King’s College Hospital NHS Foundation Trust

APR Strategy Document

Template 1: Vision and key priorities

The Trust's current position is summarised as:			
King's College Hospital NHS Foundation Trust is one of London's largest and busiest teaching hospitals. We have a reputation for providing excellent local healthcare in the London Boroughs of Lambeth and Southwark, and a range of specialist services for patients across South East England and beyond. We are recognised nationally and internationally for clinical services and clinical research in a range of specialties, including liver disease and transplantation, neurosciences, cardiac services, haemato-oncology and fetal medicine. King's also plays a key role in the training and education of medical, nursing and dental students, and other health professionals. We are part of King's Health Partners Academic Health Sciences Centre (AHSC), a pioneering collaboration between King's College London, and Guy's and St Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts. King's Health Partners is one of only five accredited AHSCs in the UK and brings together an unrivalled range and depth of clinical and academic expertise, spanning both physical and mental health. Our combined strengths will drive improvements in care for patients, allowing them to benefit from breakthroughs in medical science and receive leading edge treatment at the earliest possible opportunity. Key strengths: • Strong operational performance in 09/10, including infection control, 18 weeks referral to treatment and A&E '4 hour waits' • Accredited as a Major Trauma Centre and Hyper Acute Stroke Unit • As King's Health Partners, accredited as one of only five Academic Health Science Centres across the country • Strong tertiary specialities and a track record in academic and service innovation Key challenges: • Finances: Risk rating of '3' at year end FY 2009/10. Significant financial pressures over the next 3 years, and uncertainty over future health settlements, will require greater efficiencies within the Trust and with local partners, requiring radical new models of service provision. • Capacity: managing large volumes of unscheduled care can create financial pressures (for example, by crowding out elective care) and lead to difficulties in ensuring consistent high quality care. Capacity constraints also have the potential to impact on A&E performance. • Patient experience: despite some significant progress, more could be done to improve patient experience, including improving the environment of the Trust • Academic: academic programmes need to be better embedded across all clinical services • Infection control : increasingly challenging targets for reducing infections, particularly MSRA • Mixed sex accommodation: meeting the national standard in all clinical areas to ensure privacy and dignity • Governance: ensuring robust systems of Board assurance across all areas of activity			

Template 1: Vision and key priorities

The Trust's vision over the next three years is to:			
Everything King's does will be focused on patient need. Our patients will experience the highest quality of care in our local services and our global specialties. With King's Health Partners and our other local health partners, we will lead an integrated and well-managed healthcare system meeting the diverse needs of the many local communities we serve King's over-arching objectives are to: Deliver high quality, patient-centred and efficient care 1. A relentless focus on quality and safety 2. Improve patient-centred care and experience 3. Achieve financial sustainability through efficiencies within the Trust and with local partners Develop our major acute, tertiary and community services as part of an integrated healthcare system 4. Strengthen our key tertiary services and networks, including liver, haematology and neurosciences 5. Become London's leading major acute hospital, including delivering the Major Trauma Centre and Hyper-Acute Stroke Unit 6. Deliver more integrated care and more care out-of-hospital through our community and local secondary services Transform our workforce and supporting systems 7. Adapt our workforce skills and capacity to deliver new services 8. Establish trust-wide governance and performance management systems that support high quality and efficient care Contribute to the delivery of King's Health Partners King's Health Partners Vision: KHP will become the leading AHSC. We will: • Drive the integration of research, education and training and clinical care, for the benefit of patients, through Clinical Academic Groups (CAGs) • Consider all aspects of the health needs of our patients when they come to us for help • Improve the health and well being across our ethnically and socially diverse communities and work to reduce inequalities • Develop an AHSC that draws upon academic expertise in medical science and also basic science, social science, law and humanities • Deliver a radical shift in healthcare by identifying "at risk" groups, based on genotype and lifestyle, and helping them to avoid illness • Work innovatively with stakeholders in the redesign of care pathways, including the delivery of care closer to home			

The Trust's vision over the next three years is to:			
KHP Strategic Objectives: 1. We will be in the top 10 globally, both clinically and academically, in the fields of • mental health & neurosciences • cardiovascular disease • transplantation 2. We will build our capacity to address diseases that have a particularly large impact on our local community, but are also important on a global scale, in the areas of: 3. We will ensure our academic expertise is applied to all our clinical services to pursue our tripartite mission 4. We will strengthen groundbreaking basic science research, not jut in priority areas but across the biomedical spectrum 5. We will be the most highly regarded AHSC in the UK in terms of patient experience and satisfaction, as measured by national statistics and those we develop ourselves 6. We will be the leading AHWSC in the UK in widening access to educational and training oppirtunities for prospective students in all health related fields 7. We will encourage staff to take responsibility for their own continued professional development, through appropriate programmes and providing them with time to undertake these 8. We will ensure our mental health services and physical health services work collaboratively to treat the entire individual 9. We will constantly seek to reduce costs and improve quality for the benefit of patient care across the partnership and the wider health and social care system 10.We will underpin all these objectives by working with our stakeholders to build information technology and resources to support our efforts			

Template 1: Vision and key priorities - Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's vision

Key priority (and timescales)	How this priority underpins the strategic vision	Key milestones (2010/11)	Key milestones (2011/12)	Key milestones (2012/13)
1. Improve patient-centred care and patient experience at King's • Deliver care that is reflective of local communities' needs, including mental and physical health, and those of patients families and carers' • Raise patient satisfaction with services and make progress towards a hospital estate which improves patient experience and patient journeys • Refocus our services from solely the treatment of ill health to encompass the prevention of ill health in our patient groups • Improve the way we involve patients and the public in changes to the Trust	Supports King's strategic objective to deliver high quality, patient-centred and efficient care Supports KHP strategic objective 5 Supports KHP strategic objective 8	• Transformation Programme project to improve patient experience • Audit mental health provision across all Trust services	• To reach the top 20% of acute hospitals in London for the national patient surveys • Complete pilot study of psychological intervention in specific patient group(s)	• To reach the top 10% of acute hospitals in London for the national patient surveys
2. Provide high quality, safe and effective services that meet patient expectations, and the requirements of commissioners and regulators • Reduce average length of stay (ALOS) • Reduce infection • Improve performance on mortality measures	Supports King's strategic objective to deliver high quality, patient-centred and efficient care Supports KHP strategic objective 1	• Achieve top-quartile ALOS in 25% of specialties • To ensure the risk adjusted mortality rate is lower than 100 in all Divisions • To further reduce infection rate to make sure new national targets are met (e.g. 9 MRSA	• Achieve top-quartile ALOS in 50% of specialties • To ensure the risk adjusted mortality rate is not higher than peer average in all Divisions • To further reduce infection rate to make sure new national targets are	• Achieve top quartile ALOS in all specialties • To ensure the risk adjusted mortality rate is better than peer average in all Divisions • To further reduce infection rate to make sure new national targets,

