

AGENDA

Meeting	Council of Governors
Date	Tuesday 2 July 2024
Time	16:30 – 18:00
Location	The Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill

No.	Item	Purpose	Format	Lead & Presenter	Time
1.	STANDING ITEMS				
	1.1. Welcome and Apologies	FI	Verbal	Chairman	16:30
	1.2. Declarations of Interest				
	1.3. Chair’s Action				
	1.4. Minutes of Previous Meeting – 26 March 2024	FA	Enc.		
	1.5. Action Tracker	FD	Enc.		
	1.6. Matters Arising	FI	Verbal		
QUALITY, PERFORMANCE, FINANCE AND PEOPLE					
2.	Operational Plan – 2024/25	FI	Enc.	Site CEO (PRUH & SS)	16:35
3.	Trust Financial Position	FI	Enc.	Chief Financial Officer	17.00
4.	Synnovis	FI	Verbal	Chief Medical Officer	17.20
5.	EPIC – PALS and Complaints	FD	Verbal	Deputy Chief Nurse	17.35
6.	NED appointments	FA	Enc	Chairman	17.40
GOVERNANCE					
7.	Governor Involvement and Engagement				
	7.1. Governor Engagement and Involvement Activities	FI	Enc.	Lead Governor	17.45
	7.2. Observation of Board Committees	FI	Verbal	Governor Observers	
ANY OTHER BUSINESS					
8.	Any Other Business	FD	Verbal	Chair	17.55
9.	Date of the next meeting: Tuesday 29 October 2024, 16:30 – 18:00 Dulwich Room, Hambleton Wing, King’s College Hospital, Denmark Hill				

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

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

Council of Governors Meeting – Public Session

Draft Minutes of the Council of Governors (Public Session) meeting held on
 Tuesday 26 March 2024 at 16:30 – 18:00

Hybrid meeting: Dulwich Room, Hambleden Wing, Denmark Hill & via MS Teams

Present:

Chair

Jane Bailey

Elected Governors

Ibtisam Adem
 Jane Allberry
 Rashmi Agrawal
 Lindsey Batty-Smith
 Jacqueline Best-Vassell
 Angela Buckingham
 Hilary Entwistle
 Robert Evans
 Deborah Johnston
 Tunde Jokosenumi
 Prof. Daniel Kelly
 Devon Masarati
 Fidelia Nimmons
 Victoria O'Connor
 Christy Oziegbe
 Katie Smith
 Devendra Singh-Banker
 Chris Symonds
 Yogesh Tanna

David Tyler

In Attendance:

Nicholas Campbell-Watts
 Tracy Carter MBE
 Roy Clarke
 Siobhan Coldwell
 Jacqueline Coles
 Prof Yvonne Doyle
 Simon Friend
 Professor Clive Kay
 Zowie Loizou
 Akhter Mateen
 Bernadette Thompson OBE

Apologies:

Erika Grobler
 Angela Helleur
 Julie Lowe
 Dr Leonie Penna

Acting Chair

Lambeth Public Governor
 Southwark Public Governor
 Lambeth Public Governor
 Southwark Public Governor
 SEL System Governor
 Southwark Public Governor
 Southwark Public Governor
 Bromley Public Governor
 Patient Governor
 Staff – Admin and Clerical
 Lambeth Public Governor
 Patient Governor
 Patient Governor
 Bromley Public Governor
 Staff - Nurses and Midwives
 Bromley Public Governor
 Bromley Public Governor
 Patient Governor
 Nominated King's College Hospital NHS Foundation Trust
 Governor
 Patient Governor

Non-Executive Director
 Chief Nurse and Executive Director of Midwifery
 Chief Financial Officer
 Director of Corporate Affairs
 Freedom to Speak Up Guardian
 Non-Executive Director
 Non-Executive Director
 Chief Executive Officer
 Corporate Governance Officer (minutes)
 Non-Executive Director
 Director of Equality, Diversity, and Inclusion (EDI)

Staff - Staff - Nurse & Midwives
 Site Chief Executive – PRUH & South Sites
 Site Chief Executive – Denmark Hill
 Chief Medical Officer

Item	Subject
	Standing Items
24/08	<p>Welcome and Apologies</p> <p>The Chair welcomed Governors/attendees and welcomed Roy Clarke (RC), the new Chief Financial Officer, who has joined the Trust on a 12 month secondment.</p> <p>In opening the meeting, he Chair reminded the Council of the Code of Conduct. The importance of respect was supported by several Governors.</p> <p>Apologies for absence were noted as above.</p>
24/09	<p>Declarations of Interest</p> <p>There were no declarations of interests.</p>
24/10	<p>Chair's Action</p> <p>There had been no Chair's actions since the last meeting.</p>
24/11	<p>Minutes of the Previous Meeting</p> <p>The minutes of the meeting held on 5 December 2023 were agreed as an accurate record of the meeting.</p>
24/12	<p>Matters Arising/Action Tracker</p> <p>The Council noted the progress being made to implement actions from previous meetings.</p>
	QUALITY, PERFORMANCE, FINANCE AND PEOPLE
24/13	<p>KCH Financial Position Update from the CFO</p> <p>The new Chief Financial Officer, Roy Clarke, (RC), introduced himself to the Council and and noted that the Trust is financially challenged.</p> <p>He provided the Governors with a summary of the Trust's financial position, noting that the Trust was likely to deliver an end of year out-turn deficit of c£78.7m, against a target of £85-90m. The Trust had received some additional monies from the Integrated Care Board, (ICB), in relation to strike costs.</p> <p>An initial draft of the 2024/25 financial plan had been completed with an objective to stabilise the financial short-term position in collaboration with the ICB and at regional level, and to start planning for financial recovery over the long-term period.</p> <p>Governors asked about the impact of the Private Finance Initiative (PFI) and queried the current PFI payback plans for the Trust. RC informed the Council there had been inflation in the PFI contracts, which isn't reflected in income growth. The Trust objective was to achieve the best value for money in any future infrastructure and PFI contracts.</p> <p>The Council requested information of what would be a reasonable deficit amount for the Trust and what timeframe would be needed to achieve this. It was noted that a deficit amount at any level should not be classed as reasonable and that the national mandate objective was for every system to break-even. The Trust was working with national and regional peers to reach an acceptable deficit amount that underpins the funding envelope for South East London.</p> <p>The Chief Executive Officer Prof Clive Kay, (CK), re-affirmed the importance of delivering a sustainable balanced plan, and that the Trust was committed to agreeing a financial, clinical and operational recovery plan, alongside the ICB and the system.</p> <p>The Council raised a concern of the reduction of headcount and the effect on patient care going forward. The Trust's role is to balance quality of performance in line with the financial constraints. Nevertheless, patient safety was the Trusts number one priority and part of the Trust financial, clinical and operational recovery plan and would not impact patient care. The</p>

Chair assured the Council that the Trust financial plans would be shared appropriately with full transparency going forward. The Council learned that Trust had agreed to reduce and a 600 whole time equivalent (WTE) headcount reduction in as part of a wider cost improvement programme..

The CEO confirmed the Mapother House Nursery would remain open until a joint solution is agreed with South London & Maudsley Hospital Trust (SLAM) and King's College Hospital NHS Foundation Trust (KCH), with a business case currently underway with the finance committee at SLAM with no increased costs envisaged for the Trust.

The CFO confirmed the Trust would receive no penalties due to the increased deficit plan, with guaranteed cash support to secure any remaining deficit incurred.

The Council noted the Trust financial update.

24/14

Freedom To Speak Up (FTSU) Annual Report 2022/23

The Governors considered the annual FTSU report and raised a number of questions with the Chief Nurse and the Trust's Freedom to Speak Up Guardian.

Governors were interested to know how patients were encouraged to speak up, other than through legal claims and complaints. They noted that staff will utilise the risk management system (InPhase) to log particular issues related to patient safety and subsequently the Trust would review these incidents at ward level, care group and site level to gain oversight of themes and trends from reportable incidents. Patients were able to raise concerns informally through the Trust Patient Advice and Liaison Service (PALS), although it would be encouraged to raise initial concerns at a local level with the appropriate staff members for resolution locally with patients, relatives and carers.

A formal complaints process was available at the Trust, however conversations at local level were preferable in order to resolve and investigate any concerns around patient safety. The Council noted that the Freedom to Speak up (FTSU) process was a separate process for staff members and did not involve any patient concerns raised.

The Trust were currently involved in the pilot for the Worry & Concerns that supports patients with concerns for family members by utilizing a multi-professional discussion and contact for raising concerns about the deterioration of themselves as a patient or an avenue for relatives and carers.

