

## AGENDA

<b>Committee</b>	<b>Board of Directors – Public</b>
<b>Date</b>	<b>Thursday 14 May 2026</b>
<b>Time</b>	<b>14:00 – 16:30</b>
<b>Location</b>	<b>Dulwich room, Hambleden Wing, King's College Hospital, Denmark Hill, SE5 9RS</b>

No.	Agenda item	Lead	Format	Purpose	Time
<b>STANDING ITEMS</b>					
1.	Welcome and Apologies	Chair	Verbal	Information	<b>14:00</b>
2.	Declarations of Interest	Chair	Verbal	Information	
3.	Chair's Actions	Chair	Verbal	Approval	
4.	Minutes of the Meeting held on 12 March 2026	Chair	Enclosure	Approval	
5.	Action tracker	Chair	Enclosure	Discussion	
6.	Patient Story	Chief Nurse & Executive Director of Midwifery	Presentation	Information/ Discussion	<b>14:05</b>
7.	Board Assurance Framework	Director of Corporate Affairs	Enclosure	Assurance	<b>14:20</b>
8.	Integrated Performance Report <ul style="list-style-type: none"> <li>- Quality</li> <li>- Operational Performance</li> <li>- Finance</li> <li>- Workforce</li> </ul>	Chief Executive Officer	Enclosure	Discussion/ Assurance	<b>14:30</b>
9.	Highlight Reports from Committee Chairs <ul style="list-style-type: none"> <li>9.1. Finance &amp; Commercial Committee</li> <li>9.2. Audit and Risk Committee</li> <li>9.3. Quality and Research Committee</li> <li>9.4. Performance, Transformation and Improvement Committee</li> <li>9.5. People, Education and Inclusion Committee (verbal)</li> <li>9.6 Academic Committee in Common (Verbal)</li> </ul>	Committee Chairs	Enclosure	Assurance	<b>14:50</b>
10.	Report from the Chief Executive Officer	Chief Executive Officer	Enclosure	Discussion /Assurance	<b>15:10</b>
11.	Report from the Chair of the Board	Chair	Verbal	Information	<b>15:20</b>
<b>STRATEGY, PLANNING AND DELIVERY</b>					
12.	Trust Strategy 2026-31	Deputy Chief Executive	Enclosure	Approval	<b>15:25</b>
13.	Public Health & Inequalities	Chief Medical Officer	Enclosure	Discussion	<b>15:40</b>

14.	Patient Flow – Lessons learnt	Chief Delivery Officer	Enclosure	Discussion/ Assurance	<b>15:50</b>
15.	Operational Plan	Chief Financial Officer & Chief Delivery Officer	Enclosure	Approval	<b>16:05</b>
<b>GOVERNANCE AND ASSURANCE</b>					
16.	Risk Register Report	Chief Nurse and Executive Director of Midwifery	Enclosure	Assurance	<b>16:15</b>
17.	Board and Subcommittee Forward Plans 2026-27	Director of Corporate Affairs	Enclosure	Approval	<b>16:20</b>
<b>COUNCIL OF GOVERNORS</b>					
18.	Council of Governors' Update	Lead Governor	Verbal	Information	<b>16:25</b>
<b>ANY OTHER BUSINESS</b>					
19.					
<b>FOR INFORMATION</b>					
20.	Maternity and Neonatal Report  <i>Further information in Reading Room</i>	Chief Nurse and Executive Director of Midwifery	Enc.	Information	*
21.	BOLD Refresh Q4 update and End of Year Report	Deputy Chief Executive Officer	Enc.	Information	*
<b>DATE OF THE NEXT MEETING</b>					
<b>Date of the next meeting: The next meeting will be held on Thursday 15 July 2026 at 1400 – 1630, PRUH</b>					

<p><b>Members:</b></p> <p>Sir David Behan</p> <p>Dame Christine Beasley</p> <p>Nicholas Campbell-Watts</p> <p>Dr Jane Fryer</p> <p>Sheena Mackay</p> <p>Gerry Murphy</p> <p>Akhter Mateen</p> <p>Prof. Graham Lord</p> <p>Prof Anthony Schapira</p> <p>Dr Angela Spatharou</p> <p>Prof. Clive Kay</p> <p>Prof. Tracey Carter MBE</p> <p>Roy Clarke</p> <p>Angela Helleur</p> <p>Julie Lowe</p> <p>Dr Mamta Shetty Vaidya</p> <p>Damian McGuinness</p>	<p>Chairman</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Non-Executive Director</p> <p>Chief Executive Officer</p> <p>Chief Nurse &amp; Executive Director of Midwifery</p> <p>Chief Finance Officer</p> <p>Chief Delivery Officer</p> <p>Deputy Chief Executive Officer</p> <p>Chief Medical Officer</p> <p>Chief People Officer</p>
<p><b>In Attendance:</b></p> <p>Siobhan Coldwell</p> <p>Chris Rolfe</p>	<p>Director of Corporate Affairs</p> <p>Director of Communications</p>
<p><b>Apologies:</b></p>	
<p><b>Circulation List:</b></p> <p>Board of Directors &amp; Attendees</p> <p>Council of Governors</p>	

### Board of Directors - Public

**DRAFT** Minutes of the meeting held on 12 March 2026 at 14:00 – 16:30  
Dulwich Room, Hambleton Wing, Denmark Hill, London SE5 8BQ

