infection prevention and control, particularly the management of IV lines, decontamination, and safeguarding. The Committee will review the action plans in place to improve IV line management at its next meeting. The Committee discussed patient experience, particularly in relation to the Friends and Family Test, noting that the ED responses indicated there is more to do to reduce delays and to ensure patients are receiving appropriate pain relief. In relation to safety and harm, the Committee discussed the impact of industrial action, noting that although no harm has been recorded through the Trust's Inphase system (previously Datix), there has been increased contact with PALS in relation to cancelled appointments. The Committee noted there has been an increase in the number of safeguarding concerns being recorded. It is thought that this is as a result of the team being more visible across the Denmark Hill and PRUH sites.</p>	High Quality Care
3	<p><b>Emergency Care Quality Summit – Quality Dashboard</b></p> <p>The Trust had an Emergency Care Quality Summit in January 2023, to review the mitigations in place to ensure the Trust was providing high quality care to patients in the Emergency Departments at Denmark Hill and the PRUH. The Summit resulted in an action to develop a quality dashboard, to provide assurance. The Committee welcomed the Dashboard.</p>	High Quality Care Demand and Capacity

Agenda ref	Item	Link to BAF
4	<b>Maternity Safety Support Programme</b> The Committee received an update on the additional support being provided to the Trust as a result of this programme. The Committee noted that a Maternity Improvement Advisor has been appointed and that an initial review has been undertaken with a view to completing a full diagnostic over the next period.	High Quality Care.
5	<b>Quality Assurance Framework</b> The Committee reviewed the draft Quality Assurance Framework, which has been developed to provide assurance that high quality care is being delivered across the Trust. The Framework has three core elements: Quality Audits, Quality Reviews and Quality Assurance Dashboards. The Committee welcomed the development and noted the timetable for implementation.	High Quality Care
6	<b>Patient Safety Thematic Reviews</b> The Committee received a report that summarised the outcomes of a series of thematic patient safety thematic reviews and considered the organisation learning arising from those reviews. The methodology is recommended as part of the implementation of the new Patient Safety Incident Response Framework.	High Quality Care
7	<b>Health and Safety 2022/23 Q4 Update</b> The Committee considered the Q4 update on health and safety incident, noting that BBV/Sharps incidents had increased over two Quarters. A review of the data was requested for the next meeting.	High Quality Care Recruitment and Retention
8	<b>BAF7: High Quality Care</b> The Committee noted the actions that are in place to mitigate the risks in relation to delivering high quality care. The committee noted that the implementation of the QAF (item 5) may allow the Committee to review the risk rating downwards in the coming months.	High Quality Care
9	<b>Terms of Reference</b> The Committee approved the terms of reference for the committee.	n/a

Committee Highlight Report for Trust Board			
Committee Chair	Akhter Mateen	Date of Meeting	27 April 2023
Committee:	Audit and Risk Committee (ARC)		

Item	Link to BAF
<b>Draft Financial Accounts 2022/23 and accompanying commentary</b> The Draft Financial Accounts 2022/23 were presented in full to the Committee. It was noted that these had now been submitted to NHSE in line with the timetable requirements. Key areas within the accounts were addressed in the accompanying commentary paper.	Financial Sustainability
<b>Update on Prior Year External Audit Recommendations</b> The Committee was assured that the Trust had addressed the recommendations from the 2021/22 external audit. This included ensuring the Fixed Asset Register reconciliation process was made more robust and appointing an expert to review and update existing assumptions for the MEA models.	Financial Sustainability
<b>Draft Going Concern Statement</b> The Committee agreed the Trust would follow the Group Accounting Manual (GAM) directive in relation to Going Concern and that the draft statement will be included in the annual report and accounts.	Financial Sustainability
<b>Annual Report on Losses and Special Payments</b> The Committee reviewed and approved the annual report on losses and special payments.	Financial Sustainability
<b>Update on Waivers</b> The Committee reviewed the 6-monthly update on waivers and was assured that there had been a significant reduction in the value and quantum of waivers approved during 2022/23. It was highlighted there were no waivers greater than £1m which required board approval. The Committee noted the plans in place to achieve further improvements over the next 12 months.	Financial Sustainability
<b>Update on Better Payment Practice Code (BPPC)</b> The Committee reviewed performance against the BPPC at the December 2022 meeting and were assured the Trust had taken all reasonable actions to improve compliance. Invoice processing was expected to change considerably upon transition of EPIC pharmacy module.  The Trust had received communication from NHSE in March 2023 requiring additional improvement and the Committee considered the actions in place to achieve this. The Trust reports performance to NHSE on a monthly basis and is required to include an overview in the Annual Report and Accounts.	Financial Sustainability
<b>Draft Remuneration Report</b> The Committee reviewed the draft remuneration data that will be included in the annual report. The Committee noted a number of issues required further investigation.	Financial Sustainability Recruitment and Retention



