

AGENDA

Meeting	Council of Governors
Date	Thursday 30 April 2026
Time	16:30 – 18:30
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 – 29 January 2026 ▪ Draft extra CoG Minutes of meeting 4 March 2026	FA	Enc.	Director of Corporate Affairs	
	1.5. Action Tracker	FD	Enc.		
	1.6. Matters Arising ▪ Governor Protocol	FI	Enc.		
QUALITY, PERFORMANCE, FINANCE AND PEOPLE					
2.	Feedback from the Governors/NED Engagement Day	FD	Enc.	Chair	16:40
3.	Operational Plan 2026/27	FI	Enc.	Chair of Financial & Commercial Committee/Chair of Performance, Transformation & Improvement Committee	17:00
4.	Quality Account Priorities Learning Disability and Autism (LDA) Programme	FI	Pres.	Chief Nurse & Executive Director of Midwifery Karen Taylor	17:20
GOVERNANCE					
5.	Governor Involvement and Engagement				
	5.1. Governor Engagement and Involvement Activities	FI	Enc.	Chair	17:40
6.	Other Governance Matters				
	6.1. Draft Agenda 30 July 2026 Meeting	FD	Enc.	Chair	18:15
7.	FOR INFORMATION				
	Minutes of the Sub-Committees of the Council of Governors: 7.1. Minutes of the Patient Experience & Safety Committee (20 November 2025)				*

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

	7.2. Minutes of the Governor Strategy Committee (20 November 2025)				
8.	Any Other Business				
	Any Other Business	FI	Verbal.	Chair	18:25
9.	Date of the next meeting: Thursday 30 July 2026, 16:30 – 18:30 The Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill				

Members:	
Sir David Behan	Chair
Elected:	
Jane Lyons MBE	Lead Governor Southwark Public Governor
Angela Buckingham	Southwark Public Governor
Hilary Entwistle	Southwark Public Governor
Lindsay Batty-Smith	Southwark Public Governor
Katie Smith	Bromley Public Governor
Anthony Darroch	Bromley Public Governor
Billie McPartlan	Bromley Public Governor
Emily George	Lambeth Public Governor
Bernie Butler	Lambeth Public Governor
Prof Daniel Kelly OBE	Lambeth Public Governor
Rashmi Agrawal	Lambeth Public Governor
Temitayo Taiwo	Lambeth Public Governor
Christopher Akwagba	Staff Governor
Tunde Jokosenumi	Staff Governor
Michael Bartley	Staff Governor
Melanie Dalby	Staff Governor
Gnananandan Janakan	Staff Governor
Koku Adomdza	Patient Governor
Fr Grant Ciccone	Patient Governor
Deborah Johnston	Patient Governor
Pauline Manning	Patient Governor
Devon Masarati	Patient Governor
David Tyler	Patient Governor
Nominated Governors	
Appointed local authority governors:	
Cllr Robert Evans	Bromley Council
Cllr Renata Hamvas	Southwark Council
Cllr Marianna Masters	Lambeth Council
Partnership Organisations:	
Dr Yogesh Tanna	Trust's Joint Staff Committee
University Governors:	
In Attendance:	
Sir David Behan	Chairman
Dame Christine Beasley	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director

	Tracey Carter MBE	Chief Nurse & Executive Director of Midwifery
	Roy Clarke	Chief Financial Officer
	Siobhan Coldwell	Director of Corporate Affairs
	Dr Jane Fryer	Non-Executive Director
	Angela Helleur	Chief Delivery Officer
	Prof Clive Kay	Chief Executive Officer
	Zowie Loizou	Corporate Governance Officer
	Sheena Mackay	Non-Executive Director
	Gerry Murphy	Non-Executive Director
	Prof Graham Lord	Non-Executive Director
	Prof. Anthony Schapira	Non-Executive Director
	Angela Spatharou	Non-Executive Director

Council of Governors Meeting – Public Session

Draft Minutes of the Council of Governors (Public Session) meeting held on
 Thursday 29 January 2026 at 16:30 – 18:00
 Dulwich room, Hambleden Wing, King's College Hospital, DH & MS Teams

Present:

Chair

Sir David Behan

Trust Chair

Elected Governors

Rashmi Agarwal
 Michael Bartley
 Lindsay Batty-Smith
 Angela Buckingham
 Aisling Considine
 Hilary Entwistle
 Emily George
 Renata Hamvas
 Deborah Johnston
 Tunde Jokosenumi
 Jane Lyons
 Pauline Manning
 Billie McPartlan
 Devon Masarati
 Marianna Masters
 Victoria O'Connor
 Christy Oziegbe
 Katie Smith
 David Tyler

Lambeth Public Governor
 Staff Governor
 Southwark Public
 Southwark Public Governor
 Staff Governor
 Southwark Public Governor
 Lambeth Public Governor
 Southwark, Local Authority Governor
 Patient Governor
 Staff Governor
 Southwark Public Governor/Lead Governor
 Patient Governor
 Bromley Public Governor
 Patient Governor
 Lambeth, Local Authority Governor
 Bromley Public Governor
 Staff Governor
 Bromley Public Governor
 Patient Governor

In Attendance:

Rantimi Ayodele
 Alex Bartholomew
 Christine Beasley
 Prof. Tracey Carter MBE
 Anna Clough
 Siobhan Coldwell
 Helen Flether
 Dr. Jane Fryer
 Prof Clive Kay
 Zowie Loizou
 Julie Lowe
 Akhter Mateen
 Sheena Mackay
 Damian McGuinness
 Kudzai Mika
 Gerry Murphy
 Jennifer Nabwogi
 Nicholas Campbell-Watts
 Members of the Public

Deputy Chief Medical Officer
 Deputy Chief Financial Officer
 Non-Executive Director
 Chief Nurse and Executive Director of Midwifery
 Deputy Chief Delivery Officer
 Director of Corporate Affairs
 Deputy Chief Nurse
 Non-Executive Director
 Chief Executive Officer
 Corporate Governance Officer (minutes)
 Deputy Chief Executive Officer
 Non-Executive Director
 Non-Executive Director
 Chief People Officer
 Head of Quality Governance
 Non-Executive Director
 Deputy Trust Secretary
 Non-Executive Director

Apologies:

Roy Clarke
 Angela Helleur
 Damian McGuinness
 Yogesh Tanna
 Mamta Shetty Vaidya

Chief Financial Officer
 Chief Delivery Officer
 Chief People Officer
 Trust's Joint Staff Committee
 Chief Medical Officer

Item	Subject
Standing Items	
Welcome and Apologies	
<p>The Chair opened the meeting and welcomed all attendees. He noted that the agenda had been carefully constructed to support the Governors in their statutory role of holding the Non-Executive Directors to account for the performance of the Board, and for holding the Executive Directors to account through the NEDs.</p>	
<p>The Chair provided an update on the ongoing Governor elections. He explained that the election period had been extended for the Allied Health Professionals and Clinical Scientists constituency due to issues contacting all eligible voters. The revised closing date was confirmed as 5 February 2026, after which the outstanding positions would be finalised.</p>	
<p>The above apologies were noted.</p>	
26/01	Declarations of Interest
<p>There were no declarations of interest.</p>	
26/02	Chair's Action
<p>There had been no Chair's actions since the last meeting.</p>	
26/03	Minutes of the Previous Meeting
<p>The minutes of 2 December 2025 meeting were approved as an accurate record.</p>	
26/04	Matters Arising/Action Tracker
<p>The Council noted the progress being made to implement actions reviewed and agreed as follows:</p>	
<ul style="list-style-type: none"> <li data-bbox="360 1234 1412 1339">▪ Epic and MyChart: Enhancing Patient Engagement - Share further Transformation examples following positive reception of the DNA case study: An update is expected at the April 2026 meeting. Open. <li data-bbox="360 1348 1412 1512">▪ Governor/NED Away Day - Governors to provide suggestions for agenda items and express interest in co-designing the day, with a small working group to be formed for collaborative planning: The agenda for the governors and NEDs away event is not yet formalised, but the date is in the diary and a fresh round of emails had been sent on the topic. It was marked complete. 	
<p>The Council noted the action updates.</p>	
QUALITY, PERFORMANCE, FINANCE AND PEOPLE	
26/05	Reports from the Chairs of Committees and the Council of Governors
Finance & Commercial Committee:	
<p>The Committee Chair, Non-Executive Director, Gerry Murphy (GM), summarised discussions from the meetings held on 4 December 2025 and 8 January 2026. The Committee had focused heavily on in-year financial performance, forecasting, and the progress on developing three-year financial plan. The national planning cycle remained uncertain due to evolving central guidance, but the Trust continued to progress through the required planning stages.</p>	
<p>The Committee had also reviewed the Estates and Premises Assurance model. This model assesses the robustness of controls rather than the physical condition of the estate. The Committee requested further reporting and a revised rhythm of assurance going forward.</p>	

A deep dive into Trust performance was undertaken, which included a review of Did Not Attend (DNA) rates, which had improved by 21% following targeted interventions. The Committee emphasised the need to maintain momentum and ensure investment aligned with operational priorities.

The Chair noted that the Trust's financial position appeared stable, though system-wide uncertainty remained, particularly regarding ICB negotiations and central allocations.

Audit & Risk Committee:

The Committee Chair, Non-Executive Director Akhter Mateen, reported on continued progress in strengthening the Trust's risk management framework. He noted that the corporate risk register was maturing, with clearer articulation of risks and controls, and provided an update on the current status of external audit preparations and the development of the Board Assurance Framework (BAF).