<b>Members:</b>	
Sir David Behan	Non-Executive Director, (Chair)
Dame Christine Beasley	Non-Executive Director
Nicholas Campbell-Watts	Non-Executive Director
Prof. Tracey Carter MBE	Chief Nurse & Executive Director of Midwifery
Roy Clarke	Chief Financial Officer
Angela Helleur	Chief Delivery Officer
Dr Jane Fryer	Non-Executive Director (via MS Teams)
Prof Clive Kay	Chief Executive Officer
Prof Graham Lord	Non-Executive Director
Julie Lowe	Deputy Chief Executive Officer
Sheena Mackay	Non-Executive Director
Damian McGuinness	Chief People Officer
Gerry Murphy	Non-Executive Director
Prof. Anthony Schapira	Non-Executive Director
Mamta Shetty Vaidya	Chief Medical Officer
<b>In attendance:</b>	
Siobhan Coldwell	Director of Corporate Affairs
Dr Caoimhe Nic Fhogartaigh	Clinical Director Pathology (for item 26/38)
Ashley Flores	Director of Infection Prevention & Control (for item 26/38)
Kat Hughes	Chief of Staff – CEO Office
Jennifer Nabwogi	Deputy Trust Secretary
Chris Rolfe	Director of Communications
Ben Freedman	Had of Vascular Laboratory (for staff story)
Governors	
Members of the public	
<b>Apologies:</b>	
Akhter Mateen	Non-Executive Director
Dr. Angela Spatharou	Non-Executive Director

Item	Subject
26/25	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed Board members, Governors and members of the public to the meeting.</p> <p>Apologies were received from Non-executive Directors, Angela Spatharou and Akhter Mateen.</p>

26/26	<p><b><u>Declarations of Interest</u></b></p> <p>There were no declarations of interest over and above those already on record.</p>
26/27	<p><b><u>Chair's Actions</u></b></p> <p>There were no Chair's actions to report during this period.</p>
26/28	<p><b><u>Minutes of the meeting held on 15 January 2026</u></b></p> <p>The minutes of the meeting on 15 January 2026 were approved as a correct record.</p>
26/29	<p><b>Action tracker</b></p> <p>The Board reviewed the action tracker and received the following updates:</p> <ul style="list-style-type: none"> <li>• <b>Clarity of SPC Charts:</b> It was clarified that this action sits with the Chief Delivery Officer (CDO) rather than the Chief Nurse and Executive Director of Midwifery (CN&amp;EDM). The CDO confirmed that this was being progressed.</li> <li>• <b>RTT Recovery – Benchmarking:</b> The CDO advised that national benchmarking will be included within the Integrated Performance Report. The action can therefore be closed.</li> <li>• <b>Trust Constitution Update:</b> The update to the Trust Constitution had been completed and the action can be closed.</li> </ul> <p>The Board noted the updates.</p>
26/30	<p><b>Staff Story</b></p> <p>The CDO introduced Ben Freedman, Clinical Scientist and Head of the Vascular Laboratory, who presented the staff story. Ben outlined the role of the vascular science team, which provides a full non-invasive vascular scanning, reporting and diagnostic service within the Trust's Medical Engineering and Physics Department. The profession is small nationally, with around 200 registered professionals in England, 13 of those being at the Trust. The team saw approximately 1,900 patients in 2025. Ben highlighted the team's patient-centred approach, rapid response for urgent cases, and portable scanning service for sickle cell patients across South East London. The team also contributes to national professional development and training within vascular science.</p> <p>Key challenges include demand exceeding capacity for non-urgent scans, resulting in a backlog, limited time for professional development due to workload, inappropriate referrals for low-value imaging, and pay disparities affecting staff motivation.</p> <p>The Chief People Officer and Chief Delivery Officer committed to working with the team to address the issues raised.</p> <p><b>ACTION:</b> Chief People Officer and Chief Delivery Officer to meet with the clinical scientists in the vascular lab team to address matters reported in the public board staff story. <b>AH &amp; DM</b></p>
26/31	<p><b>Board Assurance Framework</b></p> <p>The Director of Corporate Affairs presented an update on the Board Assurance Framework (BAF), noting that its new position on the agenda is intended to allow greater focus and help set the context for subsequent items. All risks allocated to Board subcommittees had been reviewed by the relevant committees. It was noted that future iterations of the BAF presented to subcommittees will include both gross and net risk scores to demonstrate the impact of mitigations.</p> <p>Key highlights included:</p> <ul style="list-style-type: none"> <li>• <b>Workforce risk:</b> While staff turnover remains positive, this has negatively affected workforce plans that were based on higher turnover assumptions. The Trust has also performed well in the staff survey.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Financial sustainability:</b> This risk is linked to workforce challenges, particularly under-delivery against workforce cost improvement plans (CIP). Mitigations are in place, though further work is required.</li> <li>• <b>Estates:</b> Delivery of the capital programme remains challenging, although assurances around the condition and management of premises are improving.</li> <li>• <b>Research and innovation:</b> There are challenges in meeting the 150-day target for clinical trials.</li> <li>• <b>Outstanding care:</b> An internal audit of the PSIIRF framework provided positive assurance with only minor improvements identified.</li> </ul> <p>The Board noted the recent publication of four CQC reports, all requiring improvement from the Trust. Ongoing demand and capacity work to support delivery of constitutional standards was highlighted, alongside challenges relating to cyber assurance.</p> <p><b>ACTION:</b> The Board requested that future deep-dive discussions at the Trust Board are explicitly linked to progress and risks identified within the BAF. <b>SC</b></p>
<p><b>26/32</b></p>	<p><b>Highlight Reports from Committee Chairs</b></p> <p><b>Finance &amp; Commercial Committee</b></p> <p>The Chair of the Finance and Commercial Committee (FCC) reported that two meetings had taken place since the last Board meeting. Discussions focused on the Trust's financial position, CIP, and estates matters, including capital allocation and the requirement to utilise available capital funding by the end of March 2026. The Committee had noted that the overall estates strategy was being developed and discussed changes to estates management arrangements, moving away from the assurance service model with GSTT. FCC had further noted that the BAF was improving but asked that it becomes more dynamic. Progress on the Trust's information governance and data maturity journey was also discussed. The Committee had also reviewed the internal audit plan for the financial year.</p> <p><b>Audit and Risk Committee</b></p> <p>The Chair of the Finance and Commercial Committee reported on behalf of the Chair of the Audit and Risk Committee, noting improvements in the Board Assurance Framework, with a need for greater dynamism. He also highlighted the evolving information governance and data agenda. The audit plan for the year was reviewed.</p> <p><b>Quality and Research Committee</b></p> <p>The Chair of the Quality and Research Committee presented the report and invited any feedback or questions. No comments were raised by the Board.</p> <p><b>Performance, Transformation and Improvement Committee</b></p> <p>The Chair of the Committee reported that the meeting had focused on referral to treatment (RTT) performance, the transformation agenda, including review of the 2026/27 planning cycle, and a strong emphasis on improving patient flow within the hospital.</p> <p><b>People, Education and Inclusion Committee</b></p> <p>The Committee Chair reported that the meeting had focused on four main areas: Workforce performance metrics, which were broadly positive; Sickness absence remains high but is in line with London trends: Temporary staffing levels were reported as stable, although there is ongoing pressure on bank staff requirements: The Committee also discussed the staff survey, which showed good overall performance, though further progress is needed. Participation rates, in particular, need to increase and greater staff engagement is required. The next steps would</p>