Item	Link to BAF
<b>Corporate Risk Update</b> The Committee received an update on the rollout of a new IT package to support incident reporting and risk management. The implementation was successful and the main focus was ensuring the incident module was fully operational and that the transfer of all risks completed. The committee noted there had been no new risks added to the corporate risk register and was assured that there was positive engagement in reviewing risks within target timescales.	n/a
<b>Report from the Risk and Governance Committee</b> The Committee noted the business discussed at the executive risk and governance committee. They were reassured that in relation to internal audit recommendations, that of the 30 open actions, 12 had been recommended for closure. There were a number of overdue actions and it was anticipated that 4 would be closed within the next month. There were no overdue actions that had been rated high priority by Internal Audit.	n/a
<b>NHS England Annual Emergency Preparedness, Resilience and Response Assurance Submission 2022-23</b> Overall compliance stands at "good", with 60 criteria rated green, 4 amber and nil red ratings. A plan was in place to address the areas of concern.	n/a
<b>Board Assurance Framework</b> The Board of Directors had considered the Board Assurance Framework (BAF) in March 2023. A number of the risks had been considered by the relevant committees and the risk and governance committee. There were no changes in score at this stage, but Recruitment and Retention (BAF 1) and Financial Sustainability Risk (BAF 3) would be kept under review. The Committee noted the mitigations in place to reduce the risk in relation to High Quality Care (BAF 7).	n/a
<b>Internal Audit</b> The Committee noted the progress in completing the 2022/23 internal audit programme. The Committee received assurance in relation to reviews of patient experience and risk management. The internal audit review of risk management received the highest assurance 'Significant' rating. The Committee received the Internal Audit Head of Internal Audit Opinion and was assured that the improvements achieved during 2021/22 had been sustained and that a sound system of internal controls designed to meet the Trust's objectives and controls in place had been consistently applied in all key areas reviewed. The Committee agreed the Internal Audit Plan for 2023/24.	All
<b>2022/2023 Counter Fraud Progress Report</b> The Committee noted the progress in delivering the 2022/23 Counter Fraud programme, noting that there had been a proactive programme aimed raising awareness of key fraud risks and the process to complete referrals of potential fraud. Fraud Focus posters had been circulated to staff and there is an ongoing communications programme in place. The Committee approved the Counter-Fraud Plan for 2023/24.	All

Item	Link to BAF
<p><b>External Audit Progress Report</b></p> <p>The Trust's external auditors provided an update on the 2022/23 external audit. Fieldwork conducted included a review of the Trust's control environment, an updated understanding of financial systems, a review of internal audit reports on core financial systems, understanding how the Trust makes material estimates for financial statements, early work on emerging accounting issues and early substantive work for sample selection covering M1-10. Grant Thornton would report the audit findings and give an opinion on the Annual report by 30 June 2023. The committee approved the audit plans for the Trust's subsidiaries.</p>	n/a

Meeting:	Board of Directors	Date of meeting:	11 <sup>th</sup> May 2023			
Report title:	Board Assurance Framework	Item:	9			
Author:	Siobhan Coldwell	Enclosure:				
Executive sponsor:	Prof Clive Kay, Chief Executive					
Report history:	Risk and Governance Committee and Audit Committee					
<b>Purpose of the report</b>						
To provide the Board of Directors with an update on the relevant aspects of the Board Assurance Framework and proposed actions.						
<b>Board/ Committee action required (please tick)</b>						
Decision/ Approval		Discussion				
		Assurance	✓			
		Information				
<b>Recommendation</b>						
The board is asked to note the updates to the BAF over the last quarter and consider whether any further updates are needed before submission to relevant committees and Board.						
<b>Executive summary</b>						
The Trust's revised Board Assurance Framework (BAF) was approved by the Board in March 2023.						
<p>There are currently 10 strategic risks included on the BAF. Five of the 10 risks are rated 'Red' with a score of 20 or 16 including:</p> <ul style="list-style-type: none"> <li>• Recruitment and Retention (BAF 1)</li> <li>• Financial Sustainability (BAF 3)</li> <li>• Maintenance and development of the Trust's estate (BAF 4);</li> <li>• High Quality Care (BAF7) and</li> <li>• Demand and Capacity (BAF 9).</li> </ul> <p>Since the Board considered the BAF in March, five of the risks have been reviewed and the BAF has been updated to reflect any additional controls and/or mitigations and sources of assurance. The actions to address any identified gaps in controls and/or assurance have also been updated where relevant.</p> <p>A summary of the updates is presented below.</p> <p>The Major Projects Committee recommended that a further risk is added to the BAF in relation to the Apollo implementation, which is due to go-live in October. This was subsequently endorsed by the Risk and Governance Committee. In agreement with the Audit Committee, the current risk will be reframed. An early draft has been developed but requires further work is underway to refine the content, working with the Apollo SRO and programme director.</p>						

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

## Board Assurance Framework

### Summary – Q1 2023/24

Ref	Risk Summary	Executive Lead(s)	Assurance Committee	Current risk (LxC)	Change from previous quarter	Target Risk Score*
1	<b>Recruitment &amp; Retention</b> If the Trust is unable to recruit and retain sufficient staff with the appropriate skills, this will affect our ability to deliver our services and future strategic ambitions which may adversely impact patient outcomes and staff and patient experience	Chief People Officer	People, Education and Research	16 (4 x 4)	↔	12
2	<b>King's Culture &amp; Values</b> If the Trust does not implement effective actions to develop the 'Team Kings' culture and embed the Trust values, staff engagement and wellbeing may deteriorate, adversely impacting our ability to provide compassionate and culturally competent care to our patients and each other	Chief People Officer & Director of Equality, Diversity & Inclusion	People, Education and Research	12 (3 x 4)	↔	9
3	<b>Financial Sustainability</b> If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver our investment priorities and improve the quality of services for our patients in the future	Chief Finance Officer & Executive Director of CEF	Finance & Commercial	20 (5 x 4)	↔	8
4	<b>Maintenance and Development of the Trust's Estate</b> If the Trust is unable to maintain and develop the estate sufficiently, our ability to deliver safe, high quality and sustainable services will be adversely impacted	CFO & Executive Director of CEF	Finance and Commercial	16 (4 x 4)	↔	8
5	<b>Apollo Implementation</b> If the Trust fails to deliver the Apollo Electronic Patient Record (EPR) transformation programme effectively then the clinical and operational benefits may not be realised	Chief Digital Information Officer	Finance and Commercial	12 (3 x 4)	↔	9
6	<b>Research &amp; Innovation</b> If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre	Chief Medical Officer	People, Education and Research	9 (3 x 3)	↔	6
7	<b>High Quality Care</b> If the Trust does not have adequate arrangements to support the delivery and oversight of high quality care, this may result in an adverse impact on patient outcomes and patient experience and lead to an increased risk of avoidable harm	Chief Nurse & Executive Director of Midwifery	Quality Committee	16 (4 x 4)	↔	6
8	<b>Partnership Working</b> If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely impact our ability to improve services for local people and reduce health inequalities	Chief Executive	Board of Directors	9 (3 x 3)	↔	9
9	<b>Demand and Capacity</b> If the Trust is unable to restore services (as a result of the COVID-19 pandemic) and sustain sufficient capacity to manage increased demand for services, patient waiting times may increase, potentially resulting in an adverse impact on patient outcomes and experience and/or patient harm	Site Chief Executive DH & Site Chief Executive PRUH/SS	Board of Directors	16 (4 x 4)	↔	9
10	<b>IT Systems</b> If the Trust's IT infrastructure is not adequately protected systems may be compromised, resulting in reduced access to critical patient and operational systems and/or the loss of data	Chief Digital Information Officer	Audit	12 (3 x 4)	↔	8