Key priority (and timescales)	How this priority underpins the strategic vision	Key milestones (2010/11)	Key milestones (2011/12)	Key milestones (2012/13)
		cases) • Achieve level 3 ARMS assessment	met. • Renewal of PSSQ research centre, linking future work-programmes to key trust priorities	and local stretch targets are met.
3. Achieve financial sustainability • Increase operational efficiency at King's, for example by reducing average length of stay and better managing demand • Deliver efficiencies across King's Health Partners through service consolidation and rationalisation of corporate functions • Deliver efficiencies by working more effectively with our other local health partners • increase income through tertiary services growth, and diversification of income from commercial and other sources	Supports King's strategic objective to deliver high quality, patient-centred and efficient care Supports KHP strategic objective 9 Supports KHP strategic objective 10	• Agreed 10% efficiency plan delivered	• 10% efficiency plan developed and delivered	• 10% efficiency plan developed and delivered • Increase in income from non-core activities, e.g. commercial / R&D / PP by £3million
4. Strengthen the key tertiary services at KCH including liver, neurosciences, haemato-oncology, as well as developing proposals for integration of services across KHP • Provide additional capacity to meet unmet demand in key services (on-site and through extended networks) • Support research and educational	Supports King's strategic objective to develop our major acute, tertiary and community services as part of an integrated healthcare system Supports KHP strategic objective 1 Supports KHP strategic objective 2	• Paediatric trauma bid submitted • Business case for vascular consolidation approved by KHP Boards • Agree Haem-onc strategy & plans for BMT consolidation	• Maurice Wohl Institute (academic neuroscience) completed • Clinical Research Facility opened • Designation as paediatric neuro-surgery centre • Additional critical	

Key priority (and timescales)	How this priority underpins the strategic vision	Key milestones (2010/11)	Key milestones (2011/12)	Key milestones (2012/13)
activity in these services to achieve academic pre-eminence in these services • Raise the national and international profile of these services • Services to be working as part of formal clinical networks		across KHP	care capacity completed	
5. Develop the King's major acute and specialist emergency hospital • Complete the implementation of the Major Trauma Centre (MTC) and Hyper-Acute Stroke Unit (HASU) and the development of associated networks • Build a broader range of specialist emergency services • Support the academic activity of these services	Supports King's strategic objective to develop our major acute, tertiary and community services as part of an integrated healthcare system Supports KHP strategic objective 3	• Full staffing for HASU and MTC in place • Redevelopment of the Emergency Department commences • Installation of new CT scanner • Investment in Stroke academic posts • Expansion of critical care capacity	• Academic posts appointed to support MTC	• Completion of major capital programmes in Emergency Department

Template 1: Vision and key priorities - Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's vision (cont.)

Key priority (and timescales)	How this priority underpins the strategic vision	Key milestones (2010/11)	Key milestones (2011/12)	Key milestones (2012/13)
6. Develop King's community and local secondary services by delivering more care out of the hospital and more integrated care across acute, primary, community, mental health and social care services • Develop new commissioning and delivery models to encourage integrated care • Develop networks of secondary care with a greater proportion of care delivered in out-of-hospital settings including polysystems and patients' homes • Contribute to the delivery of the SEL Healthcare Strategy, including reduce health inequalities and improving public health	Supports King's strategic objective to develop our major acute, tertiary and community services as part of an integrated healthcare system Supports KHP strategic objective 9 Supports KHP strategic objective 8	• New KCH Urgent Care Centre established within Emergency Department • Full electronic communication with GPs • Complete detailed plans / business case for polysystem hub at KCH • Expansion of maternity capacity commences	• 25% of A&E attendances diverted to UCC • Establish polysystem hub at King's • KHP integrated community services with Lambeth and Southwark goes live	
7. Adapt and develop our workforce skills, competencies and capacity in line with changes in service delivery and care pathways and the development of King's Health Partners • Reprofile workforce to ensure optimum skill mix & build workforce planning skills of service managers • Increase workforce productivity through	Supports King's strategic objective to transform our workforce and supporting systems Supports KHP strategic objective 7	• Systematic review of all workforce skill mix completed • Transformation Programme project to increase medical productivity • talent management strategy agreed	• Roll out of electronic rostering complete • Comprehensive job plan reviews conducted for all consultants, reflecting service redesign and supporting	

Key priority (and timescales)	How this priority underpins the strategic vision	Key milestones (2010/11)	Key milestones (2011/12)	Key milestones (2012/13)
more efficient staff deployment • Improve workforce development through talent management and professional development • Increase staff engagement by embedding King's Values and behaviours, and improving staff wellbeing		• implement Occupational health review • implement "on-boarding" website • Launch health and well being strategy	revalidation	
8. Establish trust-wide systems that support high quality, safe, effective and efficient patient care • Implement governance systems that assure the executive and board about quality of care • Improve our performance systems & align these with KHP - to support clinicians and managers in delivering high quality and efficient care underpinned by academic capability • Develop IT systems that support better clinical care and research within the Trust, across KHP and with local health partners	Supports King's strategic objective to transform our workforce and supporting systems Supports KHP strategic objective 10	• New Board governance systems established • Embed new divisional structures • Web-based performance scorecards • Audit of performance systems across divisions • KHP Performance Council established	• Full roll-out of e-prescribing • Joining up of KCH/GSTT networks • Paperless outpatient departments complete	• Joint EPR implementation started
9. Contribute to the delivery of King's Health Partners vision including strengthening the research and education activity at King's • Develop Clinical Academic Groups (CAGs) & ensure they all have integrated tripartite strategies agreed • Implement service changes across the	Supports King's strategic objective to contribute to the delivery of King's Health Partners Supports all KHP objectives	• All CAG leaders appointed • First wave CAGs have agreed tripartite strategies & achieve accreditation • First wave joint service plans	• Clinical Research Facility completed • All CAGs accredited • Successful renewal of PSSQ linking future work-programmes to key trust priorities	

Key priority (and timescales)	How this priority underpins the strategic vision	Key milestones (2010/11)	Key milestones (2011/12)	Key milestones (2012/13)
CAGs to improve clinical quality and efficiency • Strengthen the research and educational contribution of all our clinical services • Develop integrated corporate systems across KHP		agreed across KHP • KHP Partnership agreement signed	• Simulation training facilities upgraded • Agree plans to improve undergraduate clinical training • Complete any consultation required, and begin implementation of service consolidation proposals across KHP	

Template 2: Key external impacts

Key external impact	Risk to the plan	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
1. A reduction in overall NHS funding, resulting from wider pressures on public expenditure	Overall Trust income falls below levels predicted within the forecasts	Mitigation – • Savings plan being managed via Programme office • Transformation programme established to drive efficiencies • Joint savings work with KHP partners also underway • Objective to increase % of non-clinical income Residual risk – downside scenario planning – still need to allow for ongoing reductions in funding	• Trust remains financially viable, but with reduced margin and reduced Monitor risk rating	• Monthly financial position, revised financial forecasts • Accountable lead: CFO / COO
2. Changes to national commissioning and tariff arrangements, including:• new baseline for emergency activity (08/09) • funding linked to quality and patient experience (CQUINS)	• Over-performance on emergency activity at 30% tariff (negative margin)• Reduced income if quality targets not met	Mitigation • Trauma, stroke and PAMI emergency activity excluded from activity levels• Working with PCTs to agree appropriate local contracts to manage emergency pathways • CQUINS – agreed action plans with PCTs• Quality has high profile and is part of trust performance management scorecardsMinimal risk remaining	• Reduction in low tariff emergency admissions towards baseline – to reduce exposure• Maintain income levels	• Monitored via internal performance management systems and regular contract monitoring meetings with PCT• Accountable lead: COO / Director of Nursing

