

AGENDA

Meeting	Council of Governors
Date	Tuesday 29 April 2025
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 – 28 January 2025	FA	Enc.		
	1.5. Action Tracker	FD	Enc.		
	1.6. Matters Arising	FI	Verbal		
QUALITY, PERFORMANCE, FINANCE AND PEOPLE					
2.	Trust's Operational Plan 2025/26	FI	Enc.	Chief Financial Officer	16:35
3.	Finance Report 2024/25	FI	Enc.	Chief Financial officer	16:45
4.	BOLD Delivery Plan 2025/26	FI	Enc.	Deputy Chief Executive Officer	16:55
5.	Quality Priorities	FD	Enc.	Chief Nurse and Executive Director of Midwifery	17:05
6.	Updates from the Trust <ul style="list-style-type: none"> - Muslim Prayer Room - SC - Chaplaincy – TC - Winter Plan – AH/AC 	FI	Verbal	Director of Corporate Affairs/Chief Nurse and Executive Director of Midwifery/Site CEOs	17:20
GOVERNANCE					
7.	Governor Involvement and Engagement				
	7.1. Governor Engagement and Involvement Activities	FI	Enc.	Chairman	17:35
	7.2. Observation of Board Committees	FI	Enc.		17:45
8.	Other Governance Matters				
	8.1. Election of the lead governor and appointment of governor observers	FA	Enc.	Director of Corporate Affairs	17:55
9. FOR INFORMATION					
	No items.				
10.	Any Other Business				

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

	Any Other Business 10.1 Communications for Governors	FI	Verbal.	Public Governor Lindsay Batty-Smith	18:00
11.	Date of the next meeting: Tuesday 2 September 2025, 16:30 – 18:00 The Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill				

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
Temitayo Taiwo	Lambeth
Deborah Johnston	Patient
Pauline Manning	Patient
Devon Masarati	Patient
Billie McPartlan	Patient
David Tyler	Patient
Chris Symonds	Patient
Jane Lyons	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
Michael Bartley	Staff – Nurses and Midwives
Christy Oziegbe	Staff - Medical and Dentistry
Tunde Jokosenumi	Staff – Administration, Clerical & Management
Nominated / Partnership Organisations:	
Cllr. Marianna Masters	Lambeth Council
Cllr Robert Evans	Bromley Council
Prof Dame Anne Marie Rafferty	King's College London
Dr Yogesh Tanna	King's College Hospital NHS Foundation Trust
In Attendance:	
Dame Christine Beasley	Non-Executive Director
Prof Yvonne Doyle	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Akhter Mateen	Non-Executive Director
Prof Graham Lord	Non-Executive Director
Gerry Murphy	Non-Executive Director
Tracey Carter MBE	Chief Nurse & Executive Director of Midwifery
Siobhan Coldwell	Director of Corporate Affairs
Roy Clarke	Chief Finance Officer
Angela Helleur	Site Chief Executive, PRUH & South Sites
Prof Clive Kay	Chief Executive Officer
Anna Clough	Site Chief Executive, Denmark Hill

Dr Mamta Shettyvaidya	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
Jennifer Nabwogi	Deputy Trust Secretary

Council of Governors Meeting – Public Session

Draft Minutes of the Council of Governors (Public Session) meeting held on
 Tuesday 28 January 2025 at 16:30 – 18:00

Hybrid meeting: PRUH, Lecture Theatre 2 Education Centre & MS Teams

Present:

Chair

Sir David Behan

Chair

Elected Governors

Michael Bartley
 Lindsey Batty-Smith
 Jacqueline Best-Vassell
 Angela Buckingham
 Hilary Entwistle
 Deborah Johnston
 Tunde Jokosenumi
 Prof Daniel Kelly
 Jane Lyons
 Devon Masarati
 Marianna Masters
 Billie McPartlan
 Christy Oziegbe
 Anne Marie Rafferty
 Katie Smith
 Chris Symonds
 Yogesh Tanna

Staff Governor
 Southwark Public Governor
 SEL System Governor
 Southwark Public Governor
 Southwark Public Governor
 Patient Governor
 Staff Governor
 Lambeth Public Governor / Lead Governor
 Southwark Public Governor
 Patient Governor
 Lambeth Public Governor
 Patient Governor
 Staff Governor
 Nominated (Governor) King's College London
 Bromley Public Governor
 Patient Governor
 Nominated King's College Hospital NHS Foundation Trust
 Governor
 Lambeth Public Governor

Temitayo Taiwo

In Attendance:

Christine Beasley
 Tracy Carter MBE
 Roy Clarke
 Anna Clough
 Siobhan Coldwell
 Simon Friend
 Angela Helleur
 Prof Clive Kay
 Zowie Loizou
 Akhter Mateen
 Kudzai Mika
 Roisin Mulvaney
 Mark Preston
 Mamta Shetty Vaidya
 Bernedette Thompson

Non-Executive Director
 Chief Nurse and Executive Director of Midwifery
 Chief Financial Officer
 Site CEO DH
 Director of Corporate Affairs
 Non-Executive Director
 Site CEO PRUH & SS
 Chief Executive Officer
 Corporate Governance Officer
 Non-Executive Director
 Head of Quality Governance
 Director of Quality Governance
 Chief People Officer
 Chief Medical Officer
 Director of Equality, Diversity and Inclusion (EDI)

Members of the Public

Apologies:

Aisling Considine
 Robert Evans
 Graham Lord
 Julie Lowe
 Pauline Manning
 Nicholas Campbell-Watts
 Devendra Singh Banker

Staff Governor
 Bromley Public Governor
 Non-Executive Director
 Site Chief Executive – Denmark Hill
 Patient Governor
 Non-Executive Director
 Bromley Public Governor

David Tyler

Patient Governor

Item	Subject
	Standing Items
25/01	<p>Welcome and Apologies</p> <p>The Chair welcomed governors/attendees, apologies for absence were noted as above.</p> <p>The Chair discussed the ambition to develop a forward strategic programme for the Council of Governors meetings, aiming to make them more strategic and provide governors the opportunity to raise issues from their work. The Chair also mentioned a private meeting at the end to ratify the appointment of a non-executive director.</p>
25/02	<p>Declarations of Interest</p> <p>Governor Angela Buckingham (AB), stated that she would be declaring an interest related to the appointment of auditors, which would be part of the private meeting.</p>
25/03	<p>Chair's Action</p> <p>There had been no Chair's actions since the last meeting.</p>
25/04	<p>Minutes of the Previous Meeting</p> <p>The minutes of the meeting held on 5 November 2024 were agreed as an accurate record of the meeting.</p>
25/05	<p>Matters Arising/Action Tracker</p> <p>The Council noted the progress being made to implement actions reviewed and agreed as follows:</p> <ul style="list-style-type: none"> ▪ MP to provide Public Governor, Jane Lyons, with an update on the nursery staff and parent support: Update provided, action complete. ▪ The Chair to assist in the development of a 'forward planner' for COG meetings, where members can suggest and prioritise agenda topics: Itemised on agenda, action complete. ▪ DK suggested that reporting of governor engagement to the COG needed to be improved to better represent the amount of work going on: Engagement report template circulated to all governors, action complete. ▪ Additional clarity around committee observers was requested. The Chair agreed the topic could be addressed at a later date: Itemised on agenda, action complete. ▪ Further input and added value to be provided by the governors, with the possibility of future governor walkarounds to be explored: Itemised on agenda, action complete. <p>Nursery Closure Update:</p> <p>Chief People Officer, Mark Preston (MP), confirmed the closure of the nursery at Denmark Hill will be on 28 February 2025. MP explained that a formal consultation with nursery staff had taken place, and efforts were underway to redeploy as many staff members as possible through the Trust's organisational change process.</p> <p>MP detailed the redeployment efforts, noting that 2-3 staff members would join Bright Sparks Nursery at Orpington, while others were being considered for roles within the hospital.</p> <p>The Council noted the support the Trust has provided to parents/carers in seeking alternative childcare provision which includes sending information on local nurseries with</p>

vacancies, primarily those located around Camberwell Green, Peckham, and Herne Hill. MP highlighted the Trust would ask line managers as/where required to provide flexibility to parents/carers to visit new nurseries.

MP confirmed there was at least one local nursery that had extended opening hours which were similar to those offered by the current Denmark Hill staff nursery.

The Council noted the nursery closure update.

QUALITY, PERFORMANCE, FINANCE AND PEOPLE

25/06

Quality Account Priorities

Chief Nurse & Executive Director of Midwifery, Tracey Carter (TC), introduced Roisin Mulvaney (RM), Director of Quality Governance and Kudzai Mika (KM), Head of Quality Governance, who explained that a wider engagement process would be taking place, with the four priorities for the year being workforce issues and how they affect patient safety, acutely unwell patients with a focus on outcomes, patient experience with MyChart, and health data. RM confirmed that consultation and engagement would continue externally through the Overview and Health Scrutiny Committee, Healthwatch, the ICB, and the Primary Care Networks (PCN), and that data from this, as well as from patient experience and staff feedback in all areas, would be collated for a panel in mid-February 2025 to generate a priority shortlist using an evidence-based decision-making toolkit, which would then go to King's Executive meeting (KE). RM added that the Trust would like to have more focused consultation throughout the rest of the year, beyond the priority-generating process, and invited governors to get involved with the stakeholder improvement groups for the priorities. RM agreed that the long list of priorities that would be shared with the panel could be shared with the other governors for their feedback.

It was wondered how the Trust's quality priorities could be integrated with those of other organisations in the system. It was acknowledged that there had been discussions alongside the ICS Quality Committee around this, and other organisations were keen to find a priority that was broadly in common, such as health data and the appropriate capturing of demographics. Hand-offs between sectors was also suggested as an area not getting enough attention.

The Chair asked whether the 2024/25 priorities had been completed. It was confirmed that the majority of work was expected to come to fruition in the final quarter, with the next update to the Quality Committee in February 2025, although there were some areas where progress had been difficult, which could feed into the 2025/26 planning in terms of what had and had not worked well.

It was agreed to discuss the level of public engagement, and how public governance could fit into this, in more detail offline.

Action: Siobhan Coldwell/Roisin Mulvaney.

The Council noted the report.

25/07

Winter Update

Site CEO PRUH, Angela Helleur (AH) presented the report and recapped that winter had always been a challenging period, but the performance was regularly reviewed throughout the day in the emergency departments, explaining that while the national standard was for 95% of people to be treated and discharged within four hours since COVID, there had been a different standard applied of 76% last year, and 70% had been agreed in South East London this year, which was being met overall. AH identified mental health as one of the biggest challenges, along with balancing electives, and seasonal infections such as flu and Norovirus.

Site CEO DH, Anna Clough (AC), expressed the hope that more work could be done with SLaM around the high numbers of patients with mental health needs, as well as looking at how treatment and the environment could be improved, and whether a separate waiting

space could be opened up. It was emphasised that December 2024 had seen over a hundred fewer twelve-hour waits on trolleys than in the same period last year, and they were down to six patients boarding, but that DH did not have corridor care in the same way that PRUH did, where mitigations were in place to try and limit its use, and there were clear approaches to care and oversight. It was clarified that the preference was for boarded patients to be those expected to be discharged soonest and that it was avoided where possible, with consideration being given to how the use of escalation wards could be further improved for staff.

TC advised that masks had been introduced on-site in emergency departments and wards within cohorted areas with patients that had flu, noting further work that had been done with signage, alcohol gel availability and placement, and training with reception staff for vulnerable individuals.

TC confirmed that flu cases had dropped significantly in the last week, which was a trend expected to continue. AH concluded by highlighting the overall increase in attendances for both Type 1 and urgent care since the same time last year, being a 4.4% and 6.3% increase respectively, and it was confirmed the performance figures included the Children's A&E department.

An update was requested on pan-London discussions with police about where mental health patients went, and whether the number of them coming to the hospital could be reduced in the first instance. AC explained that the police had previously decided to be less involved in complex mental health patients cases, and work was being done to ensure both the police and LAS knew where was best to take patients, although there were anecdotal reports of more patients being brought to the Denmark Hill A&E as this was directly opposite SLaM Hospital.

It was asked whether the Maudsley still had an emergency clinic. AC stated that she did not think they or SLaM had any emergency walk-in facilities on-site, but that they might be looking to develop something, and cautioned that patients in a mental health crisis often had physical issues as well, so they were working on creating a small unit of mental health beds that would be staffed by SLaM within the hospital's emergency department footprint.

It was questioned what happened to the nursing and care of boarded patients that were moved. AH explained that there was a clear standard operating procedure around boarded patients, and were the responsibility of the ward and treated exactly the same as its other patients.