- **Current risk** – the risk remaining after the controls put in place to mitigate the gross (inherent) risk have been applied. The risk score is calculated by multiplying the likelihood score (1 to 5) by the consequence/ impact score (1 to 5).
- **Target risk** – the acceptable risk score based on the Trust's risk appetite for the risk type
- **Change from previous quarter:**

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

BAF 1				16
If the Trust is unable to recruit and retain sufficient staff with the appropriate skills, this will affect our ability to deliver our services and future strategic ambitions which may adversely impact patient outcomes and staff and patient experience				
Executive Lead	Chief People Officer	Assurance Committee	Quality, People & Performance Committee	
Executive Group	People and Culture Committee	Latest review date	Q3 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People	✓	Person- centred		Link to BAF & CRR	SR2 – Culture & Values 3866- Staffing Vacancies
	Outstanding Care		Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (Current)							
Quarter	Q1 (2022/23)	Q2 (2022/23)	Q3 (2022/23)	Q4 (2021/22)	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	4	4	4	↔	5	12
Consequence	4	4	4	4		5	
Risk Score	16	16	16	16		25	

Controls and Assurance	
Key controls & mitigations	Assurances (Positive, Negative & Planned)
<ul style="list-style-type: none"> <li>King's People &amp; Culture Plan – to support delivery of the BOLD vision and 'Brilliant People' ambitions</li> <li>Dedicated recruitment campaigns for specific services</li> <li>International recruitment programme</li> <li>Nursing Workforce Governance Group oversight</li> <li>Temporary staffing arrangements – working with external partners as required</li> <li>Working from Home policy to support flexible working arrangements</li> <li>Redeployment programme (temporary support)</li> <li>King's Stars – reward and recognition programme</li> <li>Staff health and wellbeing programme (See BAF 2)</li> <li>Engagement in ICS and APC workforce supply groups</li> <li>Engagement in King's Health Partners (KHP) – training and development opportunities</li> <li>King's Kaleidoscope launched to support learning and development opportunities</li> <li>Recruitment Inclusivity Audit – to identify opportunities where King's can further develop recruitment processes</li> </ul>	<ul style="list-style-type: none"> <li>Safer staffing reporting to QPPC and Trust Board</li> <li>Quarterly Guardian of Safe Working report to QPPC</li> <li>Integrated Performance Report –staff turnover rate, vacancy rates, and appraisals metrics reviewed by KE, QPPC and Trust Board</li> <li>Annual National Staff Survey results</li> <li>EDI dashboard – reviewing staff representation at Site performance review meetings</li> <li>Quarterly Staff Pulse Survey results</li> </ul>
Gaps in controls & assurances	
<ul style="list-style-type: none"> <li>Talent management and succession planning</li> <li>Leadership development</li> </ul>	

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Actions planned			
Action	Lead	Due date	Progress update
People & Culture Plan	CPO	June 2022	The People and Culture Plan (2022-2026), was formally launched in June 2022.
Roadmap to Inclusion	Director of EDI	June 2022	The Roadmap to Inclusion (2022-2024) was formally launched in June 2022.
Brilliant People Week	CPO	June 2022	To celebrate the launch of the People and Culture Plan and the Roadmap to Inclusion, we held our second Brilliant People week
Review and refresh of appraisal	CPO	Q1/Q2 2022/23	Revised appraisal process launched for 2022/23
Establishment Review	CPO	Q1/Q2 2022/23	Undertaking a Trust wide review of vacancies to understand enablers to fill posts
Development of leadership development programme and leadership coaching offer	CPO	Q1/Q2 2022/23	First cohort of managers commencing 'Essentials' programme in July 2022
Establish a training academy for KCH nursing and midwifery staff	CNO/CFO	Q4 2022/23	A business case to establish a training academy has been approved
Refresh workforce policies and procedures to reflect King's Values e.g. Values-based recruitment (See BAF 2)	CPO	Q1-Q4 2022/23	Continue to embed the Trust values in our policies and procedures to ensure we are a clinically led, values driven organisation
Collaborative working with SEL ICS to make South East London a place to live and work	CPO	Q1-Q4 2023/24	Work on-going across the ICS to support recruitment and retention in South East London
Review of Trust Turnover	CPO	Q4 2022/23	To review reasons staff leave the Trust and implement programmes of work to support retention
Review of Trust vacancies	CPO	Q4 2022/23	Undertaking review of vacancies to understand where 'hot spot' areas exist and develop interventions to support overall reduction
Develop a temporary staffing recruitment strategy, utilising the Trust's technology partners to gain access to a wider pool of medical staff and using capability within the in-house bank team to grow recruitment for other staff groups	CPO	Q1/Q2 2023/2024	<p>The Trust has worked with a new technology partner (Patchwork) since August 2023 and is now focussing on recruiting medics via their wide pool of candidates. To date, over 120 medics have been recruited via the platform</p> <p>A recruitment strategy covering all temporary staffing will also be developed</p>
Closer alignment of bank and agency rates across SEL ICS	CPO	Q4 2023/2024	Agreement between SEL ICS CPOs to look at closer rate alignment on a per staff group basis, with work due to commence in Q1 2023/2024