Two internal audit reports had been received, which included a follow-up on financial controls, and it highlighted the significant improvement made over recent years, with four of the six finance areas now assessed at an advanced level and the remaining two progressing well.

The importance of maintaining this momentum and embedding the improvements across the organisation was underscored. The Committee reiterated that several internal audit recommendations, although originating within specific directorates, should be implemented Trust-wide.

The Committee was further advised of the outcome of an internal audit review of the Trust's well-led self-assessment arrangements. This review resulted in a partial assurance rating, reflecting that while progress had been made, further work was required to fully embed the self-assessment process across the organisation. In particular, the audit identified the need to strengthen how self-assessment against the CQC well-led framework was embedded into routine governance processes, and to improve the quality and consistency of supporting evidence used to demonstrate assurance.

Management accepted the findings and recommendations and confirmed that actions were in place to address the areas identified, including improving the robustness of evidence and ensuring greater consistency in how well-led assessments are applied and reviewed. The Committee noted the findings and took assurance from the actions underway to address the issues raised.

People Committee:

The Acting Committee Chair, Non-Executive Director, Christine Beasley (CB), reported on discussions which related to staff experience, and included work on sexual orientation data, staff survey insights, and the development of actions for specific staff groups. The Committee also held an extended discussion on definitions and consistency in reporting workplace violence and aggression.

The Committee reviewed progress on the Resident Doctors Programme and noted improvements in several areas. The Committee also discussed the importance of ensuring staff had access to affordable food options, with a Governor raising concerns about pricing in staff restaurants. The Chief People Officer, Damian McGuinness (DM), confirmed that this issue was being actively reviewed, which included hygiene, pricing structures, and the availability of value options.

ACTION: Update on staff food pricing and value options to return to the April 2026 meeting.
Damian McGuinness.

Quality Committee:

The Acting Committee Chair, Non-Executive Director, Nicholas Campbell-Watts (NCW), reported on two areas of operational challenge: backlog in MRI and issues arising from the

relocation of Infection and Tissue Sciences. Assurance was provided that actions to mitigate this were in place and progress was being monitored.

The Committee had also reviewed preparations for the forthcoming CQC inspection and received the annual End of Life Care Report, noting positive progress but also identifying areas requiring continued focus.

Improvement Committee:

The Acting Committee Chair, Non-Executive Director, Gerry Murphy (GM), reported that the update focused on two main concerns: delivering the current year's CIP programme by the end of March 2026 and planning for the next year, which involved a target of £84m. The committee emphasised the importance of achieving these goals through process changes rather than cost-cutting, aiming for sustainable improvement and a better experience for all. The committee was embedding the King's Improvement Methodology (KIM) across the Trust and highlighted the need to satisfy planning guidance requirements for the upcoming budget.

The Council noted the reports.

26/06 Integrated Performance Report

The Deputy Chief Delivery Officer, Anna Clough (AC), presented the operational performance update, beginning with urgent and emergency care. November 2025 performance against the four-hour standard had dipped slightly, driven primarily by reduced performance in Type 3 activity following a change in provider at the Urgent Care Centre. Performance had since improved in January 2026.

Twelve-hour waits in A&E remained above plan at PRUH but below plan at Denmark Hill. Winter pressures had been significant, with demand peaking in early January 2026 due to flu and seasonal illness. Both sites had required the use of corridor care and boarding to manage risk across the hospital.

To mitigate, the Trust had increased nursing support in ED, opened escalation areas, and strengthened weekend medical cover. Mental health delays had been less severe than the previous winter, though some prolonged waits had occurred.

Governors raised questions about system pressures, GP access, and preventative measures such as vaccination. It was confirmed that vaccination supply had been maintained and that the Trust had undertaken extensive outreach, which included webinars and pop-up clinics.

The Council noted the report

26/07 Winter Update

The winter update was incorporated into the Integrated Performance Report discussion. The Deputy Chief Delivery Officer reiterated the significant operational pressures and the actions taken to mitigate risk.

The Council noted the report.

26/08 NHS Reform Bill

The Director of Corporate Affairs, Siobhan Coldwell (SC), updated the Council of the NHS 10-year plan, which included a proposal to disband councils of governors, but details on implementation, impact on foundation Trust constitutions, and timelines remained unclear.

Legislation was being drafted, expected to be introduced in the King's speech in May 2026, with potential implementation in April 2027. The Council of Governors provision was part of a broader bill that also included the abolition of NHS England and transfer of responsibilities to the Department of Health.

It was highlighted that, if passed, Foundation Trusts may have the choice to retain councils of governors. The group agreed to keep all members updated as more information

becomes available and emphasised the importance of collaboration and maintaining patient, public, staff, and stakeholder engagement functions regardless of structural changes.

The Council noted the report.

26/09

Quality Priorities

Head of Quality Governance, Kudzai Minka (KM), provided an update on the quality account priorities, with thanks given to governors involved in the project boards.

It was proposed to extend all three current priorities, learning disability and autism, safer invasive procedures, and acutely unwell/deteriorating patients, into the next year, as further improvement was needed. Progress was reported: sustainable leadership was now in place for safer procedures, with most national requirements nearly met; Oliver McGowan training uptake for learning disability and autism was increasing, and volunteer care navigators had supported over 200 patients, aiming to reduce anxiety and non-attendance; for deteriorating patients, new dashboards and toolkits were being piloted, showing positive impact, though further work was required, especially for specific areas like ED and Acute Kidney Injury/sepsis.

The Council of Governors was advised that consultation had been undertaken with relevant external stakeholders, including Healthwatch organisations and the Integrated Care Board (ICB), in relation to the proposed extension of the Quality Account priorities. It was reported that feedback received through this consultation was supportive of the proposal to extend the existing priorities, recognising the progress made to date and the continued opportunity for further improvement. Subject to this supportive feedback, it was proposed that the Quality Priorities be extended into the next period. The Kings Improvement Method (KIM) will be used as the basis for next year's work. The group welcomed continued governor involvement and recognised the progress made.

The update on National Safety Standards for Invasive Procedures (NatSSIPs) reported that sustainable leadership was now in place with the Safer Procedure Group re-established. Schematic reviews had been completed, and procedural safety incidents were being analysed to inform ongoing work. There had been a slight increase in Never Events, but this was consistent with other similar Trusts and was being closely monitored by the Safer Procedures Group. A new policy was being developed for rollout in the next financial year. The Trust was reported to be nearing full compliance with the national NatSSIPs requirements, having fully met 30% of the must and should standards, with the majority of the remaining standards (60%) partially met and subject to ongoing improvement. The aim was to reduce preventable harm incidents and ensure safer, more consistent care across the organisation.

A further area of questioning focused on the technical and operational challenges associated with Epic. Governors highlighted difficulties with communication, the need for clearer prioritisation of system improvements, and the importance of understanding what was technically feasible within Epic. They emphasised the value of a dedicated discussion to ensure that both Governors and staff had a shared understanding of the issues and the roadmap for improvement. The Deputy Chief Executive Officer acknowledged these concerns and agreed that a focused session would be beneficial.

Governors raised a recurring issue in neurology outpatients where wheelchair patients were brought in by two paramedics but only one was sent for their return, resulting in long delays and distress for patients unable to transfer independently. A request was made to ensure that the patient transport system reliably dispatches the correct number of paramedics for both arrival and departure, and to investigate and resolve this operational gap to improve patient experience.

ACTION: Investigate and resolve the issue of insufficient paramedic support for wheelchair patients requiring transport after neurology outpatient appointments, ensuring the correct number of paramedics are dispatched for both arrival and departure. **Tracey Carter.**

The Council noted the report.

26/10 Governor Questions – Open session

Governor questions in the open session covered a wide range of operational and strategic issues. Governors raised concerns about the current environment of the chemotherapy day unit at Denmark Hill, noting that the space was no longer fit for purpose and does not provide an appropriate setting for patients receiving treatment. They sought assurance that the estates strategy would prioritise identifying a more suitable location. The Deputy Chief Executive, Julie Lowe (JL), confirmed that this issue was recognised within the wider estates planning work and that options for relocation were being actively explored as part of the long-term redevelopment programme.

Governors also asked about leadership arrangements within cancer services, particularly in light of recent changes. They requested clarity on the appointment of a new lead for cancer services and the timeline for this to be finalised. It was confirmed that an interim arrangement was in place and that a substantive appointment process was underway, with further updates to be provided once recruitment had concluded.

ACTION: Update governors on progress regarding the search for a new location for the chemo day unit at Denmark Hill as part of the estate's strategy, including expected timelines. **Julie Lowe.**

An update was provided on the Trust's preparedness for major incidents. Governors were informed of ongoing emergency planning activities, which included regular simulation exercises and the recent acquisition of a new Chemical, Biological, Radiological, and Nuclear (CBRN) tent. The team noted a strategic shift toward planning for longer-duration incidents, such as cyberattacks and utility failures. Annual assessments continued to be undertaken, alongside active collaboration with multi-agency partners. Governors were invited to take part in future simulation exercises.

Governor and Councillor Marianna Masters raised a concern about the limited engagement from Healthwatch Lambeth. She reiterated her responsibility for ensuring Lambeth remains responsive to the Trust and asked that any future instances of insufficient engagement from Healthwatch Lambeth, or similar issues, be brought to her attention so she can follow up and address them.

Finally, Governors reflected on the structure and pacing of Council meetings. Several Governors suggested that agenda items were often too compressed, limiting the opportunity for meaningful strategic discussion. They proposed allocating more time per item and ensuring that the agenda prioritises topics requiring deeper engagement.

The Chair welcomed this feedback and agreed that meeting planning would be reviewed to support more effective discussion and oversight.