It was identified that mask-wearing was not mandatory in the renal clinic, despite the number of immune-compromised patients present, and wondered how decisions were made around rule implementation for infection control. It was clarified that masks were always used in haematology for that reason, but across the rest of the organisation the decision was made concerning incidents of infection control, such as increased numbers of flu patients in emergency departments and other services, but that anyone who was vulnerable and wanted a mask could request one.

Toilets were also called out for being in poor condition around the hospital, and Governor Angela Buckingham (AB), highlighted that there was only one toilet for sixteen beds in the ED.

It was agreed to have a review of the infection control measures in renal clinics, specifically the use of masks for immunocompromised patients, and to provide an update on any changes

Action: Tracey Carter.

It was requested to Investigate and address the condition of the toilets around the hospital to ensure they meet cleanliness standards.

Action: Anna Clough.

It was requested that thanks to the staff for their relentless work, particularly in the EDs was coordinated.

Action: Anna Clough/Angela Helleur/Tracey Carter.

The Council noted the report

25/08 Managing the business of the Council of Governors 2025

Director of Corporate Affairs, Siobahn Coldwell (SC), explained that the plan was to change how the Council of Governors worked, taking a more strategic approach to managing business so that it fitted into planning cycles and was focused on things that mattered to the organisation's progression in terms of finance, performance, and quality, and also encouraged governors to put forward items of interest to them.

SC added that the Trust would also like to refresh the roles taken on by governors, such as positions on Board Committees, and would be circulating a form to identify those interested, with plans to provide support in regard to feeding information back from committee meetings to the Council of Governors.

SC concluded that, outside of the issues around chaplaincy and end-of-life care, the governor protocol for raising issues had not been used very much, so any feedback on why that was or suggestions for improvements were welcome.

The Chair suggested the Council of Governors should mirror the Board's forward plan to ensure the agendas were the same, and that the roles of executive and non-executive directors needed to be clear.

The Council noted that a form will be circulated to governors to express interest in committee roles and provide a current list of committee assignments.

Action: Siobahn Coldwell.

AB wondered whether an hour and a half was enough time or whether meetings should be two hours instead with additional meetings on specific topics where necessary.

It was agreed that consideration should be made for extending the duration of Council of Governors meetings to two hours or scheduling additional meetings for in-depth discussions on specific concerns.

Action: David Behan/Siobhan Coldwell.

The Council noted the report.

GOVERNANCE

25/09 Governor Involvement and Engagement

Governor Questions – Open session

Governor Billie McPartlan (BM) raised a concern around blue badge spaces only being available for four hours. CK agreed to look into the matter and feedback.

CK to look into potential flexibility around the availability of blue badge spaces.

Action: Clive Kay.

FOR INFORMATION

Recovery Support Programme update

The Council noted the report.

Trust Strategy Delivery Update

The Council noted the report.

ANY OTHER BUSINESS

25/10 Any Other Business

Governor Lindsay Batty-Smith (LBS) updated the Council that following the Breast Screening Promotion film in September 2024, there had been over 20,000 hits on social media platforms and a 70% increase in enquiries to the KCH website to find information about breast screening. A few of the participants had been asked to be involved in a national breast screening promotion by NHSE and had been recently filmed for the promotion w/c 17 February 2025.

There being no other business, the Chair formally ended the meeting.

25/11 Date of the next meeting:

Tuesday 29 April 2025, 16:30 – 18:00 The Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill

DRAFT

CoG ACTION TRACKER - Updated 29 April 2025					
Date / Item Ref	Action	Lead	Due Date	Status	Update
ACTIONS - DUE					
28/01/2025 25/06	Quality Account Priorities It was agreed to discuss the level of public engagement, and how public governance could fit into this, in more detail offline.	Roisin Mulvaney	Apr-25	Complete	Update: RM and KM met with Jane to discuss the governor engagement plan. Propose to close.
28/01/2025 25/07	Winter Update A review for the infection control measures in renal clinics, specifically the use of masks for immunocompromised patients, and to provide an update on any changes	Tracey Carter	Apr-25	Complete	Update: The infection control team and head of nursing have worked together and there is now a box of face masks available for patients or visitors located at the check in desk on our renal unit. The staff are also aware to restock. Propose to close.
28/01/2025 25/07	Winter Update To Investigate and address the condition of the toilets around the hospital to ensure they meet cleanliness standards.	Anna Clough	Apr-25	Complete	Update: Verbal update to be provided - Have spoken to estates and each public toilet is checked every hour between 7am to 10pm daily, this is monitored by the estates team. Contractually Medirest should supply a female hygiene service so we have asked them to do a full Audit off all areas to check this is in place. Propose to close.
28/01/2025 25/07	Winter Update Coordinate with Anna, Angela, and Tracy to pass on the Council of Governors' thanks to the staff for their relentless work, particularly in the EDs.	Anna Clough/Angela Helleur/Tracey Carter	Apr-25	Complete	Update: Verbal update to be provided - We have passed on thanks to our teams Propose to close.
28/01/2025 25/08	Managing the business of the Council of Governors 2025 Circulate a form to governors to express interest in committee roles and provide a current list of committee assignments.	Siobhan Coldwell	Apr-25	Complete	complete
28/01/2025 25/08	Managing the business of the Council of Governors 2025 Consideration for extending the duration of Council of Governors meetings to two hours or scheduling additional meetings for in-depth discussions on specific concerns.	Siobhan Coldwell	Apr-25	DUE	
28/01/2025 25/09	Governor Questions - Open Session To look into potential flexibility around the availability of blue badge spaces.	Clive Kay/Siobhan Coldwell	Apr-25	DUE	Update:
TBC	NED appointments Graham Lord be invited to meet the governors for role involvement discussion	Siobhan Coldwell	Apr-25	Complete	Update: Meet the NED session booked for 8 April 2025. Propose to close.
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	TBC	PENDING	Update: Screens within Demark Hill site will display governors, to explore PRUH and Orpington options.
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	TBC	PENDING	Update: To invite the ICB Chair/CEO to a future CoG meeting for governor engagement.

Meeting:	Council of Governors	Date of meeting:	29 April 2025
Report title:	2025/26 Operational Plan	Item:	2.
Author:	Caroline Atkinson, Deputy CFO – Strategy and Improvement	Enclosure:	2.1.
Executive sponsor:	Roy Clarke, Chief Financial Officer Julie Lowe, KCH Group Deputy Chief Executive		
Report history:	n/a		

Purpose of the report

To provide an update on the Trust’s 2025/26 operational plan.

Board/ Committee action required (please tick)

Decision/ Approval		Discussion	✓	Assurance		Information	✓
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Executive summary

The Trust submitted its operational plan to NHSE in March 2025. We have committed to ambitious but deliverable plans for the coming year (April 2025-March 2026) which respond to both the Trust’s own strategy and national expectations, which are clear that all providers must deliver for patients, whilst rapidly reducing waste and inefficiencies across our hospitals.

The report sets out the commitments the Trust has made in its 2025/26 operational plan across the following domains:

- Planned Care
- Cancer Care
- Emergency Care
- Financial Planning

The report also sets out how we intend to deliver against these commitments, bringing our staff with us.

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</i>	✓	Culture of high quality, sustainable care
		✓	Clear responsibilities, roles and accountability
		✓	Effective processes, managing risk and performance

	<i>deliver world-class research, innovation and education</i>		✓	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		



King's College Hospital
NHS Foundation Trust

Council of Governor's Meeting – 25/26 operational plan

29 April 2025



Our operational planning commitments for 2025/26

The Trust submitted its operational plan to NHSE in March 2025. We have committed to ambitious but deliverable plans for the coming year (April 2025-March 2026) which respond to both the Trust’s own strategy and national expectations, which are clear that all providers must deliver for patients, whilst rapidly reducing waste and inefficiencies across our hospitals.

We have made the following commitments in our operational plan for 2025/26.

Planned care			Cancer care	
At least 65.3% of patients should be seen and treated within 18 weeks of a GP referral by March 2026	At least 70.2% of patients should be given a first appointment within 18 weeks of a GP referral by March 2026	No more than 1% of patients on our waiting lists should wait over 52 weeks for treatment by March 2026	At least 80% of patients should have cancer ruled out or receive a diagnosis within 28 days of an urgent GP referral by March 2026	At least 75.1% of patients should have a confirmed diagnosis and start treatment within 62 days of cancer being first suspected by March 2026
Emergency care		Financial planning		
Ensure at least 74.6% of patients are admitted, transferred or discharged within four hours of arrival at our Emergency Departments in March 2026	Ensure a higher proportion of patients are admitted, transferred or discharged within 12 hours this year (2025/26) compared to last year (2024/25)	Deliver an underlying financial deficit of no more than £120 million by March 2026. If we achieve this, we will receive an additional £120 million in one-off funding.	Our end of year deficit position of £120 million is dependent on us delivering cost-reductions totalling £82.4 million between April 2025 and March 2026	We will reduce use of bank staff (10%) and agency staff (30%) this year compared to 2024/25



Delivering our 2025/26 operational plan

The commitments set out do not capture everything we will do, but do set out our ambitions on multiple fronts. To deliver these, we need to bring our staff with us, supporting our teams, empowering improvement, reducing waste and inefficiency, and championing change.



Supporting our teams

The Trust Board remains committed to making colleagues feel **engaged and supported** in their roles. Our plan is to focus on a **small number of interventions** that make a **positive difference** to colleagues across the Trust.



Reducing waste and inefficiency

The focus to address our financial problems over the next year is on **removing waste, duplication, and addressing the many inefficiencies** that exist across our hospitals.



Empowering improvement

There are many examples of teams across the Trust **transforming their services for the better**, but we do not always deliver this consistently or share best practice across teams. The Trust will roll out its new **King's Improvement Method** to help our teams to identify **positive opportunities for change, and equip staff** with skills and resources needed to make this happen in sustainably.



Championing change

Modernising and transforming services is the right thing to do, though can be challenging as, in some areas, the way we work has not changed for many years. We are asking our teams to **champion** the need for change, as well as for **constructive challenge** and **honest feedback**, so that transforming our services for the better becomes a **collective effort**, and not a top-down instruction.



Future focus

Working with our staff, we will develop our five year strategy (2026-2031) in 2025/26, shaping the King's of the future.





King's College Hospital
NHS Foundation Trust

Finance Report

February 2024/25

Council of Governors



1.1 Executive Summary

As at February, the KCH Group (KCH, KFM and KCS) has reported a deficit of £15.4m year to date. This represents a £22.7m favourable variance to the September 2024 NHSE agreed plan. Had the Trust not been in receipt of deficit support funding the Trust year to date deficit would be £107.1m.

The February year to date £22.7m favourable variance against the £38.1m deficit plan is predominantly driven by:

- £50.7m favourable variance on **income** is driven by £36.4m drugs overperformance (£33.9m relating to 24/25 reporting which is offset by expenditure, and £8.5m relating to the prior year Q4 over performance settlement payment).
- Non-recurrent income includes £4.0m overperformance on Education and Training, £4.5m income relating to the backdated payment to Resident Doctors relating to 2023/24 and £1.8m funding in relation to the industrial action (both offset by pay costs), and £1.1m in relation to prior year activity from Northern Ireland.
- The above upsides are offset by a reduction in ICB contracts of £13.75m recognised in February (full year impact is £15.0m).
- Based on the latest activity information the Trust is reporting 103% ERF £ against 110% target, which reflects improved recovery of activity post pathology incident. A net underperformance of £17.7m has been reported in February which includes a £13.6m estimated over performance offset by £31.3m provision for formal commissioner challenges.
- £10.0m adverse variance in **pay** is predominantly due to £6.2m CIP underperformance. The £4.5m cost of the 2023/24 Resident Doctors non-recurrent pay award (fully offset by income) and £1.4m cost of cover for industrial action of costs, both contribute to the Medical pay overspend of £16.2m. This is offset by underspends across the other staffing groups due to vacancies.
- £17.2m adverse variance in **non pay** is driven by Drugs overspend of £15.2m (of which £11.3m is pass through cost and is offset by income). Year to date the Trust has incurred £5.2m of additional cost in relation to the Patient Transport Services (PTS) supplier going into administration. PTS run rate remains consistent, indicating that the mitigating actions put into place around grip and control are not having an impact on spend.
- £3.0m overspend in non operating expenditure is related to phasing of PFI inflation, which is offset in the control total adjustments.

CIP: Year to date, the Trust has delivered £43.6m of savings against a budgeted plan of £45.1m, an adverse variance of £1.5m (£1.3m CIP planning variance and £2.8m CIP performance variance). PID identification has slowed since December 2024, and full delivery of the £65.0m target is not considered achievable. The expected delivery variance against identified green schemes is £2.8m (£49.9m). To achieve recurrent delivery of £50.0m CIP in full, site operational teams are focussing on re-evaluating red and amber schemes and prioritising the conversion of viable schemes to green as a priority.