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BAF 2				12
If the Trust does not implement effective actions to develop the 'Team Kings' culture and embed the Trust's values, staff engagement and wellbeing may deteriorate, adversely impacting our ability to provide compassionate and culturally competent care to our patients and each other				
Executive Lead	Chief Executive & Chief People Officer	Assurance Committee	Quality, People & Performance Committee	
Executive Group	People and Culture Committee	Latest review date	Q1 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People	✓	Person- centred	✓	Link to BAF & CRR	SR1 - Recruitment & Retention 3942 – Bullying & Harassment
	Outstanding Care		Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do	✓	Team King's	✓		

Risk Scoring							
Quarter	Q1 (2022/23)	Q2	Q3 (2021/22)	Q4 (2021/22)	Change	Gross risk	Target risk*
Likelihood	3		3	3	↔	4	9
Consequence	4		4	4		4	
Risk Score	12		12	12		16	

Controls and Assurance	
Key controls & mitigations	Assurances (Positive, Negative & Planned)
<ul style="list-style-type: none"> <li>• EDI Roadmap 2022-24 - to align activity planning and our longer term strategic ambitions</li> <li>• King's People &amp; Culture Plan – to support delivery of the BOLD vision and 'Brilliant People' ambitions</li> <li>• EDI training programmes e.g. Active Bystander, Trans awareness, reciprocal mentoring</li> <li>• EDI activity plan 2022/23 and WRES/ WDES action plan</li> <li>• EDI - Staff networks</li> <li>• Staff wellbeing programme and site Wellbeing Hubs</li> <li>• Wellbeing Guardian and Champions network</li> <li>• FTSU Guardian and Ambassador network</li> <li>• Equality Risk Assessment Framework</li> <li>• Violence and aggression reduction programme</li> <li>• National Staff Survey People Priorities</li> </ul>	<ul style="list-style-type: none"> <li>• EDI quarterly progress reporting to QPPC</li> <li>• People &amp; Culture Plan updates to SRP and QPPC</li> <li>• EDI Roadmap updates to QPPC</li> <li>• FTSU reporting to QPPC and Trust Board</li> </ul>
	<ul style="list-style-type: none"> <li>• National Staff Survey results</li> <li>• Trust Pulse Survey results</li> <li>• WRES &amp; WDES scores</li> </ul>
	<ul style="list-style-type: none"> <li>• Progress reporting against the Model Employer goals 2028 (NHS People Plan)</li> </ul>
Gaps in controls & assurances	
<ul style="list-style-type: none"> <li>• Health &amp; Wellbeing Framework</li> <li>• Formal Talent Management scheme and succession planning</li> <li>• Robust flexible working scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Composite culture measure</li> <li>• Reporting dashboard</li> <li>• EDI Dashboard</li> </ul>

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<ul style="list-style-type: none"> <li>Review and refresh of workforce policies to embed our new values (See BAF 1)</li> </ul>	
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Actions/ Activities planned			
Action	Lead	Due date	Update
Roadmap to Inclusion	Director of EDI	Q2 2022/23	The Roadmap to Inclusion (2022-2024) was formally launched in June 2022.
People & Culture Plan	CPO	June 2022	The People and Culture Plan (2022-2026), was formally launched in June 2022.
Brilliant People Week	CPO	June 2022	To celebrate the launch of the People and Culture Plan and the Roadmap to Inclusion, we held our second Brilliant People week
People and Culture Committee	CPO/ Director of EDI	Q1 2022/23	First meeting of the new committee was held in May 2022, and subsequent meetings are scheduled bi-monthly
King's People Priorities	CPO	Q1/Q2/Q3 2022/23	Following the publication of the 2021 National Staff Survey results, all Care Groups and Corporate Teams have agreed three People Priorities to address the issues highlighted in the national staff survey
Develop an EDI reporting dashboard	Director of EDI	Q3 2022/23	EDI Dashboard now developed and information from this is being used to develop appropriate interventions. Further development is ongoing.