The Trust participated in the national Worry & Concern as one of the 7 national pilots and was the only one for London, further work was ongoing for a future roll-out to commence. Senior nurses at the Denmark Hill (DH) site were required to carry phones to enable patients and relatives to contact nursing staff with any concerns.

All concerns raised through different systems locally and formally would be reviewed at ward and care group level to triangulate complaints, incidents, PALS and claims (CLIPS) to ensure analysis on themes and trends going forward.

For patients and families that do not have English as a first language, the Trust provide language services such as language line and interpreting services to enable patients whose first language is not English to be able to liaise productively with members of staff, as well as, family members and carers.

The Council and CEO acknowledged the hard work and dedication of the FTSU team.

The Chief nurse highlighted the use of MyChart where patients were able to raise any questions or concerns through the new system, with positive feedback provided from patients on the ease of functionality.

The FTSU champion, Non-Executive Director Nicholas Campbell-Watts (NCW), discussed part of his role was to challenge the Board to further promote a culture for staff members to be able to speak up freely, and ways in which the Trust could further engage all members to actively speak up at every level at the Trust.

Jacqueline Coles the Freedom to Speak Up Guardian provided an update of the annual FTSU report.

- The FTSU team had been working very closely with Trust managers aligned to the new FTSU policy, for managers to address these concerns and managed locally, however if members of staff do not find it possible to speak to their line managers the FTSU service is readily available.
- Staff members often raise concerns they cannot talk to their line managers due to fear of not understanding the situation, although the majority of line managers had responded well to concerns previously raised.
- JC is the Vice Chair of the FTSU London region and stressed the importance of leadership engagement that the Trust had implemented and that some London partner Trusts were struggling to embed a positive culture change due to the absence of leadership support.

The Council expressed concern around the culture and behaviour at the Trust and what measures were in place to address this. The FTSU team work collaboratively with the EDI Team and the Well-Being Team to ensure initiatives were jointly focused to include staff members to engage in cultural awareness and cultural intelligence within the Trust.

JC assured the Council that no concerns had been raised at KCH from the Physician Associates. Junior doctors are historically the lowest group to report nationally. In 2023/24 junior doctors were the third highest group to report any concerns raised at the Trust. This aligns with the national picture and may in part due to the GMC focus on speaking up. The FTSU Guardian works closely with the Trust Guardians of Safe Working.

The council asked about the culture in the liver unit as there were a high number of contacts in the last annual report, the Chief Nurse informed the Council that there was on-going work within the adult Liver Unit, concerning culture, with a large piece of organisational cultural work completed across the multi-professional teams within Liver, and there had been a reduction in contacts to FTSU from the area.

The Council noted the FTSU report.

24/15

EDI Update

The Director of Equality, Diversity & Inclusion Bernadette Thompson (BT) provided a verbal update.

Creating an inclusive culture across the Trust was an ongoing challenge, some of which can be observed in hot spot areas reflected in the annual staff survey results and WRES/WDES data around discrimination, bullying and harassment.

The workforce element of the Trust's EDI work this coming financial year will focus on building better capabilities for line managers across the Trust to enable them to have a more proactive approach to tackling poor behaviour and performance, but also supporting them to have a better understanding of how their behaviours and actions shape the culture in their teams, care groups and the whole Trust.

The Trust is in the process of rolling out a Cultural Intelligence training programme, with a specific focus on line managers. This training will enable them to understand how they might need to adapt their behaviours to relate effectively with people across different cultural contexts; especially given the Trust employs sizeable proportion of internationally educated staff.

BT informed the Council that cultural intelligence sessions had commenced and an invitation for governors to attend sessions would be available.

The Council heard of some of the National diversity date events held at the Trust, which brought together people and patients across all sites embracing inclusivity and

multiculturalism, namely Women's History Month, International Women's Day, Ramadan and Neurodiversity Week.

The Council requested diversity event notifications be sent to all governors.

Action: Bernadette Thompson.

The Council noted the EDI update.

24/16 Governor Questions

GOVERNANCE

24/17 Governor Involvement and Engagement

- **Governor Engagement and Involvement Activities**

The Council **NOTED** the reports on Governor Involvement and Engagement.

- **Observation of Board Committees**

The Council **NOTED** the Observation on Board Committees.

FOR INFORMATION

24/18 Minutes of the Sub-Committees of the Council of Governors

- **Minutes of the Patient Experience & Safety Committee**
- **Minutes of the Governor Strategy Committee**

The Council **NOTED** the minutes of the Patient Experience & Safety Committee Meeting, and the Governor Strategy Committee Meeting.

Any Other Business

24/19 AB proposed the CoG meeting to be increased to two hours. The Chair informed the Council that meeting times for Board and Sub-Committee meetings would be addressed with the new appointed Trust Chair.

24/20 Date of the next meeting:

Tuesday 2 July 2024 in the Board Room, Hambleton Wing, KCH, Denmark Hill and MS Teams.

CoG ACTION TRACKER - Updated 2 July 2024					
Date / Item Ref	Action	Lead	Due Date	Status	Update
ACTIONS - DUE					
26/03/24 24/15	EDI Update Diversity event notifications be sent to all governors.	Bernadette Thompson	Jul-24	DUE	Update:
27/02/24 24/03	Ways of working – code of conduct Further input and added value to be provided by the governors, with the possibility of future governor walkarounds to be explored.	Jane Bailey/Daniel Kelly/Siobhan Coldwell	Jul-24	DUE	Update: The new appointed Chair to discuss and explore further.
18/10/22 22/19	Integrated Care Board/Integrated Care System Consideration needs to be given as to how the Governors can engage with the ICB/ICS.	Siobhan Coldwell/Chris Rolfe	Jul-24	DUE	Update: To invite the ICB Chair/CEO to a future CoG meeting for governor engagement.
ACTIONS - PENDING					
Date / Item Ref	Action	Lead	Due Date	Status	Update
28/03/23 6	Election of new governors The Committee suggested photos of all governors to be displayed within King's Hospital.	Siobhan Coldwell	Jan-24	PENDING	Update: Screens within Demark Hill site will display governors, to explore PRUH and Orpington options.

Meeting:	Council of Governors	Date of meeting:	2 July 2024
Report title:	Final Trust Operational Planning Submission	Item:	2.
Author:	Rachel Burnham, Acting Director of Performance and Planning	Enclosure:	2.1.
Executive sponsor:	Angela Helleur, Site CEO PRUH and South Sites		
Report history:	Draft discussed and approved 12 March , KE 22 nd April		

Purpose of the report

To present the final planning submission for the Trust's 24/25 operating plan, following draft planning submissions in March.

Board/ Committee action required (please tick)

Decision/ Approval	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
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The Council is asked to note the submission.

Executive summary

PART ONE: UPDATES SINCE DRAFT SUBMISSION

The Trust was required to submit its final planning assumptions as part of the South East London final planning submission being made to NHS England on 2 May.

Since our draft submission (made in March), the formal planning guidance to support this submission has been issued by NHS England. This new guidance, combined with continued iteration and internal review of our planning ambitions, has led to the following key changes in this final submission:

- Increase in ambition for diagnostic performance improvement – with a shift from planned 35% compliance with the 5% standard in March to 17% in this final submission, driven by planned improvements in non-obstetric ultrasound and neurophysiology;
- Elimination of 65 week waits by September, with the exception of 100 bariatric patients where further plans are being identified; and
- Performance of 44% of outpatient activity being firsts or procedures against the newly issued 46% standard.

Furthermore, since our draft submission (which was based on top-down Trust-wide assumptions and models) extensive engagement work has been undertaken with both Site Executive teams and all care groups to sign off bottom-up activity and performance plans, giving the Trust Executive far greater assurance regarding delivery mechanisms to achieve our ambitions in 24/25.

PART TWO: OVERALL PLAN

At KCH, we have used a number of planning principles to inform our 2024/25 plans:

1. That elective activity levels will be compliant with the “Elective Recovery Fund” (ERF) targets for the year, with a focus on productivity improvements across all care groups to achieve this within the financial and workforce envelope available to us;
2. That cancer recovery and improvement must be a priority for the Trust, noting current “tier one” regulatory oversight is in place following deterioration of the performance position post our Epic roll-out;
3. That further significant improvements in other operational performance metrics must have fully funded and assured delivery plans associated with them before submission – i.e. that Trust improvement trajectories for emergency, diagnostics and RTT performance must not be submitted without this internal assurance.