The Chair thanked Governors for their thoughtful contributions and confirmed that the issues raised would be incorporated into future planning and brought back for further discussion where appropriate.

GOVERNANCE

26/11 Governor Involvement and Engagement

The discussion reiterated the above point of insufficient time allocated to agenda items. Several suggestions were put forward, which included extending the overall meeting duration and reordering agendas so that governor questions and areas requiring strategic input were prioritised earlier in the session. Governors also emphasised the importance of

ensuring that key topics such as the estates programme and the ongoing development of EPIC were brought back to future meetings for continued scrutiny and assurance.

Alongside these structural considerations, governors highlighted the need to maintain momentum on wider engagement activities. This included ensuring that opportunities for governors to connect with staff, patients and services remained visible and accessible throughout the year. The upcoming governor elections were also noted.

Finally, governors raised the importance of ensuring that communication channels, both between governors and the Trust, and within the governor body itself, were functioning effectively. Clear, timely communication was seen as essential to enabling governors to fulfil their statutory duties and to remain informed about key developments across the Trust. The Chair welcomed this feedback.

The Council acknowledged the Governor involvement and engagement updates.

OTHER GOVERNOR MATTERS

26/12 **Draft Agenda 30 April 2026 Meeting**

The draft agenda for the 30 April 2026 meeting was expected to bring back several key areas of interest for Governors. It was highlighted that the agenda will include a dedicated session on learning disabilities and autism, to be led by the Head of Patient Services, Experience and Involvement, Karen Taylor. This session will form a substantive part of the programme and was intended to support governors in developing a deeper understanding of this area of care, as well as to strengthen oversight of progress, challenges, and improvement activity relating to services for people with learning disabilities and autism.

In addition, the agenda will revisit ongoing issues related to the EPIC system, ensuring Governors were given the opportunity to review progress and understand the key issues that remained, with the discussion centred on assurance and clarity. Space will also be kept within the agenda to accommodate further engagement activities and contributions from Governors, allowing flexibility to respond to emerging topics and support more meaningful involvement.

The Chair thanked Governors for their reflections and confirmed that the suggestions on meeting structure, agenda planning, and future topics would be incorporated into preparations for the 30 April 2026 meeting.

FOR INFORMATION

26/13 **Minutes of the Sub-Committees of the Council of Governors**

Minutes of the Patient Experience & Safety Committee (25 September 2025):

The Council received the minutes of the Patient Experience & Safety Committee from 25 September 2025.

Minutes of the Governor Strategy Committee (25 September 2025)

The Council received the minutes of the Safety Committee and the Governor Strategy Committee from 25 September 2025.

ANY OTHER BUSINESS

26/14 **Any Other Business**

Public Governor Angela Buckingham raised concerns about ensuring that all Governors received the Volunteer magazine. In response, it was clarified that the Volunteer Department will now provide a copy to the Foundation Trust Office each week so it can be circulated consistently to all Governors.

A discussion took place on the quality and structure of recent meetings. Governors reiterated the full agendas which affect the depth and clarity of discussion. Suggestions included allocating twenty minutes per agenda item, prioritising items more effectively, and

incorporating agenda planning into the forthcoming Governor/NED Engagement Day. The possibility of extending the meeting to two hours was also raised to enable more considered and focused discussion. There was a clear call for more deliberate, strategic agenda planning to ensure conversations remained manageable and aligned with the Council's priorities.

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

26/15

Date of the next meeting:

Thursday 30 April 2026, 16:30 - 18:00 The Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill

DRAFT

Council of Governors Meeting – Public Session
Draft Minutes of the Council of Governors meeting held on
 Wednesday 4th March 2026 at 09:30 – 10:00
 Boardroom, Hambleton Wing, King's College Hospital, DH

Present:

Chair

Sir David Behan Trust Chair

Elected Governors

Katie Smith	Governor
Jane Lyons	Lead Governor
Fr Grant Ciccone	Governor
Angela Buckingham	Governor
Billie McPartlan	Governor
Devon Masarati	Governor
Hilary Entwistle	Governor
Dr Yogesh Tanner	Governor
Rashmi Kumar	Governor
Stephanie David	Governor
Mr Janakan Gnananandan	Governor
Cllr Marianna Masters	Governor
Tunde Jokosenumi	Governor
Melanie Dalby	Governor
Michael Batley	Governor

In Attendance:

Christine Beasley	Non-Executive Director
Siobhan Coldwell	Director of Corporate Affairs
Zowie Loizou	Corporate Governance
Akhter Mateen	Non-Executive Director
Sheena Mackay	Non-Executive Director
Jennifer Nabwogi	Deputy Trust Secretary
Nicholas Campbell-Watts	Non-Executive Director

Apologies:

Pauline Manning	Governor
David Tyler	Governor
Lindsay Batty-Smith	Governor
Anthony Darroch	Governor
Christopher Akwagbe	Governor
Renate Hamvas	Governor

Item Subject

Standing Items

- 26/15 **Welcome and Apologies**
The Chair opened the meeting and welcomed all attendees. He noted the meeting was being held privately given the nature of the discussion
- 26/17 **Declarations of Interest**
There were no declarations of interest.
- 26/18 **Appointment of the Chief Executive**
Prof Clive Kay announced his decision to retire in October 2025, and a process has been followed to appoint his successor. A recruitment agency was engaged to support a search. A shortlist of candidates was agreed and candidates undertook a series of interviews

including a stakeholder panel which included a wide range of staff from across the Trust, as well as Hiliary Entwistle and Jane Lyons from the Council of Governors. Candidates also met external partners. The panel came to a unanimous and considered decision to appoint Matthew Trainer into the role. There was agreement that he brings considerable experience to the role, having had CEO roles in other organisations.

The lead governor thanked the Chair for involving governors in the process. She confirmed that the stakeholder panel had been through in its questioning and deliberations. This was echoed by Hilary Entwistle. The Chair recognised the governors' concern about the lack of diversity in the candidates, a diverse talent pipeline is needed.

The Council approved the decision of the remuneration committee to appoint Matthew Trainer as Chief Executive Officer.

ANY OTHER BUSINESS

26/01 **Date of the next meeting:**
 Thursday 30 April 2026, 16:30 - 18:00 The Dulwich Room, Hambleden Wing, King's College Hospital, Denmark Hill

DRAFT

CoG ACTION TRACKER - Updated 30 April 2026					
Date / Item Ref	Action	Lead	Due Date	Status	Update
ACTIONS - DUE					
02/12/2025 25/48	Epic and MyChart: Enhancing Patient Engagement: Share further Transformation examples following positive reception of the DNA case study	Barbara Cramond/Denis Lafitte	Jan-26	COMPLETED	update: Agreed to schedule a separate workshop specifically for Governors. As the elections and induction activities needed to be completed first, planning will now resume with the aim of holding the workshop in June 2026.
29/01/2026 26/05	Reports from the Chairs of Committees and the Council of Governors: Update on staff food pricing and value options to return to the April 2026 meeting.	Damian McGuinness	Apr-26	COMPLETED	update: Update to be provided at the People Committee
29/01/2026 26/09	Quality Priorities: Investigate and resolve the issue of insufficient paramedic support for wheelchair patients requiring transport after neurology outpatient appointments, ensuring the correct number of paramedics are dispatched for both arrival and departure.	Tracey Carter	Apr-26	OPEN	update:
PENDING					
Date / Item Ref	Action	Lead	Due Date	Status	Update
29/01/2026 26/10	Governor Questions – Open session: Update governors on progress regarding the search for a new location for the chemo day unit at Denmark Hill as part of the estates strategy, including expected timelines.	Julie Lowe	Jul-26	PENDING	update: July agenda item.

PROTOCOL FOR GOVERNORS WHO WISH TO RAISE ISSUES WITH THE TRUST

ISSUE	ROUTE
<p>Seek advice about individual complaints/requests received from individuals about individual patient care</p> <p><i>* See explainer at the end of this document for the difference between PALS and complaints</i></p>	<p>Issue to be referred to the relevant ward or department (details available on the Trust website).</p> <p>Or:</p> <p>Issue to be referred to Patient Advice and Liaison Service (PALS) or Complaints:</p> <p>PALS Denmark Hill kch-tr.palsdh@nhs.net 020 3299 3601</p> <p>PRUH Kch-tr.palspruh@nhs.net 01689 863252</p> <p>Complaints: 020 3299 3209 Kch-tr.complaints@nhs.net</p>
<p>Membership queries</p>	<p>Email kch-tr.members@nhs.net</p>
<p>General issues</p>	<p>Email the Foundation Trust Office: Kch-tr.fto@nhs.net</p> <p>The FTO will:</p> <ul style="list-style-type: none"> - Acknowledge response within 2 working days and outline what steps will be taken to address the issue. - Endeavour to provide a full response within 10 working days. If this is not possible, an explanation will be provided, with a new deadline.

