

Meeting:	Trust Board	Date of meeting:	12 March 2026
Report title:	Patient and Public Engagement on King's Strategy 2026 to 2031	Item:	14.2
Author:	Evelyn Oyebanjo – Deputy Director of Strategy	Enclosure:	-
Executive sponsor:	Julie Lowe – DCEO		
Report history:	King's Executive - March 2026		

Purpose of the report								
<p>The purpose of this report is to update Board members on the themes emerging from five public engagement sessions held on the development of the King’s Strategy – 2026 to 2031. These meetings were held across community sites in Bromley, Lambeth, Lewisham and Southwark.</p>								
Board/ Committee action required (please tick)								
Decision/ Approval		Discussion	✓	Assurance		Information		
Executive summary								
<p>The Trust is currently agreeing a new five-year strategy to ensure it reflects the changing needs of the communities it serves, the changing wider health and care landscape and the priorities of our staff and partners.</p> <p>A key ambition of this is to ensure the strategy is shaped not only by organisational priorities but also by the lived experiences and expectations of our local communities. Meaningful engagement with patients, carers, community groups and partners has therefore been central to the development process.</p> <p>The Board has been clear in its desire to go further than the engagement undertaken for BOLD, aiming for wider reach, more inclusive participation and deeper insight. The Trust has therefore broadened its approach by strengthening relationships with voluntary, community and social enterprise partners, delivering community-based sessions across multiple boroughs and launching a public survey to gather wider feedback.</p> <p>Since July 2025, a dedicated Voluntary, Community and Social Enterprise (VCSE) Strategic Lead has been in post to strengthen engagement with community partners and ensure a broad and</p>								

inclusive approach to involvement. This has included targeted outreach to community groups, which continues, alongside a set of engagement sessions, to ensure both breadth and depth of participation, with a particular focus on reaching groups whose voices are less often heard.

During January 2026, the Trust held five public engagement sessions across community sites in Bromley, Lambeth, Lewisham and Southwark.

These sessions form part of a wider programme of engagement to inform the development of the Trust’s strategy. The January sessions were structured using a “Problem Tree” approach. This enabled participants to begin by identifying the issues they experience in King’s, explore the underlying causes of these and then consider potential solutions and therefore priorities for King’s to use, moving forward.

Participants were invited to reflect on four core themes:

- **Access and Experience of Care** – the experience and ease with which individuals and communities can access care and support from King’s;
- **Inclusion, Dignity and Belonging** – the extent to which people feel included, respected and treated with dignity;
- **Health and Wellbeing** – the Trust’s role in supporting the health and wellbeing of local populations; and
- **Partnerships** – how the Trust works with local organisations and communities to improve health outcomes.

The themes outlined in this report represent the messages emerging from the engagement sessions. These insights will be considered alongside the survey findings to inform the final development of the strategy.

Strategy	
Link to the Trust’s BOLD strategy	Link to Well-Led criteria
✓ Brilliant People: <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	Leadership, capacity and capability ✓ Vision and strategy
✓ Outstanding Care: <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓ Culture of high quality, sustainable care Clear responsibilities, roles and accountability
✓ Leaders in Research, Innovation and Education: <i>We continue to develop and deliver world-class research, innovation and education</i>	Effective processes, managing risk and performance ✓ Accurate data/ information

✓	Diversity, Equality and Inclusion at the heart of everything we do: <i>We proudly champion diversity and inclusion and act decisively to deliver more equitable experience and outcomes for patients and our people</i>		✓	Engagement of public, staff, external partners
				Robust systems for learning, continuous improvement and innovation
✓	Person- centred	Sustainability		
	Digitally-enabled	Team King's		
✓				

Key implications	
Strategic risk - Link to Board Assurance Framework	Please include BAF strategic risk references
Legal/ regulatory compliance	None
Quality impact	Delivery of high-quality care is included as a strategic objective
Equality impact	This will form part of the strategy
Financial	This will form part of the strategy
Comms & Engagement	A Comms and Engagement plan is being developed.
Committee that will provide relevant oversight	