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BAF 3				20
If the Trust is unable to improve the financial sustainability of the services it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver our investment priorities and improve the quality of services for our patients in the future.				
Executive Lead	Chief Financial Officer	Oversight Committee	Finance and Commercial Committee	
Executive Group	King's Executive	Latest review date	Q1 2023/24	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to CRR	3943- Financial recovery targets
	Outstanding Care	✓	Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability	✓		
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (Current)							
Quarter	Q2( 22/23)	Q3 (22/23)	Q4 (22/23)	Q1 (23/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	5	5	5	5		5	8
Consequence	4	4	4	4		4	
Risk Score	20	20	20	20		20	

Controls and Assurance	
Key controls & mitigations	Assurances (Positive, Negative & Planned)
<ul style="list-style-type: none"> <li>Annual integrated activity financial plan</li> <li>Capital prioritisation process</li> <li>Key financial system controls framework</li> <li>Investment Board review and challenge of revenue and capital business cases. Board committee review of business cases &gt;£2.5m</li> <li>Financial performance review meetings – at Care Group and Site level</li> <li>Vacancy/Pay controls incl. temporary staffing controls</li> <li>ESR and Ledger reconciliations</li> <li>Transformation programmes in place to support improvements in efficiency and productivity</li> <li>Budget holder training</li> <li>Engagement with APC and ICS partners &amp; Finance Leads to support SEL system financial planning</li> <li>Long term energy contracts in place</li> <li>Scheme of Delegation and Standing Financial Instructions (SFIs) (Control)</li> </ul>	<ul style="list-style-type: none"> <li>Unqualified (Clean) External Audit accounts and VFM opinion – 2021/22</li> <li>Financial performance reporting (22/23 plan) – KE, FCC &amp; Board</li> <li>Achievement of 2021/22 plan</li> <li>Transition from SOF 4 to SOF3</li> <li>Internal audit reports 2022/23: Improving NHS financial sustainability</li> <li>NHS System Oversight segmentation – SOF3</li> </ul>
	<ul style="list-style-type: none"> <li>Financial performance reporting - Underlying deficit 22/23/ Planned Deficit 2023/24</li> <li>Decisions pending ref pay awards for 2023/24</li> <li>Inflation pressures ongoing</li> <li>CIP Programme yet to be identified</li> </ul>

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**Gaps in controls & assurances**

- 2022/23 CIP delivery oversight (Assurance)
- Balance sheet risk (Trust in-year financial performance is in line with other Trusts, but impact greater due to lack of flexibility in Trust finances).

**Update Q1 2023/24**

No change in overall risk score:

- Enhanced governance is in place to deliver the 2022/23 CIP and plan for 2023/24.
- The Trust is fully engaged with regional and system colleagues to agree financial plan for 2023/24, but there is considerable pressure on the Trust to increase the level of savings identify (i.e. reduce the planned deficit position)
- New Efficiency Board governance in place. Will be fully operational by mid-May

**Actions planned**

Action	Lead	Due date	Update
Agree the Trust Financial Plan for 2023/24, including CIP programme	CFO	End Q1	Draft plans in place but subject to external scrutiny.

BAF 4				16
If the Trust is unable to maintain and improve the estate sufficiently, our ability to deliver safe, responsive, high quality and sustainable services will be adversely impacted				
Executive Lead	Chief Finance Officer	Assurance Committee	Major Projects Committee	
Executive Group	Investment Board/ Risk & Governance	Latest review date	Q1 2023/24	

Strategy and Risk Register					
Link to Strategy	Brilliant People		Person- centred		Link to CRR
	Outstanding Care	✓	Digitally- enabled		
	Leaders in Research, Innovation & Education		Sustainability	✓	
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's		
4191 – Non-compliance Health & Safety at Work Act 4472 – Nosocomial CV-19 infections 4524 – Fire Safety 4975 – Infection control (estate) 5017 – Ventilation and air handling					

Risk Scoring (current)							Target risk*
Quarter	Q2	Q3	Q4	Q1 (23/24)	Change from previous quarter	Gross risk	
Likelihood	4	4	4	4	↔	5	8
Consequence	4	4	4	4		5	
Risk Score	16	16	16	16		25	

Controls and Assurance	
Key controls & mitigations	Assurances (positive, neutral, negative)
<b>Maintenance</b> <ul style="list-style-type: none"> <li>Estates/IPC ward-level risk assessment and prioritisation</li> <li>Fire Risk Assessments</li> <li>Water safety management service arrangements</li> <li>IPC Committee – risk and governance arrangements</li> <li>IPC audits and sampling</li> <li>Bi-monthly Health &amp; Safety Committee – review of estates H&amp;S risks</li> <li>Estates Compliance Programme</li> </ul> <b>Development</b> <ul style="list-style-type: none"> <li>Capital planning and prioritisation process 22/23</li> <li>Modernising Medicine programme and capital build schemes in progress – to increase support patient flow and increase physical site capacity</li> </ul>	<ul style="list-style-type: none"> <li>Estate risk assessment progress reported to Risk &amp; Governance and QPPC</li> <li>H&amp;S training compliance</li> <li>IPC BAF</li> <li>Internal audit 21/22 – Infection, Prevention &amp; Control</li> <li>Quarterly capital programme progress updates reported to Major Projects Committee</li> <li>Internal Audit 2021/22 - Major Estates Projects – amber/green rated.</li> </ul>
<b>Gaps in controls &amp; assurances</b> <ul style="list-style-type: none"> <li>Future capital and estate planning - capital funding allocation now confirmed for 23/24 uncertain. Draft Capital Plan in place. ,</li> <li>Impact of inflation on capital programme presents an increasing risk to delivery.</li> </ul>	

Actions planned			
Action	Lead	Due date	Update
Implementation of external review recommendations	CFO	Multiple	Progress periodically reported to Risk and Governance and Audit Committees
Delivery of 2022/23 capital & estates plan	CFO	31/3/2022	Progress to be monitored via MPC
Delivery of the (5-10 yr) Trust Estates plan	CFO	31/3/2023	Ongoing
Agreement of the 2023/24 Capital Programme	CF)	Q1 2023/24	Draft plan in outline. Agreement needed on prioritisation and funding envelope.