The Trust final plan submission headlines, based on these principles and care group engagement, are:

Compliant with national planning ambitions:

- ERF - with the Trust plan achieving 110% of 19/20 levels of elective activity against the confirmed 110% trust target;
- Cancer – with an aim to achieve 77% in the Faster Diagnosis Standard by the end of 24/25, and 70% on 62 day performance, as well as improvements to shared pathway performance across SEL to achieve a minimum of 40% performance on shared pathways (predominantly with Guy’s and St Thomas’);
- RTT PTL - A reduced RTT PTL size, driven by planned elective activity increases, to 102,000 waiting by the end of the year compared to the current 105,000 position as at February 2024;
- Patient initiated follow-ups: PIFU rate of 5% achieved.

Not compliant with national planning ambitions:

- DM01 - A significant improvement in diagnostic (DM01 performance) to 17% compliance by the end of March 2025 from the current ~39% achievement, with focussed improvement particularly in NOUS and neurophysiology, but not achieving the national 5% ambition;
- RTT long waits - a significantly improved long wait position, with 10 patients projected to be waiting over 65 weeks by the end of the year (versus the current cohort of ~1,000 patients waiting over 65 weeks at the Trust)
- ED – with an ambition of 70% versus the national 78% ambition for 4-hour ED performance¹, and commitment to maintaining the Trust’s current bed base.

To support this plan, we have requested the following support:

- Mutual aid:
 - o Ophthalmology – requested mutual aid for significant volumes of 65+ week waiting patients from GSTT and Moorfields
 - o Orthopaedics – requested mutual aid for diabetic foot and complex orthopaedics from GSTT and London region

¹ ED performance is based on the Trust acute performance **before** adjustments are made for footprint UTC performance, which typically adds 3-6% performance improvement

<ul style="list-style-type: none">- Counting and coding adjustments:<ul style="list-style-type: none">o Adjustment to ERF baseline to reflect change in provider of a significant volume of paediatric phlebotomy appointments from the Trust to Synnovis.			
Strategy			
Link to the Trust's BOLD strategy (Tick as appropriate)		Link to Well-Led criteria (Tick as appropriate)	
✓	Brilliant People: <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓	Leadership, capacity and capability
		✓	Vision and strategy
✓	Outstanding Care: <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓	Culture of high quality, sustainable care
		✓	Clear responsibilities, roles and accountability
✓	Leaders in Research, Innovation and Education: <i>We continue to develop and deliver world-class research, innovation and education</i>	✓	Effective processes, managing risk and performance
		✓	Accurate data/ information
✓	Diversity, Equality and Inclusion at the heart of everything we do: <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓	Engagement of public, staff, external partners
		✓	Robust systems for learning, continuous improvement and innovation
✓	Person- centred	Sustainability	
	Digitally-enabled	Team King's	
Key implications			
Strategic risk - Link to Board Assurance Framework	The draft plan provides detailed performance trajectories against the core NHS constitutional operational standards.		
Legal / regulatory compliance	Report relates to performance against statutory requirements of the Trust license in relation to waiting times.		
Quality impact	There is no direct impact on clinical issues, albeit it is recognised that timely access to care is a key enabler of quality care.		
Equality impact	There is no direct impact on equality and diversity issues		
Financial	Trust reported financial performance against published plan is triangulated with operational planning requirements.		
Comms & Engagement	The Trust is working with SEL system partners to co-develop the system level plan.		
Committee that will provide relevant oversight			
Board of Directors			

Operational Performance Summary Report April 2024

King's



Emergency Care Standard

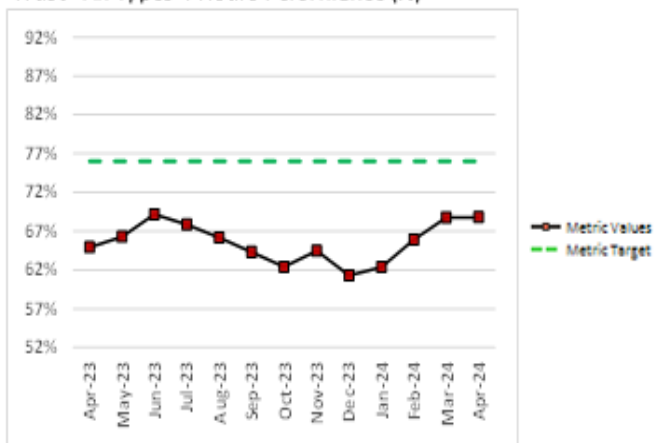
King's College Hospital
NHS Foundation Trust



Trust

Metric	Month-End Validated Position		In-Month UnValidated Position
	Mar 2024	Apr 2024	26 May 2024
All Types Performance	68.75%	68.79%	70.68%
Type 1 Performance	53.44%	54.24%	57.41%
Type 3 Performance	91.39%	91.16%	89.97%
All Types Attendances	27404	25162	
Type 1 Attendances	16347	15249	
Type 3 Attendances	11057	9913	
12 Hour DTA Breaches	746	943	

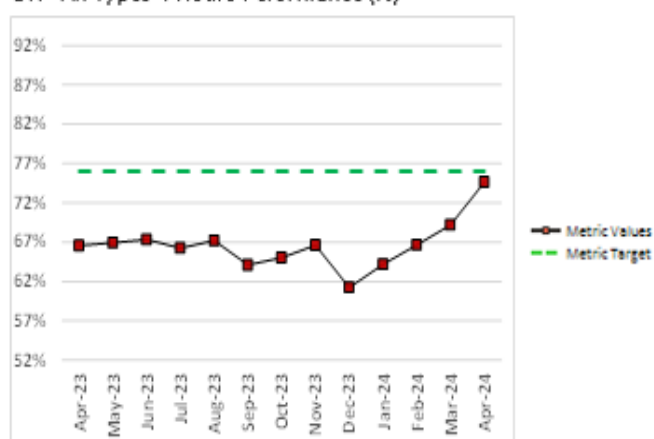
Trust - All Types 4 Hours Performance (%)



DH

Metric	Month-End Validated Position		In-Month UnValidated Position
	Mar 2024	Apr 2024	26 May 2024
All Types Performance	69.19%	74.64%	73.51%
Type 1 Performance	57.50%	65.15%	65.56%
Type 3 Performance	89.30%	91.00%	87.78%
All Types Attendances	15127	13953	
Type 1 Attendances	9564	8832	
Type 3 Attendances	5563	5121	
12 Hour DTA Breaches	338	191	

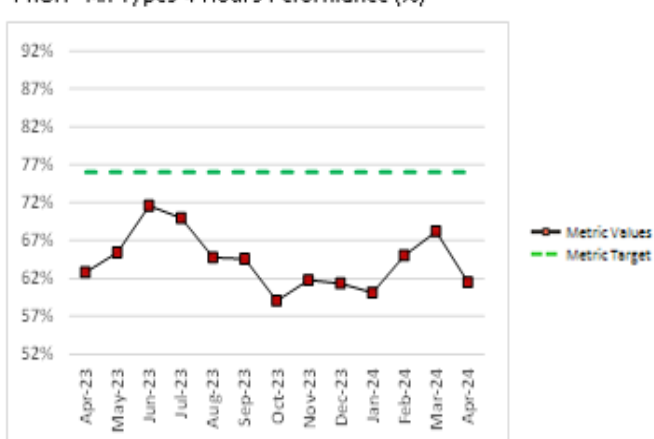
DH - All Types 4 Hours Performance (%)



PRUH

Metric	Month-End Validated Position		In-Month UnValidated Position
	Mar 2024	Apr 2024	26 May 2024
All Types Performance	68.21%	61.50%	66.77%
Type 1 Performance	47.72%	39.22%	54.64%
Type 3 Performance	93.50%	91.34%	92.25%
All Types Attendances	12277	11209	
Type 1 Attendances	6783	6417	
Type 3 Attendances	5494	4792	
12 Hour DTA Breaches	408	752	

PRUH - All Types 4 Hours Performance (%)



Ambulance Handovers

King's College Hospital



NHS Foundation Trust



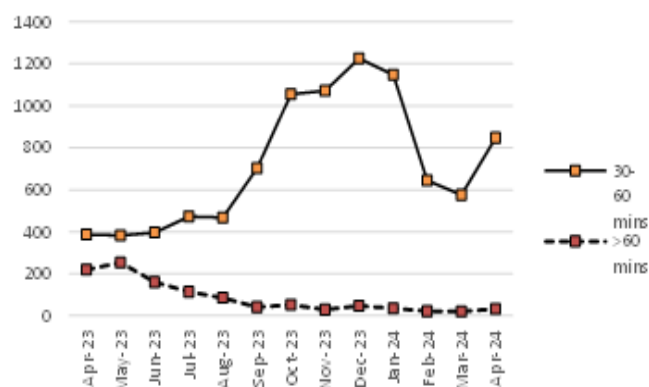
Trust

Month-End Position

In-Month
Position

Metric	Mar 2024	Apr 2024	26 May 2024
Ambulance Arrivals	5071	4896	4527
Ambulance Handover Delays (30-60 mins)	575	847	553
Ambulance Handover Delays (>60 minutes)	20	32	17