Key external impact	Risk to the plan	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
3. Commissioner-led reviews of specialist services, including Healthcare for London, national commissioning – cancer, cardiovascular & specialist paediatrics	• Risk of KCH / KHP not being designated, or not having certain specialist services commissioned any more	• Joint work with GSTT on integrated services provision greatly strengthens both parties (e.g. potential to create largest combined vascular centre in London)	• Working together we believe the full range of specialist services will be commissioned from KHP. This may require some reconfiguration across KCH and GSTT to achieve optimal service models	• Business cases agreed and fully consulted upon • Accountable lead: COO / director of strategy
4. Local commissioning decisions e.g. new demand management measures	• Reductions in acute services commissioned may lead to difficulty in removing fixed costs / reducing cost base & time it takes to do so• Lack of appropriate facilities in the community may jeopardise ability to transfer activity • Lack of engagement – hospital clinicians and/or GPs	• We have agreed to a phased approach with PCTs (e.g. Diabetes).• Polysystem development to be joint project between Trust and PCTs • Representation on SEL sector strategy implementation	• Joint planning with PCTs to ensure we can reduce hospital cost base over coming 1-3 years, in response to shift of care away from acute setting	• Contract monitoring• Accountable lead: COO / Director of Strategy
5. Ability to control Emergency Activity	• Impacts on elective activity • Impact on KCH A&D department performance	• A&D re-development and MAU/EAU • Work with LAS and SE London network	• Continue to meet A&E target overall • Reduced disruption to elective work	• Trust performance management systems

Template 2: Key external impacts (cont.)

Key external impact	Risk to the plan	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
6. Ability of other local providers to repatriate patients in timely fashion	• Increase in excess bed days and ALOS leading to increased costs	• More proactive management – including agreeing referral protocols with local providers	• Improvement in repatriation rates and reduced ALOS	• Trust performance management systems • Accountable lead: COO
7. London Deanery reconfiguration of post graduate medical and dental education	• Potentially diminished status as a recognised provider of high quality specialty training; consequent impact on ability to attract the brightest and best medical trainees	Mitigation: • KHP consortium response to Deanery invitation for accreditation as Lead Providers• Collaborative approach to stage one submissions	• KCH accreditation secured in chosen specialties; providing options to bid in stages - once risks and liabilities are fully specified and assessed	• Board agreement to proceed at each stage • Accountable lead: Director of Workforce Development
8. National review of the Multi Professional Education and Training (MPET) budget	• Potential for proposed re-distribution of funding which adversely impacts Trust revenue budgets • Implementation of 'Modernising Scientific Careers'	Mitigation: • KCH participation in national consultation and shadow pilot in 2010/11	• Minimal impact on KCH	• Accountable lead: director of workforce development

Template 3: Clinicial quality

Clinical quality priorities	Contribution to the overall vision	Key actions and delivery risk	Performance in 2009/10	3 year targets / measures 2010/11 2011/12 2012/13
1- Reduce infection	Support King's objective to deliver high quality, patient centred and efficient care.	Actions: - To embed the new Infection control governance structure and communicate updated Infection Control policy - To implement action from the MRSA reduction plan - Ensure staff have appropriate training on infection control - To implement actions from Hygiene Code compliance review Risks Risk associated with KCH's particular complex case mix – e.g. liver, neurosciences etc	KCH has further reduced MRSA numbers by 33% and C. diff by 32% in 2009/10 compared with 2008/09. The number of MRSA cases in 2009/10 was 26 against a target of 34 The number of C. diff cases in 2009/10 was 135 against a target of 162.	2010/11 MRSA target – 9 C. diff target - 162 (national) C Diff target - 88 (locally agreed) 2011/12 and 12/12 To further reduce infection rates and ensure new national targets are met.
2- Improve incident reporting and reduce serious incidents	Support King's objective to deliver high quality, patient centred and safe care.	Actions: - To continue to promote an open and learning culture through identifying root causes of incidents and successfully implement any recommendations arising - To learn from near misses	Latest National Patient Safety Agency (NPSA) publication (for the period of April to September 2009) indicated King's has a high level of regular and timely reporting centrally to the national reporting and	To reduce the number of incidents with a high degree of harm

Clinical quality priorities	Contribution to the overall vision	Key actions and delivery risk	Performance in 2009/10	3 year targets / measures 2010/11 2011/12 2012/13
		so that actions are taken to prevent serious incidents from occurring - To strengthen further incident reporting systems and follow up processes Risks - Lessons learnt not shared systematically across the trust	learning system (NRLS).	
3 – Improve patient experience	Support King's objective to deliver high quality, patient centred and efficient care. KHP strategic objective 5.	Actions: - measuring inpatient experience monthly through King's How are we doing survey, national inpatient survey results and CQUIN metrics and take actions to improve monthly - Roll out King's How are we doing outpatient survey in clinics and Emergency department Risks: - Ensuring staff engagement in PPI and patient experience activity - Achieving low response rates for How are we doing Surveys	In 2009, KCH was ranked top among London Acute Hospitals in the national outpatient survey. King's monthly "How are we doing" (HRWD) survey reached 85% (top quartile score among peer group of London Teaching Hospitals) in the last quarter of 2010	2010/11 • Transformation programme project to improve patient experience • Achieve target satisfaction scores for CQUIN patient experience metrics • To achieve HRWD IP benchmark • Implement OP survey in main OP Suites and the ED 2011/12 • To reach the top 20% of acute hospitals in London for the national inpatient survey • Achieve target satisfaction scores for CQUIN patient experience metrics • implementation of OP

Clinical quality priorities	Contribution to the overall vision	Key actions and delivery risk	Performance in 2009/10	3 year targets / measures 2010/11 2011/12 2012/13
		- Influence of local demographic on satisfaction scores		survey in all areas • Achieve OP benchmark scores 2012/13 • To be in the top 10% of acute hospital trusts in London for inpatient satisfaction
4 – Eliminate mixed sex accommodation	Support King's objective to deliver high quality, patient centred and efficient care.	Actions: To implement actions from King's Delivering Same Sex Accommodation (DSSA) delivery plan Risks - Financial constraints	King's does not currently deliver single sex accommodation systematically in all areas	To virtually eliminate mixed sex accommodation by April 2011
5– Enhance mortality performance	Support King's objective to deliver high quality, patient centred, safe and efficient care. It also supports KHP strategic objectives 1 & 2	Actions: - To strengthen further the governance structure for mortality reviews through Trust Mortality Monitoring Committee and divisional governance meetings. - Monitor mortality rate monthly using CHKS model - Triangulate mortality performance using other mortality models and information from other sources - Further improve coding to	On NHS Choices latest standardised mortality data, King's mortality rate was 96.3. On CHKS risk adjusted mortality rate, the year to date mortality rate was 86 at the end of March 2010 compared with 106 for the same period in 2009 - a 19% improvement.	To achieve top 20% benchmark performance in all specialties compared to our peers in South East London on the risk-adjusted mortality rate.

Clinical quality priorities	Contribution to the overall vision	Key actions and delivery risk	Performance in 2009/10	3 year targets / measures 2010/11 2011/12 2012/13
		ensure data accuracy - Take actions from mortality reviews to further improve clinical outcomes Risks - There are no standardised mortality model in place - King's treats more complex cases in a number of specialties and some mortality models are not robust enough to adjust the risks of these cases - Many factors (e.g. staff competency, co-morbidities of individual cases, infection control, incidents and communications) contribute to clinical outcomes		

Template 3: Clinicial quality (cont.)