Patient and Public Engagement on King's Strategy 2026 to 2031

1 Background

- 1.1 The Trust is currently agreeing a new five-year strategy to ensure it reflects the changing needs of the communities it serves, the changing wider health and care landscape and the priorities of our staff and partners.
- 1.2 A key ambition of this is to ensure the strategy is shaped not only by organisational priorities but also by the lived experiences and expectations of our local communities. Meaningful engagement with patients, carers, community groups and partners has therefore been central to the development process.
- 1.3 The Board has been clear in its desire to go further than the engagement undertaken for BOLD, aiming for wider reach, more inclusive participation and deeper insight. The Trust has therefore broadened its approach by strengthening relationships with voluntary, community and social enterprise partners, delivering community-based sessions across multiple boroughs and launching a public survey to gather wider feedback.

2 Approach and Methodology

- 2.1 Since July 2025, a dedicated Voluntary, Community and Social Enterprise (VCSE) Strategic Lead has been in post to strengthen engagement with community partners and ensure a broad and inclusive approach to involvement. This has included targeted outreach to community groups, which continues, alongside a set of engagement sessions, to ensure both breadth and depth of participation, with a particular focus on reaching groups whose voices are less often heard.
- 2.2 During January 2026, the Trust held five public engagement sessions across community sites in Bromley, Lambeth, Lewisham and Southwark. They were held on:
- **Thursday 15 January, 4pm to 6pm:** Lecture Theatre 2, Education Centre, Princess Royal University Hospital, Farnborough Common, Orpington BR6 8ND;
 - **Saturday 24 January, 12pm to 2pm:** Marcus Lipton Community Centre, Minet Road, London SW9 7UH;
 - **Thursday 29 January, 4pm to 6pm:** Harry Lyne Room, Beckenham Beacon, 379 Croydon Road, Beckenham BR3 3QL;
 - **Friday 30 January, 4pm to 6pm:** Boardroom, Hambleden Wing, King's College Hospital, Denmark Hill, London SE5 9RS; and
 - **Saturday 31 January, 12pm to 2pm:** RMUK Wellbeing, Rear of 103 Boundfield Road, North Downham Estate, SE6 1PG.

- 2.3 These sessions form part of a wider programme of engagement to inform the development of the Trust’s strategy.
- 2.4 The January sessions were structured using a “Problem Tree” approach. This enabled participants to begin by identifying the issues they experience in King’s, explore the underlying causes of these and then consider potential solutions and therefore priorities for King’s to use, moving forward.
- 2.5 Participants were invited to reflect on four core themes:
- **Access and Experience of Care** – the experience and ease with which individuals and communities can access care and support from King’s;
 - **Inclusion, Dignity and Belonging** – the extent to which people feel included, respected and treated with dignity;
 - **Health and Wellbeing** – the Trust’s role in supporting the health and wellbeing of local populations; and
 - **Partnerships** – how the Trust works with local organisations and communities to improve health outcomes.
- 2.6 This approach was designed intentionally to move away from corporate jargon language and instead frame questions in a way that felt accessible and relatable to community groups and members of the public.
- 2.7 In addition, a public survey is currently live and will conclude on 28 February, this complements the survey undertaken in November 2025 asking the public about the Trust’s values. The findings will be synthesised by mid -March and incorporated into the final development of the strategy, ensuring that wider patient and public perspectives are reflected alongside the session insights. The second survey currently has well over 1,400 responders.
- 2.8 The themes outlined below represent the consistent messages emerging from the engagement sessions. These insights will be considered alongside the survey findings to inform the final development of the strategy.