Trust - Ambulance Handover Delays



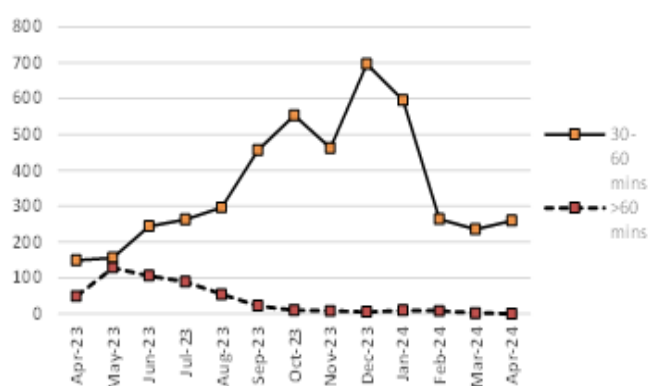
DH

Month-End Position

In-Month
Position

Metric	Mar 2024	Apr 2024	26 May 2024
Ambulance Arrivals	2811	2696	2502
Ambulance Handover Delays (30-60 mins)	235	259	186
Ambulance Handover Delays (>60 minutes)	2	0	0

DH - Ambulance Handover Delays



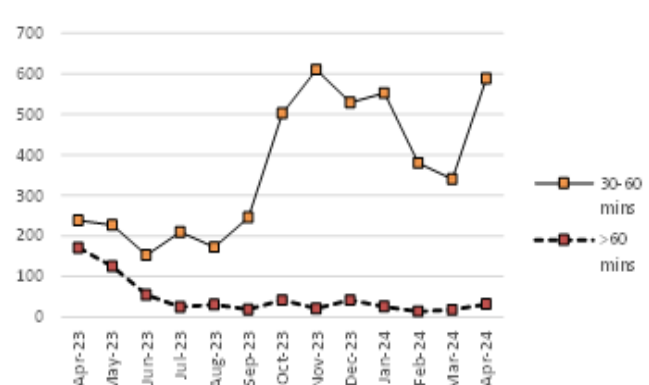
PRUH

Month-End Position

In-Month
Position

Metric	Mar 2024	Apr 2024	26 May 2024
Ambulance Arrivals	2260	2200	2025
Ambulance Handover Delays (30-60 mins)	340	588	367
Ambulance Handover Delays (>60 minutes)	18	32	17

PRUH - Ambulance Handover Delays



Referral To Treatment (RTT)

King's College Hospital
NHS Foundation Trust

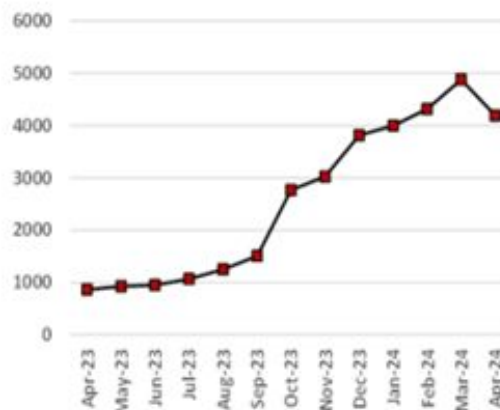


Trust

	Month-End Validated Position	In-Month UnValidated Position
Metric	Mar 2024	Apr 2024
RTT Performance (%)	54.04%	56.90%
52+ Week Waiters	4876	4194
65+ Week Waiters	907	794
78+ Week Waiters	46	52
Total Waiters	104374	103361

26 May 2024
55.72%
4840
901
51
103996

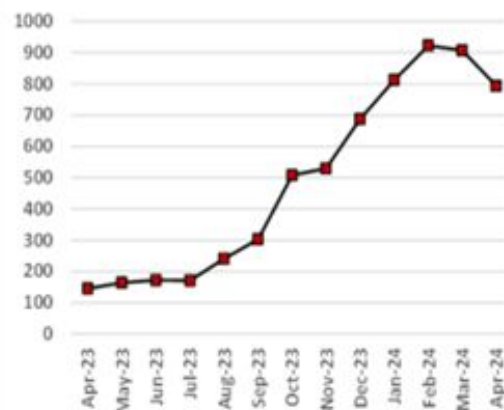
Trust - 52+ Week Waiters



DH

	Month-End Validated Position	In-Month UnValidated Position
Metric		26 May 2024
RTT Performance (%)		55.54%
52+ Week Waiters		2992
65+ Week Waiters		585
78+ Week Waiters		35
Total Waiters		62805
Admitted P2 Waiters		
Non-Prioritised Waiters		

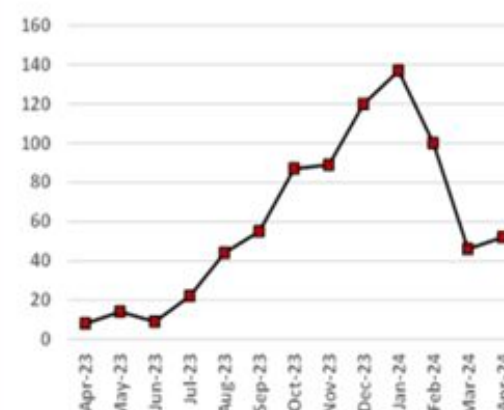
Trust - 65+ Week Waiters



PRUH

	Month-End Validated Position	In-Month UnValidated Position
Metric		26 May 2024
RTT Performance (%)		55.99%
52+ Week Waiters		1848
65+ Week Waiters		316
78+ Week Waiters		16
Total Waiters		41191
Admitted P2 Waiters		
Non-Prioritised Waiters		

Trust - 78+ Week Waiters

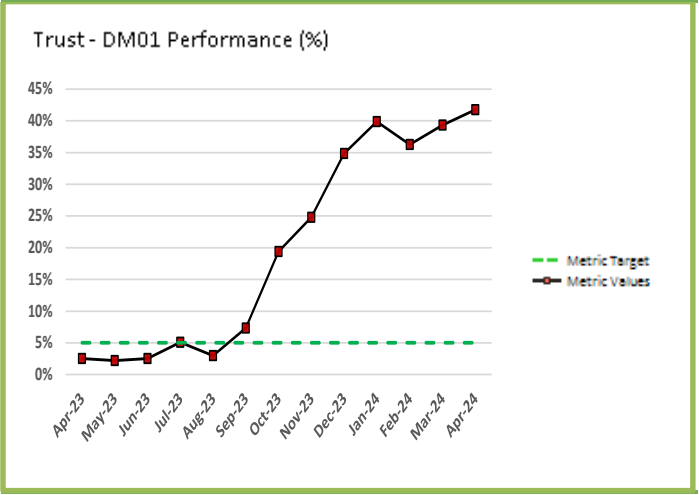


King's

Diagnostic Waiting Times (DM01)

King's College Hospital
NHS Foundation Trust

Trust	Month-End Validated Position		In-Month UnValidated Position
	Mar 2024	Apr 2024	26 May 2024
Metric			
DM01 Performance (%)	39.32%	41.74%	41.21%
DM01 Total Waiters	28238	28042	30299
DM01 >6 week Waiters	11103	11704	12486
DM01 Activity (WL)			
DM01 Activity (Planned)			
DM01 Activity (Unsched)			



DH	Month-End Validated Position		In-Month UnValidated Position
			26 May 2024
Metric			
DM01 Performance (%)			41.77%
DM01 Total Waiters			20135
DM01 >6 week Waiters			8410
DM01 Activity (WL)			
DM01 Activity (Planned)			
DM01 Activity (Unsched)			

PRUH	Month-End Validated Position		In-Month UnValidated Position
			26 May 2024
Metric			
DM01 Performance (%)			40.10%
DM01 Total Waiters			10164
DM01 >6 week Waiters			4076
DM01 Activity (WL)			
DM01 Activity (Planned)			
DM01 Activity (Unsched)			

Cancer Waiting Times (CWT)