Clinical quality priorities	Contribution to the overall vision	Key actions and delivery risk	Performance in 2009/10	3 year targets / measures 2010/11 2011/12 2012/13
6 – VTE assessment	Support King's objective to deliver high quality, patient centred and efficient care.	Actions: To ensure at least 90% of all adult inpatients are VTE risk assessed before discharge by the end of March 2011. Risks: Data collection and reporting due to different IT systems used in different area	Data not available	To ensure at least 90% of all adult inpatients are VTE risk assessed before discharge

Template 4: Service development strategy

Service development priorities	Contribution to the overall vision	Key actions and delivery risk	Key resource requirements	Measures of progress 2010/11 2011/12 2012/13
Organic / innovation:				
1. KHP – CAG development in all clinical services	Contributes to the delivery of KHP	Actions - tripartite strategies & implementation plans developed in all CAGs risks – competing operational pressures for key clinical / academic leaders	CAG leaders resourced as part of core KHP budget	2010/11 all CAG leaders appointed 2010/11 first wave CAGs accredited 2011/12 – all CAGs accredited
2. Major Acute and Specialist emergency hospital Paediatric major trauma centre bid Expand critical care capacity Fully implement MTC and Stroke service	Supports strategic objective 5 – become London's leading major acute hospital Supports objective 5, and also 4 – to strengthen key tertiary services Supports strategic objective 5 – become London's leading major acute hospital	Secure paediatric neurosurgery designation Complete bid process / required submission Capital redevelopment required Risk – insufficient funds in capital plan Workforce /recruitment plans implemented Capital works completed Risk - lack of capital	requires investment in 1wte additional consultant paediatric neurosurgeon £9.2m capital Additional income from increased activity £6.6m. Additional revenue cost £5m £9.5m - ED expansion including CT scanner	Paed neurosurgery designation 2011/12 Paed MTC status approved 2011/12 capital works completed & additional critical care beds fully opened by 2011/12 10/11 MTC and HASU fully staffed 11/12 capital works (e.g. ED) to support MTC

Service development priorities	Contribution to the overall vision	Key actions and delivery risk	Key resource requirements	Measures of progress 2010/11 2011/12 2012/13
				completed
3. Tertiary services development Expansion of Haemato-oncology beds to accommodate Sussex work	Supports objective 4 – to strengthen key tertiary services	Additional bed capacity identified for haem-onc patients	TBC - Awaiting business case	PYE – 10/11 FYE – 11/12
4. Local and community services Maternity expansion / MLBU	Supports delivery of high quality care, and delivery of more integrated local secondary services	Build programme Risk - Need to manage growing activity in interim period	Capital build - £4.5m Additional staffing costs approx £1million	11/12 – capital works completed and unit opened
Polysystem hub development with PCTs	Supports delivery of more integrated local care	Redesign of care pathways – diabetes. Exploring new models of care, e.g. telemedicine Polysystem design to encompass patients' psychological and social needs and awareness of ill health prevention	Diabetes modernisation supported by GSTT Charity	Options developed and Business case for KCH polysystem hub – end 2010/11
Urgent Care Centre completion	Supports delivery of more integrated local care	UCC completed within ED	Part of ED redevelopment	2010/11 UCC fully implemented
Acquisition etc:				

Service development priorities	Contribution to the overall vision	Key actions and delivery risk	Key resource requirements	Measures of progress 2010/11 2011/12 2012/13
Work in collaboration with GSTT on KHP integration (GSTT host) of Lambeth and Southwark Community provider services	Supports delivery of more integrated local care	"due diligence" to be completed by GSTT KCH involvement in planning full implementation of (community CAG)	KCH managerial input to GSTT process	10/11 due diligence completed 11/12 integration fully operational – new CAG in place
Transferred / discontinued activity:				
OP activity transferred to primary care / poly-systems	Supports delivery of more integrated local care	Work with divisions to review protocols, introduce new service models aiming at reducing OP attendances	£2 m saving agreed for LSL	Reductions in OP demand / activity in line with commissioners' plans (year on year)

Template 5: Workforce strategy

Key workforce priorities	Contribution to the plan	Key actions and delivery risk	Key resource requirements	Measures of progress2010/112011/122012/13
1. workforce planning and reprofiling –- review the structure and capacity of the KCH workforce, including the numbers / grades of staff, and job design - in the context of KHP and KCH service priorities and changing care delivery models.	Supports transformation of workforce & delivery of high quality, patient centred and efficient care	Embed the new divisional structure, which facilitates patient pathways within KCH and enables CAGs to develop systematic process put in place to review organisational structures. Equip service managers to deliver a 3 year workforce capacity plan which informs resourcing and education/ training commissioning	Existing, Workforce Directorate, managerial and change leader resource,	Systematic review of all workforce skill-mix completed – end March 2011
2. workforce productivity and staff performance management – ensure all staff are working as efficiently as possible, and performance is positively managed	Supports transformation of workforce & delivery of high quality, patient centred and efficient care	Medical productivity project to review job planning and use of benchmarking data Improve induction and appraisals	Workforce Directorate and Change leader support to medical productivity project	• fully implement e-rostering • Refresh medical and non medical induction • Fully implement revised annual / job plan review for consultants which also supports revalidation
3. workforce development Ensure managers are equipped with skills to review workforce needs routinely as part of service development – education and training for the workforce to create competencies and	Supports transformation of workforce & delivery of high quality, patient centred and efficient care	Design roles, career pathways and development opportunities which ensure optimum utilisation of staff capability, skill and competence levels Put in place clear succession plans.	Workforce Directorate 'Train the trainers' in workforce role re-design Training for senior managers in feedback for succession planning	• Agreed talent management strategy in place – 2010/11

Key workforce priorities	Contribution to the plan	Key actions and delivery risk	Key resource requirements	Measures of progress2010/112011/122012/13
capabilities required		Leadership programmes		
4. staff engagement, organisational culture and wellbeing of staff - Continue to engage staff in shaping and developing our organisational culture, behaviours and environment	Supports transformation of workforce & delivery of high quality, patient centred and efficient care	Embed King's Values into recruitment process and throughout the lifetime of employment - including induction, training, flexible working and appraisal. Use of staff survey to identify key actions and implement plans	Workforce Directorate	2010/11: • Fully implement on-boarding website 2010/11: • Implementation of OH Department review • Launch health and wellbeing strategy 2011/12:

Template 5: Workforce strategy (cont.)

Key workforce priorities	Contribution to the plan	Key actions and delivery risk	Key resource requirements	Measures of progress2010/112011/122012/13

Template 6: Capital programmes (including estates strategy)

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Development:			
Maternity Unit	Cost £4.50 million Commenced Completion Jan 2011	Supports integrated care & local secondary services	Actions Agree final design with users. Agree Design & Additional PFI costs with HpC Produce tender documents and go out to Tender Risks Start delay, due to negotiations with HpC regarding GJW
CT Scanner	Cost £500k Start July 2010 Completion Dec 2010	becoming one of London's leading major acute hospitals	Actions Agree final design with users. Agree decant plan to clear Suite 4 Agree Design & Additional PFI costs with HpC Produce tender documents and go out to Tender Risks Finding suitable alternative decant space. Start delay, due to negotiations with HpC regarding GJW.
Emergency Dept Expansion	Cost £ 8 million Start Jan 2011 Completion June 2012	becoming one of London's leading major acute hospitals	Actions Agree final design with users. Agree decant plan to clear Suite 1 Agree Design & Additional PFI costs with HpC Risks

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
			Finding suitable alternative decant space. Decant plan to ensure operational requirements are provided during the period of the project. Start delay, due to negotiations with HpC
Critical Care	Cost £9.2 million Start Jan 2011 Completion Sept 2012	Supports KCH as leading major acute hospital, and strengthens key tertiary services	Actions Agree final design with users. Agree decant plan to clear required areas + costs Agree Design & Additional PFI costs with HpC Risks Finding suitable alternative decant space. Decant plan to ensure operational requirements are provided during the period of the project. Start delay, due to negotiations with HpC regarding GJW
Maintenance:			
UPS Main Theatres	Cost £150 Start April 2010 Completion Sept 2010	Strengthens key tertiary services and supports local secondary care	Actions Agree project programme with users Risks Operating time lost due to project access requirements. Additional costs due to changes in programme to accommodate operational requirements.