3 Key Themes Emerging

- 3.1 Across the sessions, several consistent themes emerged. Participants reflected both on the challenges within the current system and the opportunities for improvement:

3.2 **Theme 1: Access is inconsistent and often difficult to navigate**

Across all workshops, services were frequently described as difficult to navigate and, at times, fragmented. Participants highlighted:

- Referral pathways between GP and hospital not always being clear;
- Inconsistent communication between departments and organisations;
- Variability in discharge planning and follow-up support;
- Experiences of being “passed between services”;
- Challenges in transitions between children’s and adult services; and
- Delays caused by diagnostic communication between organisations.

3.3 There was a clear expectation that greater clarity, coordination and accountability across the system would improve patient experience. Opportunities identified included:

- Providing clearer pathway information and service maps;
- Offering named contacts or advocates to guide patients;
- Strengthening coordination between hospital, GP, social care and community services;
- Improving discharge communication and aftercare planning; and
- Increasing visibility of support available within the community.

3.4 **Theme 2: Inclusion, dignity and cultural competence require strengthening**

Concerns relating to equity, cultural competence and respectful care were consistently raised. Participants highlighted:

- Experiences of stereotyping and profiling;
- Concerns about structural racism and inequitable treatment;
- Cultural pain bias and dismissal of symptoms;
- Language barriers and limited access to interpreters;
- Feeling invisible or treated as a number; and
- Lack of culturally appropriate care planning.

3.5 At the same time, some participants shared examples of compassionate and respectful care, suggesting variability across services rather than a single, uniform experience.

3.6 However, overall there was a strong appetite for King’s to strengthen its approach to inclusion and belonging. Opportunities identified included:

- Strengthening cultural awareness and competence training;

- Improving access to interpreter services;
- Increasing visibility of dignity and belonging commitments;
- Deeper engagement with faith groups and community leaders;
- Greater recognition of lived experience in service design; and
- More inclusive and representative forums for patient voice.

3.7 **Theme 3: Digital exclusion is a significant equity issue**

Digital systems were widely discussed and seen as both an enabler and a barrier. Participants highlighted:

- Confusion between MyChart and the NHS App;
- Limited interoperability between systems;
- Online booking and self-check-in creating access challenges;
- Digital exclusion affecting older people, people with disabilities and those with limited English; and
- Limited support to build digital confidence.

3.8 While there was recognition that digital innovation is central to the future direction of the NHS, there was a clear message that digital routes should not replace accessible alternatives. Opportunities identified included:

- Maintaining strong non-digital routes into care;
- Providing digital support and training for patients;
- Improving system integration and simplifying processes;
- Using technology to reduce waiting times where appropriate; and
- Providing clearer communication about how digital systems work.

3.9 **Theme 4: Staff wellbeing directly affects patient experience**

Workforce pressures were widely recognised and frequently linked to patient experience. Participants described:

- Staff working under significant pressure;
- Inconsistent communication and behaviours across teams;
- Hierarchical dynamics impacting culture; and
- Concerns about morale and staff wellbeing.

3.10 There was also strong appreciation of the professionalism and expertise of clinical teams, alongside recognition that staff wellbeing must be prioritised to sustain high-quality care. Opportunities identified included:

- Greater investment in staff wellbeing;
- Clear behavioural standards across all roles, making explicit what patients can expect;
- Strengthening a culture of mutual respect between staff and patients;
- Recognition and greater integration of volunteers, who were often described as an under-utilised resource; and
- Making it easier to celebrate good practice and positive behaviours.

3.11 **Theme 5: Partnerships with local community groups / Patient and public involvement need rebuilding especially post -Covid**

Across the sessions, partnerships were consistently seen as a critical enabler of better access, inclusion and experience of care.

There was a strong appetite for King’s to play a more visible, connective and enabling role within local systems, not only as a provider but as a trusted anchor organisation that aligns NHS, community, voluntary and social care partners around shared outcomes. Participants highlighted:

- Reduced community presence following Covid;
- Limited awareness of available services;
- Patchy community rehabilitation and aftercare;
- Limited visibility of social prescribing and community support;
- Challenges in building relationships with some other local partners; and
- Concerns about transport and physical access to services.