Cash: Cash balances have remained broadly stable following the receipt of non-recurrent deficit support funding through Q3 (£91m received to date, £58m of which was received in October). A further £8m is expected to be received in March 2025. As cash balances are higher than expected a partial repayment of the non-recurrent deficit support funding is planned for month 12 (£15m).

Capital: Year to date the Trust has spent £23.5m on capital after all adjustments. This is £18.3m less than the plan reported to NHSE. The capital forecast is £56.0m in line with the plan envelope and as per the capital reforecasting paper approved by KE in February 2025. This sits alongside the previous two repurposing papers to create the Trust's capital forecast. There are now weekly project review meetings and close observation on all projects in implementation to monitor the risk rating and forecast. The PRUH Endoscopy project has a crystallised risk of £1.5m against the 24/25 planned budget due to cash flow variations from the main contractor. The project is expected to come within the overall multi-year project budget and the expected end date remains August 2025.

In line with NHSE national guidance and Board approval, the Trust has varied its formal financial plan to include the allocation of £99.989m of non-recurrent revenue support and its associated effects. The adjusted Plan and Forecast Outturn position is now a deficit of £34.2m.

Summary	Current Month			Year to Date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£ M	£ M	£ M	£ M	£ M	£ M
NHSI Category						
Operating Income From Patient Care Activities	142.4	137.8	(4.6)	1,565.6	1,602.5	36.9
Other Operating Income	9.7	15.0	5.3	107.8	121.6	13.8
Operating Income	152.1	152.8	0.7	1,673.4	1,724.1	50.7
Employee Operating Expenses	(85.3)	(86.0)	(0.7)	(949.1)	(959.1)	(10.0)
Operating Expenses Excluding Employee Expenses	(66.1)	(66.6)	(0.5)	(727.7)	(744.9)	(17.2)
Non-Operating Expenditure	(3.7)	(2.9)	0.8	(43.4)	(41.2)	2.2
Total Surplus / (Deficit)	(3.0)	(2.6)	0.4	(46.8)	(21.1)	25.6
Less Control Total Adjustments	0.8	(0.1)	(0.9)	8.7	5.7	(3.0)
Adjusted Financial Performance (NHSEI Reporting)	(2.2)	(2.7)	(0.5)	(38.1)	(15.4)	22.7
Less Non-Recurrent Deficit Support Income	(8.3)	(8.3)	0.0	(91.7)	(91.7)	0.0
Adjusted Financial Performance excluding Non-Recurrent Income	(10.5)	(11.0)	(0.5)	(129.8)	(107.1)	22.7
Other Metrics						
Cash and Cash Equivalents	23.0	120.0	97.0	23.0	120.0	97.0
Capital	7.9	5.6	2.3	41.8	23.5	18.3
CIP	4.9	5.1	3.2	45.1	43.6	1.5
ERF (Estimated)	110%	103%	(7)%	110%	103%	(7)%

Key Actions
<ul style="list-style-type: none"> • Site operational teams are asked to offset the £2.8m performance slippage with Site Executive oversight, in addition to reevaluating red and amber schemes. • More grip and control is required around the costs of Patient Transport Service, as the run rate is consistently over budget since the usual provider has gone into Administration. Also, ongoing grip & control medical and nursing pay to ensure care groups working within agreed establishments and budgets and review of learnings from pathology incident in relation to volume of tests requested. • Maximise Elective throughput within financial planning envelope to minimise risk of ERF under performance and resolve final pathology incident recovery. • Implementation of the capital variation following approval at King's Executive and Finance and Commercial Committee.



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 12

Actions

CIP Under Delivery (Risk A) is £1.7m adverse to plan year to date. Year to date, the Trust has delivered £43.6m of savings against a budgeted plan of £45.1m, an adverse variance of £1.5m (£1.3m positive CIP planning variance and £2.8m negative CIP performance variance). The full risk adjusted outturn is £49.9m, a £0.1m variance to plan. There is still c.£5m of delivery risk in the programme.

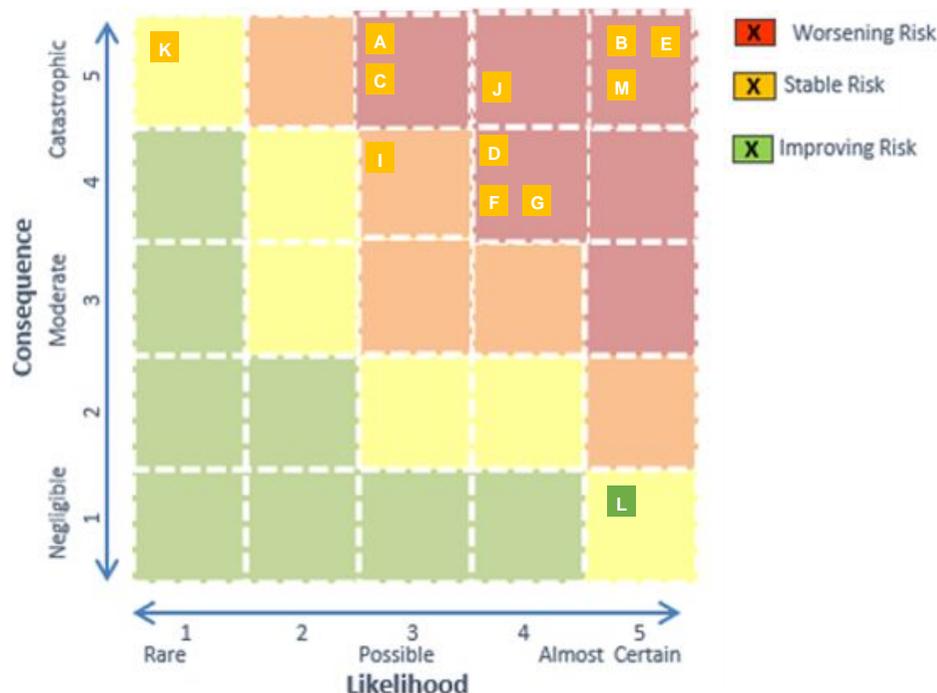
Expenditure variances to plan (Risk B) relating to medical and nursing spend came back into line in June and this continued in July, August and September but the Patient Transport Provider has gone out of business and this has caused a £5.2m pressure in year to date, with overall estimated risk of up to £5.5m. The Trust has also released £4.6m of assets under construction due to projects not going ahead (Modernising Medicine and Unit 6). In addition, the Trust has recognised a risk of £0.7m in the forecast relating to increased costs of EPIC licences post implementation, this risk is currently under review to understand level of mitigation.

The Trust's implementation of EPIC meant that the Trust's productivity reduced in September to March of 23/24. As at July 2024 the Trust is broadly on plan in year but NHSE is likely to adjust the in year target for last year's under performance. Year to date an impact of £5.7m. Provisions have also been made against in year over performance due to known data quality challenges and this risk is expected to continue for rest of the year.

Inflationary pressures (Risk J) are currently in line with plan in Pathology, CNST, Drugs and PFI. These will be monitored monthly in line with reserves and budgets. The additional pay award announcement is a risk to the Trust and if funded in the same way as the 2023/24 pay award could lead to a shortfall of £3m. This risk crystallised in October.

Two new risks were added in June planning submission relating to Junior Doctor industrial action (Risk L) and the Pathology incident (Risk M). These were originally estimated at £1.4m and £7.0m respectively and have been included in the forecast at these values. At end of August these risks materialised with £1.4m impact of industrial action (£1.0m cost and £0.4m income) and the estimates of the Pathology incident will continue to be updated, with exact figures to be determined following service recovery. There will be an additional risk in relation to the cost of RTT recovery following the Pathology incident. Strike funding of £1.9m was received in October to offset the junior doctor strike costs, however, the aborted Synnovis strikes cost the Trust £0.2m in December.

Risk Rating	Risks	FY Planning risk (£m) - Current Plan Projection	YTD Crystallised (£m) - estimate
Extreme (15+)	A,B,C,D,F,M,G,L	83.9	46.5
High (9-14)	I	0.0	0
Moderate (5-8)	K	1.5	0
Low (1-4)	L	0	0
Total		85.4	46.5
Risk mitigated through non recurrent YTD underspends & release of expenditure reserves			(69.2)
Total		85.4	22.7



Meeting:	Council of Governors	Date of meeting:	29 April 2025
Report title:	BOLD Refresh up to 2026	Item:	4.
Author:	Liz Shutler – Acting Director of Strategy and Planning	Enclosure:	4.1.
Executive sponsor:	Julie Lowe Deputy Chief Executive		
Report history:	King's Executive 24 February 2025		

Purpose of the report							
<p>One of the criteria that needs to be met in order that the Trust can successfully exit NOF4 is that a refreshed corporate strategy for 2024/25 to 2025/26 is produced. The refreshed BOLD strategy up until 2026 is attached for information.</p>							
Board/ Committee action required (please tick)							
Decision/ Approval	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
<p>The Council is asked to note the BOLD Refresh.</p>							
Executive summary							
<p>One of the criteria that needs to be met in order that the Trust can successfully exit NOF4 is that a refreshed organisational strategy for 2024/25 to 2025/26 is produced. Attached is the BOLD Strategy, refreshed up until 2026.</p> <p>The refreshed strategy provides new roadmaps up until March 2026 for Brilliant People; Outstanding Care; Leaders in Research, Innovation and Education; and Diversity, Equality and Inclusion, as well as new, more detailed roadmaps for Finance and Organisational Transformation; Estates; Digital; and Sustainability. Appendix One contains A4 copies of the roadmaps for ease of reading.</p> <p>The BOLD Strategy refresh has been approved by the Board of Directors, and a plan is in place to oversee delivery through the relevant Board Committees.</p>							
Strategy							
Link to the Trust's BOLD strategy				Link to Well-Led criteria			
<input checked="" type="checkbox"/>	Brilliant People: <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>			<input checked="" type="checkbox"/>	Leadership, capacity and capability		
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	Vision and strategy		
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	Culture of high quality, sustainable care		

	Outstanding Care: <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>		✓	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	Please include BAF strategic risk references
Legal/ regulatory compliance	NOF4 Transition Criteria
Quality impact	
Equality impact	
Financial	Linked to the agreed Financial Strategy
Comms & Engagement	
Committee that will provide relevant oversight	
Each relevant Committee will provide oversight of its related section.	

BOLD
To 2026

Introduction

In July 2021, we published our five-year strategy for 2021-2026. Our strategy set out a BOLD vision for the future of King's – to have brilliant people; to provide outstanding care; to be leaders in research, innovation and education; and to have diversity, equality and inclusion at the heart of everything we do.

A lot has changed since 2021. Our teams have been working hard to turn our vision into a reality for patients and the communities we serve, for which they deserve enormous credit. However, we have also faced a number of challenges in recent years, which has impacted our ability to deliver on the commitments we made when our strategy was first agreed.

Our financial position in particular deteriorated significantly in 2023/24 and, as a result, we are now receiving support from NHS England as part of the Recovery Support Programme. This intensive support is welcome and has enabled us to re-focus on a smaller set of priorities, whilst also ensuring the financial governance challenges that led to the deterioration in our financial position.

As part of our recovery plan, we are re-setting our ambitions for the next twelve months, whilst also developing a new strategy for 2026-2031.

Our priorities over the next year include:

- continuing to address our financial challenges, which will include the publication of a new long-term financial strategy for the organisation during 2025/26;
- embedding the King's Improvement System as our new, unified approach to delivering improvements across our organisation;
- a commitment to reducing the number of patients experiencing long waits for planned care, whilst also improving access to diagnostic tests and building on recent improvements in cancer and emergency care performance;
- greater use of digital solutions – including maximising the benefits of Epic, our electronic patient record system - to enhance patient access to care and to enable them to personalise their care through shared decision making;
- the launch of a new Talent Management Strategy and Leadership Programme to support our staff;
- the introduction of positive action to address inequalities in career development across the organisation; and

- a commitment to increase significantly the numbers of ethnically diverse participants recruited to research trials.

We are of course focussing our energies on priorities for the coming year, whilst also developing a new long-term strategy for 2026-31 at a time that continues to be challenging for the NHS and for King's as an organisation. However, I am confident that we have made a positive start, with the support of NHS England, to put the foundations in place to deliver further improvements and, crucially, to make our services sustainable for the future.

In this document, you can read at-a-glance, some of the key developments and key steps forward we have taken as an organisation over the past few years. I believe we are all constantly looking not only to improve, but to challenge ourselves to do better, which is why I am confident about the future.