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
New Electrical Sub Station	Cost £150k Start Sept 2010 Completion Dec 2010	Achieve financial stability	Actions Agree final design. Produce tender documents and go out to Tender Agree shutdown programme Risks Additional costs due to changes in programme to accommodate operational requirements
Other capital expenditure:			
Reconfigure services currently at Dulwich Hospital	Cost £500k Start June 2010 Completion Sept 2010	Supports local secondary service provision	Actions Agree decant plan. Risks No alternative accommodation available
Single sex, Day Surgery & Ward areas	Cost £300k Start June 2010 Completion Mar 2011	Deliver high quality, patient centred efficient care	Actions Find design solution for Day Surgery Agree design requirements with users to comply with latest standards Produce tender documents and go out to Tender Risks Theatre downtime, while project in progress. Losing Theatre Capacity Design solution above funding
Fire Risk assessment projects	Cost £200k	Supports high quality & safe care	Actions

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
	Start June 2010 Completion Mar 2011		Agree list of projects to reflect the risk and available funding Risks Loss of operational space, while projects are in progress.
Other estates strategy:			

Template 6: Capital programmes (including estates strategy) (cont.)

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Development:			
Clinical Research Facility	Cost £10.8million commenced Completion March 2011	Supports KHP and key tertiary services	Actions Currently under construction, but may need to agree modifications, as project budget still not fully confirmed Risks Redesign may be necessary if reduced capital
Maurice Wohl Institute	Cost £1.95 million (contribution) Start April 2010 Completion Sept 2010	Strengthens key tertiary services and contributes to the delivery of King's Health Partners	Actions Agree decant plan for Ronald Macdonald House and Occupation Health. Transfer properties to KCL. Risks Project delay, no alternative accommodation available.
Maintenance:			
Other capital expenditure:			
Energy Saving projects	Cost £50k Start May 2010 Completion Sept 2010	Financial stability	Actions Agree list of projects to produce best "Payback" within the available funding.

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
			Risks Carbon reduction not sufficient to comply with set target. Resulting in financial penalties
Other estates strategy:			

Template 7: Operational / financial effectiveness

Key operating efficiency programmes	Amounts and timing	Contribution to the plan	Key actions and delivery risk	Resource requirements	Milestones2010/112011/122012/13
1. Reduction in Average Length of Stay - Improve efficiency through trust wide initiatives to reduce ALOS – and improve quality of care & patient safety	£6m impact in 10/11 – through savings and additional income. Reductions in both medical and surgical ALOS	Supports delivery of high quality , patient centred and efficient care.	- increase efficiency of medical assessment unit - introduce surgical admissions unit - fully implement Electronic Patient Status Boards - Reduction in excess bed days (e.g. via Medihome contract) - target specific areas that are not achieving top quartile performance against peers and develop action plans to move towards. Risk – managerial and clinical focus must be maintained	Programme Office - Internally resourced from Change Leaders Team and Trust management teams	10/11 – introduction of surgical admissions unit 10/11 – ensure we understand and have actions in place to move all areas to top quartile length of stay performance 11/12 – all areas achieving top quartile performance 12/13 – maintain top level performance and move selected areas to international benchmarks.
2. Divisional savings plans – Cost Improvement Programmes to be monitored weekly, via Programme	Plan for 10/11 of £27m in CIPs	Supports delivery of high quality , patient centred and efficient care.	Divisional managers responsible for managing local CIPs & service specific efficiency improvement	Programme Office - Internally resourced from Change Leaders Team and Trust management teams	10/11 – deliver divisional CIPs and understand the level of requirement for next 5 years. 11/12 – increased CIPs in place by all divisions, with more of a focus on delivering KHP models

Key operating efficiency programmes	Amounts and timing	Contribution to the plan	Key actions and delivery risk	Resource requirements	Milestones2010/112011/122012/13
Office			projects. (Monitoring across the trust via Programme Office) KHP clinical service integration plans progressed Risk – managing both tight controls and redesign projects challenging		12/13 – further implement KHP models of care
3. corporate savings - to be managed for KCH, and initiatives across KHP	£5m in 10/11	Supports delivery of high quality , patient centred and efficient care.	KCH corporate savings plans KHP plans for integration / sharing of back office functions Challenges – managing differences in organisational structures and approaches across KHP	Programme Office - Internally resourced from Change Leaders Team and Trust management teams	10/11 – deliver corprorate CIPs and understand the level of requirement for next 5 years. 11/12 – increased CIPs in place by all corporate areas, with more of a focus on delivering KHP models
4. Trust-wide savings plans – rationalisation of management / administrative functions & redesign of hospital to	£2m in 10/11	Supports delivery of high quality , patient centred and efficient care.	Centralising bed management Centralising OP management Organisational restructuring Challenges –	Programme Office - Internally resourced from Change Leaders Team and Trust management teams	10/11 - organisation restructure complete. Trust wide savings plans recognised and delivered 11/12 – 12/13 – further trustwide/KHP models introduced

Key operating efficiency programmes	Amounts and timing	Contribution to the plan	Key actions and delivery risk	Resource requirements	Milestones2010/112011/122012/13
improve patient pathways and "streaming" through the hospital			divisional support for centralised processes		
5. income growth – from growth in tertiary services and diversification of income from commercial and other sources	Total of £7m in 10/11 – from growth in PPs, provider to provider income and commercial income	Supports delivery of high quality , patient centred and efficient care.	Divisional plans for income generation, and income from corporate plans to expand commercial activities Risk – income risk where reducing overall funding	Programme Office - Internally resourced from Change Leaders Team and Trust management teams	10/11 – increased levels of specialist activity, project diamond funding secured, provider to provider/commercial services income recognised

Template 7: Operational / financial effectiveness (cont.)