King's College Hospital
NHS Foundation Trust

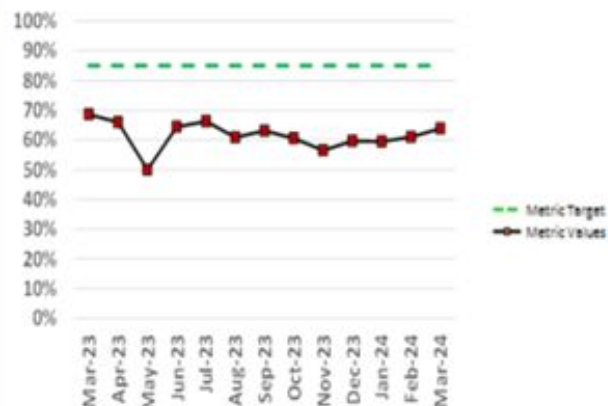


Trust

Month-End
Validated Position

Metric	Jan 2024	Feb 2024	Mar 2024
62 Day Performance	59.47%	61.00%	63.78%
31d Performance	82.64%	88.17%	89.06%
28 Day FDS Performance	58.74%	74.11%	75.78%
62 Day PTL Total	4117	4017	3867
62 Day PTL Total - No DTT	4073	3972	3816
62 Day PTL Total - With DTT	44	45	51

Trust - 62 Day Performance (%)

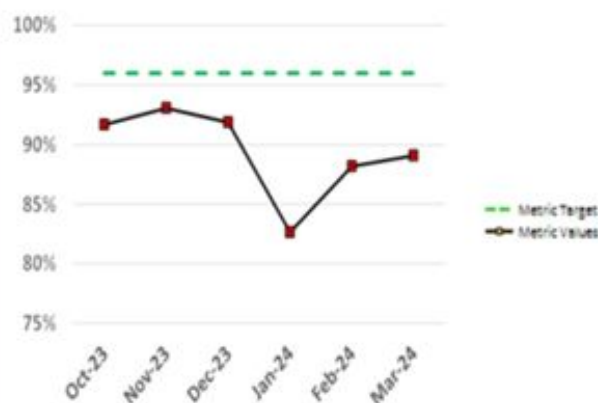


DH

Month-End
Internal Position

Metric	Jan-24	Feb 2024	Mar 2024
62 Day Performance	58.8%	58.8%	64.4%
31d Performance	80.5%	80.5%	86.2%
28 Day FDS Performance	64.7%	64.7%	79.9%
62 Day PTL Total	2033	1849	1813
62 Day PTL Total - No DTT	1813	1813	1776
62 Day PTL Total - With DTT	32	36	37

Trust - 31 Day Performance (%)

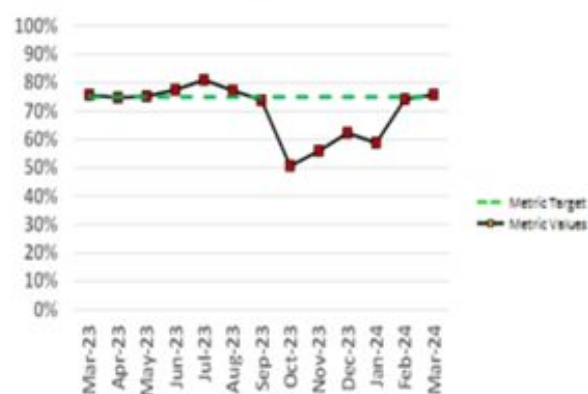


PRUH

Month-End
Internal Position

Metric	Jan 2023	Feb 2024	Mar 2024
62 Day Performance	69.4%	69.4%	76.1%
31d Performance	90.5%	90.5%	96.4%
28 Day FDS Performance	53.6%	53.6%	73.9%
62 Day PTL Total	2042	2141	2035
62 Day PTL Total - No DTT	2036	2132	2021
62 Day PTL Total - With DTT	6	9	14

Trust - FDS Performance (%)



King's

Elective Admitted Activity Recovery

(based on Epic data to w/e 26 May-24)

King's College Hospital

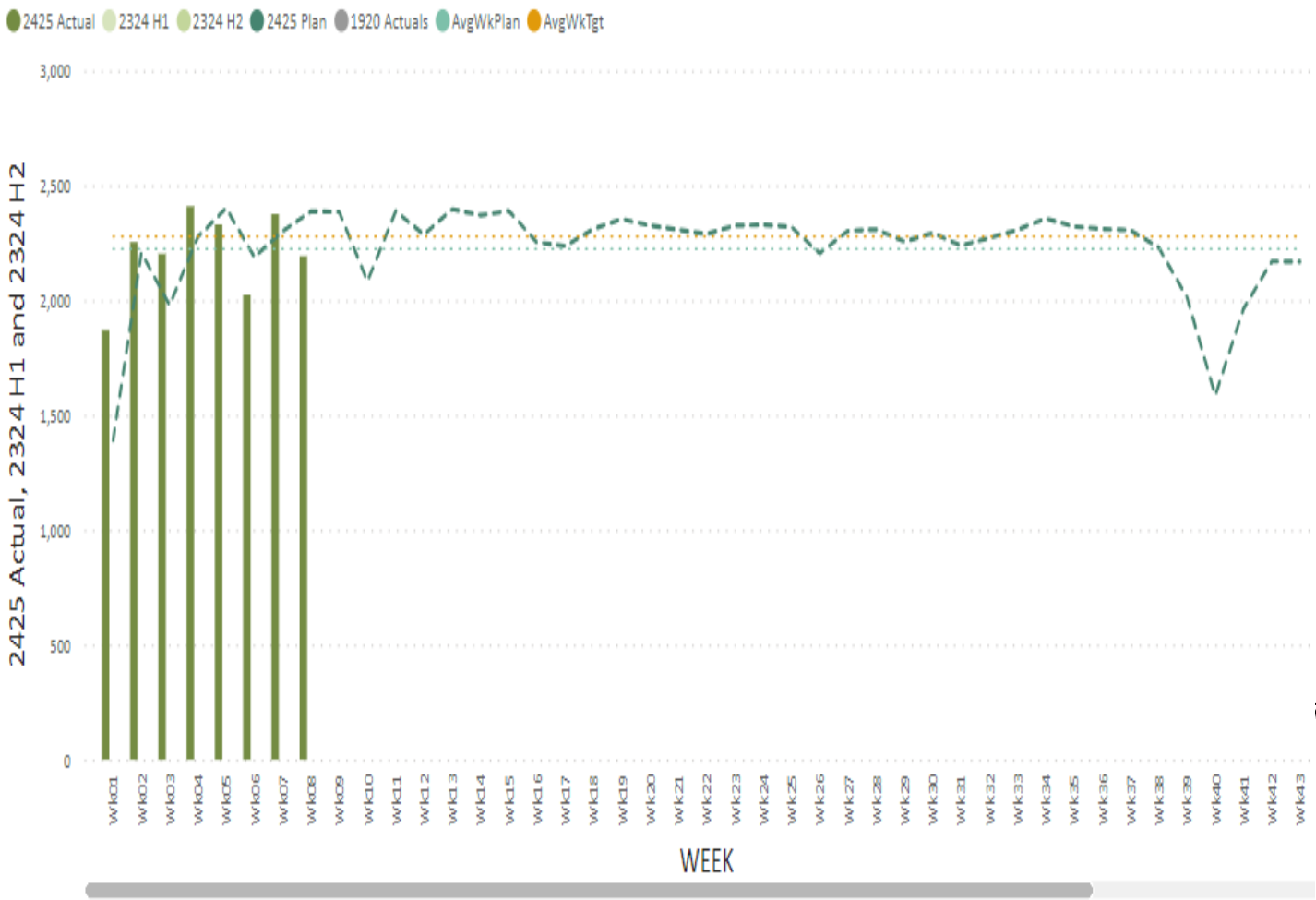
NHS

NHS Foundation Trust

Weekly Activity

WEEK	1920 PIMS	2425 PLAN	2425 ACTUALS	% VS 2425 Plan
Wk04	2,043	2,276	2,409	106%
Wk05	2,128	2,400	2,329	97%
Wk06	2,421	2,188	2,023	92%
Wk07	2,085	2,300	2,375	103%
Wk08	2,377	2,386	2,192	92%

Plan Vs Actuals



Outpatient Activity Recovery

(based on Epic data to w/e 26 May-24)