	<p>involve developing local action plans to address the survey findings. Education and training had also been discussed, and the Committee noted improvements in quality governance.</p> <p>The Board expressed its thanks to staff who responded to the survey and recognised the significant achievements reflected in the results. Managers across the organisation were also thanked for their contribution.</p> <p><b>Academic Committee in Common</b></p> <p>The Board received a record of the discussions of the 29 January 2026 Academic Committee in Common meeting.</p>
<p><b>26/33</b></p>	<p><b>Integrated Performance Report</b></p> <p>The Chief Executive Officer (CEO) introduced the four sections of the January 2026 report.</p> <p><b>Quality</b></p> <p>The Chief Medical Officer (CMO) reported above-average outcomes for patients with breast cancer. However, Duty of Candour remains a challenge, with variation in the quality of letters issued across different services.</p> <p>The Chief Nurse and Executive Director of Midwifery (CN &amp; EDM) highlighted challenges with the Emergency Department Friends and Family Test results and noted that actions are being taken to address these issues. In relation to deteriorating patients, the data indicated an initial improvement in the reduction of high scoring early warning scores, indicating an improvement in deterioration of patients. Further data is required to confirm special cause for improvement.</p> <p><b>Operational Performance</b></p> <p>The CDO reported that DM01 performance had improved for the fifth consecutive month, with 34.43% of patients waiting over six weeks for a diagnostic test in January 2026, compared with 42.46% in December 2025. While this represents continued progress, performance remains above the operating plan of 21.3%.</p> <p>Urgent and Emergency Care (UEC) 4-hour performance fell to 69.08% in January, remaining below the national target of 78% for the fifth consecutive month this financial year. A detailed recovery plan is in place to return performance to plan.</p> <p>The number of patients waiting over 65 weeks increased slightly between December 2025 and January 2026. Although the Trust remains ambitious to eliminate these waits, achieving this will be challenging. A demand and capacity review had been undertaken, resulting in the prioritisation of certain services, supported by external providers where necessary, and strengthened governance arrangements. Members also received an update on progress towards both the 18-week RTT and 52-week waiting time targets. For the 18 week target, the Trust had achieved 62.5% against the national target of 92%.</p> <p>The Board thanked the team for the improvement in DM01 performance and was assured of the sustainability of the progress made. The discussion also highlighted the importance of team behaviours adapting to support ongoing cultural shifts.</p> <p><b>Finance</b></p> <p>The Chief Financial Officer (CFO) reported a year-to-date surplus of £5.5m as at January, representing a £5.2m favourable variance to the April 2025 NHSE agreed plan. Excluding non-recurrent items, the Trust reported an underlying deficit of £102.8m, £3.1m adverse to plan. The Trust maintains a positive cash position, and the Board was assured that the year-end forecast remains deliverable. However, risks remain in the underlying run rate and in managing cost pressures, particularly temporary staffing.</p>