ISSUE	ROUTE
<p>Questions for the Board of Directors (or individual Board Members)</p>	<p>Option 1: Email the Foundation Trust Office: Kch-tr.fto@nhs.net</p> <p>The FTO will:</p> <ul style="list-style-type: none"> - Acknowledge response within 2 working days and outline what steps will be taken to address the issue. - Endeavour to provide a full response within 10 working days. If this is not possible, an explanation will be provided, with a new deadline. - If the issue is for an individual board member, the FTO will forward the question to them, cc'ing the governor that has raised the concern. <p>Option 2: Email the Chair of the Trust or relevant Committee Chair (cc the Foundation Trust Office)</p> <p>Option 3: Use the "NED/COG accountability sessions" to raise issues of interest to the Governors with the NEDs.</p> <p>Option 4: If the Governors wish to submit a question to a formal Board meeting Email the Trust Foundation Kch-tr.fto@nhs.net</p>
<p>Questions from staff</p>	<p>This is likely to be most relevant to staff governors:</p> <p>If there are specific issues relating to a member of staff, please follow Trust HR guidelines which can be found on the Trust intranet. Options include:</p> <ul style="list-style-type: none"> - Staff Side - Freedom to Speak Up Guardian - Guardian of Safe Working - Seek advice from the Health and Safety Team - Log issues via InPhase (previously DATIX) - Talk to a relevant senior manager <p>If there are general issues to raise:</p> <ul style="list-style-type: none"> - Discuss with the Chair of the Council of Governors

	- Raise a question with the Board of Directors (via the FTO).
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Patient Advice and Liaison Service (PALS)

PALS offers support, information and assistance to patients, relatives and visitors.

They provide help with accessing information about the hospital's services or more general health information. They will help resolve problems that you have not been able to sort out with staff on a ward or in a clinic. They listen to your views on how we can improve our services and offer opportunities for people to get involved in how they develop. They can help find interpreters, signers, and other support for patients who need extra help using our services. For example, our Safeguarding Adults team helps patients who have a [learning disability](#). They can also support you in making a complaint either directly to the Trust or they can also tell you about independent organisations that can help you with a complaint.

Complaints

Whilst the Trust aspires to provide treatment of the highest standard, there may be circumstances where patients or their relatives are unhappy with the treatment and want to let us know.

Meeting	Governor/NED Engagement Session – Summary Report
Date	Wednesday 4 March 2026
Time	9:30 – 13:00 followed by lunch
Location	Boardroom, Hambleton Wing

No.	Item	Lead
1.	<p>Formal Business:</p> <p>The Governors approved appointment of the new Chief Executive Officer. The minutes from the meeting can be found on the 30 April 2026 Council of Governors meeting agenda.</p>	Sir David Behan
2.	<p>Welcome and Introductions</p> <p>The Chair introduced the day, welcomed everyone and introduced the new NEDs and governors.</p> <p>There were table introductions.</p>	Sir David Behan and Jane Lyons
3.	<p>Understanding the role of the Board of Directors and of Governors, both now and as role of Governors evolves</p> <p>The Director of Corporate Affairs introduced the statutory roles and responsibilities followed by potential developmental implications for the NHS 10-year plan.</p>	Siobhan Coldwell
4.	<p>Table discussions:</p> <p>In small groups, governors heard from NEDs about the Board's priorities, followed by a joint discussion about what governors and NEDs thought were the governors' priorities for the next 12 months.</p>	ALL
5	<p>Plenary</p> <p>Feedback was shared from table discussions and both governors and NEDs agreed on the following priorities:</p>	Nominate a chair for this
	BREAK	ALL

No.	Item	Lead
6	<p><u>Delivering on agreed priorities</u></p> <p>The Chair introduced the session on the changes in ways of working, focussing on how best to:</p> <ul style="list-style-type: none"> • Raise issues via Governor protocol • Attend and report back on committees • Agree committee chairs and agendas 	Sir David Behan
7	<p>Managing the business of the Council of Governors</p> <p>Discussions were held on what works well and what could be changed; how best governors can contribute; how best NEDs can contribute; how ell to plan for Council meetings and behaviours that make a good meeting.</p>	David, Siobhan, Jane
8	<p>Concluding remarks and next steps</p> <p>The governor protocol has been reviewed, updated and circulated to all governors.</p> <p>We have invited nominations for key governor positions on Council subcommittees and are reviewing responses.</p>	Sir David Behan
	LUNCH	All



King's College Hospital
NHS Foundation Trust

Operational Planning 2026/27 to 2028/29





22 April 2026



Our operational planning commitments for 2026/27 to 2028/29

The Trust submitted its final operational plans for 2026/27 to 2028/29 to NHS England on 18 March. Its ambitious plan set out how we will meet the national ambition to return to constitutional standards for elective waits and cancer care, and improve A&E performance so at least 85% of patients are admitted, transferred or discharged within 4 hours. Financially the Trust is planning to break-even (with NHS E support) in 2026/27 and recurrently by March 2030.

We have made the following commitments in our plans for 2026/27 to 2028/29.

 Planned care	 Cancer care			
<p>At least 74.1% of patients should be seen and treated within 18 weeks of a GP referral by March 2027 (vs 62.3% in December 2025), reaching 92% by March 2029</p>	<p>The proportion of patients waiting more than 6 weeks for a diagnostic test will fall from 42.8% in November 2025 to 11.9% by March 2027 and 1% by March 2029.</p>	<p>The proportion of patients starting cancer treatment within 31 days of a decision to treat will increase from 88.4% in December 2025 to 95% by March 2027</p>	<p>At least 80% of patients should have cancer ruled out or receive a diagnosis within 28 days of an urgent GP referral by March 2027 (vs 73.2% in December 2025)</p>	<p>At least 80% of patients should have a confirmed diagnosis and start treatment within 62 days of cancer being first suspected by March 2026 (vs 61.4% in December 2025), rising to 85% by March 2029</p>
 Financial planning		 Emergency care		
<p>Reduce the Trust's underlying recurrent deficit from £131.2m in 2025/26 to £87.5m in 2026/27, breaking even through non-recurrent savings and national support funding.</p>	<p>Continue improving the underlying deficit to break-even by 2029/30: discussions continue with NHS England about additional savings or deficit support in 2027/28 and 2028/29</p>	<p>Make better use of the public money we receive by delivering £84.9m of recurrent savings (CIP) in 2026/27 and meeting NHS England targets to reduce bank and agency spend</p>	<p>Ensure at least 82% of patients are admitted, transferred or discharged within four hours of arrival at our Emergency Departments in March 2027 (vs 69% in December 2025), rising to 85% in March 2029</p>	<p>Reduce the proportion of patients spending more than 12 hours in ED from 13.2% forecast for March 2026 to 9.6% in March 2027 and 7.2% in March 2029.</p>



Delivering our plans 2026/27 to 2028/29

To deliver our plans, we need to work together as a whole team King's, led by our values, empowering our staff to transform our services and reduce waste.

WHO



Team King's: the 2025 NHS Staff Survey shows that King's has improved its results across all People Promises, Staff Engagement and Morale, bucking the national trend.

WHAT



Transforming Services: delivering the ambitions set out in the 10 Year Health Plan, improve health for our patients and support financial sustainability.



Reducing waste: we will continue to look for the opportunities to do more for patients by identifying and eliminating spend and work which doesn't contribute to clinical outcomes.

HOW



Values led: working with staff and patients, the Board has agreed new values.

Caring
Inclusive
Collaborative
Innovative



Empowering Staff: we are rolling out King's Improvement Methodology to give our staff the tools they need to resolve the problems they see each day



Meeting:	Council Of Governors	Date of meeting:	30 April 2026
Report title:	Quality Account Priority – Improving experiences of care for people with learning disabilities and/or autism	Item:	4.
Author:	Karen Taylor	Enclosure:	4.1.
Executive sponsor:	Tracey Carter, Chief Nurse and Executive Director of Midwifery		
Report history:	Patient Experience Committee and Quality Committee		

Purpose of the report							
To present an annual review of the Quality Account priority to improve experiences of care for people with learning disabilities and/or autism							
Board/ Committee action required (please tick)							
Decision/ Approval		Discussion	✓	Assurance		Information	✓
The Council is asked to provide feedback on proposed outcomes for people with learning disabilities and/ or autism. Consider How could you get involved with co-design to support developing measures and pathways for this patient group							
Executive summary							
The presentation summarises Year 1 progress against the Quality Account Priority to improve experiences of care for people with learning disabilities and/or autism. It outlines why change was needed, key achievements and what has been learned from staff and carer feedback.							
Key developments include governance arrangements, improved reasonable adjustments, increased training, hospital passport work, volunteer support and stronger lived-experience involvement. Feedback highlighted inconsistent use of hospital passports and the importance of personalised, coordinated care.							
Priorities for Year 2 include expanding the digital reasonable adjustment flag, improving passport use, reducing missed appointments, co-designing accessible welcome information, and improving outcomes, experience and equity.							
Strategy							
Link to the Trust’s BOLD strategy (Tick as appropriate)				Link to Well-Led criteria (Tick as appropriate)			
✓	Brilliant People: We attract, retain and develop passionate and talented			✓	Leadership, capacity and capability		
					Vision and strategy		

	<i>people, creating an environment where they can thrive</i>		
✓	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
	Leaders in Research, Innovation and Education: <i>We continue to develop and deliver world-class research, innovation and education</i>		Clear responsibilities, roles and accountability
	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>		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	This work links to high quality care
King's Improvement Impact (KIM):	The King's Improvement Method (KIM) has been used throughout this project, including use of A3
Legal/ regulatory compliance	This work links to High quality care, Diversity, Equality and Inclusion, Quality Account Priority 2025-2027
Quality impact	Learning Disability Improvement Standards for NHS Trusts; CQC, LeDeR
Equality impact	The quality impact is profound — it affects safety, treatment outcomes, patient experience, and equality.
Financial	Significant impact if the Trust fails to make necessary improvements to care and outcomes.
Comms & Engagement	Higher costs of poor care; Litigation and complaints; Regulatory and reputational costs; Workforce costs; Wider system costs
Use of Artificial Intelligence Tools	N/A
Committee that will provide relevant oversight	
PEC and Quality Committee	

Quality Account Priority

Improving experiences of care for people with learning disabilities and/ or autism

This presentation provides:

- a summary of progress and achievements in Year 1
- an overview of priorities for year 2
- asks Governors for feedback on outcome measures and consider opportunities for involvement



Who are we?