King's College Hospital
NHS Foundation Trust

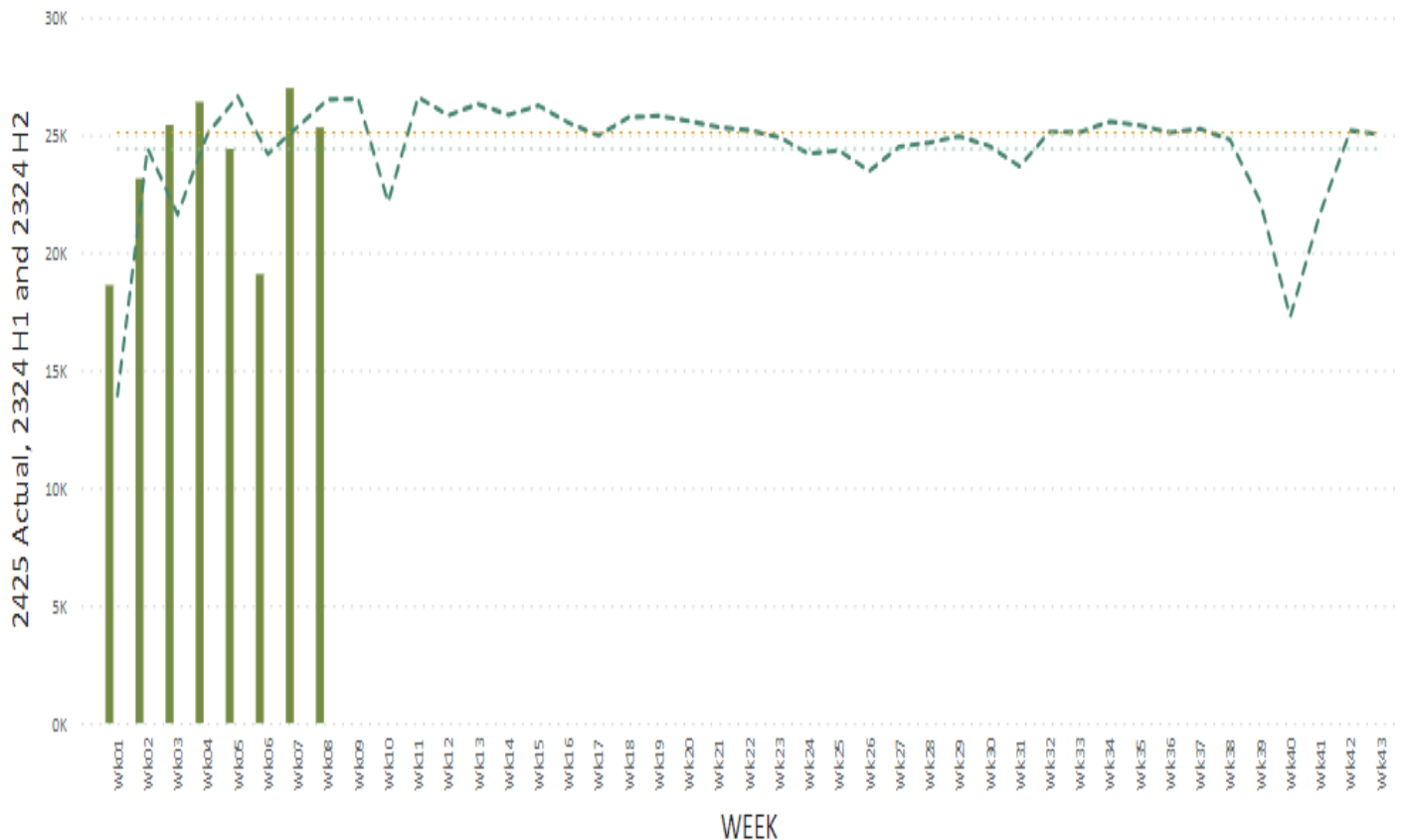


Weekly Activity

WEEK	1920 PIMS	2425 PLAN	2425 ACTUALS	% VS 2425 Plan
Wk04	21,896	28,681	30,160	105%
Wk05	22,131	30,440	28,228	93%
Wk06	28,538	27,706	22,434	81%
Wk07	23,009	29,047	30,849	106%
Wk08	27,116	30,285	28,907	95%

Plan Vs Actuals

2425 Actual 2324 H1 2324 H2 2425 Plan 1920 Actuals AvgWkPlan AvgWkTgt



Meeting:	Council of Governors	Date of meeting:	2 July 2024
Report title:	Month 1 – April - Financial Position	Item:	3.
Author:	Arthur Vaughan	Enclosure:	3.1.
Executive sponsor:	Roy Clarke, Chief Finance Officer		
Report history:	Public Board		

Purpose of the report							
To update on April financial position							
Board/ Committee action required (please tick)							
Decision/ Approval	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
The Council are asked to note the April financial position.							
Executive summary							
<p>The April position is monitored against the 2 May 2024 Board approved plan of £166.1m.</p> <p>As at April, the Trust has reported a deficit of £16.8m. This represents a £3.2m adverse variance to the 2 May 2024 plan, predominantly driven by:</p> <ul style="list-style-type: none"> £1.5m adverse variance on income driven by assumption of ERF under performance of £0.7m and £1m adverse variance in other income which fluctuates during the year. £2.4m overspend in Medical (£1.6m) and Nursing pay (£0.8m) and CIP non achievement (£1.8m adverse), only partially offset by £3.9m underspend in admin and clerical and other staff as a result of vacancy freeze. £1.3m overspend in non pay driven by £1.1m CIP non achievement. <p>The Trust planned for a CIP of £3.9m in April but has only delivered £1.0m, a shortfall of £2.9m, largely driven by a planning variance caused by the fact the Trust has only identified £10.7m of green CIP.</p> <p>The Trust has booked £0.7m of ERF under performance in April based on Q4 performance.</p> <p>Cash has been stable into April, following a significant cash increase in Q4 through ICB additional funding.</p> <p>Revenue support received in March 2024 (£11m) continues to help maintain the creditor position.</p> <p>In April, the core capital programme has spent £0.3m on capital and therefore the programme is underspent against plan by £2.6m. Whilst there is a favourable variance reported this is unlikely to continue through the year as expenditure aligns up with spend.</p> <p>The Trust is still forecasting to achieve its planned deficit of £166.1m with crystalised risks of CIP under achievement (£2.9m), Nursing and Medical overspends (£2.4m) and an assumption of ERF underperformance (£0.7m) mitigated by continued admin and clerical underspends and achieving the planned CIP programme.</p>							

Strategy				
Link to the Trust's BOLD strategy (Tick as appropriate)		Link to Well-Led criteria (Tick as appropriate)		
✓	Brilliant People: <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>		✓	Leadership, capacity and capability
✓	Outstanding Care: <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>			Vision and strategy
✓	Leaders in Research, Innovation and Education: <i>We continue to develop and deliver world-class research, innovation and education</i>			Culture of high quality, sustainable care
✓	Diversity, Equality and Inclusion at the heart of everything we do: <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
✓	Person- centred	Sustainability		
	Digitally- enabled	Team King's		
Key implications				
Strategic risk - Link to Board Assurance Framework		Financial Sustainability		
Legal/ regulatory compliance				
Quality impact		The financial position has an impact on the resources the Trust has to delivery patient care		
Equality impact				
Financial		The Trust has submitted a Board approved revenue and capital plan as part of the 2 May 2024 submissions.		
Comms & Engagement				
Committee that will provide relevant oversight				

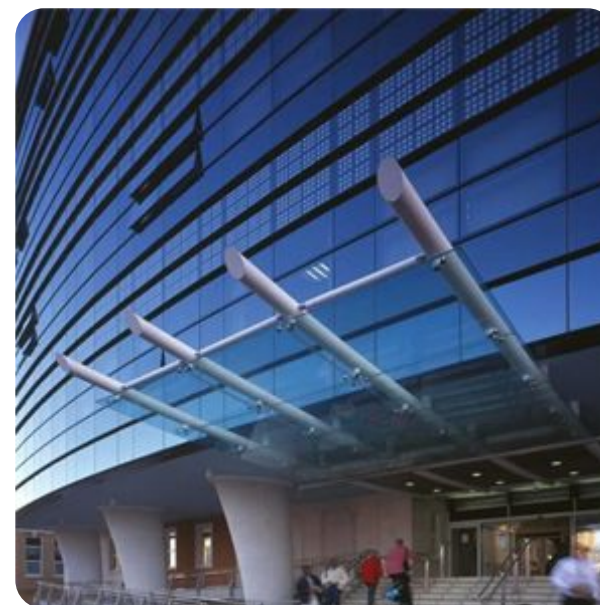
Finance Report

Public Board

Month 1 - April 2024/25

12 July 2024

King's



KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

1.1 Executive Summary

As at April, the Trust has reported a deficit of £16.8m. This represents a £3.2m adverse variance to the 2 May 2024 plan.

The April position is monitored against the 2 May 2024 Board approved plan of £166.1m.

The April £3.2m adverse variance against the £13.6m plan is predominantly driven by:

- £1.5m adverse variance on income driven by assumption of ERF under performance of £0.7m and £1m adverse variance in other income which fluctuates during the year.
- £2.4m overspend in Medical (£1.6m) and Nursing pay (£0.8m) and CIP non achievement (£1.8m adverse), only partially offset by £3.9m underspend in admin and clerical and other staff as a result of vacancy freeze.
- £1.3m overspend in non pay driven by £1.1m CIP non achievement.