Key operating efficiency programmes	Amounts and timing	Contribution to the plan	Key actions and delivery risk	Resource requirements	Milestones2010/112011/122012/13
6. demand management / system wide sustainability	In 10/11: £4.4m LSL-led demand mgmt and poly-system shift. £2m - other PCT demand management. £3.6m Trust-led savings	Supports efficient care	Reductions in clinical activity in by delivering care in alternative settings and / or introducing new service models (includes A&E attendances, emergency admissions and OP attendances - new and f/u) Risk – slow delivery due to time taken to engage clinical staff fully in service redesign	Joint projects in place across KCH, GSTT and Lambeth / Southwark	10/11 – 12/13, Reduced levels of consultant to consultant referrals. Reduced number of follow ups. Improved community care pathways (ie diabetes)

Template 8: Leadership and governance

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones2010/112011/122012/13
Divisional restructuring Restructure divisions across the Trust to improve quality of care, efficiency and accountability	• Transition to new divisional structures leads to dip in performance	• Adequate transition period allows new divisions to take shape, whilst still maintaining performance management • Handover protocols for new divisional management teams	• 10/11 divisional re-structuring fully embedded
Succession planning Succession plans at Board level (Directors); and succession plans at other levels of the organisation (clinical, operational and corporate teams)	• Perceived preference for external candidates filling senior posts • Perceived bias and lack of transparency in the talent management system and process • Risk of future funding withdrawal (NHS London CPD monies currently fund leadership development, there is no internal budget provision)	• Training in assessing Board level potential • Development of transparent assessment process to include post holder self assessment • Training in assessing senior management potential • Development programmes in place for Senior Managers/ Clinicians; Clinical Leaders; Matrons; and front line leaders	• June 2010: Assessor training delivered. • July 2010: NHS London Talent Management Toolkit implemented. • July 2011: Succession plans in place to include all Band 8c and equivalent posts. • July 2012: Succession plans in place to include all Band 7 and other team leaders.
Board effectiveness Continue to develop effective Board leadership of the organisation	• Insufficient focus/time on Board development and appraisal. • Changes to Board membership	• Tailored induction programme for all new Board members • Dedicated time for Board development sessions e.g. planned facilitated programme on inclusive leadership May 2010 • Externally facilitated programme of Board evaluation	• Induction programme is ongoing • Board development sessions are scheduled into Board programme • 2 year Board evaluation programme (2010/11 -11/12) facilitated by Audit Commission
Board assurance Develop trust governance arrangements to	• Short term operational imperatives do not allow sufficient	• Review of Board governance structures to include a stronger	• New Board structure implemented July 2010• Bi-annual review in each

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones2010/112011/122012/13
ensure continued effective Board governance and assurance	Board and Executive focus on longer term strategic issues	focus on quality and on strategy • Board Assurance framework reviewed bi-annually by the Board• Quality Accounts developed and monitored	year• Quality Report and Accounts published annually

Template 8: Leadership and governance (cont.)

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones2010/112011/122012/13

Template 9: Regulatory

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures2010/112011/122012/13
1. Service Performance and Clinical Quality	Failure to achieve all core national and trust strategic targets leading to breach of terms of authorisation, e.g. • 18 weeks referral to treatment target • 4 hour ED target • Cancer targets: 2 week wait;31 day target; 62 day wait • Infection Control target for MRSA & CDT Failure to deliver: • Same sex accommodation requirements • quality improvements over a range of clinical services.	Systematic monitoring of all targets monthly by Performance Committee to the Board of Directors. Strong clinical leadership and performance management targets. • Review of Board governance framework to strengthen monitoring of the 3 dimensions of quality: patient safety, patient experience & patient outcomes • Board of Directors and Governors 'Go and See' inspections to all clinical areas.	Governance risk rating year on year. Implementation of new Board reporting structure - 2010/11 Trust to confirm compliance by April 2011 with the exception of the Clinical Decision Unit (CDU) which is incorporated within the redevelopment of the Emergency Department. This project will commence in November 2010. Achievement of Trust benchmark target improvement in patient satisfaction scores year on year.
2. Registration with CQC	Failure to maintain unconditional registration (achieved March 2010) of regulated activities under the CQC.	§ Review of Board governance framework to strengthen monitoring of the 3 dimensions of quality: patient safety, patient experience & patient outcomes § Review existing compliance and assurance management functions.	Implementation of new Board reporting structure and supporting compliance function - 2010/11
3. Financial stability, profitability and liquidity	3.1 Commissioning levels and loss of income.Loss of income due to PCT activity decommissioning and	To collaborate and share the financial risks with lead commissioners in order to ensure a	Recurring Income Generation plan of £23m (10/11 - 12/13).Commercial income to

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures2010/112011/122012/13
	poly-system shift. (£10m 10/11).PCT downside growth of -2.5% (11/12 &12/13)Decommissioning targets:Elective procedures New Outpatient referralsDiagnostics.Higher Outpatient and A&E activity shifts to poly-system community models.SHA/PCT commissioning for key strategic service developments such as Trauma/Critical care, Emergency Care and Maternity.	planned transitional activity reduction in agreed service areas and to develop new patient pathways involving poly-systems.To identify potential savings associated with the activity reduction and income loss.To increase income through tertiary services growth, and diversification of income from commercial sources.To ensure commissioner investment in key strategic developments.	increase by £2m by 12/13.PCT contracts reflect realistic activity levels and incorporate strategic developments.
	3.2 Financial funding streams.Efficiency targets on operating costs of £571m):3.5% 10/11,4% 11/12,12/13.Net Tariff uplifts (Price inflation on PCT baseline contract value of £452m) : 0% 10/11,-0.5% 11/12,12/13.Market Forces Factor transitional reduction capped at 2%.Potential Clinical Training and Education funding reductions of £9.232m over 4 years from11/12.Marginal rates for activity provision above baseline contract levels for emergency work and specialist work.CQUIN funding increase from 0.5% to 1.5% and dependent on quality improvement.	To agree a cost improvement programme to ensure cost reductions and to generate additional income from service efficiencies such as reducing ALOS and new tertiary activity.To ensure robust CIP plans are approved by the Board and Divisional Managers/Directors are accountable for the targets.Support from Programme Office and central saving themes such as the Transformation programme, joint savings work with KHP partners.Review the provision of clinical training in line with the proposed funding stream.To provide financial service line reporting information to ensure	Recurring Cost reduction plan for 27m (10/11) and £29m for 11/12 & 12/13.Quarterly Service Line Reporting to Divisional Managers.Action plans produced to achieve CQUIN targets.

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures2010/112011/122012/13
		patient activity services are financially viable.Risk and performance management frameworks to be embedded across the Trust and linked to the development of Quality Accounts.	
	3.3 Liquidity/Cash-flow.Prompt cash recovery from income generation schemes and PCT contract over-performance activity income to the value of £23m 10/11.Provider to Provider and Private Patient debt recovery.Capital programme to the value £29m (10/11) and a number of sources of funding.	Improve debt collection processes and procedures. To stop service provision for non payment.Charge interest for late payment and to ensure service level agreements for all clinical and non-clinical services include this provision.To review the working capital facility.To ensure all the capital income streams are obtained prior or in line with actual expenditure.	Maintain a Monitor risk rating liquidity ratio of 3.Increase the working capital facility with the Trust’s bank.

Template 9: Regulatory (cont.)