3.12 Some community groups described a gap between the Trust and local partners and communities, with an opportunity for more sustained, trust-based relationships rather than time-limited projects.

3.13 There was a clear expectation that King’s should use its influence to act as a system connector, bringing partners together and providing greater clarity on roles, pathways and shared responsibility perhaps working with community leaders to bridge the gap between the NHS and excluded communities within our boroughs. Opportunities identified included:

- Strengthening partnerships with voluntary, faith and community groups;

- Expanding community referral pathways and social prescribing;
- Improving health education and prevention initiatives;
- Mapping and promoting local community assets across the public sector;
- Increasing engagement with schools, youth groups and local organisations; and
- Building longer-term, trust-based relationships across boroughs.

4 How the feedback will shape the strategy

4.1 The aim is to ensure that the themes emerging from engagement influence visibly the new strategy and some initial suggestions have been made for consideration and discussion by KE and the Board:

What we heard	Proposed strategic response
Access is inconsistent and often difficult to navigate	<ul style="list-style-type: none"> • Work with system partners to simplify referral and discharge pathways; • Strengthen collaboration with community and VCSE organisations to improve navigation support for patients with complex needs; and • Improve communication across organisational boundaries.
Inclusion, dignity and cultural competence require strengthening	<ul style="list-style-type: none"> • Address health inequalities as a core strategic objective, aligned to the emerging Health Equity supporting strategy; • Strengthen cultural competence and anti-racism training through the People (Workforce and EDI) supporting strategy; • Improve access to interpreter services and culturally appropriate information; and • Reinforce clear expectations around dignity, respectful communication and person-centred care.
Digital exclusion is a significant equity issue	<ul style="list-style-type: none"> • Develop and implement a Digital Inclusion Plan aligned to the Trust’s digital strategy. This will ensure we: <ul style="list-style-type: none"> ○ Maintain non-digital routes into care for key services; ○ Help improve integration and usability of digital systems to reduce duplication and confusion; and ○ Provide targeted digital support for patients requiring additional assistance.
Staff wellbeing directly affects patient experience	<ul style="list-style-type: none"> • Prioritise workforce wellbeing within the “A Great Place to Work” strategic objective. This will include: <ul style="list-style-type: none"> ○ Embedding clear behavioural and cultural standards across all roles;

	<ul style="list-style-type: none"> ○ Strengthening leadership accountability for culture and experience; and ○ Exploring opportunities to further integrate volunteers into patient experience initiatives .
<p>Partnerships with local community groups / Patient and public involvement need rebuilding especially post -Covid</p>	<ul style="list-style-type: none"> • Reaffirm and strengthen the Trust’s role as an anchor institution across its boroughs, with a renewed focus on: <ul style="list-style-type: none"> ○ Utilising the Integrators in all Boroughs, but particularly Bromley, Lambeth and Southwark to build partnerships and inclusion; ○ Deepening long-term partnerships with VCSE and community organisations; ○ Developing a shared community asset mapping approach with public sector partners; and ○ Considering how to sustain and strengthen VCSE leadership capacity to support partnership working.

4.2 Engagement findings will continue to be reviewed alongside survey responses before finalisation of the strategy and the priorities for action. Together, these insights ensure the refreshed strategy is grounded in community experience and aligned with the needs and expectations of the populations we serve.

5 Next Steps

- 5.1 Analyse the results of the public survey and triangulate the findings with themes emerging from the engagement sessions.
- 5.2 Work in partnership with the relevant corporate and clinical leads to develop a combined approach and action plan.
- 5.3 Embed the initial responses and input from KE and the Board into this combined approach.
- 5.4 Share the key themes and the proposed strategic response with the public and community groups via a series of follow-up engagement conversations planned for April 2026.
- 5.5 Continue targeted engagement with partner stakeholders to further inform the development of the strategy.
- 5.6 Present the refreshed strategy to Trust Board for approval in May 2026.