	<p><b>Workforce</b></p> <p>The Chief People Officer (CPO) advised that the Staff Survey results had not been circulated in advance due to an embargo. As the embargo had since lifted, a one-page summary was tabled at the meeting. The results indicated the Trust has improved significantly across all six People Promise domains, with 46% staff participation.</p>
26/34	<p><b>Risk Register Report</b></p> <p>The CN&amp;EDM reported the renewed focus on divisional risks, with divisional risk registers now fully established. Particular attention was being given to risks scored 16 and above. Since the last report to the Board, three risks had reduced in score and one risk had been closed.</p> <p>The Board noted the update.</p>
26/35	<p><b>Report from the Chief Executive Officer</b></p> <p>The Chief Executive Officer presented the report and drew the Board's attention to the following key updates.</p> <ul style="list-style-type: none"> <li>• The Care Quality Commission had published four inspection reports relating to Trust services. All four services were rated Requires Improvement overall. Inspectors identified areas of good practice across all services, staff were commended for being kind, warm and compassionate, and for involving patients and their families in decisions about care and treatment. However, a number of concerns were also identified, particularly in relation to leadership, culture and aspects of medical care. Actions were being taken to address the issues raised.</li> <li>• The Board also noted the Trust's 2025/26 amber-red capability rating following the national assessment of NHS Trust Boards' capability.</li> <li>• An update was provided on the South East London acute services review, with the data collection phase now complete and the programme expected to report back in early summer.</li> </ul> <p>The Board recommended that the Trust undertakes a self-assessment, using the Insightful Board framework, against the six Care Quality Commission domains.</p> <p><b>ACTION:</b> To arrange for the Trust Board to undertake a self-assessment against the six CQC domains using the Insightful Board framework. <b>SC</b></p>
26/36	<p><b>Report from the Chair of the Board</b></p> <p>The Chair reported that there were no additional matters to highlight. However, he noted that he had been extensively involved in the recruitment process for the new Trust Chief Executive Officer.</p>
26/37	<p><b>Update on Trust Strategy</b></p> <p><b>Five-Year Strategic Metrics</b></p> <p>The Deputy Chief Executive Officer presented the proposed five-year metrics for each of the Trust's approved strategic objectives. The intention is that the metrics remain relevant over the next five years and meaningfully reflect progress against the strategic objectives. The Board was asked to approve the proposed metrics.</p> <p>The Trust's strategic objectives are:</p> <ul style="list-style-type: none"> <li>• High quality care for patients</li> <li>• Pioneering research, innovation and education</li> <li>• Timely and efficient patient care</li> <li>• A great place to work</li> <li>• Strong and successful partnerships</li> </ul>

	<ul style="list-style-type: none"> <li>• Financial sustainability</li> </ul> <p>Under the financial sustainability objective, the plan is for the Trust to reach a break-even position by 2030. In relation to the objective on pioneering research, innovation and education, the Board requested that health equity be reflected within the narrative. Members also suggested reviewing the wording to make it more concise and to avoid lengthy paragraphs. For the objective on high quality care for patients, the Board advised that the metric should be reviewed to develop a more integrated quality measure that better reflects the Trust’s ambition.</p> <p>It was noted that once the metrics are agreed, there will be clear accountability, with a breakdown of deliverables and annual measures to monitor progress.</p> <p><b>DECISION:</b></p> <p>The Board did not formally approve the metrics at this stage but provided feedback for further refinement.</p> <p><b>Public Engagement Themes Insights</b></p> <p>The Deputy Chief Executive Officer presented the themes, noting that no formal approval was required but feedback was requested on insights gathered across South East London. The Board acknowledged that some themes may require behavioural changes within the Trust, including unlearning existing practices. The report outlined the proposed strategic response for each theme.</p> <p>The Board queried how progress and achievement of the actions would be measured, highlighting the need for a baseline and ongoing tracking. Relevant chapters of the report were to be circulated to Non-executive Directors.</p>
<p><b>26/38</b></p>	<p><b>Infection Prevention &amp; Control Report</b></p> <p>The Chief Nurse and Executive Director of Midwifery introduced the report alongside the Clinical Director of Pathology and the Director of Infection Prevention and Control. They presented the national action plan to tackle antimicrobial resistance, highlighting the call to action set out in the accompanying letter from NHS England. It was noted that the Trust is performing reasonably well against the relevant KPIs.</p> <p>The Board received information on the World Health Organisation categorisation of antibiotics. It also outlined the Trust’s three priorities and key challenges in addressing antimicrobial resistance, as well as how progress against these priorities will be measured. Oversight of this work will be provided by the Quality Committee, and the Board will be updated annually.</p> <p>The Board thanked the team for the report and their ongoing work in this area and supported the chosen priorities.</p>
<p><b>26/39</b></p>	<p><b>Board Committee Terms of Reference Updates</b></p> <p>The Director of Corporate Affairs presented the Terms of Reference for Board approval. The Terms had previously been approved in March 2025 and are subject to annual review. It was noted that the Terms of Reference for the Quality and People Committees had been updated extensively. The research element had been removed from the People Committee and incorporated into the Quality Committee, where it was a better fit.</p> <p><b>DECISION:</b></p> <p>The Board approved the Terms of Reference for the following Board sub-committees: the Finance and Commercial Committee, the Quality and Research Committee, the Audit and Risk Committee, and the People, Education and Inclusion Committee.</p>
<p><b>26/40</b></p>	<p><b>King’s Health Partners – Partnership Framework</b></p> <p>The Chief Executive Officer of King’s Health Partners (KHP) presented the partnership framework, which had previously been discussed at a KHP Board development session. The</p>