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures2010/112011/122012/13
4. Private patient income cap	Section 44 of the 2006 Act requires that the proportion of private patient income to the total patient related income of the NHS FT should not exceed 3.5%, its proportion in 2002/3. The PP gross income as at 31.3.10 was £14.5m (3%).	The Trust needs to prioritise the PP opportunities to keep within the cap. There is headroom of £2.4m.	PP income is held within the cap

Financial Summary

£m		2009-10	2010-11	2011-12	2012-13
		Actuals	**Plan**	**Plan**	**Plan**
Revenue (Total)		566.0	582.3	570.5	565.1
Employee Expenses		(335.7)	(344.3)	(340.6)	(334.1)
Drugs		(51.9)	(51.9)	(50.1)	(48.2)
PFI operating expenses		(20.9)	(21.7)	(21.9)	(22.2)
Other costs		(124.3)	(126.1)	(116.5)	(106.7)
EBITDA		33.2	**38.3**	**41.5**	**53.9**
Depreciation and amortisation		(13.4)	(16.5)	(17.5)	(20.5)
Net interest		(8.2)	(8.6)	(8.5)	(8.3)
Other		(13.0)	(13.0)	(13.6)	(20.8)
Net Surplus / (Deficit)		**(1.4)**	**0.3**	**1.9**	**4.2**
EBITDA % Income	%	5.9%	6.6%	7.3%	9.5%
CIP % of costs	%		4.8%	5.2%	5.4%
Net Surplus / (Deficit)		(1.4)	0.3	1.9	4.2
Change in working capital		(8.5)	(1.1)	(0.8)	(2.3)
Non cash I&E items		33.0	36.1	37.1	47.0
Cashflow from operations		**23.1**	**35.3**	**38.2**	**49.0**
Cashflow from investing activities		(39.7)	(22.9)	(23.0)	(11.0)
Cashflow before financing		**(16.6)**	**12.3**	**15.3**	**37.9**
Cashflow from financing activities		(4.4)	(15.5)	(16.6)	(19.0)
Net increase/(decrease) in cash		**(21.0)**	**(3.2)**	**(1.4)**	**18.9**
Cash at period end		**12.8**	**9.7**	**8.3**	**27.2**
Cash and Cash equivalents at PE		12.8	9.7	8.3	27.2

King’s Annual Plan 2010-2011

Appendix:

King's Membership Report 2010-2011

Membership Commentary

Membership Categories

We have three categories of members:

1. Patient members

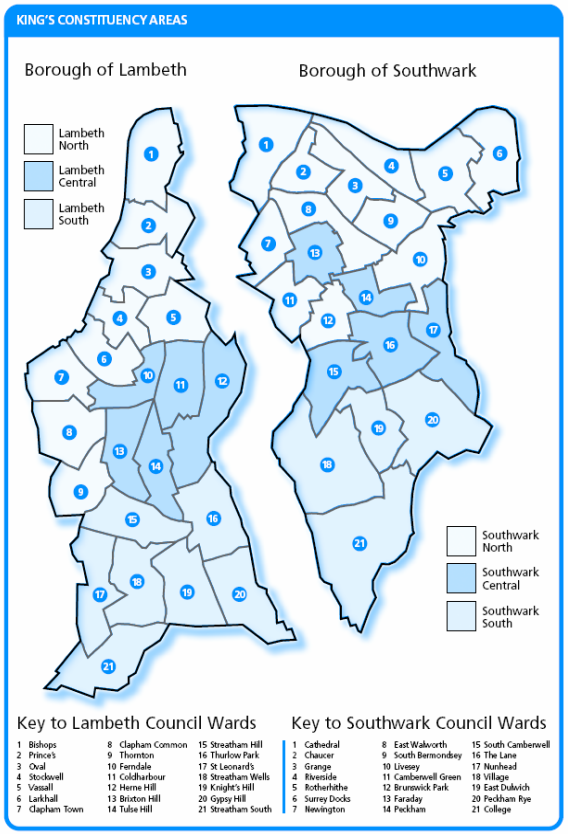
Anyone who is 16 or over, lives outside the Boroughs of Lambeth and Southwark and has been a patient at King's - or a carer of a patient - in the last 6 years is entitled to become a patient member.

Most of our patient members come from neighbouring London Boroughs and Kent, though we do have patient members from across the UK, due to the specialist services such as Liver transplantation that are carried out at King's.

2. Public members

We have defined our local catchment area as the London Boroughs of Lambeth and Southwark. Any resident of these two Boroughs is entitled to become a public member if they are age 16 or over. Any patient who lives within Lambeth or Southwark and applies for membership will automatically become a Public member.

King's has 6 public constituencies within the Public membership area. These geographic constituencies are based on Borough ward boundaries as indicated in the map below. Each of these constituencies is represented by two elected Governors.



3. Staff members

All staff that have employment contracts lasting more than 12 months are automatically opted in to membership. They have the option to opt out should they so wish. Volunteers who work for the Trust and full time employees of King's contractors are also eligible to become members, though they have to opt in to membership. There are six categories of staff membership who elect governors as follows:

Medical and Dental	1 Governor
Nursing and Midwifery	2 Governors
Allied Health Professionals, Pharmacy, Scientific and Technical	1 Governor
Managerial, Administrative and Clerical	1 Governor
Support Staff	1 Governor

Membership Development Strategy

The Trust's Membership Development Strategy covers the period 2008 – 2011 and outlines our approach to maintaining and developing an active and involved membership of King's College Hospital NHS Foundation Trust. It is key to the trust's approach of placing patients and the public at the heart of what we do.

The strategy lays out the following objectives for membership development over the next three years:

- to develop a membership that is representative and reflective of the communities served by King's
- to develop an informed membership by providing appropriate, accurate and timely information to our members to assist them in making informed contributions
- to develop an involved membership where as many members as possible are actively engaged in the development of King's and its activities
- to maintain an efficient and cost-effective structure for managing and developing our membership systems.

The objectives are supported by a Membership Development Action Plan which is reviewed by the Membership Committee of the Board of Governors who report progress annually to the Board of Governors and the Board of Directors.

a) Membership Recruitment - Changes over the course of the year

The Strategy also sets out targets for membership recruitment as follows:

- *For 2008/09 – 2010/11 the target annual increase is 1,000 members.*

In autumn 2009, the Governors' Membership Committee agreed that, given the prevailing financial situation, membership recruitment by direct mail should be postponed for the financial year and reviewed at a later date. It was recognised that this would impact on the Trust's ability to achieve its planned membership targets in 2009/10.

Through the distribution of forms to patients, and other cost-effective activities, we recruited 324 members. 709 members left during the year. Therefore, there was a net decrease of 385, ie 4.8% of total membership. Given that most cost neutral recruitment started towards the end of 2009, it is likely that similar methods when applied over a whole year will result in a higher number of new members. This is reflected in the estimated levels for public and patient member recruitment in 2010/11 (see p.1).

In the current financial climate in the NHS, King's has been working with our Governors on the Membership Committee to develop low cost recruitment methods in order to maintain and increase membership numbers. These include:

- Mailings to local voluntary sector groups in Lambeth and Southwark, attending local community group meetings and AGMs
- Promoting membership via Lambeth and Southwark's Patient and Public Involvement email alerts and newsletters
- Promoting membership as part of King's "How are we doing?" patient feedback programme including:
    - Giving out a membership application form with the How are we doing? inpatient survey which is given to all inpatients before discharge – this is proving a useful method of recruitment with an average monthly return of between 50 – 70 memberships
    - Membership application forms are also being given out with our quarterly How are we doing? survey for Dental outpatients
    - Information about membership is also being included on a new electronic How are we doing? outpatient survey which is currently being rolled out across all outpatient areas
- Locating membership forms and drop-boxes in outpatient areas
- Including membership information on Trust Comments and Suggestion Cards which is continuing to prove a useful method
- Developing a membership flyer as part of an on-going partnership with Lambeth College. This will be jointly badged with King's and Lambeth College logos and be targeted at students from the College

- *In order to ensure increased representation of younger people aged between 16 and 35, the Trust has also set a target over the next three years to recruit 1,000 new members from this group.*

We are tracking progress using a more detailed age breakdown than the standard age categories required by Monitor. There are 929 younger members aged between 16 and 35 (public and patient), a slight reduction from a level of 1,046 in 2008/09. We recruited 122 younger members during 2009/10. The decision to use cost neutral recruitment methods in the coming year will affect our ability to target younger people, especially from our patient population and, consequently, the likelihood of reaching the target of 1,000 new younger members by March 2011.