Finally, I would like to thank our patients and local partners for their support, as well as all colleagues who continue to make King's such a special place in which to work and to receive care.

Best wishes

Clive Kay, Chief Executive

King's College Hospital NHS Foundation Trust

Brilliant People

Our goal is to attract, retain and develop passionate and talented people, creating an environment where they can thrive.

We prioritised five actions to achieve our ambition for brilliant people:

- Looking after our people;
- Belonging to King's;
- Inspiring leadership;
- Being our best; and
- Ensuring our people thrive.



Our key achievements over the last three years have been:

- Embedding our values throughout Team King's.
- Establishing purpose-built wellbeing hubs on all sites and providing extra support for those affected by the cost-of-living crisis.
- Creating new and more diverse routes into employment through the expansion of Project SEARCH and the delivery of Apprenticeship 500.
- Responding to staff by reviewing our approach to flexible working and taking further action to reduce incidents of violence and aggression.
- Support careers at King's by enhancing work-based learning; increasing the availability of coaching; and upskilling and embedding inclusive talent management and succession planning across our leadership teams.

Our aspirations to 2026. To focus is on developing, rolling out and delivering a compassionate and inclusive leadership programme for the Care Group triumvirates. We will do this by launching our Kings Leadership Programme and introducing our new People and Culture Plan and Talent Management Strategy. We will also publish a long-term Workforce Strategy that will ensure we can continue to recruit and retain a workforce for the future.

Outstanding Care

Our goal is to deliver excellent health outcomes for our patients and make sure they always feel safe, cared for and listened to.

We prioritised five actions to achieve our ambition for outstanding care:

- Improving population health by working together;
- Putting patients first;
- Delivering sustainable care; and
- Being a listening and learning organisation.

Our Road Map to 2026

Outstanding Care Roadmap

Our key achievements over the last three years have been:

- Improving patient experience and outcomes by delivering protected mealtimes and new ward-based champions to improve patient nutrition and hydration.
- Investing in the future of clinical care by delivering major capital projects across all sites such as NICU; Child Health; Haematology; Critical Care Unit; Endoscopy; and new operating theatres and recovery suites.
- Reducing delays in care, by working with partners across the South-East London and investing in state-of-the-art technology such as new MRI and CT scanners and robotic surgery.
- Delivering digital solutions to support staff to transform the way we work, interact with partners and provide care to our patients.

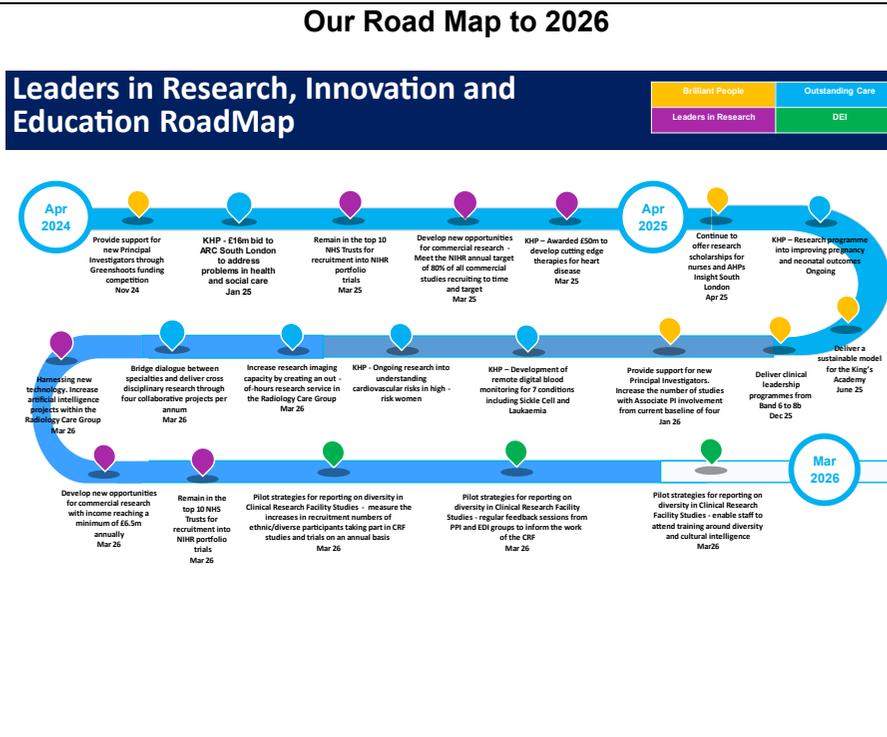
Our aspirations to 2026. The priorities for outstanding care are the redesign of clinical pathways and the introduction of clinical standards, alongside the utilisation of digital solutions that will not only improve care but also improve our patient's experience. In addition we will be focussing on improving utilisation of expensive resources in our theatre suits and significantly reducing how long patients are waiting for care and treatment.

Leaders in Research, Innovation and Education

Our goal is to continue to develop and deliver world-class research, innovation and education - providing the best teaching and bringing new treatments and technologies to patients.

We prioritised five actions to achieve our ambition to be leaders in research, innovation and education:

- Building partnerships and networks;
- Investing in digital transformation;
- Being future-focused and growing our innovation culture;
- Making our research more inclusive to improve population health; and
- Teaching the leaders of tomorrow and supporting lifelong learning.



Our key achievements over the last three years have been:

- Launching the King's Academy for Nursing, Midwifery and Allied Health Professionals in a new state-of-the-art education centre at Loughborough Junction.
- Increasing research across the organisation by achieving accreditation for additional research labs and securing further dedicated research space.
- Bolstering research participant recruitment, to ensure King's remains one of the top 10 research active Trusts in the country.
- Raising £50m through KHP Ventures to fund the support of ground-breaking MedTech and digital start-ups which will improve patient outcomes and the experience of our clinicians and support more home-grown innovations.

Our aspirations to 2026. To remain in the top 10 NHS Trusts for recruitment into NIHR portfolio trials and develop a range of new opportunities for commercial research. We also plan to harness new technology such as AI to enhance and grow research and focus on encouraging, measuring and increasing diversity in Clinical Research Facility Studies by increasing the recruitment numbers of ethnic / diverse participants studies and trials on an annual basis.

Diversity, Equality and Inclusion at the heart of everything we do

Our goal is to proudly champion diversity and inclusion at King 'sand act decisively to deliver more equitable experiences and outcomes for our patients and people

We prioritised four actions to achieve our ambition to put diversity, equality and inclusion at the heart of everything we do:

- Leading the way by developing our culture and skill;
- Being an anchor in the community;
- Tackling health inequalities; and
- Building community partnerships.

Our Road Map to 2026



Our key achievements have been:

- Successful delivery of EDI leadership and staff training: programmes, supported by a Virtual Learning Environment.
- Partnerships with grassroots organisations to address systemic inequities and targeted programmes to empower underrepresented groups.
- Effective engagement of low social mobility young people through dedicated initiatives.
- Embedding EDI principles into recruitment and workforce development strategies and the implementation of leadership pathways for historically excluded groups.
- Quarterly progress evaluations to ensure alignment with EDI objectives and use of data insights to address gaps and track success.

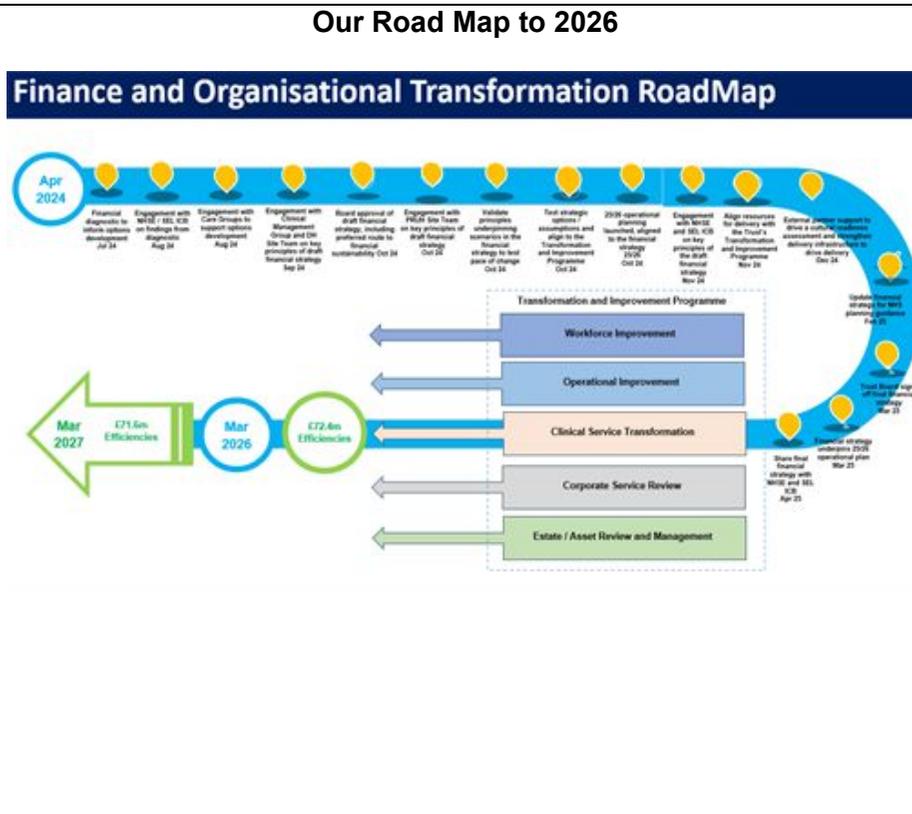
Our aspirations to 2026. The Roadmap to Inclusion (2022-2024) is King's first inclusion strategy, setting out our commitment to embedding equity, diversity and inclusion (EDI) at the heart of our organization. While inclusion strategies typically span 4-5 years to drive sustainable and transformational change, this one has only been in place for two years. Therefore, over the next 12 months, our focus will be on consolidating and deepening the progress already made, ensuring continuity in workforce-related actions.

Finance

Our goal is to ensure that King’s develops, agrees and delivers a sustainable financial and productivity strategy for the next five years.

We prioritised five actions to achieve our ambition to ensure King’s is sustainable, these are to:

- Undertake a diagnosis of the issues driving the financial position;
- Undertake a review of investments to understand issues arising from the approach;
- Ensure the Trust and system have a shared understanding of the risks and mitigations;
- Develop a financial strategy that demonstrates an improvement to finances / productivity.



Our key achievements over the last three years have been:

- Making our services more efficient and delivering safe and sustainable cost improvements, by increasing theatre, day case and outpatient productivity, by reducing patient length of stay and by increasing our discharge rate.
- Undertaking a comprehensive financial diagnostic and options appraisal that led to Board approval of the Financial Strategy and preferred route to financial sustainability.
- Development of a Transformation and Improvement Programme to ensure delivery of the agreed Strategy across the Trust through workforce, operational clinical service, corporate service and asset management transformation.

Our aspirations to 2026. To continue to move the Trust to a sustainable financial position through delivery of the financial strategy which, through the Transformation and Improvement Programme, is underpinned by trust-wide clinical, service, workforce, operational and estate plans owned by the whole organisation. Central to this will be the maintenance of the high level of engagement and buy-in already achieved across the organisation and system.

Estates

Our goal is to design, build and maintain excellent healthcare infrastructure, vital to the smooth running of services and safe environments for patients, staff and visitors.

We prioritised four actions to achieve our ambition to provide exceptional services:

- Establish and maintain consistently high services;
- Drive innovation and problem solving;
- Make effective and efficient use of our resources; and
- Be inclusive and develop the skills of our staff.

Our Road Map to 2026



Our key achievements over the last three years have been:

- Investing in the future of clinical care by delivering major capital projects across all sites such as radiology (new MRI and CT scanners); critical care facilities; theatres and recovery suites; and ward refurbishment programmes.
- Comprehensive programme of training and development for staff including Competent Person, Authorised Person and Responsible Person professional instruction and managerial / degree / master's level qualifications.
- Supporting up to 70% managerial / administration and clerical staff to move to off-site premises to expand clinical space for patients and clinical / patient focussed staff.