	<p>framework set out how the next phase of the KHP strategy will be operationalised. It had received approval from the executive boards of King's College London University, Guy's and St Thomas' NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust. The Board noted that the framework is aligned with the emerging King's strategy.</p> <p>The Board commended the framework, noting that it was very well written.</p>
<b>26/41</b>	<p><b>Council of Governors' Update</b></p> <p>Southwark Public Governor, Hilary Entwistle, provided an update on behalf of the Lead Governor, who was unable to attend. She outlined the activities undertaken by Governors since the last Board meeting. These included participation in the stakeholder panel for the recruitment of the Trust Chief Executive, attendance at the NHS England Experience of Care Framework review meeting, and a NED accountability meeting with Dr Angela Spatharou. Governors also took part in a NED-Governor engagement day. The update also noted the recent election of new Governors, with thanks extended to those whose terms were ending and a welcome offered to newly elected members.</p> <p>The Board thanked the Council of Governors for their contribution and emphasised the importance of continuing to work closely with them in developing the Trust's patient strategy.</p>
<b>26/42</b>	<p><b>Any other Business</b></p> <p>The Chair informed the Board that it had been publicly announced that Matthew Trainer, Chief Executive Officer of Barking, Havering and Redbridge University Hospitals NHS Trust, had been offered and had accepted the role of Chief Executive Officer of King's College Hospital NHS Foundation Trust. He is expected to join the Trust on 6 July 2026. The Council of Governors had approved the appointment.</p>
<b>26/43</b>	<p><b>For Information</b></p> <p>The following reports were noted:</p> <ul style="list-style-type: none"> <li>• Maternity and Neonatal Bi-monthly update</li> <li>• Safer Staffing Bi-annual update.</li> </ul>
	<p><b><u>Date of the next meeting:</u></b></p> <p>Date of the next meeting: 14 May 2026 at 09:30 - 12:30 in the Dulwich Room, Hambleton Wing, Denmark Hill &amp; MS Teams.</p>

Public Board Action Tracker - 14 May 2026

ACTION ID	Date & Ref	Action	Lead	Date Due	Status	Update
<b>ACTIONS - PENDING</b>						
N/A	13/11/2025 25/125	<b>Clarity of SPC Charts</b> Ensure SPC charts are legible in future integrated performance reports.	AH	12/03/2026	Open	7 May 2026 update: the teams and have discovered the flaw is with Diligent when PDF is used. We will continue to send the IPR and other data packs as separate attachments until this is resolved.
BODPB2601	15/01/2026 26/09	<b>Seminar on Flow</b> Schedule and Deliver Board Seminar on Flow	SC & AH	14/05/2026	Open	7 May 2026 update: Seminar on flow is on the agenda - UEC Lessons learned
BODPB2602	15/01/2026 26/10	<b>Cancer Performance Deep Dive</b> Commission or initiate improved forecasting and scenario modelling for cancer pathway demand and workforce fragility, potentially in collaboration with SELCA, KCL, and LSE.	AH	14/05/2026	Open	7 May 2026 update: This is being worked through with SELCA
BoDPB2603	12/03/2026 26/30	<b>Vascular Lab Interventions</b> Chief People Officer and Chief Delivery Officer to meet with the clinical scientists in the vascular lab team to address matters reported in the public board staff story	AH & DM	14/05/2026	Open	7 May 2026 update: The Chief Delivery Officer has visited the vascular lab and met with the staff. She will discuss the issues with the Chief People Officer to see if there is a possible alternative.
BoDPB2604	12/03/2026 26/31	<b>Linking Board Discussions to BAF Risks</b> The Board requested that future deep-dive discussions at the Trust Board are explicitly linked to progress and risks identified within the BAF	SC	14/05/2026	Open	
BoDPB2605	12/03/2026 26/35	<b>Board Self Assessment Against CQC Insightful Board</b> To arrange for the Trust Board to undertake a self-assessment against the six CQC domains using the Insightful Board framework	SC	14/05/2026	Open	
<b>PENDING - ACTIONS</b>						
	Date & Ref	Action	Lead for Action	Due	Status	Update

<b>Meeting:</b>	Board of Directors' Meeting - Public	<b>Date of meeting:</b>	14 May 2026
<b>Report title:</b>	<b>Board Assurance Framework</b>	<b>Item:</b>	7
<b>Author:</b>	Siobhan Coldwell, Director of Corporate Affairs	<b>Enclosure:</b>	7.1 – 7.7
<b>Executive sponsor:</b>	Prof Clive Kay, Chief Executive		
<b>Report history:</b>	n/a		
<b>Purpose of the report</b>			
To provide the Board of Directors with assurance that the BAF has been reviewed and to outline key changes.			
<b>Board/ Committee action required (please tick)</b>			
<b>Decision/ Approval</b>		<b>Discussion</b>	<input checked="" type="checkbox"/>
		<b>Assurance</b>	<input checked="" type="checkbox"/>
		<b>Information</b>	<input type="checkbox"/>
<b>Recommendation</b>			
The Board is asked to note the updates to the BAF.			
<b>Executive summary</b>			
The Trust's Board Assurance Framework has been reviewed .			
There are currently 9 strategic risks included on the BAF. Four risks are rated 'Red' with a score of 16 and above including:			
<ul style="list-style-type: none"> <li>• Financial Sustainability</li> <li>• Critical Infrastructure</li> <li>• Demand and Capacity</li> <li>• Cyber</li> </ul>			
Risks have been reviewed by the relevant committees. Risk scores have changed as follows since the BAF was last presented to the Board.			
<ul style="list-style-type: none"> <li>• <b>Financial sustainability</b> – The risk score reduced from 25 to 20. The Trust exited the Recovery Support Programme in April 2026.</li> <li>• <b>Demand and Capacity</b> – The risk score reduced from 20 to 16. This is based on the Trust operational performance being on an upward trajectory and there is confidence that most targets are achievable. There are also various transformational opportunities that are being explored.</li> <li>• <b>Cyber risk</b> – The risk score reduced from 20 to 16. This is based on penetration testing assurance and extensive use of secure data locations that offer significant enhancements in cyber-protection.</li> </ul>			