The Trust planned for a CIP of £3.9m in April but has only delivered £1.0m, a shortfall of £2.9m, largely driven by a planning variance caused by the fact the Trust has only identified £10.7m of green CIP.

The Trust has booked £0.7m of ERF under performance in April based on Q4 performance.

Cash has been stable into April, following a significant cash increase in Q4 through ICB additional funding.

Revenue support received in March 2024 (£11m) continues to help maintain the creditor position.

In April, the core capital programme has spent £0.3m on capital and therefore the programme is underspent against plan by £2.6m. Whilst there is a favourable variance reported this is unlikely to continue through the year as expenditure aligns up with spend.

The Trust is still forecasting to achieve its planned deficit of £166.1m with crystallised risks of CIP under achievement (£2.9m), Nursing and Medical overspends (£2.4m) and an assumption of ERF underperformance (£0.7m) mitigated by continued admin and clerical underspends and achieving the planned CIP programme.

Summary	Current Month			Year to Date		
	Budget	Actual	Var	Budget	Actual	Var
NHSI Category	£ M	£ M	£ M	£ M	£ M	£ M
Operating Income From Patient Care Activities	129.6	128.9	(0.7)	129.6	128.9	(0.7)
Other Operating Income	10.8	9.8	(1.0)	10.8	9.8	(1.0)
Operating Income	140.4	138.7	(1.7)	140.4	138.7	(1.7)
Employee Operating Expenses	(83.8)	(84.1)	(0.3)	(83.8)	(84.1)	(0.3)
Operating Expenses Excluding Employee Expenses	(67.0)	(68.4)	(1.3)	(67.0)	(68.4)	(1.3)
Non operating Expenditure	(3.5)	(3.6)	(0.1)	(3.5)	(3.6)	(0.1)
Total Surplus / (Deficit)	(13.9)	(17.3)	(3.4)	(13.9)	(17.3)	(3.4)
Less Control Total Adjustments	0.4	0.6	0.2	0.4	0.6	0.2
Adjusted Financial Performance (NHSEI Reporting)	(13.6)	(16.8)	(3.2)	(13.6)	(16.8)	(3.2)

Other Metrics						
Cash and Cash Equivalents	23.0	75.0	52	23.0	75.0	52
Capital	2.9	0.3	2.6	2.9	0.3	2.6
CIP	3.9	1.0	(2.9)	3.9	1.0	(2.9)
ERF (Estimated)	110%	107%	(3)%	110%	107%	(3)%

Key Actions

- £50m of CIPs to be green by the end of May and further £15m by end of June
- Focus on grip and control on medical and nursing pay to ensure care groups working within agreed establishments ad budgets.
- Maximise Elective throughput within financial planning envelope to minimise risk of ERF under performance.

1.2 Executive Summary - Risk

The Trust identified 12 key strategic and operational financial risks during planning and have added these to the corporate risk register and will continue to monitor and review these throughout the year.

Summary

The corporate risk register includes 12 key strategic and operational financial risks. The Finance Department continues to formally review the Financial Risk Register on a monthly basis, reviewing the risks and adding new risks which have been identified across the finance portfolio. Details of all risks can be found on page 10

Actions

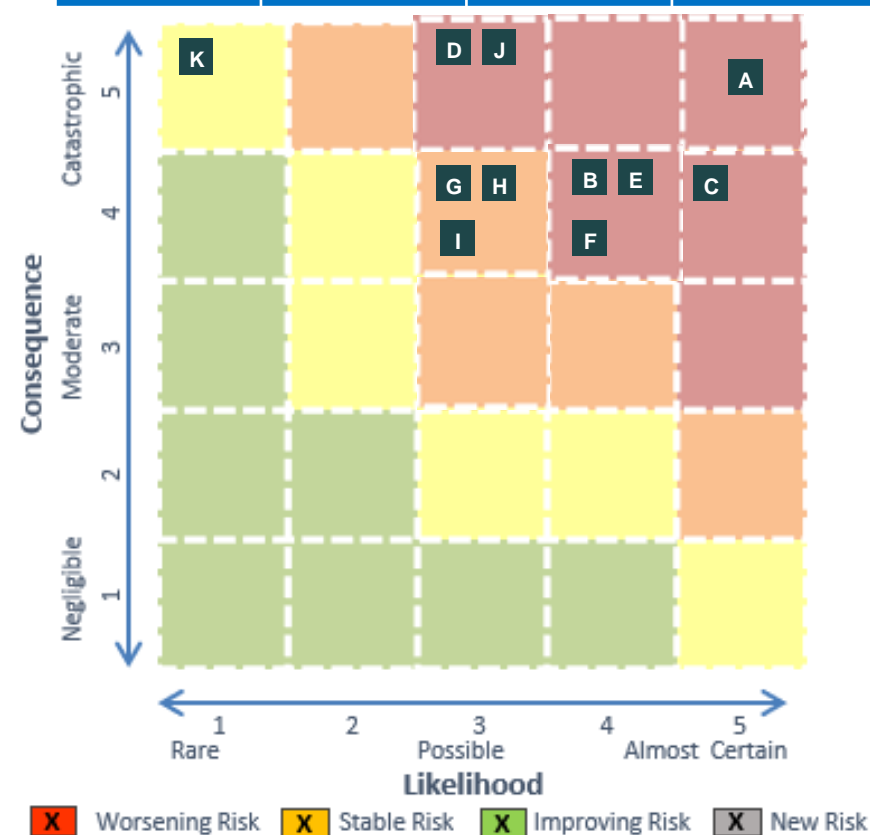
CIP Under Delivery (Risk A) is £2.9m adverse to plan year to date. The current CIP profile of £40.1m of the £50.7m identified CIP leaves a full year risk of £25m. The Trust needs to have £50m in green by the end of May and £65m by the end of June.

Expenditure variances to plan (Risk B) have a crystalised impact of £2.4m year to date, comprising Medical (£1.6m) and Nursing (£0.8m) overspends. This is currently mitigated by Admin and Other Staff underspends but there is a full year risk of £7.5m. The Trust needs to continue to reduce medical and nursing bank and agency and manage within agreed establishments and budgets.

The Trust's implementation of EPIC meant that the Trust's productivity reduced in September to March of 23/24. In April the Trust provided for under performance of £0.7m based on an initial Q4 assessment. The Trust needs to ensure it maximises Elective throughput within financial planning envelopes in order to minimise the risk of ERF under delivery

Inflationary pressures (Risk J) are currently in line with plan in Pathology, CNST, Drugs and PFI. However, these are still in line with planning assumptions. These will be monitored monthly in line with reserves and budgets.

Risk Rating	Risks	FY Planning risk (£m)	YTD Crystallised (£m)
Extreme (15+)	A,B,C,D,E,F,J	74.5	5.9
High (9-14)	G,H,I	1.0	
Moderate (5-8)	K	1.5	
Low (1-4)			
Total		77.0	5.9
Risk mitigated through non recurrent YTD underspends & release of expenditure reserves			(2.7)
Total		77.0	3.2



1.3 Strategic Financial Risks

An assessment has been made of the current risks to the financial plan with a downside assessment of . In April £5.9m have crystallised

Risk ID		Description	Risk Score	FY 24/25 - Plan	April 24 £ crystallised
BAF 3	BAF	IF the Trust does not have a detailed financial strategy in place to deliver financial sustainability THEN the Trust will fail to achieve its strategic and operational priorities.	25	£77.0	£5.9