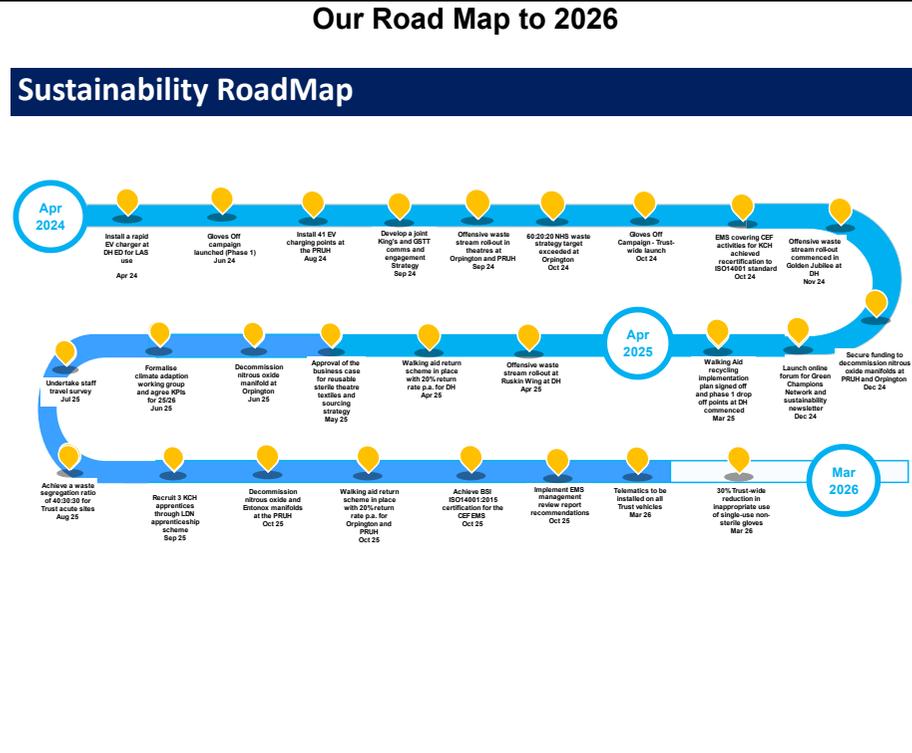
Our aspirations to 2026: The final two years of the BOLD Strategy sees the completion of several important service developments with expansions and/or new facilities and infrastructure for NICU, Child Health, Cardiology, Pathology, Endoscopy and Critical Care. 2025/26 also sees the Trust prioritising major investment into improving its backlog maintenance position. Whilst not obvious to patients and staff, investing in electrical, water and fire prevention systems is essential for the safety of health care services.

Digital

Our goal is to provide sustainable healthcare for all.

We prioritised four actions to achieve our ambition to enable the delivery of sustainable healthcare:

- Build a strong foundation to deliver net zero;
- Lead the way among NHS Trusts;
- Develop a shared vision with partners; and
- Maintain momentum for change.



Our key achievements over the last three years have been:

- Continuing to deliver our Green Plan by reducing our waste and use of medical gases, supporting active travel and delivering over 1,500 individual 'Do Nation' pledges across Team King's.
- Saving water by introducing water loggers, a leak detection survey and water efficiency audits.
- Making energy efficiency improvements by rolling out LED lighting and solar PV and moving to a 100% renewable electricity tariff.
- Engaging over 200 Green Champions across the Trust.
- Integrating green design in the Estates Masterplan i.e. water retention tanks, sustainable urban drainage and green spaces.
- Agreeing a Green Travel Plan.

Our aspirations to 2026. Refresh our Green Strategy in line with central guidance and continue to embed a sustainability culture across the organisation through wider engagement and the championing of innovative green initiatives.

How we will continue to deliver our strategy

A successful strategy is measured on its delivery and we have reported back annually to the Board, staff and patients on our progress. This refresh of BOLD up to 2026 continues to highlight the Trust's ambitions for the future, as well as a desire to ensure our strategy continues to be achievable and meaningful for our patients, communities and our people.

For Team King's our strategy will continue to be embedded in the organisation through our vision, values and behaviours and supported by our governance structures, corporate objectives, Care Group plans and individual and team objectives. The delivery of our strategy will continue to be driven through annual business planning and an annual strategic priority setting process, which will enable us to break down ambitions into clear, measurable objectives.

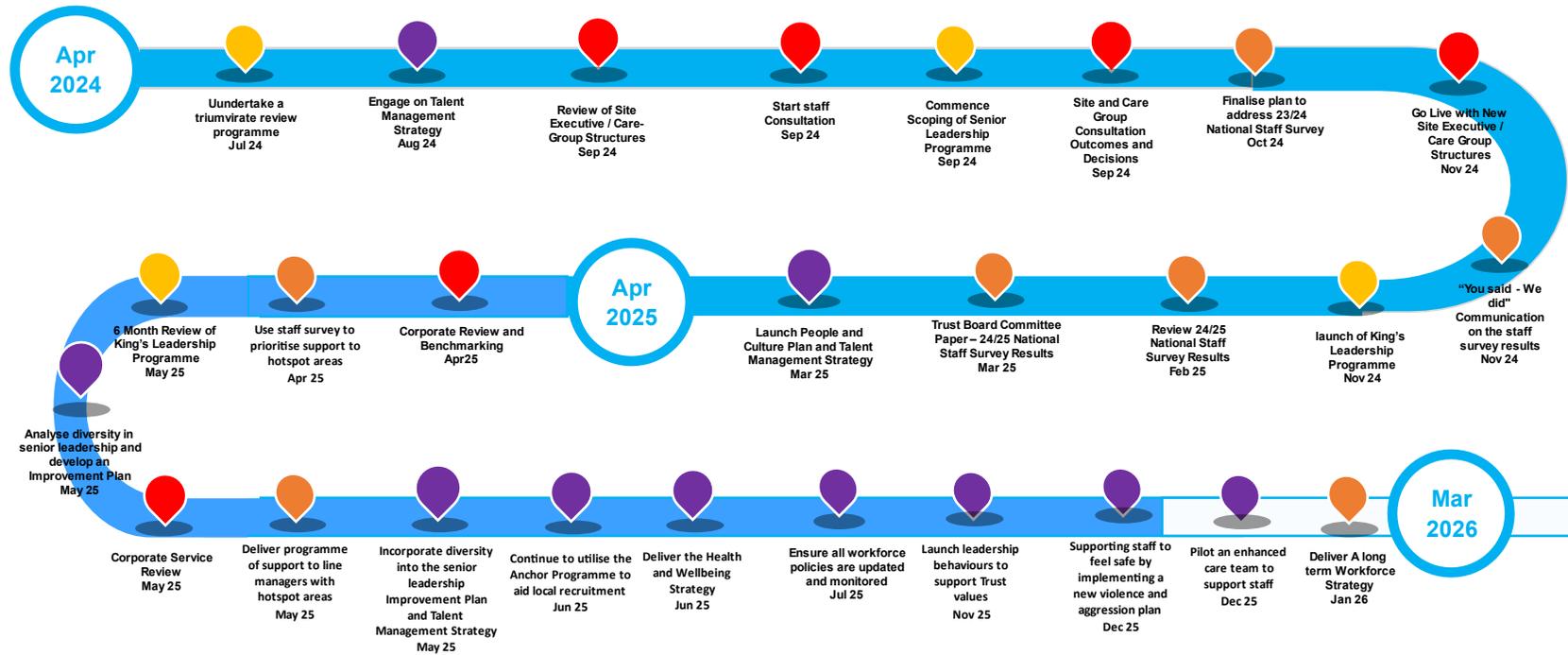
2026 will be the last year of the BOLD Strategy and we are now once again working with colleagues across our clinically led organisation to develop and evolve a new organisational strategy. Central to the development of this new strategy will be continued engagement with our patients, people and stakeholders. This engagement will be essential to ensure that the voices of our people, patients and partners shape King's in the future and help us to continue deliver on a shared vision, especially given the acknowledged challenges the NHS is currently facing and in particular the issues faced by King's and southeast London.

Appendix One

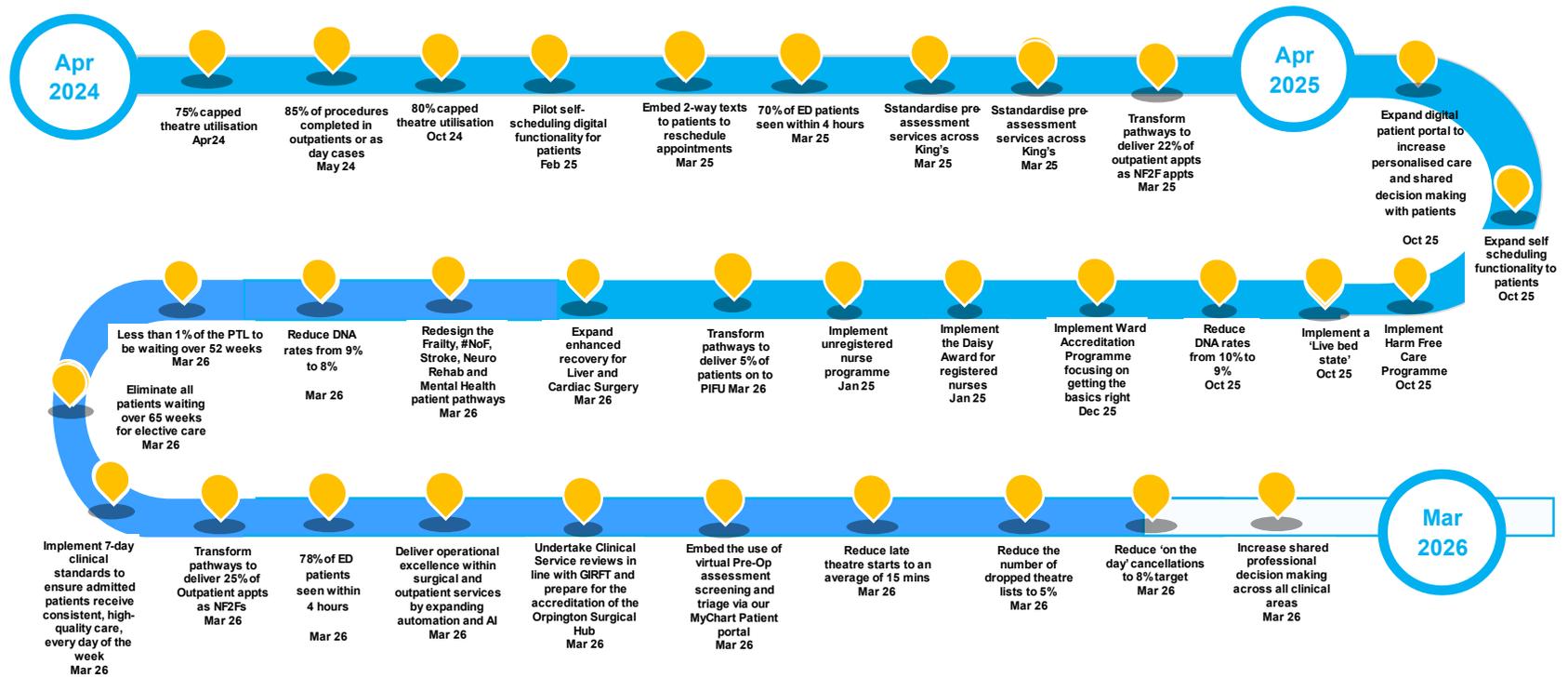
A4 Road Maps

Brilliant People RoadMap

Senior Management Structure	Senior Leadership Development Programme
NHS long term workforce plan and National Staff Survey	People and Culture plan including Talent Management Strategy