Patricia Mecinska	Assistant Director Patient Experience
Karen Taylor	Head of Patient Services, Experience and Involvement
Lloyd Page	Learning Disability Ambassador
Shevon Dalena	Matron for Children with a Learning Disability and Autism
Eunice Onaiyekan	Matron for Adult Patients with Learning Disabilities & Autism
Ella Walton	Psychology Placement Student



Overview

Rationale

Patients with learning disabilities and autism can experience poorer health outcomes and barriers to accessing care. Feedback from patients, carers and national guidance highlighted the need to improve how we identify, support and make reasonable adjustments for these patients.

Aims

We aimed to improve the experience of patients with learning disabilities and autism by strengthening identification, increasing the use of hospital passports, improving staff training, introducing additional support roles and making care more accessible and personalised.



Achievements

- Establishing strong governance and programme leadership
- Developing guidance to support reasonable adjustments and communication needs
- Piloting a digital Reasonable Adjustment Flag within the patient record system
- Strengthening engagement with patients, carers and advocacy groups
- Increasing uptake of Oliver McGowan training across staff groups
- Developing hospital passport materials and Easy Read resources
- Introducing additional volunteer support for patients waiting for care
- Beginning work to understand missed appointments and access barriers.



Hospital Passport Survey - Staff

- **Low awareness and use:** Many staff are not aware of Hospital Passports, and they are used rarely or infrequently.
- **Information and access gaps:** Information is inconsistent with limited practical guidance; passports are not always available or saved, including on the EPR, and are often out of date or not routinely read.
- **High value when used:** Staff recognised when used, Hospital Passports support personalised care, including communication needs, reasonable adjustments, safety and comfort.



Hospital Passport Survey - Carers

- **Inconsistent experiences:** long waits, poor communication, lack of understanding of learning disability and autism, and reasonable adjustments not being made.
- **Hospital Passports are not reliably used:** many patients do not have one, and where passports exist they are not always recognised or acted on by staff.
- **Carers feel exhausted and unsupported:** they value simple, human support such as being listened to, calm environments, practical comfort, and having one named person to coordinate care.



Hospital Passport Survey (and increase in use of easy read)



Lloyd Page - Lived Experience Ambassador

- **Embedding lived experience is a key approach to improvement**
- **Lloyd is a learning disability advocate and champion**
- **Lloyd is working with King's to embed lived experience into our work on this quality account priority**
- **Lloyd has:**
 - **Provided feedback on the easy read hospital passport survey**
 - **Spoken at the Patient Experience Committee**
 - **Attended the Patient Experience and Improvement event**
 - **Shared his experience of a same day cancelled operation**



Priorities for year 2

Area	Proposed activities	Outcomes
Reasonable adjustment digital flag	Reasonable adjustment digital flag available for all services Launch of the 'Reasonable adjustment digital flag' policy and materials to raise awareness At least 100 patients have a reasonable adjustment digital flag completed Bi-annual audit of compliance with adjustments established	Increase in patient experience/satisfaction Improved health outcomes Reduction in avoidable harm/deaths
Hospital passport/	Hospital passport/ Universal Care Plan offer exists and is documented on EPR	Improved personalisation
DNA	DNA policy updated VR project pilot to reduce anxiety and DNA rates 200 eligible patients/families will receive additional support	Increase in cost savings and clinical capacity Decrease in waiting times
Welcome guide / easy read	'Welcome to King's' co-design with people with learning disabilities and/ or autism 'Welcome to King's' launched in format preferred	Increase in compliance Reduction in anxiety Reduction in health inequalities



Governors

- **Feedback on proposed outcomes for people with learning disabilities and/ or autism**
- **How could you get involved with co-design to support developing measures and pathways for this patient group?**



Contact

Karen Taylor

Head of Patient Services, Experience and Involvement

Mobile: 07471195143

Email: karen.taylor171@nhs.net



Council of Governors Report Template

Council of Governors – Activity Report

Please complete the following sections to report on governor activities. This information supports discussion and shared learning at the Council of Governors (COG) meeting.

1. Governor Details

- **Name Angela Buckingham:**
 - **Designation/Role** (e.g., Lead Governor, Staff Governor, Public Governor): Southwark
 - Southwark public Governor
-

2. Activity Information

- **Thursday 29th Jan 16 30 to 1800 board of Governors**
- Patient Experience focus group lead by Patrica re improvements for patients and being informed re care week starting 27th April for the week:
- Wednesday 4th March Awayday for
- Governors With Lunch.
- Wednesday March 11th Peoples inclusion. Committee.
- Thursday 12 March walk about at Eye clinic with Tracey Carter. and. Sheena. Mackay 12 15. To. 1 pm
- Thursday 12 March 2 pm to 4 30 Board of Directors.
- Thursday 19th. March Patient Experience 9 30. To 11 30

- Thursday March 26 Strategy committee 2 pm. To. 4pm

Summary of Activity / Commentary:

(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**

(Share any insights, feedback, or ideas that may benefit the wider Council.)

- *Away day was excellent and we were listened. To. Our ideas especially having a longer Governors meeting re everyone then will hopefully have chance to join in as Agenda is always quite long which then cuts down more conversations to be had.*
- *Also, everyone seems to be getting more communication re minutes. and any issues that have been pointed out which is great to have also with Lunch we could also I think the word is Network. Everyone behind the scenes worked so hard on this for us As Governors to get it right Thank you.*
-
- *The peoples committee are very focused and Sheena like Jane Bailey is very focused on getting it right for patients and Staff especially regarding the Lift being out of Action for nearly 8 weeks which was having a great impact on appointments re Staff and patients causing a lot of work, But it is now repaired. As I have kept my eye on it too as on peoples committee*
- *Damian has also helped me secure a proper budget menu up in the first floor canteen as I was so shocked at price and staff need a hot meal so they now have a picture of a hot meal at a reduced cost As to look after staff they need a good meal .and two meals on separate days have been under 5. 00.*
- *Tracey Carter also helped me to get a few Beakers on the Frailty ward regarding me visiting one evening a friend with hand difficulty and I'm sure other patients too and for their dignity and to ease work load to staff re spillage just because no beakers with tops for patients who may have Shaky hands i do think perhaps other wards should be checked for this also for patients dignity and work load for staff having to change beds and clothes re spillage when hands are very shaky .*
- *Hopefully All of this Above re peoples committee show how we All care*

- *I have also pointed out to one of the secretaries where I volunteer re me seeing this happen that when patients get a letter or text re appt at Tessa Jowell it should be highlighted in middle of message as because the letter has Kings at top*
- *Patients come to us and should be at Tessa Jowell and not fair to patients or staff if patient clashes with staff over this issue one volunteer also pointed this out so have checked on it twice and. Hopefully my other volunteer friend will keep an eye on Jubilee wing where it often happens also.*

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

Council of Governors Report April 2026

Council of Governors – Activity Report

22nd April 2026

Please complete the following sections to report on governor activities. This information supports discussion and shared learning at the Council of Governors (COG) meeting.

1. Governor Details

- **Name:** Jane Lyons MBE
 - **Designation/Role** (e.g., Lead Governor, Staff Governor, Public Governor): Public Governor and Lead Governor
-

2. Activity Information

- **Date of Activity:** Feb-April 2026
 - **Summary of Activity / Commentary:**
(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)
 - Ongoing meetings with senior team
 - One on one meetings with Sir David Behan, Chair of Trust
 - Separate one on one monthly meetings with Director of Corporate Affairs Siobhan Coldwell
 - In addition, chaired the Strategy Governors meeting on 19th March
-

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**
(Share any insights, feedback, or ideas that may benefit the wider Council.)
-

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

2. Activity Information

- **Date of Activity:** 12th March 2026
 - **Summary of Activity / Commentary:**
(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)
 - Remote attendance and drafting of notes for presenting at KCH Board of Directors Public Meeting
-

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**
(Share any insights, feedback, or ideas that may benefit the wider Council.)
 - Advice on remote technical access to board meetings via teams requested and delivered as governors had been struggling to access without an NHS email addresses
-

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

2. Activity Information

- **Date of Activity:** 4th March 2026
 - **Summary of Activity / Commentary:**
(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)
 - Governors & NEDs Engagement Day
 - Pre planning, agenda construction, follow up activity, attendance at day
-

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**
(Share any insights, feedback, or ideas that may benefit the wider Council.)
 - That the Engagement Day allowed time and consideration from many governors to contribute to future planning identified three key themes from that day on which to focus in the future
 - Patient experience
 - Staff engagement
 - Better comms
 - Learnings from the day have been fed into the construction of the next Council of Governors agenda
-

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

2. Activity Information

- **Date of Activity:** 23rd March 2026
- **Summary of Activity / Commentary:**
(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)

- Governor planning meeting

Topics covered in this meeting included

- Training of new governors
- Feedback and follow up from Non-Executive Director and Governor Engagement Day
- Governor protocols
- Council of Governor meetings
- King's future strategy
- Future of governors
- Sharing Learning Disability and Autism survey recruitment
- Experience of care week

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**
(Share any insights, feedback, or ideas that may benefit the wider Council.)
- Pursue matters raised

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

2. Activity Information

- **Date of Activity:** February – April 2026
- **Summary of Activity / Commentary:**
(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)
- Championing patient experience through
 - Attendance at Patient Experience committee meetings
 - Attendance at Governor Patient Experience and Safety meetings
 - Attendance at and input to 11th February 2026 Workshop on NHSE Experience of Care
 - Attendance at Deteriorating Patient Improvement Group meetings

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**
(Share any insights, feedback, or ideas that may benefit the wider Council.)
 - Continue to engage in building the patient voice at King's

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

2. Activity Information

- **Date of Activity:** February – April 2026
 - **Summary of Activity / Commentary:**
(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)
 - Input into new King's Strategy through
 - Attendance at patient outreach event at King's
 - Commentary on content and language on some aspects of draft reporting
-

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**
(Share any insights, feedback, or ideas that may benefit the wider Council.)
 - Continue interest in development until strategy is completed
 - And then to look how governor involvement in delivery, how should it affect how we work?