Strategy		
Link to the Trust's BOLD strategy		Link to Well-Led criteria
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓ Shared Direction and Culture
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓ Capable, Compassionate and inclusive leaders
✓	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	✓ Freedom to Speak Up
✓	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓ Workforce Equality Diversity and Inclusion
		✓ Governance, Management and Sustainability
✓	<b>Person- centred</b> <b>Sustainability</b>	✓ : Partnership and Communities
		Learning, Improvement and innovation
✓	<b>Digitally-enabled</b>	Environmental Sustainability
	<b>Team King's</b>	

## Board Assurance Framework 2025/26

The Trust Strategy 2022-26 and priorities have been reviewed so that any risks that may impact on the achievement of these priorities are identified and managed.

Ref	Risk Summary	Executive Lead(s)	Assurance Committee	Current risk (LxC)	Change	Target Risk Score*
1	<b>Workforce</b> If the Trust is unable to transform the workforce and develop new ways of working in order to deliver the new Trust operating model, financially sustainable services will not be delivered, adversely impacting patient outcomes and staff engagement and patient experience	Chief People Officer	People, Inclusion Education and Research	12 (4 x 3)	↔	6
2	<b>King's Culture &amp; Values</b> If the Trust is unable to transform the culture of the organisation to become more inclusive and positive, staff engagement and well-being may deteriorate, adversely impacting our ability to provide culturally intelligent, compassionate care to our patients and to each other.	Chief People Officer & Director of Equality, Diversity & Inclusion	People, Inclusion Education and Research	12 (3 x 4)	↔	12
3	<b>Financial Sustainability</b> If the Trust is unable to improve the financial sustainability of the service it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver value for money, and improve the quality of services in the future	Chief Finance Officer	Finance and Commercial	20 (4 x 5)	↕	20 (end March 2026)
4	<b>Critical Infrastructure</b> If the Trust is unable to protect and maintain its critical infrastructure (estate, ICT and medical equipment) our ability to deliver safe and sustainable services will be adversely impacted	DCE	Finance, Commercial & Sustainability	16 (4 x 4)	↕	12
5	<b>Research &amp; Innovation</b> If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust's ambitions as a world-leading research and innovation centre	Chief Medical Officer	People, Inclusion Education and Research	12 (3 x 4)	↔	6

6	<b>Safe Effective Care</b> If the Trust does not have adequate arrangements to support the delivery and oversight of high quality care, this may result in an adverse impact on patient outcomes and patient experience and lead to an increased risk of avoidable harm	Chief Nurse & Executive Director of Midwifery and Chief Medical Officer	Quality Committee	12 (4 x 3)	↔	8
7	<b>System Sustainability</b> If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely on our ability to achieve system transformation in line with the NHS 10 year plan ambition.	Deputy Chief Executive	Board of Directors	9 (3 x 3)	↔	9
8	<b>Demand and Capacity</b> If the Trust is unable to transform services, improve productivity and sustain sufficient capacity, patient waiting times may increase potentially resulting in an adverse impact on patient outcomes and an increased risk of avoidable harm.	Chief Delivery Officer	Board of Directors	16 (4 x 4)	↔	20
9	<b>Cyber</b> If the Trust's IT infrastructure is not adequately protected systems may be comprised, resulting in reduced access to critical patient and operational systems and/or the loss of data	Deputy Chief Executive	Audit	16 (4 x 4)	↕	16

**BOLD Objective: Sustainability (Golden Thread) : Maintaining our focus on financial stability and sustainability through more efficient and productive services and building a new focus on becoming more environmentally sustainable through delivering our green plan.**  
**Risk: If the Trust is unable to protect and maintain its critical infrastructure (estate, ICT and medical equipment) our ability to deliver safe and sustainable services will be adversely impacted.**  
**Risk Owner: Deputy Chief Executive** **Committee Finance and Commercial Committee** **Last review: April 2026**