Further information on recruitment is contained within the Membership Development Strategy Action Plan.

There was a net increase in staff membership of 139 resulting in a year end total of 6,431.

b) A Representative Membership

We continue to work hard to ensure that our membership is representative of our local community, and continue to take steps to ensure that membership is accessible to all who are eligible, irrespective of age, gender, race or social background. Our membership database allows us to monitor the demographics of the membership and to address any gaps with targeted recruitment.

- 'Black British' members make up a larger percentage than within the local population, whilst 'White British' are under-represented.
- Women are slightly over-represented and men are slightly under-represented compared with the local population.
- Socio-economic data indicates that, compared with the local population our membership is over-represented in the ABC1 category, under-represented in C2 and D categories and representative in the E category.

Membership engagement

a) Members' Newsletter

'Members News', the members' newsletter, was sent to all members four times this year. *Members' News* is designed to update the membership on events at King's and activities the Governors are involved with. It also highlights opportunities for members to get more involved in the Trust. Members also receive a summary version of the annual report. Following discussions with the Governor's Membership Committee, the format of the newsletter was updated and now includes regular updates on the work of the Governors and member involvement. We have also been encouraging members to opt to receive the newsletter online in order to reduce King's carbon footprint. 30% of our members have responded positively so far.

b) Members' pages on the website

For those with internet access, there is a members' section on the website, updating members on events and providing details of how they can contact Governors. We are in the process of re-designing King's website and are encouraging members to get involved in the project.

c) Involving our membership

The trust is continuing to develop its programme of engaging and consulting with its membership. Below are some key highlights for the year.

Community Events
In May 2010 the Trust will hold a series of community events for Foundation Trust members. The dates will be publicised in our spring 2010 members' newsletter. Three meetings will be held at King's and in the wider community. The main purpose of the meetings is to provide members with an opportunity to hear about the Trust's plans for the future and to share their views. The events will be chaired and attended by Trust Directors. As in previous years, there will also be information stands including stroke, trauma, infection control and deep vein thrombosis. Members will also have an opportunity to meet their Governors and find out more about the work they are involved with at the trust.

We recognise that not all members who would like to attend community events are able to come. In order to capture more feedback from members, we will once again place information about the Trust's future plans on our website during May. Members will be encouraged to email comments via the website. These, along with feedback from the community events, will be reflected in our final strategy. Prior to the events, we will contact over 2,500 members via email to remind them of the forthcoming events and the new information and feedback facility available on our website.

Member Seminars
Over the course of last year the Trust held member seminars on a range of clinical topics. Led by our Clinical Nurse Specialists and consultants, these monthly seminars provide attendees with public health information about certain conditions and information on how King's services within these areas are structured and delivered. Member evaluation continues to be very positive. Members value the opportunity to interact with staff and also to learn more about medical conditions and treatments. The evaluation has also shown that members come from a wide geographical area to attend the seminars. A full programme of seminars has run in 2009-10 with the addition of an evening seminar to

enable members in employment to take part. Subjects have ranged from public health issues such as diabetes and stroke to more specialist conditions such as genetic heart disease and a seminar on King's role as a major trauma centre. This year we have been very pleased to welcome young people studying at Lambeth College to our seminars.

Involving members in developing King's Values

During 2009, King's embarked on a trust wide project to develop a set of core values for the organisation. The aim was to develop a set of values that are unique to the trust and embody what is so special about King's. The first phase of this project involved talking to over 200 staff in all roles and levels across the hospital. This provided us with some outline values but we wanted to make sure that these matched what was valued by our patients. We held a series of 'In Your Shoes" events including one for members who had either been patients or a relative or carer of a patient treated at King's. These events allowed patients to share their stories with staff. We asked patients to tell us about their experience at King's – both the good and the not so good, how they felt at different times during their care with us and what behaviours made a difference to them. Similar events were held with our Governors and trust volunteers. The stories that people shared and the values that they felt were important helped the trust to refine its values and to ensure that the final values had the priorities of our patients at their heart.

South London Line Campaign

In 2009, we involved our members in a grassroots lobbying campaign to try and influence the Mayor of London and the Transport Secretary to protect a vital rail service via Denmark Hill, our main serving station. For this campaign, members were encouraged, via email, to sign an online petition to save the South London Line. Members were also mobilised by a lobby postcard campaign, asking them to fill the cards out and send them to their local MPs, so they could make representations on King's behalf. Local MPs have reported that they received hundreds of postcards from our Members and have facilitated a meeting between campaign stakeholders and the Rail Minister. Our local GLA Members also co-ordinated a meeting with the Mayor of London. Following these meetings Transport for London was instructed to carry out a review into local rail services and we are waiting to hear the outcome of that review.

Involving members in teaching health professionals of the future – in collaboration with King's College London

In our Winter 2009 members newsletter we invited members to take part in a project being run by King's College London who use patient stories as part of a multidisciplinary training session for health professionals. The teaching sessions involve medical, nursing and allied health profession students. The sessions enable the students to learn more about their roles. By giving them the opportunity to learn together, we hope they will gain a better understanding and appreciation of the work of different health professionals and what they each contribute to the patient experience of the health service. Getting health professionals to work well together will help to improve the quality of care for patients. We asked members who had been a patient at King's in the last two years to volunteer to share their patient story of the care they received, both the good and not so good, or of living with long-term health difficulties. The sessions would also allow students to ask questions. After the session, the patient stories were used as case studies so that students could explore issues within the group and to discuss their different roles and responsibilities and how working together effectively would be helpful. We had a tremendous response from our members with over twenty members willing to take part in the project. So far two sessions have been run where members have shared their stories and the programme is set to continue and grow.

Lambeth College Partnership

King's has continued the partnership it began in 2008 with Lambeth College, one of our local further education colleges. Students continue to apply for voluntary work at King's and also take part in work experience and King's has also participated in their careers fair. We are also planning a jointly badged recruitment flyer aimed at students. An exciting part of the programme is the King's Partnership Challenges. The first of these challenges, the 'Research and Communication Challenge' took place in the autumn 2009. Health and Social Care students were given the challenge of working with King's award winning Sexual Health Centre. One of the services of the Sexual Health Centre is to provide self testing kits for Chlamydia and Gonorrhoea. The testing kits currently come with the manufacturer's information which is highly technical. The aim of this "Research and Communication Challenge" was to encourage more young people to use the kits by getting the students to design a new, more user friendly guide. The students worked in teams to produce new guides, and a poster, and their work was judged by a panel from King's and Lambeth College in January 2010. The winning team will be working with the King's communications team to build on their work which will then be used by the Sexual Health Centre.

Involvement going forward

There are a number of other involvement opportunities being explored for members, for example:

- Partnership working with Southwark FE College to both recruit and involve young people following the Lambeth College model
- Involving members in a project to improve the experience of inpatients who have diabetes
- Involving members in sharing their experiences with patients as part of a new King's Management and Leadership programme for Lead Registrars
- Involving members in a number of "In Your Shoes" events focused on improving the experience of our patients