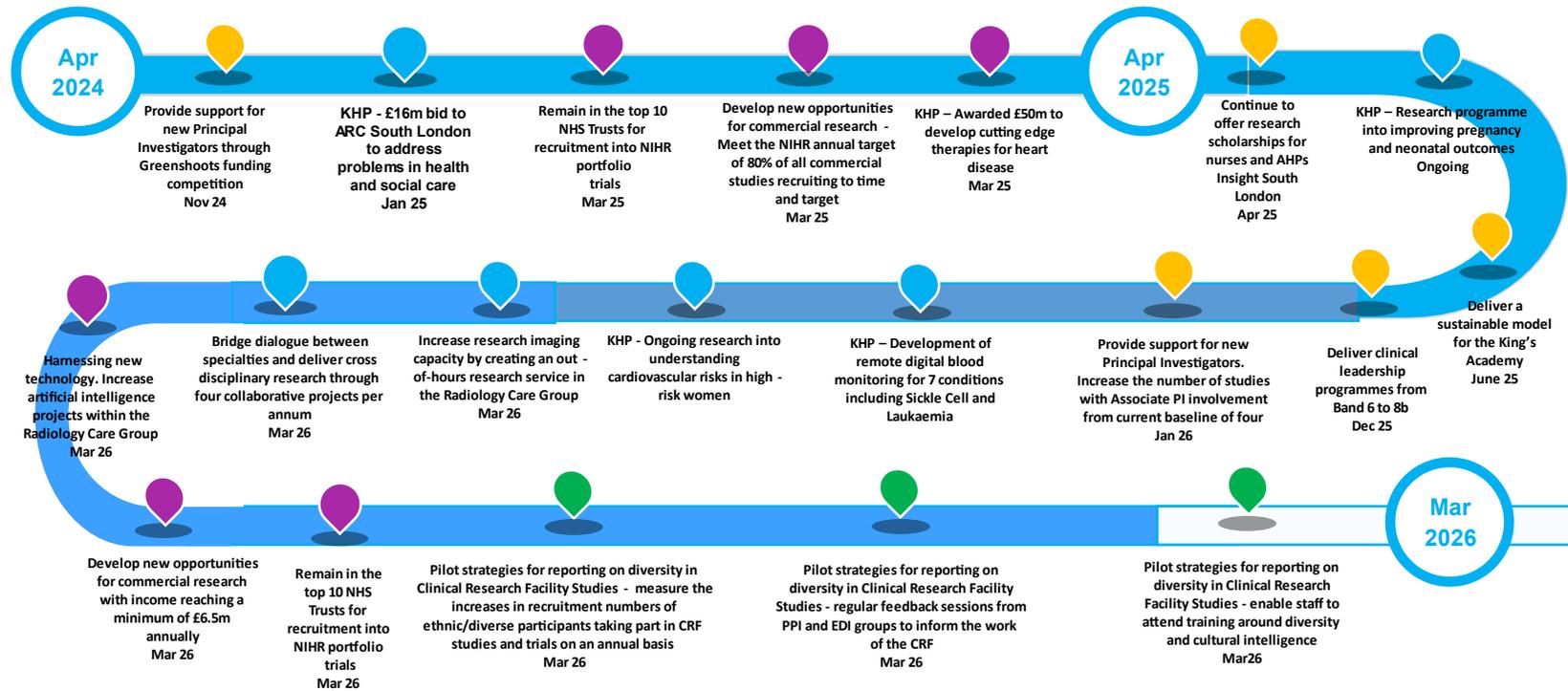


Outstanding Care Roadmap



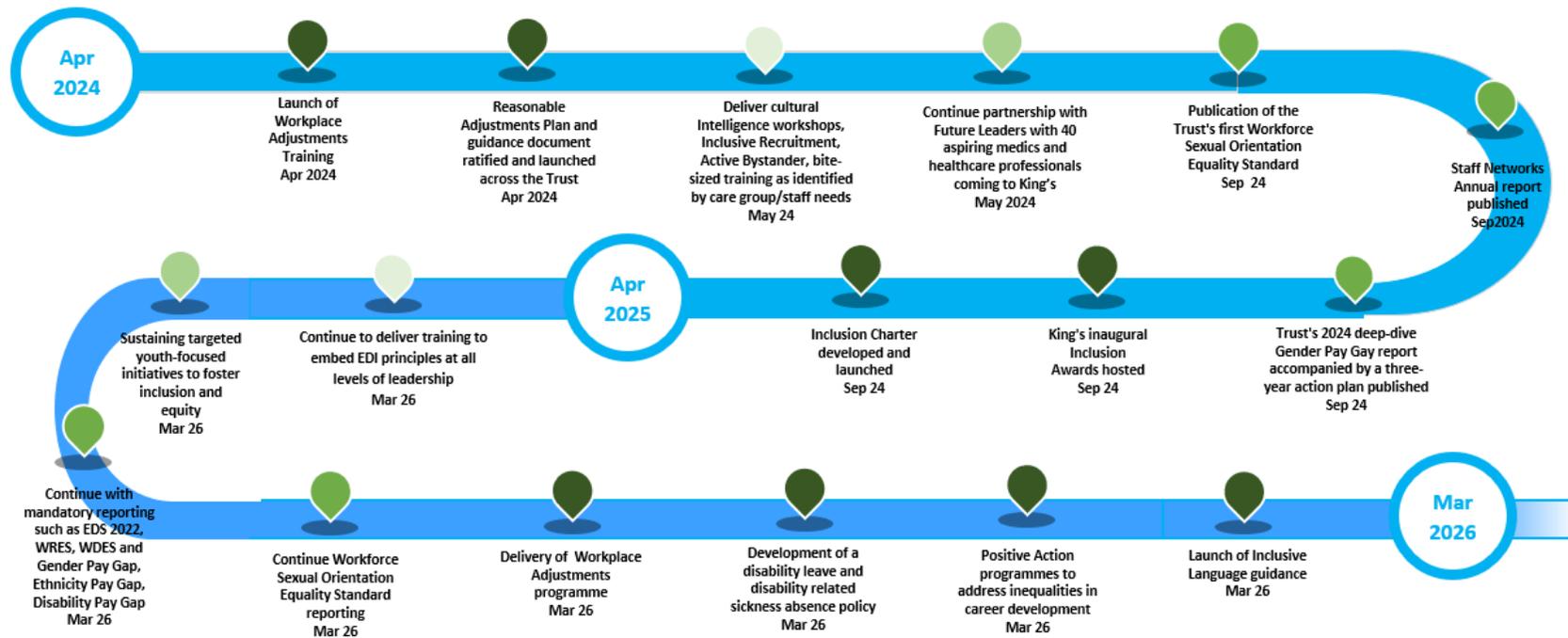
Leaders in Research, Innovation and Education RoadMap

Brilliant People	Outstanding Care
Leaders in Research	DEI

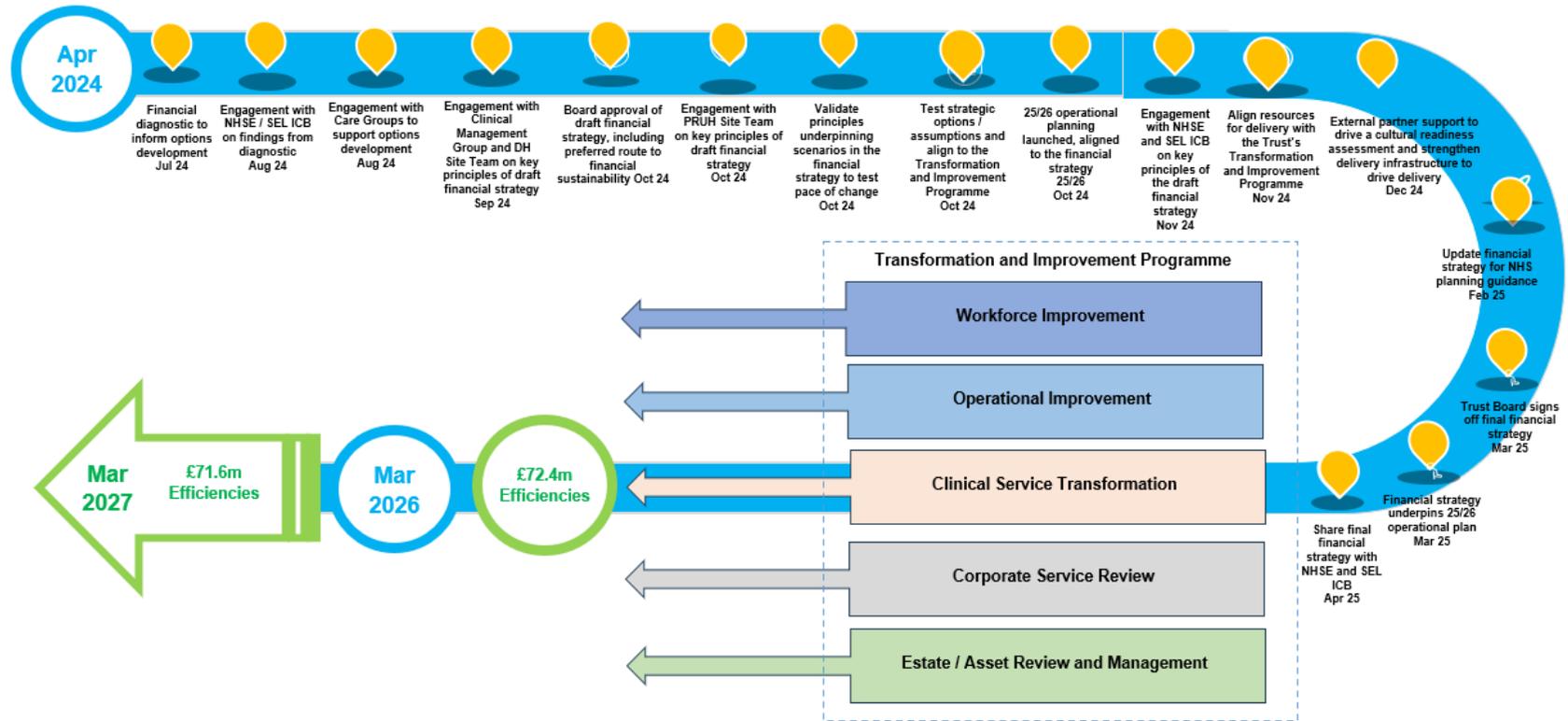


Diversity, Equality and Inclusion RoadMap

Leadership Training	Youth Programs
EDS Audits	Workplace inclusion initiatives and staff training