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

2. Activity Information

- **Date of Activity:** 16th March 2026
 - **Summary of Activity / Commentary:**
(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)
 - Attended REACH network annual conference
-

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**
(Share any insights, feedback, or ideas that may benefit the wider Council.)
- Seek opportunities for Governors to work with the network

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

2. Activity Information

- **Date of Activity:** ongoing
 - **Summary of Activity / Commentary:**
(Brief description of the engagement, meeting, or event. Include purpose, outcomes, and any notable points.)
 - Continuing engagement with external parties to build understanding of potential cessation of Councils of Governors and how to manage that at King's
-

3. Reflections and Recommendations

- **Suggestions, Comments, or Learning for COG Consideration:**
(Share any insights, feedback, or ideas that may benefit the wider Council.)
 - Work needed to understand implications of current uncertainties for King's and its governors
 - Parties to be involved in future planning to be identified and gathered to discuss
-

4. Additional Notes (Optional)

- **Other Relevant Information:**
(Include anything else you'd like to highlight or record.)

Council of Governors Report 30.4.26

Council of Governors – Activity Report

1. Governor Details

- **Name:** Lindsay Batty-Smith
 - **Designation/Role** Southwark Public Governor
-

2. Activity Information LDA QAP

- **Date of Activity:** 22.1.26, 26.2.26, 18.3.26, 15.4.26,
- **Summary of Activity / Commentary:**
Regular meetings to drive forward the new Hospital Passport including an Easy read version. Surveys have been circulated for staff and service users and data is currently being evaluated and themes identified. This QAP will be presented in detail at CoG 30.4.26 NB, a week of events 27.4-1.5 highlighting patient experience.

Activity Information End of Life Care Governance

- **Date of Activity:** 18.3.26
- **Summary of Activity / Commentary:** Due to absence this was a general catch up meeting. Discussions around new strategy, NACEL audit and benchmarking, infection control

Activity Information PESC

- **Date of Activity:** 19.3.26,
- **Summary of Activity / Commentary:** due to absence there have been fewer meetings of late

Activity Information End of Life Care Steering Committee

- **Date of Activity:** 15.4.26
 - **Summary of Activity / Commentary:** Patient story illustrated complex issues to navigate in and EoL situation. Palliative Care team have recruited successfully as have the MEO. Most importantly, the committee have started the new EoLC alignment strategy and are to set the EoLC priorities for the next 3 years. Workshops and meetings are to be set with key staff and stakeholders to plan against the National Strategy and Trust Annual Report. **Please note Dying Matters Week: 5.5.26 there is a Trust event, details will be circulated soon.**
-

4. Additional Notes

- **Other Relevant Information:** Supported 3 Southwark residents with complex health conditions through their appointments and treatment
- Regular meetings with my other Southwark Community Health Ambassadors to promote health initiatives, free events, and communicate relevant promotions with residents/constituents
- Met with Lesley Powls to discuss the Trusts emergency preparedness.
- Chaplaincy update: Service redesign meetings with Governor support and observation continue
- Compliments to Cardiac OPD and Imaging sent via PALS

AGENDA

Meeting	Council of Governors
Date	Thursday 30 July 2026
Time	16:30 – 18:30
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 Introduction - New Governors				
	1.4. Chair's Action				
	1.5. Minutes of Previous Meeting – 29 January 2026	FA	Enc.		
	1.6. Action Tracker	FD	Enc.		
	1.7. Matters Arising <ul style="list-style-type: none"> ▪ Governor Protocol 	FI	Enc.		
QUALITY, PERFORMANCE, FINANCE AND PEOPLE					
2.	Integrated Performance report [forward plan]	FD	Enc.	Chief Nurse & Executive Director of Midwifery/Chief Delivery Officer	16:40
3.	Trust's Operational Plan [forward plan]	FI	Enc.	Deputy Chief Executive Officer	17:00
4.	Trust Financial Position [forward plan]	FI	Enc.	Chief Financial Officer	17:20
5.	King's Strategy – 2026 to 2031 [forward plan]	FI	Enc.	Deputy Chief Executive Officer	
6.	Quality Priorities [forward plan]	FI	Enc.	Chief Nurse and Executive Director of Midwifery	
GOVERNANCE					
7.	Governor Involvement and Engagement				
	7.1. Governor Engagement and Involvement Activities [Standard item]	FI	Enc.	Chair	17:40
8.	Other Governance Matters				
	8.1. Draft Agenda 26 November 2026 Meeting [Standard item]	FD	Enc.	Chair	18:10
9.	FOR INFORMATION				
	Minutes of the Sub-Committees of the Council of Governors: 9.1 Minutes of the Patient Experience & Safety Committee (19 March 2026) [Standard item]				*

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

	9.2. Minutes of the Governor Strategy Committee (26 March 2026) [Standard item]				
10.	Any Other Business				
	Any Other Business	FI	Verbal.	Chair	18:20
11.	Date of the next meeting: Thursday 26 November 2026, 16:30 – 18:30 The Dulwich Room, Hambleden Wing, King's College Hospital, Denmark Hill				

Members:	
Sir David Behan	Chair
Elected:	
Jane Lyons MBE	Lead Governor Southwark Public Governor
Angela Buckingham	Southwark Public Governor
Hilary Entwistle	Southwark Public Governor
Lindsay Batty-Smith	Southwark Public Governor
Katie Smith	Bromley Public Governor
Anthony Darroch	Bromley Public Governor
Billie McPartlan	Bromley Public Governor
Emily George	Lambeth Public Governor
Bernie Butler	Lambeth Public Governor
Prof Daniel Kelly OBE	Lambeth Public Governor
Rashmi Agrawal	Lambeth Public Governor
Temitayo Taiwo	Lambeth Public Governor
Christopher Akwagba	Staff Governor
Tunde Jokosenumi	Staff Governor
Michael Bartley	Staff Governor
Melanie Dalby	Staff Governor
Gnananandan Janakan	Staff Governor
Koku Adomdza	Patient Governor
Fr Grant Ciccone	Patient Governor
Deborah Johnston	Patient Governor
Pauline Manning	Patient Governor
Devon Masarati	Patient Governor
David Tyler	Patient Governor
Nominated Governors	
Appointed local authority governors:	
Cllr Robert Evans	Bromley Council
Cllr Renata Hamvas	Southwark Council
Cllr Marianna Masters	Lambeth Council
Partnership Organisations:	
Dr Yogesh Tanna	Trust's Joint Staff Committee
University Governors:	
In Attendance:	
Sir David Behan	Chairman
Dame Christine Beasley	Non-Executive Director

	Nicholas Campbell-Watts	Non-Executive Director
	Tracey Carter MBE	Chief Nurse & Executive Director of Midwifery
	Roy Clarke	Chief Financial Officer
	Siobhan Coldwell	Director of Corporate Affairs
	Dr Jane Fryer	Non-Executive Director
	Angela Helleur	Chief Delivery Officer
	Prof Clive Kay	Chief Executive Officer
	Zowie Loizou	Corporate Governance Officer
	Sheena Mackay	Non-Executive Director
	Gerry Murphy	Non-Executive Director
	Prof Graham Lord	Non-Executive Director
	Prof. Anthony Schapira	Non-Executive Director
	Angela Spatharou	Non-Executive Director

Patient Experience & Safety Governor Committee (PESC)

Minutes of the meeting held on Thursday 20 November 2025
from 09:30 - 11:30 via MS Teams

Present:

Billie McPartlan	Patient Governor (Chair)
Jane Lyons	Public Southwark Governor
Devon Masarati	Patient Governor
Marianna Masters	Public Lambeth Governor
Lindsay Batty-Smith	Public Southwark Governor
Tunde Jokosenumi	Staff Governor
David Tyler	Patient Governor
Michael Bartley	Staff Governor
Deborah Johnston	Patient Governor

In Attendance:

Siobhan Coldwell	Director of Corporate Affairs
Joe Hague	Deputy Chief Nurse
Patricia Mecinska	Associate Director of Patient Experience
Justin Thornhill	Head of Legal Services
Clair Hartley	Corporate Governance Office (Minutes)

Apologies:

Hilary Entwistle	Public Southwark Governor / Deputy Chair
Angela Buckingham	Public Southwark Governor
Victoria O'Connor (Public Bromley Governor
Nicholas Campbell-Watts	Non-Executive Director
Tracey Carter	Chief Nurse & Executive Director of Midwifery

Item	SUBJECT
1.	STANDING ITEMS
25/27	Welcome and Apologies The Chair welcomed members and attendees to the meeting and noted the above apologies.
25/28	Declaration of Interests No interests were declared at the meeting.
25/29	Chair's Action There were no actions from the Chair.
25/30	Minutes of the previous meeting held on 25 September 2025 The minutes of the previous meeting were approved as an accurate record of the meeting.
25/31	Action Tracker / Matters Arising All actions on the action tracker were completed and closed.
	QUALITY, SAFETY & RISK
25/32	Integrated Quality Report

Joe Hague, Deputy Chief Nurse, presented the Integrated Quality Account for the reporting period and highlighted key points for the Committee's attention.