BAF 5				12
If the Trust fails to deliver the Apollo Electronic Patient Record (EPR) transformation programme effectively then the clinical and operational benefits may not be realised				
Executive Lead	Chief Digital Information Officer	Assurance Committee	Major Projects Committee	
Executive Group	Digital Technology Board	Latest review date	Q4 2022/23	

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

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

Controls and Assurance			
Key controls & mitigations		Assurances (Positive, Negative & Planned)	
<ul style="list-style-type: none"><li>• Dedicated programme team and programme office</li><li>• Executive SRO</li><li>• Full Business case outlining the strategic case for change developed</li><li>• Final Board approval of the FBC following Joint Investment Committee approval</li><li>• Project plan – key milestones identified</li><li>• Programme Governance arrangements in place e.g. Apollo Programme Board</li><li>• Joint Apollo Oversight Committee strengthened.</li><li>• Benefits realisation methodology developed</li><li>• Clinical engagement in programme scoping</li></ul>		<ul style="list-style-type: none"><li>• Joint Executive Oversight Group (GSTT &amp; KCH) reporting</li><li>• Apollo Programme Board reporting</li><li>• Programme status updates reported to Board via Major Projects Committee</li></ul>	
		<ul style="list-style-type: none"><li>• External assurance through periodic gateway reviews</li></ul>	
Gaps in controls & assurances			
<ul style="list-style-type: none"><li>• Benefits realisation plan</li></ul>			
Actions planned			
Action	Lead	Due date	Update
Trust Board review of updated FBC	CDIO	Jan 2022	Complete - The FBC has been approved by the Trust Board.
Develop benefits realisation plan	CDIO	Feb 2023	

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BAF 6				9
If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre				
Executive Lead	Chief Medical Officer	Assurance Committee	Strategy, Research & Partnerships Committee	
Executive Group	King's Executive	Latest review date	Q4 2022/23	

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

Risk Scoring (current)							Target risk*
Quarter	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)	Change from previous quarter	Gross risk	
Likelihood	3	3	3	3	↔	4	6
Consequence	3	3	3	3		3	
Risk Score	9	9	9	9		12	

Controls and Assurance	
Key controls & mitigations	Assurances
<ul style="list-style-type: none"> <li>KCH Research &amp; Innovation Strategy 2019-2024 and annual plans</li> <li>Engagement in King's Health Partners (KHP), Academic Health Science Network</li> <li>Action plans to improve the diversity of research participants and increase awareness and engagement in research design and delivery within our local community</li> <li>Research &amp; Innovation governance and risk management structure</li> </ul>	<ul style="list-style-type: none"> <li>Annual strategy progress update reported to SRP Committee – progress aligned to key aims</li> <li>Research progress metrics reported to SRP – e.g. number of approved commercial studies and trends</li> <li>KHP Ventures in place.</li> </ul>
Gaps in controls & assurances	
<ul style="list-style-type: none"> <li>Physical capacity to participate in drug trials and trials requiring clinical research facilities</li> <li>Longer-term research workforce model (linked to funding and investment planning)</li> </ul>	

Update Q4
<ul style="list-style-type: none"> <li>No change in overall risk score</li> <li>Trust is the highest recruiter nationally to NHIR portfolio studies</li> <li>Research and Innovation Team to be renamed as Research and Development. The Innovation portfolio is being moved to the CQI team. QI and Innovation Strategies are being developed.</li> </ul>

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

BAF 7				16
If the Trust does not have adequate arrangements to support the delivery and oversight of high quality care, this may result in an adverse impact on patient outcomes and patient experience and lead to an increased risk of avoidable harm				
Executive Lead	Chief Nurse	Assurance Committee	Quality Committee	
Executive Group	Patient Experience Committee & Patient Safety Committee	Latest review date	Q1 2023/24	

Strategy and Risk Register					
Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR
	Outstanding Care	✓	Digitally- enabled		
	Leaders in Research, Innovation & Education		Sustainability		
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's		
2919 – Failure to recognise the deteriorating patient 4460 – Harm from patient falls 4914 – Quality compliance					

Risk Scoring (Current)							
Quarter	Q2 (2022/23)	Q3 (2022/23)	Q4 (2022/23)	Q1 (2023/24)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	4	4	↔	5	6
Consequence	4	4	4	4		4	
Risk Score	12	12	16	16		20	

Controls and Assurance	
Key controls & mitigations	Assurances (Positive, Negative, Planned)
<ul style="list-style-type: none"> <li>Risk management policy and procedures</li> <li>Incident management policy and procedures</li> <li>Quality governance and reporting structure</li> <li>Site performance reviews to support oversight and escalation</li> <li>Serious Incident Review group to oversee the investigation of and learning from incidents</li> <li>Care group quality governance development programme 2021/22 - to support care groups progress governance and risk management arrangements</li> <li>Corporate induction and programme of mandatory training for all staff</li> <li>Appraisal, CPD and revalidation arrangements for registered professionals</li> <li>Development of quality dashboards to provide real-time information to support decision-making</li> <li>Inphase implementation to support the identification of quality trends</li> <li>Thematic review process developed for 'amber' incidents</li> <li>Policy and clinical guidelines framework</li> <li>MEG Audit Process – self assessment</li> </ul>	<ul style="list-style-type: none"> <li>CQC patient survey reports</li> <li>Quality performance reporting to KE, QC and Board</li> <li>Safe Nurse &amp; Maternity staffing reports presented to Public Board</li> <li>Quarterly patient outcome reporting to QC</li> <li>GGI reports – Review of Risk Management (October 2021)</li> <li>Internal Audit reports 2022/23 – Child safeguarding (<i>Significant assurance with minor improvement opportunities</i>), Patient Experience (<i>Significant assurance with minor improvement opportunities</i>), and risk management (<i>Significant Assurance Data Quality (partial assurance with improvements required)</i>)</li> <li>GGI Quality Governance Programme Report</li> <li>Incident reporting backlog reducing</li> <li>Outstanding complaints backlog static</li> <li>PALS – worsened picture but showing signs of improvement</li> <li>External service reviews (ad hoc)</li> <li>CQC Inspection – Medicine PRUH – overall rating maintained at Good.</li> </ul>