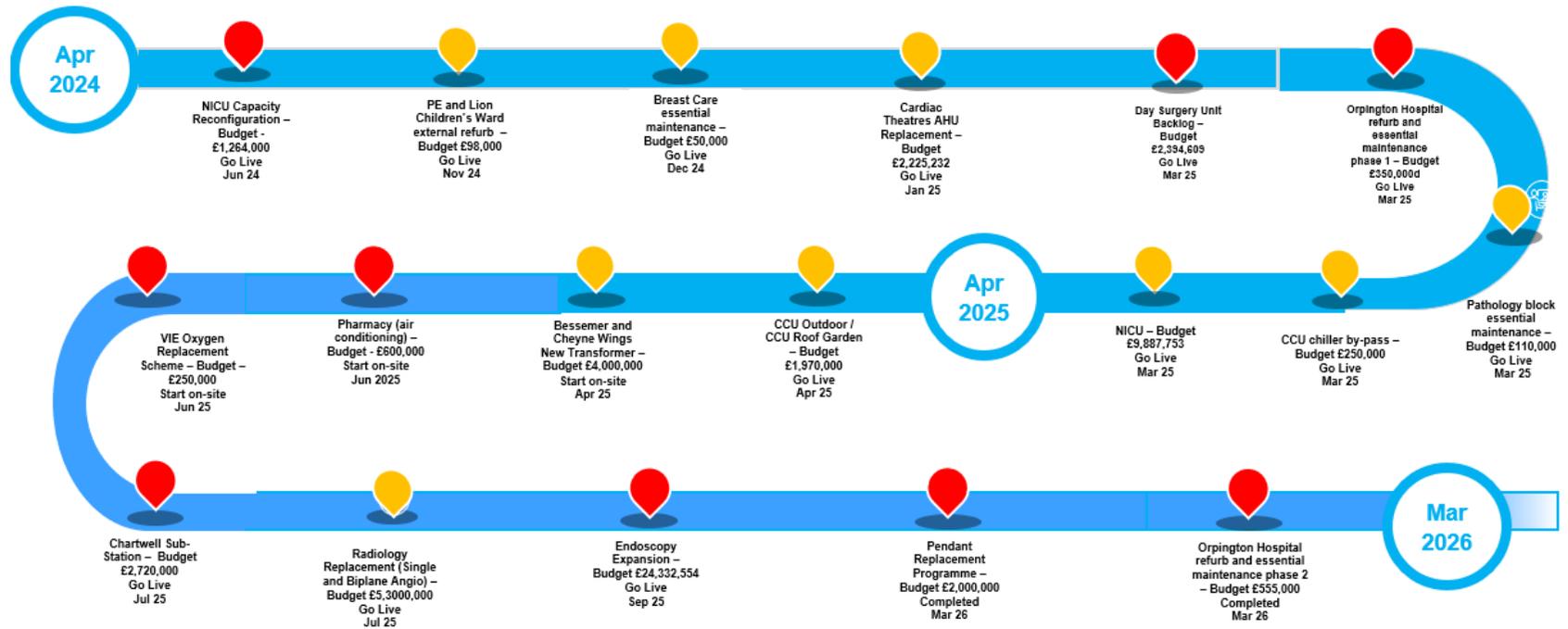


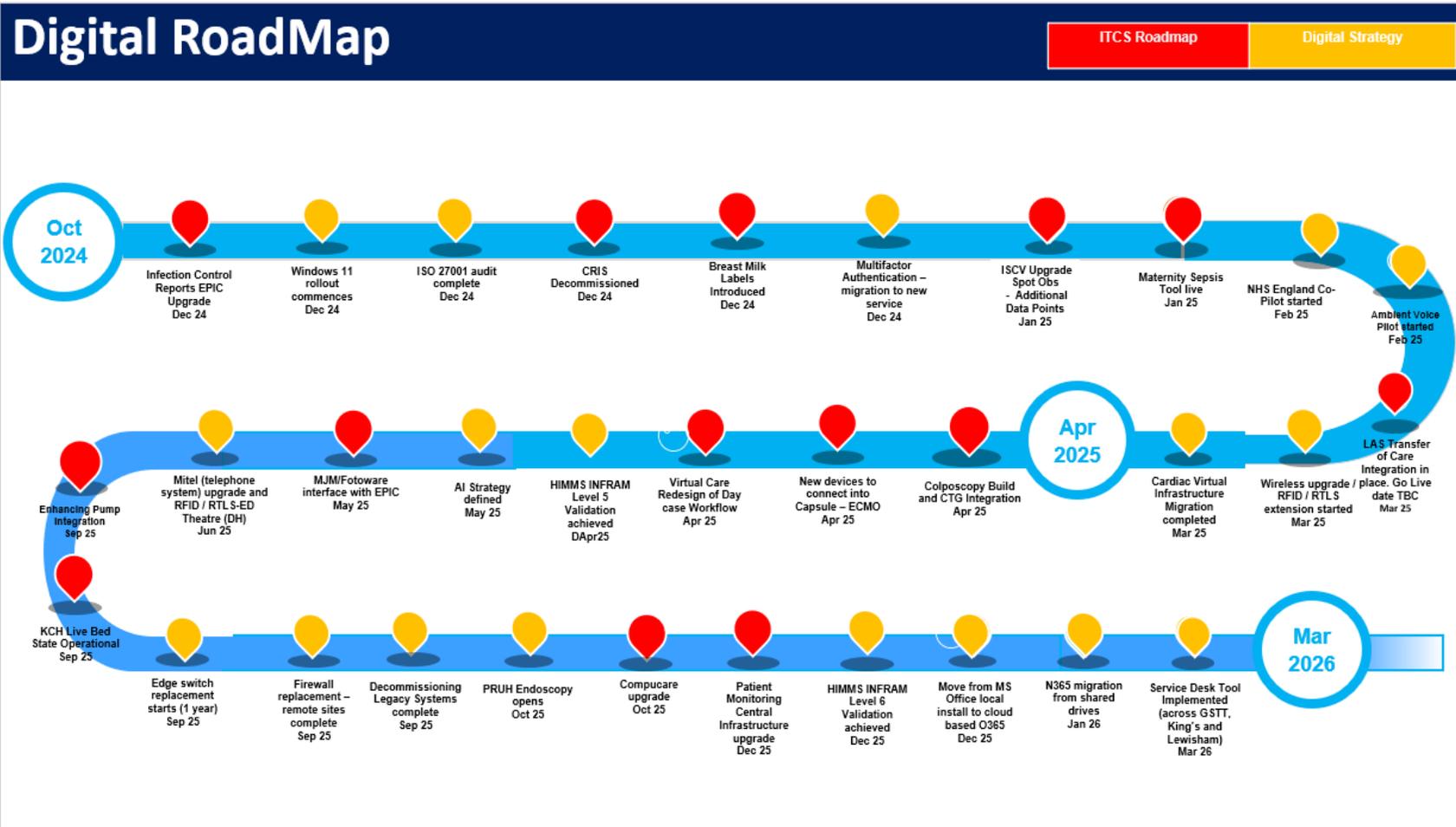
Finance and Organisational Transformation RoadMap



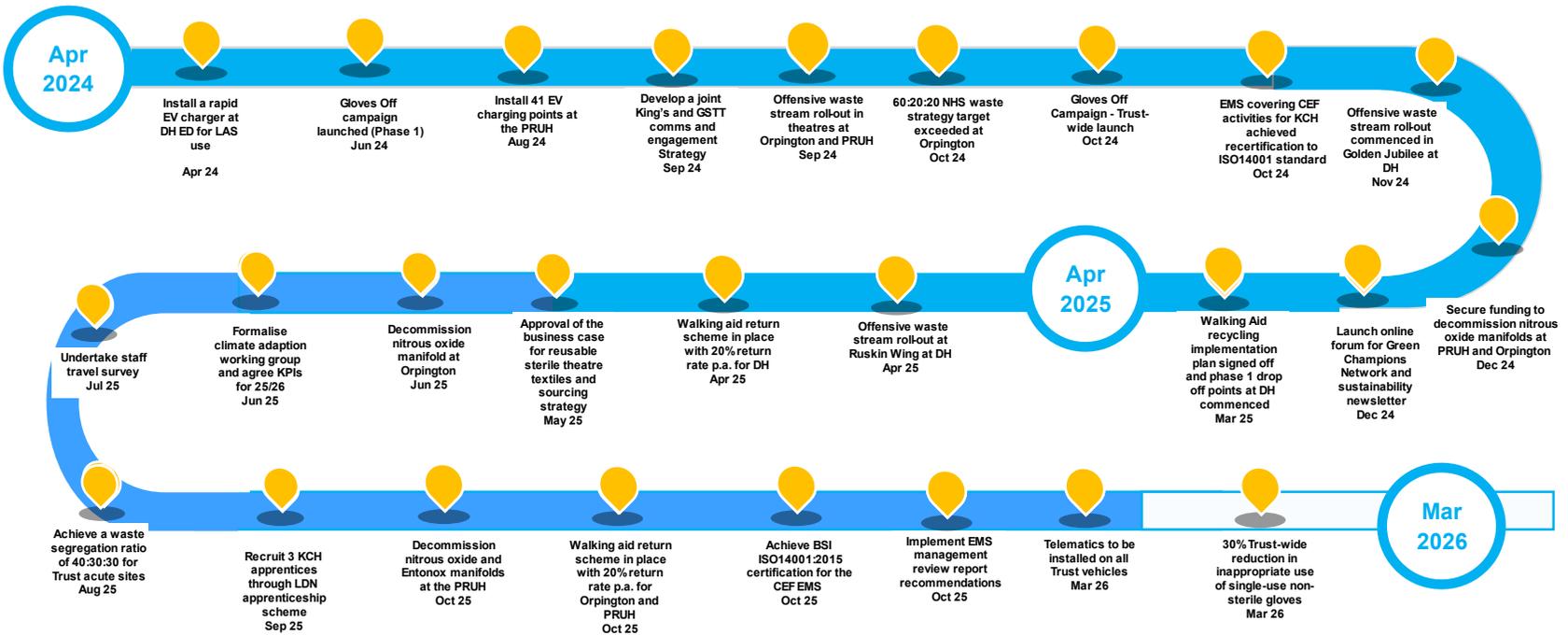
Estates RoadMap

PRUH and South Sites Capital Projects Denmark Hill Capital projects





Sustainability RoadMap



Meeting:	Council of Governors	Date of meeting:	29 April 2025
Report title:	Quality Priorities for Account 2025-2026	Item:	5.
Author:	Jane Brown – Quality Governance Manager	Enclosure:	-
Executive sponsor:	Tracey Carter – Chief Nurse and Executive Director of Midwifery		
Report history:	Kings Executive and Quality Committee		

Purpose of the report

To present the shortlisted Quality Account Priorities (QAP) for the Quality Account 2025-26. These have been supported and approved at the Kings Executive meeting on 31 March 2025 and finalised at the Quality Committee meeting 17 April 2025.

Board/ Committee action required (please tick)

Decision/ Approval		Discussion		Assurance		Information	✓
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The Governors are asked to note the Quality Account Priorities and the proposal to have a governor as part of the project team for each priority.

Executive summary

The Quality Account is a report about the quality of services offered by the Trust and is produced annually, with a mandated publication date of 30 June each year. A panel to shortlist the QAPs was held on 11th February 2025. This was further revised to propose the following Quality Account Priorities:

1. Patient Safety: Implementing and embedding of NatSSIPs2 (National Safety Standards for Invasive Procedures 2023) across all areas where invasive procedures are carried out across the organisation
2. Patient Experience: To improve experiences of patients with Learning Disabilities and Autism receiving care at Kings College Hospital.
3. Patient Outcomes: Acutely Unwell Patients - Measuring outcomes to drive improvement.

Strategy

Link to the Trust’s BOLD strategy		Link to Well-Led criteria	
✓	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</i>	✓	Culture of high quality,

	<i>outcomes for our patients and they always feel safe, care for and listened to</i>				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	High Quality Care for all.
Legal/ regulatory compliance	Health Act 2009, Health, and Social Care Act 2012 Failure to achieve quality account priorities will negatively impact the Trust's reputation
Quality impact	Report about the quality of services offered by an NHS healthcare provider to NHS E/I and the Department of Health and Social Care The quality of clinical services is reported in the account and quality priorities.
Equality impact	None
Financial	None

<p>Comms & Engagement</p>	<p>The Quality Account is published on the Trust website, link shared with NHSE and communicated to all our patient and public stakeholders, with the priorities co-produced with our external stakeholders.</p>
<p>Committee that will provide relevant oversight Patient safety committee, Group OCB, Quality Committee</p>	

Quality Account Priorities

The Quality Account is a report about the quality of services offered by the Trust and is produced annually, with mandated publication date of 30 June each year. The Quality Account is also an important way for the Trust to show improvements in the services we deliver to local communities, our patient and public and our stakeholders. This includes a description of the priority quality areas for improvements, the Trust's Quality Account Priorities (QAPs).

The core quality account priorities for the NHS revolve around patient safety, clinical effectiveness, and patient experience. These priorities are reflected in the regulations that govern the quality account to demonstrate the quality of services and improvements.

- Patient safety: ensuring patients are safe and protected from harm whilst receiving care. This can include, preventing medical errors, improving infection control and implementing robust safety systems.
- Clinical effectiveness: focus on effectiveness of treatments and interventions, ensuring patients receive the best possible care based on evidence and best practice. This can include implementing guidelines, clinical audits and evaluating outcome of treatments.
- Patient experience: prioritise patient experience so they feel respected and listened to and cared for. Involving improving communication, accessible services and seeking feedback.

Following a consultation process, including external and internal stakeholders, staff, patients, governors and leadership teams, a longlist was drawn for proposed 2025-2026 QAPs. A panel to shortlist the QAPs was held on 11th February 2025. The short list was proposed to King's Executive on 31 March and Quality Committee 17 April 2025 and following further discussions a revised list was agreed (Appendix 1).

The slides on the next pages set out the Quality Priorities for next year, and the rationale for the priority, alongside the key goals for each project.

It is recognised that the project teams may change in the coming months, to better reflect the new organisational structure.

The Quality Improvement team will offer support throughout the year, which includes, Facilitation of QI workshops, Expert QI advice and tailored QI training as needed.

We would welcome partner Governors within each of the project teams.

The publication of the final Quality Account will be on 30 June 2025

Quality Account Priorities

The approved Quality priorities for the Quality Account 2025/26

Jane Brown, Quality Governance Manager
Quality Governance Team



1) Patient Safety - Implementing and embedding of NatSSIPs2 (National Safety Standards for Invasive Procedures 2023)

Rationale	What does this mean for patients and staff?	Senior Relationship Owner
<p>In the latter half of 2024, four patient safety incident investigations (PSIIs), including 3 procedural never events, were commissioned related to safer procedures which suggests that there remain significant opportunities for system learning and improvement in this area.</p> <p>NatSIPPS 2 is a revised set of safety standards for invasive procedures</p>	<p>This project seeks to increase positive safety cultures, improve safety outcomes and improve team working and culture. It aligns with our Patient Safety Improvement Response Plan.</p> <p>For patients: this translates to more safety checks, better communication between healthcare professionals, and a greater focus on individual patient needs.</p> <p>For staff: A standardised structured process, with a key focus on communication between all staff.</p>	<p>Dr Mamta Shetty Vaidya, Chief Medical Officer</p>

Monthly progress reported to the Trust Patient Experience Committee, with quarterly reports to the Trust Outstanding Care Board and the Quality Committee.



2) Patient Experience -To improve experiences of patients with Learning Disabilities and Autism receiving care at Kings College Hospital.

Rationale	What does this mean for patients and staff	Senior Relationship Owner
<p>The Trust recognises that patients with a learning disability have poorer experiences of receiving and accessing care at King's.</p>	<p>The project seeks to support staff in being able to ensure that patients with LD have better experiences and outcomes through using of LD passports, enhanced compliance with Accessible Information Standard and a more tailored DNA policy (which builds on system learning from a PSII). The project will also introduce a new volunteer role with a focus on patients with LD and involve collaboration with system partners to develop sensory packs and codesign of effective resources for LD-friendly feedback and care partner passports. This project will run over two years.</p>	<p>Tracey Carter, Chief Nurse & Executive Director of Midwifery</p>

Monthly progress reported to the Patient Outcomes Committee with quarterly reporting through to the OCB and Quality Committee.



3) Patient Outcomes - Acutely Unwell Patients. Measuring outcomes to drive improvement.