<p><b>2026/27 Priorities:</b></p> <ul style="list-style-type: none"> <li>• Delivery of the 2026/27 Operational plan</li> <li>• Delivery of year 2 of the Financial strategy (inc component parts)</li> <li>• Delivery of the capital programme and equipment replacement plans.</li> </ul> <p><b>Relevant significant risks on Corporate and Trust RR:</b></p> <p>3614 Capital programme (20)          3617 Cost Inflation(8)          3682 PRUH (PFI) building - Estate issues (20)          213 IPC risks associated with estates (12)</p>	<p><b>Risk Scoring:</b></p> <table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Gross risk</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Previous mitigated risk (Q4 25/26)</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Current Risk score (Q1)</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target (Mar 26)</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Target (Mar 27)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Appetite rating</b></p> <p><b>Risk Appetite:</b></p> <table border="1"> <tr> <td>Compliance</td> <td>Minimal</td> </tr> <tr> <td>Experience</td> <td>Open</td> </tr> </table>		Impact	Likelihood	Score	Gross risk	5	5	25	Previous mitigated risk (Q4 25/26)	4	4	16	Current Risk score (Q1)	4	4	16	Target (Mar 26)	4	3	12	Target (Mar 27)				Compliance	Minimal	Experience	Open	<p><b>Future Risks</b></p> <ul style="list-style-type: none"> <li>• Aging medical equipment, particularly in radiology</li> <li>• Poor ventilation/air/water in parts of the aged estate particularly at DH.</li> <li>• Cooling systems for Pharmacy across PRUH and SS</li> </ul> <p><b>Future Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Strategic Estates Review</li> <li>• Availability of capital</li> <li>• Soft FM tender at DH</li> <li>• Decant wards to facilitate estates work</li> </ul>
	Impact	Likelihood	Score																											
Gross risk	5	5	25																											
Previous mitigated risk (Q4 25/26)	4	4	16																											
Current Risk score (Q1)	4	4	16																											
Target (Mar 26)	4	3	12																											
Target (Mar 27)																														
Compliance	Minimal																													
Experience	Open																													
<p><b>Controls:</b></p> <p><b>Estates Maintenance</b></p> <ul style="list-style-type: none"> <li>• Estates/IPC ward-level risk assessment and prioritisation</li> <li>• Fire Risk Assessments</li> <li>• Water safety management service arrangements</li> <li>• IPC Committee – risk and governance arrangements</li> <li>• IPC audits and sampling</li> <li>• Bi-monthly Health &amp; Safety Committee – review of estates H&amp;S risks</li> <li>• Estates Compliance Programme</li> <li>• Duplicate</li> <li>• Water Safety, Ventilation, Medical gases, Electrical, Committees in place meeting regularly.</li> <li>• Fire Action group in place at PRUH</li> <li>• HTM control process management</li> </ul> <p><b>Development</b></p> <ul style="list-style-type: none"> <li>• Capital planning and prioritisation process 25/26. Capital Plan in Place</li> <li>• Scheme of Delegation and Standing Financial Instructions (SFIs) (Control)</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Estates governance in review</li> </ul>	<p><b>Assurance of Controls:</b></p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Annual Premises Assurance Model submission</li> <li>• Designated Persons and Authorising Engineers in place in line with HTM requirements providing audit reports</li> <li>• IPC BAF</li> <li>• Health and Safety and fire training compliance</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• LFB enforcement notice for DH. No Notice currently received for PRUH</li> <li>• CAPITEC reviews</li> <li>• PFI Lippit Fire report, Trust Capita Fire reports.</li> <li>• Internal Audit Review of Estates Backlog maintenance found partial assurance with opportunities for improvement.</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• None identified</li> </ul>	<p><b>Rationale for current score</b></p> <ul style="list-style-type: none"> <li>• Backlog Maintenance limitations due to budget and decant capacity</li> <li>• Off track on delivery of strategy priorities due to resourcing, supplier dependencies and co-ordination issues.</li> <li>• Improvement in PFI management, particularly at PRUH</li> <li>• Scope for improvement of estates governance.</li> </ul>																												