<ul style="list-style-type: none"><li>• Integrated Quality Report</li><li>• Daily executive GOLD meetings reviewing performance</li><li>• Quality Assurance Framework agreed.</li><li>• Annual Workforce establishment reviews</li></ul>			
	<ul style="list-style-type: none"><li>• CQC ED reports (DH and PRUH)– 2021 and action plan progress updates</li><li>• CQC Inspection – Orpington – Safe domain downgraded to inadequate, overall rating downgraded to requires improvement</li><li>• CQC Inspection - Maternity requires improvement.</li><li>• Maternity Safety Support Programme.</li><li>• CQC Well-Led (Feb 2023) - Good</li><li>• CQC DH Inspections – Medicine (requires improvement)/Paediatrics (good) (Feb 2023)</li></ul>		
Gaps in controls & assurances			
<ul style="list-style-type: none"><li>• Implementation of external review actions</li><li>• Safer medical staffing metrics</li></ul>			
Actions Planned			
Action	Lead	Due date	Update
Complete thematic review programme (Amber incidents)	Chief Nurse	Q3 2022/23	Reviews are ongoing. Update provided to Quality Committee April 2023.
Strong Roots, Quality Care	Chief Executive	Q3 2022/23	Programme developed and being implemented across the Trust.
Executive-led Quality Assurance Group established	Chief Executive	Q3 2022/23	Meetings in place. Initial focus is on CQC response.
Quality Assurance Framework	Chief Nurse	Q4 2022/2023	Complete
Quality Governance refresh	Chief Nurse and Chief Medical Officer	Q4 2022/2023	Workstream set up, supported by Deloitte
ED Safety Summit	Chief Executive	Q4 2022/2023	Complete

BAF 8				9
If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely impact our ability to improve services for local people and reduce health inequalities				
Executive Lead	Chief Executive	Assurance Committee	Strategy, Research & Partnership Committee	
Executive Group	King's Executive	Latest review date	Q3 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF& CRR	BAF 8 Partnership working
	Outstanding Care	✓	Digitally- enabled			
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do	✓	Team King's	✓		

Risk Scoring (Current)							Target risk*
Quarter	Q1	Q2	Q3	Q4 (2021/22)	Change from previous quarter	Gross risk	
Likelihood	3	3	3	3	↔	4	9
Consequence	3	3	3	3		4	
Risk Score	9	9	9	9		16	

Controls and Assurance	
Key controls & mitigations	Assurances (Positive, Negative, Planned)
<ul style="list-style-type: none"> <li>Trust relationship leads identified for key partnerships to ensure that the Trust is represented and engaged in relevant ICS and APC forums</li> <li>Engagement and leadership of place-based partnerships e.g. One Bromley, Lambeth Together</li> <li>KCH CEO is designated CEO lead for SEL APC</li> <li>Active role in existing APC and ICS clinical and operational forums e.g. Clinical, Strategy &amp; Operations, APC Finance</li> <li>Engagement in SEL ICS and APC recovery programmes (See BAF 9)</li> <li>Trust's Anchor Programme</li> </ul>	<ul style="list-style-type: none"> <li>Regular updates to SRP and Trust Board regarding emerging ICS and APC governance arrangements and the Trust's role as a partner</li> <li>APC Committee-in-Common progress reports</li> <li>SEL APC Elective recovery performance</li> <li>External Well-Led Review</li> </ul>
	<ul style="list-style-type: none"> <li>Internal Audit review of system governance</li> </ul>
Gaps in controls & assurances	
<ul style="list-style-type: none"> <li>APC governance and decision-making arrangements are in development</li> <li>Partnership mapping (community &amp; voluntary)</li> <li>Oversight – improvements in equality of access, experience and outcomes</li> <li>System planning arrangements – 2022/23</li> </ul>	

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Actions planned			
Action	Lead	Due date	Update
SEL APC governance framework to be developed and agreed	CEO	March 2022	Complete
Establish a 'Trust Anchors' programme to align with the ICS Anchors initiative and coordinate current 'anchor institution activities	Director of Strategy	September 2022	An update has been provided to SRP on 1/12/2022. Programme is ongoing.
Review and map existing community and voluntary group partnerships to support diversification of community engagement	Director of EDI	December 2022	
Develop an improvement plan to address key health inequalities	Director of EDI	Q4 2022/23	



BAF 9				16
If the Trust is unable to restore services (as a result of the COVID-19 pandemic) and sustain sufficient capacity to manage increased demand for services, patient waiting times may increase, potentially resulting in an adverse impact on patient outcomes and experience and/or patient harm				
Executive Lead(s)	Site Chief Executives	Assurance Committee	Quality, People & Performance Committee	
Executive Group	King's Executive	Latest review date	Q4 2022/23	

Strategy and Risk Register					
Link to Strategy	Brilliant People		Person- centred		Link to CRR
	Outstanding Care	✓	Digitally- enabled		
	Leaders in Research, Innovation & Education	✓	Sustainability		
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's		
					270 – Elective waits 597 – Theatre capacity (Neurosurgery) 1178 – Care of MH patients 2679 - Ophthalmology demand and capacity 2739 – Theatre capacity (emergency) 3941 – Delay to Treatment DH ED 4297 – Non-delivery of ECS 5005 – Further COVID-19 waves