Rationale	What does this mean for patients and staff ?	Senior Relationship Owner
<p>This is a current Quality Priority and will continue for 2025-26 to ensure that we build on the successful work in 2024-25.</p>	<p>This project will deliver iterative enhancement and optimisation of the existing dashboard for the Deteriorating Patient Improvement Group and expand its utilisation in quality and safety meetings across all wards. The project will also expand to include paediatric and maternity monitoring into the dashboard.</p> <p>For patients this will mean earlier identification when acutely unwell, especially for those who are a higher risk. Insights from the dashboard helps inform on interventions that improve the identification and management of deteriorating patients.</p>	<p>Tracey Carter, Chief Nurse & Executive Director of Midwifery. Dr Mamta Shetty Vaidya, Chief Medical Officer</p>

Monthly progress reported to the Patient Outcomes Committee with quarterly reporting through to the Outstanding Care Board and Quality Committee.



APPENDIX 1

Executive Summary

The Quality Account is a written report and an important way to report on quality and show improvements in the services the Trust delivers to local communities, our patients, public and stakeholders. The report is published annually with a mandated publication date of 30 June.

The Trust Quality Account priorities are a fundamental part of the report. These are focused areas of improvement for the following reporting year and achievements against the Trusts previous years priorities.

Proposals for coproducing the quality account priority topics for 2025/26 via patient, public, staff and stakeholder involvement.

What is Quality?

- The [National Quality Board](#) has set out a shared commitment to set out a single vision of quality, based on the need to provide **high-quality, personalised and equitable care** for all. This is aligned with the two quality frameworks for Public Health and Adult Social Care, the NHS Patient Safety Strategy and the People Plan. In practice, the definition of quality has been widened to encompass care that:



To ensure **continuous** high quality care for all, organisations must ensure that care is:

- Sustainably-resourced:** Focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- Equitable:** Everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.



Rationale for selection King's Quality Account Priorities

Stakeholder Engagement

- Engaging a diverse range of stakeholders is fundamental to our selection process. We will involve patients, staff, community representatives and partner organisations to gather comprehensive insights into the areas requiring improvement. This inclusive approach ensures that our Quality Account Priorities (QAP) reflect the collective needs and expectations of those we serve. A multipronged approach will be used to engage stakeholders including surveys, staff booths, short-listing panel, consultation internally and externally.

Alignment with Strategic Goals

- We ensure that our QAPs align with the Trust strategy, Strong Roots, Global Reach – aligning with the Board delivery plan for 2025-26. By doing so, we demonstrate how these initiatives support our mission and long-term objectives, fostering a cohesive and focused approach to quality improvement.

Focus on High Quality, Personalised and Equitable Care

- Our QAPs prioritize initiatives that directly impact patient care and experience. We focus on reducing waiting times, improving patient safety, and enhancing the quality of clinical care. This patient-centered approach ensures that our efforts are directed towards the areas that matter most to those we serve.

Data-Driven Decision Making

- Our selection process is grounded in robust data analysis. We review patient outcomes, patient safety and patient experience data, and other quality metrics. This data-driven approach helps us identify areas with the greatest need for improvement and ensures that our priorities are evidence-based.

Setting clear and structured improvement plans

- Clear and structured improvement plans will be developed using the Trust A3 and/ D5 methodologies with support from the Quality Improvement (QI) Team.

Continuous Review and Governance Oversight

- The Patient Outcomes, Patient Safety and Patient Experience Committees will have monthly oversight of the priorities, with the QAP Senior Responsible Officers (SROs) providing a monthly progress update, and escalating any concerns / risks.
- The Group and Site Outstanding Care Boards will receive monthly updates via the Integrated Quality Report (IQR) as well as a quarterly progress report.
- The Quality Committee will have oversight, with quarterly assurance reports to the Committee.



Proposed approach stages



External Stakeholder Consultation

Quality Governance team to email external stakeholders week 16-17 January 2025 to ask for their suggestions on the Quality priorities with expected suggestions to be returned no later than 07 February 2025.

Clear explanation of the process and selection process to ensure full engagement will be included in the e-mail.

External stakeholders include the following partner organisations:

- Council of Governors
- Integrated Care Bard
- Primary Care Networks
- Healthwatch
- Overview and Scrutiny Committees, Lambeth, Bromley, and Southwark
- Patient representatives – Assistant Director of Patient Experience has offered support in communicating to patient representatives. Quality Governance team in process of collating questionnaire/communication form
- Public patient survey.



Council of Governors Report Template

Name	Designation	Date of Activity	Commentary	Any suggestions/comments/ learning for the consideration at the COG meeting
Lindsay Batty-Smith	Southwark Public Governor Southwark Community Health Ambassador	20.3.25	Lindsay was part of the KCH health promotion highlighting breast screening in the community at 2 local events: The Bridge Southwark Park Ed Se1 https://www.thebridge-uk.org/ We work to get there by: <ul style="list-style-type: none"> • co-creating spaces and opportunities for women to share their life experiences, where everyone’s voices are welcomed and heard; • co-designing and running women-led transformative projects, connecting communities and dismantling individual and structural barriers to health and wellbeing; • collaborating with like-minded organisations to amplify women’s voices to create change; • providing services and facilities to support women’s health and wellbeing. 	Examples of Governors outreach into their community for health matters. Good attendance from women in the community with health inequalities. Francesca Fiennes showed a ppt presentation and Lindsay talked the women through what a mammogram was and how it is performed

		28.3.25	LGBTQ+ Community Cancer Awareness Hopton Street, SE1 9JH is a sober, intersectional community centre and café where all LGBTQ+ people are welcome, supported, can build connections and can flourish. Our vision is for a more connected, belonging and thriving LGBTQ+ community in London.	We had conversations with approximately 15 people, including 6 health checks and a fair amount of popularity with the TLHC and bowel screening information. Targeted Lung Health Check, a national NHS initiative in England aimed at early lung cancer detection in individuals aged 55-74 who have ever smoked
		On going	Continuing to support my local area/residents as there has been a large infiltration of drug use and subsequent ASB. Working with Southwark Council, ASB unit, SNT and local MP	8 months on and no real change in the situation due to ASB not being classed as a crime and lack of community resources. Residents are exhausted and scared. Main activity 23.00-10.00 causing sleepless nights and stress. Aim: to avoid visits to hospital due to fatigue and stress
	Dying Matters Week input	5-11 May	Planning stage	Governors to be given updates as and when

Council of Governors Report Template

Name	Designation		Commentary	Any suggestions/comments/ learning for the consideration at the COG meeting
Angela	The Hearing Loop	April	Discussion re getting Clinics to take the Hearing Loop Seriously	
	meeting			

	Meeting New Ned Professor Lord Grahame I	April		
	Board meeting 30th March		Interesting speach Re Patients Health and research on different ways one is Diagnosed for Example obesity Diabetes one can't take for granted what is Causing certain issues .	Think we could suggest Deputy Chair re feed back to board If Lead can't do. Meeting .

	Offered to sit on Peoples meeting ?			
	suggested the idea re Guys supporting coma patients after seeing on News but Kings Has already been dealing with			

	<p>support for very unwell patients .</p> <p>Tracey Carter was very good in finding this out after my enquiry.</p>			

Council of Governors Report Template

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		On going	Continuing to support my local area/residents as there has been a large infiltration of drug use and subsequent ASB. Working with Southwark Council, ASB unit, SNT and local MP	8 months on and no real change in the situation due to ASB not being classed as a crime and lack of community resources. Residents are exhausted and scared. Main activity 23.00-10.00 causing sleepless nights and stress. Aim: to avoid visits to hospital due to fatigue and stress
	Dying Matters Week input	5-11 May	Planning stage	Governors to be given updates as and when

Name	Designation		Commentary	Any suggestions/comments/ learning for the consideration at the COG meeting
Angela Buckingham	Southwark Governor	April	The Hearing Loop: Involved in discussions aimed getting Clinics to ensure Hearing Loops are always functioning. Participated in the Meet the NED session with Prof G Lord.	

			<p>Attended the Board meeting. Interesting presentation on diagnoses and causes of illnesses.</p> <p>Offered to be governor observer for PEIRC.</p> <p>Have had discussions with Tracey Carter about support for coma patients, having learnt about the Guy's approach.</p>	
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Council of Governors

Report to:	Council of Governors
Date of meeting:	29 th April 2025
Presented by:	Siobhan Coldwell, Director of Corporate Affairs
Prepared by:	Siobhan Coldwell, Director of Corporate Affairs
Subject:	Lead Governor and Governor Observer
Action Required:	

Summary

Following the decision of Prof Daniel Kelly to stand down as lead governor, the FTO lead a process to appoint a success. The process and outcome is summarised below.

At the meeting in January, the Council agreed to review the allocation of governor observers. The outcome is summarised below.

Action Required

The Council is asked to approve the appointment of Jane Lyons as the new lead governor. The Council of Governors is asked to note the allocation of governor observers to Board Committees.

MAIN REPORT

Lead Governor

In late March, Prof Daniel Kelly informed the Chair of his decision to stand down as Lead Governor in The lead governor role is extremely useful in facilitating communication and relationships between the Council and the Board of Directors and supporting the Trust in setting the agenda for the Council.

The process for appointing a replacement is laid out in the Trust's constitution (see appendix 1 overleaf). In line with the constitution expressions of interest were sought. One Governor has nominated themselves, Jane Lyons. Therefore, in line with para 14.3 of the constitution, it is recommended that Jane Lyons is appointed as Lead Governor.

Governor Observers

One of the responsibilities of the Council is to hold the NEDs individually and collectively to account for the performance of the Board of Directors. In order to support this, governors are encouraged to observe meetings of the Board of Directors. The Board of Directors has a longstanding agreement with the Council of Governors that Governors may observe its key committees. Given the turnover of Governors, it was agreed that the appointments would be refreshed and expressions of interest were sought. A number of governors volunteered, and the allocations are as follows:

FCC	Katie Smith Chris Symonds
Quality Committee	Dr Yogesh Tanna Hilary Entwistle
PEIRC	Angela Buckingham Prof Daniel Kelly

The Council is asked to note the allocations.

Appendix 1 – Lead Governor extract from the Trust Constitution:

- 14.2 The Council of Governors may elect a lead governor.
- 14.2.1 When a vacancy occurs, an appointment meeting of the Council of Governors shall be called.
- 14.2.2 Any Governor with at least one year of their term remaining, may nominate themselves for the office of Lead Governor by giving notice to the Chair at least ten clear days before the Appointment Meeting.
- 14.2.3 As long as at least one nomination has been received in accordance with paragraph 14.2.1, the Council of Governors shall appoint the Lead Governor at the Appointment Meeting.
- 14.3 If:
- one nomination has been received, the nominated Governor shall be appointed Lead Governor at the Appointment Meeting;
 - more than one nomination has been received, the Council of Governors shall choose the Lead Governor by paper ballot at the Appointment Meeting, and if there is an equality of votes, the tied nominees shall draw lots to decide which of them shall be chosen;
 - no nomination has been received, the office shall lie vacant until the next Appointment Meeting.
- 14.4 The Lead Governor may resign from the office at any time by giving written notice to the Chair, and shall cease to hold the office immediately if they cease to be a Governor.
- 14.5 If a Lead Governor ceases to hold office during their term, the second- placed nominee in the last ballot for the office shall be offered the opportunity to assume the vacant office for the unexpired balance of the retiring Lead Governor's term. If that candidate does not agree to fill the vacancy it will then be offered to the third-placed nominee and so on until the vacancy is filled. If no candidate is available or willing to fill the vacancy, the office shall remain vacant until the next Appointment Meeting.
- 14.6 The Lead Governor's duties shall be as follows:
- facilitating communication between Governors and members of the Board of Directors;
 - assisting the Chair in settling the agenda for meetings of the Council of Governors and other meetings involving Governors;
 - chairing the Council of Governors when required to do so by the Standing Orders attached at Annex 2;
 - contributing to the appraisal of the Chair in such manner and to such extent as the person conducting the appraisal may see fit;

- initiating proceedings to remove a Governor where circumstances set out in this Constitution for removal have arisen (without prejudice to the right of any other Governor to initiate such proceedings);
- liaising, as appropriate, with councils of governors for other NHS Foundation Trusts, and
- such other duties, consistent with the 2006 Act and this Constitution, as may be approved by the Governors.

14.7 If NHSI has appointed a panel for advising governors, a Governor may refer a question to that panel as to whether the Trust has failed or is failing to act in accordance with this Constitution or Chapter 5 of Part 1 the 2006 Act. A Governor may only refer a question under this paragraph if more than half of the members of the Council of Governors voting approve the referral.

14.8 The Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.