Three new patient safety incidents were recorded during the August reporting period:

- One Never Event, previously discussed by the Committee.
- One MNSI case involving an expected ICU admission.
- One cross-system learning response relating to a long-stay child in Paediatric ED.

All incidents were under appropriate review.

Complaints management continued its positive trajectory, with KPI thresholds tightening from eight weeks overdue to four weeks overdue from 1 October 2025. PALS concerns saw a small reduction, though communication issues and appointment delays remained dominant themes.

Two whistleblowing concerns were closed following response. One previously closed concern around the Physicians Associate request was reopened and remained under review.

SPC charts across infection control, pressure ulcers, falls and other indicators showed no cause for concern, with stable performance throughout the period.

The Committee **noted** the Report.

25/33 Overview of National Patient surveys and improvement plans

Assistant Director of Patient Experience, Patricia Mecinska (PM) presented an overview of the national patient survey programme, associated improvement plans and the Trust's developing patient experience dashboard. Due to delay in completion of the presentation, it could not be distributed prior to the meeting.

She reported on four surveys and detailed the sampling periods for each survey, including the dates for patient admissions and survey completion.

PM reported on the CQC Adult Inpatient Survey in which they invited 2250 patients to participate and had a 35% response rate. She highlighted the demographic breakdown of the survey, noting that it was not representative of the community. She mentioned plans to encourage more participation and make the sample more representative. She compared the result with the previous year, noting that there were improvements in 29 areas, three areas were unchanged and the results in six areas declined. They had decided to focus on three domains: communication, nutrition/hydration and governance.

PM presented the results of the children and young people survey, the first since Covid. She noted a 20% response rate from children, young people and their parents. Local results showed notable deterioration across multiple domains. She outlined an extensive action plan focusing on improving the physical environment, pain management, communication, dignity and engagement.

PM outlined significant improvements in the national cancer patient experience survey, with improvements in seven questions with only four below average, compared to 11 in the previous cycle. She attributed the success to the hard work of the cancer patient voices group and other stakeholders. She explained the focus on patient information, co-design and continuation of the cancer strategy and quality improvement project.

PM presented the maternity survey results, noting a 42% response rate. She noted that the maternity survey results were still under embargo and would be discussed in December 2025.

There was a high participation rate from women from BAME backgrounds, who experience significant issues in maternity. There was improvement in 39 questions but also deterioration in 18 questions, including consent, time to ask questions, and patient involvement in decisions.

An action plan would follow after the results were finalised.

Patient Experience Dashboard

PM introduced the Patient Experience Dashboard which was developed in response to the CQC's new assessment framework. She explained the dashboard's features, including the ability to report at the service location, care group, and divisional levels. She highlighted the importance of triangulating themes across complaints, PALS and Friends and Family tests results.

PM referred the governors to the SPC charts which showed the results of surveys into Complaints, Patient demographics, PLACE, Chaplaincy and End of Life Support, Volunteers, Friends and Family Test and PALS.

Cllr Marianna Masters (CMM) expressed concern about the lack of a representative base for the surveys and offered to help by setting up community sessions. PM agreed to reach out to CMM and Karen Taylor to organise a separate session to discuss community engagement. PM asked for ideas and assistance from other governors.

Jane Lyons (Jly) requested a list of patient support groups. PM confirmed she would share it after a workshop in early 2026 and invited governors to attend the workshop.

PM acknowledged concerns about low response rates but explained feedback over the past few years showed consistent themes. The focus had shifted from merely collecting more data to actively addressing the concerns raised by patients and making improvements.

The committee **noted** the report.

25/34 Quality Account Priorities Update

Joe Hague, Deputy Chief Nurse, presented an update on three Quality Account priorities:

Acutely Unwell patients, Improving experiences for patients with Learning Disabilities and Autism (LDA), and The Next Steps to Surgery programme.

A live dashboard was in place for adult, paediatric and maternity patients to strengthen monitoring of acutely unwell patients with a focus on sepsis and acute kidney injury (AKI). Early use showed improvements in compliance with observations and early recognition.

Significant progress had been made with the Hospital2Home programme. Recruitment was underway for two Care Navigator posts. Work continued in embedding the Reasonable Adjustments Flag in EPIC, alongside training and support packages developed by the LD and neurodiversity team.

Patient Safety – Implementation of NatSSIPs2 remained the most challenged priority due to the volume of work required. Incidents of low or no harm had risen by 2%. Listening events had been held across all theatres, with thematic reviews and insights still awaited.

A gap analysis was completed, and a Trust-wide consent audit presented to the Patient Safety Committee with a draft improvement plan. Work continued to strengthen surgical safety and mitigate Never-Event risks. Progress towards the proposed 'Must' and 'Should' targets was ongoing. Full implementation was expected to extend beyond the Quality Account deadline. The Chief Medical Officer was reviewing resource allocation.

The committee **noted** the report.

25/35 CNST Scorecard - Learning & Improvement from Claims

Head of Legal Services, Justin Thornhill (JT) presented an overview of the Clinical Negligence Scheme for Trusts (CNST) scorecard and how clinical negligence claims data can be used to inform learning and improvement across the Trust.

He explained the structure of the CNST, noting that NHS Resolution indemnifies the Trust in a model similar to insurance.

NHS Resolution holds extensive national and Trust-level claims data. Justin highlighted the limitations of claims data: it is retrospective (typically concluding 3–5 years after incidents) and legally framed, meaning it does not fully map to patient safety investigations. Triangulation with incidents, complaints and inquests is required for meaningful learning.

Kings was broadly in line with other large acute Trusts in terms of damages paid and contributions, with slightly higher contributions reflecting a small number of high-severity cases.

JT stressed the importance of ensuring claims insights reached the appropriate governance forums and are translated into operational improvement. Governors noted the topic was new to them and they welcomed the explanation.

The committee **noted** the report.

GOVERNOR FEEDBACK

25/36 Learning Disability and Autism

Governor, Lindsay Batty-Smith (LBS), presented an update on the Trust's work on Learning, Disability and Autism (LDA). She highlighted the significant health inequalities experienced by people with learning disabilities and autism, particularly within Black and minority ethnic groups, and emphasised the importance of improving communication, reasonable adjustments and patient support.

Survey feedback showed that 90% of LDA patients reported poor experiences, driven by communication barriers, lack of staff awareness of reasonable adjustments, unclear processes for requesting adjustments, and environments that could be distressing.

Key actions included developing Easy Read learning disability passports; creating surveys for patients, parents, carers and staff; reviewing needs across inpatients, outpatients, day surgery and ED; and establishing a joint LDA policy with GSTT. Work was underway to increase appropriate use of MyChart. They were working with Lloyd from Lewisham who had lived experience.

LBS advised of upcoming training opportunities and two events in December 2025. She would send the details and invited Governors and NEDs to attend.

Cross-working with the dental school continued due to the high prevalence of dental issues among LDA patients and the need for specialist support. DNAs were being analysed to identify whether LDA patients were disproportionately affected.

PM highlighted an upcoming pilot using VR headsets to help LDA patients familiarise themselves with clinical environments to reduce DNAs and procedure cancellations. Lloyd had been identified as the Trust's first LDA Ambassador and might attend a future meeting. The Chair requested that Lloyd be invited to attend a future meeting.

Action: Lloyd to be invited to a future meeting **SC/PM**

Governors discussed the need for appointment of an NED with an interest in LDA. Director of Corporate Affairs, Siobhan Coldwell (SC) advised that matters relating to Board composition should be raised directly with the Chair.

Two LDA events were noted: 'Improving Experience of MyChart' (10 December 2025) and 'Building a Culture of Disability Inclusion & Psychological Safety' (3 December 2025).

The Committee **noted** the progress made.

25/37 Feedback from Governors on Activities

Governors raised concerns regarding ophthalmology referral communication. It was noted that some optometrists reportedly avoided referring patients to King's due to a lack of communication between referral and appointment scheduling, despite high-quality care once patients were seen.

Siobhan agreed to discuss this with the Chief Delivery Officer to determine whether this issue was specific to ophthalmology or reflected a wider RTT communication concern.

Governors shared experiences of long waits and inefficiencies within ophthalmology clinics, though clinical care was praised. Members emphasised the need for improved communication and patient flow.

Action: Discuss ophthalmology communication with the Chief Delivery Officer to determine if it reflected a wider RTT communication concern. **SC**

The Committee noted the feedback

ANY OTHER BUSINESS

25/38 PESC Terms of Reference, Forward Plan and Draft Agenda

Siobhan Coldwell, Director of Corporate Affairs, invited governors to provide feedback on agenda planning and future priorities for the Committee. A draft forward plan and meeting agenda had been circulated.

PM proposed moving National Patient Survey reporting to July and November to align with receipt of the survey results. She also suggested streamlining multiple reports into the Patient Experience Dashboard scheduling the item for every meeting. It was agreed that the LDA report would fall under Quality Account priorities. Complaints would be scheduled for the March 2026 meeting.

The Committee discussed re-establishing governor involvement in reviewing patient-facing materials. Siobhan confirmed that Communications Lead Chris Rolfe would attend the next meeting to resume a structured approach to leaflet and communications review.

Committee Leadership Review

SC advised that a committee leadership review would take place following governor elections.

25/39 Closure

The Chair thanked governors for their contributions.