Risk ID		Description	Risk Score (LxC)	FY 24/25 - Plan	April 24 £ crystallised
3608	A	If the efficiency requirements are not identified and delivered on annual basis, THEN the Trust is at risk of significantly failing its I&E and cash plans, alongside delivery of the Trust's financial strategy	25 (5x5)	£25.0m	£2.9m
3609	B	IF the Trust fails to control expenditure in line with the plan, THEN the Trust will fail to deliver the plan, negatively impacting on financial performance and liquidity.	16 (4x4)	£7.5m	£2.4m
3610	C	IF the Trust enacts service developments for changes that result in an increase in costs that not mitigated by a corresponding increase in the value of the Trusts income contracts, THEN the financial position will be negatively impacted.	20 (5x4)	£10.0m	-
3611	D	IF the Trust's capacity plan does not reflect the available clinical space and workforce effective hours, THEN there is a risk that activity assumptions underpinning the FY24/25 plan are not valid, potentially leading to lower levels of income or higher costs than planned and negatively impacting on financial performance and liquidity.	15 (3x4)	£5m	-
3612	E	IF the Trust is unable to deliver weighted elective activity in line with plan, THEN there is a risk that income deductions will be applied at 100% of tariff, negatively impacting on financial performance and liquidity.	16 (4x4)	£12.0m	£0.7m
3613	F	IF the Trust creates additional capacity at additional cost to the Trust beyond the level allowed for in the plan, THEN Trust financial performance and Trust cash liquidity will be impacted.	16 (4x4)	£5.0m	-
3614	G	IF the Trust does not deliver its capital programme, THEN the Trust may not be able to deliver planned activity levels in a safe and compliant environment.	12 (3x4)	£1.0m	-
3615	H	IF the Trust does not fully appraise strategic investments, THEN the trust may commit resources that do not provide value for money and/or do not support delivery of the Trusts strategic objectives.	12 (3x4)	£0m	-
3616	I	IF the Trust fails to deliver the SOCI financial performance set out in its financial strategy, THEN delivery of the Trusts wider strategic objectives are at risk due to lack of financial resources.	12 (3x4)	£0m	-
3617	J	IF cost inflation rates increase beyond levels allowed for within the plan, THEN this will create additional cost pressures which will need to be mitigated through additional efficiency delivery.	15 (3x5)	£10.0m	-
3618	K	IF strategic investments subject to central funding bids do not receive the full capital and revenue support then the Trust may refuse to progress the bids or reprioritise existing strategic developments.	5 (1x5)	£1.5m	-
		Mitigations to date			£(3.7)m
Total Risk Assessed Impact:				£77.0m	£3.2m



Council of Governors

Report to:	Council of Governors
Date of meeting:	2 nd July 2024
Presented by:	Siobhan Coldwell, Director Corporate Affairs
Prepared by:	Siobhan Coldwell
Subject:	NED Updates
Action Required:	For Approval

Summary

The report updates the Council of Governors on NED appointments.

Action Required

The Committee is asked to:

- a) **Note the retirement of Prof Richard Trembath and approve the nomination of Prof Graham Lord by King's College London.**

MAIN REPORT

Prof Richard Trembath

1. The Council of Governors will be aware that in line with schedule 16 (4) of the NHS Act 2006, and consequently the Trust's constitution:

"A person may be appointed as a non-executive director only if—

(a) he is a member of a public constituency or the patients' constituency, or

(b) where any of the **corporation's hospitals includes a medical or dental school provided by a university, he exercises functions for the purposes of that university,**"

2. Prof Richard Trembath has fulfilled that role since 2016, but has recently announced his retirement. He will be standing down from his King's College London and King's Health Partners at the end of June.
3. King's College London have recently appointed Professor Graham Lord, MA MB BChir PhD FRCP FRSB FMedSci, NIHR Senior Investigator Emeritus, has been appointed Senior Vice President (Health & Life Sciences) and Executive Director of King's Health Partners (KHP), and our Acting Chair, Jane Bailey has received formal notification that he is the University's nomination to replace Prof Trembath.

4. Professor Lord is currently the Vice-President and Dean of the Faculty of Biology, Medicine and Health at Manchester University. He is also an Honorary Consultant Transplant Nephrologist at Manchester NHS Foundation Trust and Executive Director of the Manchester Academic Health Science Centre. Prior to joining the University of Manchester in 2019, Professor Lord held the position of Professor of Medicine and Head of the Department of Experimental Immunobiology at King's College London. A leading clinician-scientist, Professor Lord trained in Medicine at the University of Cambridge, gained a PhD at Imperial and completed his postdoctoral training at Harvard University. He then established a research group seeking to understand the regulation of the immune system to enhance the treatment of severe inflammatory diseases. His clinical interest is in multi-organ transplantation and the genetics of long-term transplant failure. He has significant commercial expertise, having founded companies in the US that focus on immuno-oncology, infectious diseases and autoimmunity.
5. Prof Lord will be joining KCL at the start of the next academic year, and Prof Trembath has agreed to stay on the King's Board of Directors until that time, to ensure continuity.

Council of Governors Report

April 2023 to April 2024

Name	Designation	Date of Activity	Commentary	Any suggestions/comments/ learning for the consideration at the COG meeting
Fidelia Nimmons	<p>NHSE National collaborative: Worry & Concern National Improvement Project.</p> <p>An Improvement Collaborative which involved 7 regional pilots.</p> <p>King's was chosen as the London Region pilot.</p> <p>Aim: To improve the involvement of patients/relatives in recognising and responding to their</p>	April 2023 – April 2024	<p>King's approach to this, I believe, contributed immensely to its success at the testing and trial stage.</p> <p>The Acute Deterioration CQUIN and Quality Improvement Lead enlisted 90 participants to the Stakeholder Group from all professions and grades including child health, maternity, patient safety, patient experience, FTSU, academics, patient governors, patient experts (Sepsis UK and MVP), EDI team and digital leads.</p> <p>Our focus at King's was to explore inclusive strategies for enabling patients and carers to escalate their concerns, investigate the issues surrounding the low utilisation of other existing systems (such as Call4Concern), and to promote documentation and acknowledgement of patients' views as part of daily routine practice.</p>	<p>My contribution to this project was guided throughout by my own experience as a teacher of young children and by the NHS Constitution for England Standards.</p> <p>Specifically: NHS Constitution Precis states: The NHS belongs to the people. It touches our lives at times of basic human need, when care and compassion are what matter most.</p> <p>NHS Principles 3: Highest standards. Respect, dignity, compassion and care should be at the core of how patients and staff are treated.</p> <p>NHS Values 2: Respect and dignity. We take what others have to say seriously.</p> <p>NHS Values 4: Compassion We ensure that compassion is central to the care we provide and respond with humanity</p>

	<p>deterioration whilst in hospital.</p> <p>Objectives:</p> <p>To test and implement methods for patients, families, and carers to escalate their concerns about deterioration whilst in hospital, and to input their views about their illness into the health record.</p>		<p>The project kicked off with the group discussing reasons why past initiatives across the world had failed. Australia was cited as an example. The point that was teased out of this was that at the highest point of stress we each need the human touch to diffuse things before the point of explosion is reached. The Australian initiative relied on telephone calls. Initial face-to-face contact was missing.</p> <p>Contributions were from people and practitioners from across the world (e.g. matrons with experience from overseas countries); and different backgrounds. During discussions the most popular phrases used, and which became key were, 'We care about you. You are loved. Talk to me.'</p> <p>We surmised that patients hearing these phrases were more likely to be put at ease and engage more with clinicians.</p> <p>These phrases are also key to the NHS Constitution and King's BOLD strategy.</p>	<p>and kindness to each person's pain, distress, anxiety or need.</p> <p>My learning from participating in this project:</p> <p>Hospital matrons and other senior nurses in other countries routinely and daily do a ward round in ICUs to catch up with the patients on their experiences during the night. This has the additional benefit of providing emotional support and bonding with patients and their carers at a difficult and challenging time when warmth matters the most.</p> <p>In the initial stages of the project, we heard ample evidence from some of King's overseas staff who confirmed that they did this. In schools too we take time to engage with and bond with the children in our care by finding out about their day etc.</p> <p>I am delighted that Martha's Rule will promote this practice in all our hospitals.</p> <p>The human touch is what works. Care and compassion.</p>
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			<p>As NHSE were keen to see how the project aligns with the organisation's strategy we were confident that we were on the right path.</p> <p>Though I missed the face-to-face workshop in June, Imogen (the lead) provided an update, and I was able to keep abreast on our progress. Others had the same experience too.</p> <p>Next, we codesigned the Call For Concern Flyer. This was piloted in 3 wards at DH in February.</p> <p>Following feedback improvements were made to initial responses to the flyer during pilot phase 2a e.g. majority of responses were for common issues like no food. (Action: COMM's involvement) Phase2b pilot saw fluctuating and low compliance. (Action: Engage with Epic Team to use the new electronic records for patients' comments).</p> <p>In February 2024 the press carried the news on NHSE Marth's Rule.</p> <p>April 25, 2024, saw the formal end of the National Project, NHSE Worry and Concern Collaborative, with a celebration event.</p>	<p>The NHS Constitution spells this out through:</p> <p>NHS England standards, Principles and Values contained therein, and which are the model for the rest of the world.</p>
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			<p>Those who attended truly enjoyed it feeling pleased with the outcome.</p> <p>Next step: NHSE has enlisted at least 100 adult and paediatric acute provider sites who already offer a 24/7 critical care outreach capability to trail the first phase of the Martha's Rule programme which will run throughout 2024/25.</p> <p>I am delighted that both the PRUH and DH were selected for this.</p> <p>Find out more here: https://www.england.nhs.uk/patient-safety/marthas-rule/</p>	
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