Risk Scoring (Current)							
Quarter	Q1 2022/23	Q2	Q3 2021/22	Q4 2021/22	Change from previous quarter	Gross risk	Target risk*
Likelihood	4	4	4	4	↔	5	9
Consequence	4	4	4	4		5	
Risk Score	16	16	16	16		25	

Controls and Assurance	
Key controls & mitigations	Assurances (Positive, Negative & Planned)
<ul style="list-style-type: none"> <li>Command and Control arrangements to support COVID-19 incident management response – arrangements can be activated as required (i.e. in the event of further COVID waves)</li> <li>Clinical prioritisation of waiting lists and patient engagement and status checks whilst on waiting list to minimise risk to patient safety</li> <li>Use of virtual and telephone appointments</li> <li>Use of outsourcing arrangements for some clinical services</li> <li>Engagement in SEL ICS and APC recovery programmes e.g. theatre productivity</li> <li>Modernising Medicine Programme - to create additional capacity and improve non-elective flows across the DH site</li> <li>Estate programmes to increase physical capacity across sites e.g. Orpington Theatres</li> <li>Workforce and recruitment planning to support increased workforce capacity (see BAF 1)</li> <li>Engagement with APC/ ICS partners to develop and progress further plans to maximise use of system resources</li> <li>DH Emergency Care Standard improvement plan</li> </ul>	<ul style="list-style-type: none"> <li>Monthly Elective Assurance Group</li> <li>Quarterly/ Monthly Site-Care Group reviews</li> <li>IPR - performance metrics are routinely reported to KE, QPPC and Trust Board e.g. number of patients waiting &gt; 52+/104+ weeks, diagnostics</li> <li>Patient Outcomes report – quarterly presented to QPP</li> <li>SEL APC elective recovery performance</li> <li>Internal Audit Review 21/22 – Site Governance (<i>Significant assurance with minor improvement opportunities</i>)</li> <li>Modernising Medicine programme updates reported to Major Projects Committee – oversight of delivery and review of KPIs</li> <li>PRUH &amp; SS site and service development updates reported to Major Projects Committee</li> </ul>
	<ul style="list-style-type: none"> <li>Internal Audit Review 21/22 – PRUH Discharge</li> <li>IPR - performance metrics are routinely reported to KE, QPPC and Trust Board e.g. ECS</li> </ul>

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Gaps in controls & assurances	
<ul style="list-style-type: none"> <li>Additional site and workforce capacity</li> </ul>	

Actions/Activities planned			
Action	Lead	Due date	Update
Capital investment and estate planning to support further decompression of the DH site and increased physical capacity across all sites	Site CEOs/CFO	TBC	Coldharbour Works – operational January 2022. Modernising Medicine Programme ongoing. See BAF Risk 4 (Estate maintenance and development) Valmar options appraisal ongoing.
Workforce planning and recruitment activities to support increased workforce capacity	CPO	Multiple – See BAF 1	See BAF Risk 1 – Recruitment & Retention
Review of arrangements for services e.g. ENT and cancer pathways underway.	Site CEOs	Complete	The Trust has agreed to provide some elements of a service particularly in relation to two week waits (Cancer), whilst a system-wide solution is agreed.
Action plans to address ambulance handover at both sites	Site CEOs	Complete	A full response is in place at both sites.
Industrial action response	Site CEO (DH) with relevant directors	Ongoing	A full response is in place to manage the impact on industrial action, there is a known impact capacity. This is being quantified and managed and where necessary, harm reviews are in place.

BAF 10				12
If the Trust's IT infrastructure is not adequately protected systems may be comprised, resulting in reduced access to critical patient and operational systems, service disruption and/or the loss of data.				
Executive Lead	Chief Digital Information Officer	Assurance Committee	Audit Committee	
Executive Group	Risk & Governance	Latest review date	Q4 2022/23	

Strategy and Risk Register						
Link to Strategy	Brilliant People		Person- centred		Link to BAF & CRR	2956 – Data and Cyber security 4562 – Malware
	Outstanding Care		Digitally- enabled	✓		
	Leaders in Research, Innovation & Education		Sustainability			
	Diversity, Equality & Inclusion at the heart of everything we do		Team King's			

Risk Scoring (current)							
Quarter	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)	Change from previous quarter	Gross risk	Target risk*
Likelihood	3	3	3	3	↔	4	8
Consequence	4	4	4	4		5	
Risk Score	12	12	12	12		20	

Controls and Assurance	
Key controls & mitigations	Assurances (Positive, Negative, Planned)
<ul style="list-style-type: none"> <li>Cyber security strategy</li> <li>Cyber security &amp; IT Use policies</li> <li>Risk and governance arrangements - ICT Security Group and Information Governance Steering Group, chaired by the Chief Digital Information Officer</li> <li>Mandatory data security and protection training for staff</li> <li>Communication initiatives to increase staff awareness and understanding of potentials threats e.g. Phishing</li> <li>Firewall perimeter covers all systems and application within the Trust Network</li> <li>Automatic patch updates</li> <li>New bi-monthly joint meeting in place to test readiness for a cyber-attack, Membership includes key 3<sup>rd</sup> parties including Synnovis and KFM,</li> </ul>	<ul style="list-style-type: none"> <li>Information governance reports to Audit Committee</li> <li>Data security and protection training compliance</li> <li>Cyber Security Internal Audit Review 2021/22 – <i>Significant assurance with minor improvement opportunities</i></li> <li>DSP toolkit assessment Internal Audit Review 2021/22 – <i>Significant assurance with minor improvement opportunities</i></li> <li>Improving cyber security resilience report</li> </ul>
Gaps in controls & assurances	

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