25/40 Date of next meeting

Thursday 19 March 2026 via MS Teams from 09:30 – 11:30

Strategy Governors Committee

Minutes of the meeting held on Thursday 20 November 2025, 13:00-15:00 via MS Teams

Members Present:

Dr Devendra Singh Banker	Bromley Public Governor (Chair)
Michael Bartley	Staff Governor, Nursing and Midwifery
Lindsay Batty-Smith	Southwark Public Governor
Aisling Considine	Staff Governor, Allied Health Partner
Renata Hamvas	Southwark - Local Authority
Debora Johnston	Patient Governor
Jane Lyons	Southwark Public Governor
David Tyler	Patient Governor

In Attendance:

Rantimi Ayodele	Deputy Chief Medical Officer
Siobhan Coldwell	Director of Corporate Affairs
Zowie Loizou	Corporate Governance Officer (minutes)
Julie Lowe	Deputy Chief Executive Officer
Akhter Mateen	Non-Executive Director
Elizabeth Shutler	Director of Strategy

Apologies:

Angela Buckingham	Southwark Public Governor
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Item	Subject
Standing Items	
25/34	Welcome and Apologies The Committee Chair welcomed members and attendees to the meeting. The above apology was noted.
25/35	Declarations of Interest There were no declarations of interest.
25/36	Chair's Action There were no actions from the Chair.
25/37	Minutes of the meeting held on 25 September 2025 The minutes from the meeting on Thursday, 25 September 2025 were circulated in advance, reviewed, and approved as accurate.
25/38	Action Tracker / Matters Arising The committee reviewed the action tracker and agreed as follows: Trust Improvement Plan update - Prioritise the roll-out of improvement tools in areas with lower staff morale and develop ways for governors to contribute to the improvement process, with a progress update to the Committee: Itemised on agenda, it was marked complete. Trust Strategy Update - Revise the draft Trust Strategy to embed patient-centred outcomes, address discharge delays within implementation priorities, and broaden

engagement to include community and voluntary groups, with an updated version to be brought back to the Committee: Itemised on agenda, it was marked complete.

The committee noted the updates on the action tracker.

National Ten-Year Plan (implications and alignment with Trust strategy)

25/39

The committee received an update on the National Ten-Year Plan and considered its implications for the Trust's strategic direction. It was noted that the Plan sets out long-term priorities for the NHS, including strengthening patient-centred care, improving access and equity, embedding innovation, and ensuring sustainability across services. Governors discussed how these national priorities intersect with the Trust's emerging strategy, particularly the revised vision of Transforming Healthcare and the new values of Caring, Collaborative, and Innovative.

The discussion emphasised that alignment with the national agenda was essential not only to meet external expectations but also to ensure that the Trust's local ambitions remained credible and deliverable. Governors highlighted the importance of embedding patient outcomes at the heart of the Trust's objectives, ensuring that community engagement, staff wellbeing, and inclusivity were not overshadowed by broader policy requirements. It was recognised that the Trust's focus on research, education, and innovation provided a strong platform to contribute to national goals, while also offering unique benefits to local populations.

Digital innovation was identified as a critical enabler of both the national plan and the Trust's strategy. Its implications were discussed in detail and included the need to reform workforce practices to support new technologies, the potential for digital solutions to improve efficiency and patient experience, and the importance of ensuring financial sustainability through investment in scalable systems.

Lead Governor, Jane Lyon's (JL), raised questions regarding the future role of governors in the context of the National Ten-Year Plan. In response, the Director of Corporate Governance, Siobhan Coldwell, clarified that governors remained a legal requirement for the foreseeable future, and emphasised that governors continued to provide valuable functions in representing staff and patient voices, supporting board appointments, and ensuring accountability. Any changes to the statutory role of governors would be dependent on future legislation, and at present their responsibilities remain integral to the governance framework of the Trust.

The timing of the national strategy was seen as an opportunity to reinforce the Trust's transformation programme, demonstrating how local initiatives can be scaled to meet wider NHS ambitions. Governors agreed that regular updates on the national policy landscape will be necessary to maintain alignment and to anticipate areas where adjustments to the Trust's strategy may be required.

The committee noted the report.

Trust Improvement Plan Update – progress on implementation and governor participation

25/40

The Deputy Chief Medical Officer, Rantimi Ayodele (RA), provided an update on progress with the King's Improvement Methodology (KIM), outlining the development of a new behaviour and language framework entitled Inquiry to Improvement, which combines appreciative inquiry with improvement behaviours. Strategic A3s had been introduced to support structured improvement thinking at senior leadership level, and the rollout of Leaders for KIM training was underway to strengthen organisational capacity.

A pilot of huddles will commence in early December 2025 in selected areas, with evaluation to follow before wider implementation. Governors were invited to participate in training sessions and introductory quality improvement workshops, with links to be circulated. Feedback was noted on the importance of phased rollout, beginning with engaged areas before extending to those less engaged. Clarification was provided on the terminology of A3s

and I2I, and governors expressed strong support for huddles as a communication and problem-solving tool.

Action: Governors to receive links for Leaders for KIM training and introductory sessions; the Quality Improvement team to report back on the outcomes of the December huddle pilots and on engagement levels to inform the second-phase rollout. **Rantimi Ayodele.**

The committee noted the report.

Trust Strategy Update – revised draft incorporating patient-centred outcomes and engagement feedback

25/41 Director of Strategy, Elizabeth Shuttler (ES), presented a revised draft of the Trust’s strategy, reflecting extensive engagement with staff, governors, and the wider community. Feedback indicated that the previous vision and values were perceived as broad, ambiguous, and insufficiently patient-focused. In response, the revised draft proposes a clearer purpose: to provide outstanding patient care to all local communities while delivering world-leading research, education, and training. The vision has been reframed as *Transforming Healthcare*, supported by new values of *Caring, Collaborative, and Innovative*, which place greater emphasis on patient experience and community partnership. Consultation findings highlighted the importance of embedding patient-centred outcomes, with surveys showing strong public recognition of kindness, respect, and teamwork, though inconsistencies in behaviours were noted. Governors welcomed the clearer patient focus and acknowledged the need for strong staff engagement to ensure delivery of the strategic objectives. Discussion also addressed the role of research in improving patient care, with evidence cited that access to innovation and trials enhances outcomes and equity. Governors emphasised the importance of community engagement and offered support in facilitating local involvement.

Action: Arrange a dedicated briefing session for governors on research and innovation, including the linkage between research activity and patient care quality. **Mamta Shetty Vaidya/Siobhan Coldwell.**

Action: To bring back the final strategic framework document once agreed by the Trust Board in January 2026 and feedback on the wider engagement process with Care Groups and Divisions, highlighting the main priorities identified as part of the process. **Elizabeth Shutler.**

Action: Coordinate with governors to support and participate in upcoming community engagement events related to strategy development and clarify how governors can facilitate feedback from their communities. **Elizabeth Shutler.**

The committee noted the report.

NED Committee Updates

25/42 The committee received updates from the Non-Executive Director, Akhter Mateen (AM). Reports covered recent discussions and decisions across the Audit, Finance, Quality, and People committees, with each providing assurance on their respective areas of oversight.

The Audit and Finance committees confirmed that financial controls and reporting processes remain robust, with attention given to ongoing pressures on budgets and the need to maintain sustainability.

The Quality committee highlighted continued focus on patient safety, clinical effectiveness, and learning from incidents, noting progress in embedding improvement methodologies across services.

The People committee reported on workforce priorities, including recruitment, retention, and wellbeing initiatives, and emphasised the importance of aligning staff engagement with the Trust’s evolving strategy. Governors welcomed the updates and acknowledged the role of NED committees in providing independent scrutiny and assurance to the Board.

The committee acknowledged the NED updates.

ToR & Leadership Review: SGC Rolling Forward Plan

25/43 The Committee considered the Terms of Reference and the ongoing leadership review in the context of the SGC Rolling Forward Plan. Members discussed the importance of ensuring that the governance framework remained fit for purpose, with clarity of roles, responsibilities, and reporting lines. It was noted that the review provided an opportunity to strengthen accountability, align leadership structures with strategic priorities, and ensure that the committee's work continued to support both Board oversight and governor engagement.

The Rolling Forward Plan was acknowledged as a key mechanism for maintaining momentum, tracking progress against agreed objectives, and embedding improvements into future cycles of work. Governors emphasised the need for transparency in how actions were monitored and reported and welcomed the opportunity to revisit the Terms of Reference to ensure they reflected current expectations and legislative requirements.

The Committee agreed that the leadership review and forward planning process should remain iterative, with regular updates provided to governors to maintain confidence in the governance arrangements.

Governors formally endorsed both the Terms of Reference and the Rolling Forward Plan, confirming their support for the approach and its role in strengthening governance.

Draft agenda for March 2026 meeting

25/44 The Committee reviewed the draft agenda for the forthcoming meeting scheduled in March 2026. Members discussed the proposed items to ensure they reflected current priorities, statutory requirements, and areas of governor interest.

It was agreed that the agenda should balance standing items with time allocated for strategic discussion, including updates on the Trust's transformation programme, workforce reform, and community engagement. Consideration was also given to sequencing items to allow sufficient time for debate on key issues, while ensuring routine business was addressed efficiently.

Governors emphasised the importance of maintaining visibility on national policy developments, digital innovation, and the Trust's financial sustainability, and requested that these themes be incorporated into the agenda.

The Committee confirmed that the draft agenda provided a clear framework for the March 2026 meeting, subject to refinement as emerging priorities were identified in the intervening months.

Any Other Business

25/45 There being no other business, the Chair formally closed the meeting.

Dates of the next meeting via MS Teams

25/46

- Thursday 26 March 2026: 14:00 – 16:00