<b>BOLD Objective: greater use of digital solutions – including maximising the benefits of Epic, our electronic patient record system - to enhance patient access to care and to enable them to personalise their care through shared decision making</b> <b>Risk: If the Trust’s IT infrastructure is not adequately protected systems may be comprised, resulting in reduced access to critical patient and operational systems and/or the loss of data</b> <b>Risk Owner: Deputy Chief Executive</b> <span style="float: right;"><b>Committee</b>    <b>Audit Committee</b></span> <span style="float: right;"><b>Last review: April 2026</b></span>																												
<p><b>2026/27 Priorities:</b></p> <ul style="list-style-type: none"> <li>Decommissioning of legacy systems</li> <li>Delivery of the digital roadmap</li> <li>Introduction of the Network Access Control software/hardware</li> </ul> <p><b>Relevant significant risks on Corporate and Trust RR:</b> 391R03 Malware such as Ransomware Compromising Unpatched Servers</p>	<p><b>Risk Scoring:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Risk gross score (unmitigated)</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Previous risk net score (Q3)</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Current Risk net score (Q1)</td> <td>4</td> <td>4</td> <td>↓16</td> </tr> <tr> <td>Target (Mar 26)</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target (Mar 27)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Risk Appetite:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%;">Information Security</td> <td>minimal</td> </tr> </table>		Impact	Likelihood	Score	Risk gross score (unmitigated)	5	5	25	Previous risk net score (Q3)	4	5	20	Current Risk net score (Q1)	4	4	↓16	Target (Mar 26)	4	4	16	Target (Mar 27)				Information Security	minimal	<p><b>Future Risks</b></p> <ul style="list-style-type: none"> <li>External threat actors</li> <li>Lack of Independent Recovery Environment for Epic</li> <li>Below average spend on ICT security</li> <li>Loss of key ICT Cyber Security staff</li> </ul> <p><b>Future Opportunities:</b></p> <ul style="list-style-type: none"> <li>SEL Cyber-Security Steering Group: coordinated cybersecurity assessments</li> <li>Bid to Frontline Productivity Programme for cyber funding (submitted March'26)</li> <li>Improve BCP to reduce impact</li> <li>Improve resilience of Atos connection.</li> <li>Explore Independent Recovery Environment for Epic and dependant systems</li> <li>Achieve Cyber Essentials Plus Accreditation</li> <li>Achieve certification of PRUH data centre</li> <li>Discussion with Synnovis about network segregation at KCH</li> </ul>
	Impact	Likelihood	Score																									
Risk gross score (unmitigated)	5	5	25																									
Previous risk net score (Q3)	4	5	20																									
Current Risk net score (Q1)	4	4	↓16																									
Target (Mar 26)	4	4	16																									
Target (Mar 27)																												
Information Security	minimal																											
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>3rd Party firewall purchased and in place with a number of third parties behind the wall</li> <li>Monthly contract meeting with senior staff to mandate the following of trust policies and procedures and compliance with SLA</li> <li>Multi skilled staff to act on Cyber-attack.</li> <li>Request are evaluated through ICT PMO to prevent unauthorised software and hardware being connected to the network/used.</li> <li>Unsupported Systems Workstream in place to mitigate against use of out-of-date software and hardware.</li> <li>Access rights not permitted to allow 3rd party installation onto the network.</li> <li>Communication to staff via top tips published on Kingsweb including:                             <ul style="list-style-type: none"> <li>Do not connect unauthorised devices to the Trust Network AND Do not download any software to PCs/devices without explicit authorisation from the ICT Department.</li> </ul> </li> <li>ICT Systems Procurement -- Any proposed procurement MUST undergo the correct ICT checks and be officially authorised before purchase.</li> <li>Password policy is technically applied</li> <li>Password policy being brought in line with NCSC recommendations</li> <li>Policy in place for the management of cyber-incidents</li> <li>National Cyber-security Centre Information Sharing partnership registration and adherence to the National Cyber-security Centre (NCSC) "ten steps to cyber-security".</li> <li>Joining NHS England in a pilot monitoring medical devices via MDE</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Integration of business continuity and cyber-security</li> <li>Lack of automatic isolation of devices that generate a high risk alert out of hours</li> </ul>	<p><b>Assurance of Controls:</b></p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>HIMSS Digital maturity for infrastructure, Level 6 out of 7 achieved, March 2026, valid for 3 years.</li> <li>Raised at Digital Board to promote PMO process.</li> <li>Penetration Testing of 3<sup>rd</sup> party systems on Trust network carried out annually. From the latest (November 2025):                             <ul style="list-style-type: none"> <li>External Infrastructure: No critical findings noted</li> <li>Internal infrastructure: Two critical findings, of which                                     <ul style="list-style-type: none"> <li>1 related to a network vulnerability, which has been remediated</li> <li>1 related to the existence of a number of unsupported systems; this is being managed by the Unsupported Systems Workstream</li> </ul> </li> </ul> </li> <li>ISO 27001 Annex A controls are A9.1.1, A9.1.2, A9.4.1 and A15.</li> <li>Data Security Protection Toolkit provides 'significant assurance'</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>3<sup>rd</sup> party assurance</li> </ul>	<p><b>Rationale for current score</b></p> <ul style="list-style-type: none"> <li>Penetration testing assurance</li> <li>Increasing external cyber risk (Middle East concerns)</li> <li>Funding constraints</li> <li>Extensive use of cloud-based or securely managed in KCH or Atos datacentres leading to significant enhancements in cyber-protection.</li> <li>Need to integrate cyber security and business continuity approaches.</li> </ul>																										



**Bold Objective: e.g. Outstanding Care**  
**Risk: Demand and Capacity: If the Trust is unable to transform services, improve productivity and sustain sufficient capacity, patient waiting times may increase potentially resulting in an adverse impact on patient outcomes and an increased risk of avoidable harm.**  
**Risk Owner: Chief Delivery Officer      Committee Performance, Transformation and Improvement Committee      Last review:**

<p>2026/27 Priorities:</p> <ul style="list-style-type: none"> <li>To meet operational targets agreed in the 2026/27 operational plan</li> <li>Deliver clinical services transformation and CIP</li> </ul> <p>Relevant significant risks on CRR:</p> <ul style="list-style-type: none"> <li>295: Mental Health patients waiting for admission in a non-Mental Health environment</li> <li>Delayed Diagnosis</li> <li>3613 Cost of Additional Capacity</li> <li>Corridor Care within PRUH</li> <li>3915: Elective Recovery Achievement</li> <li><del>3869: Elective Performance 2025/26</del></li> <li>3991: Delayed pathology results</li> </ul>	<p>Risk Scoring:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Gross</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>March 2026</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Current April 2026</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Target (Mar 27)</td> <td>4</td> <td>4</td> <td>16</td> </tr> </tbody> </table> <p>Risk Appetite</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Operational</td> <td style="width: 50%;">Cautious</td> </tr> </table>		Impact	Likelihood	Score	Gross	4	5	20	March 2026	4	5	20	Current April 2026	4	4	16	Target (Mar 27)	4	4	16	Operational	Cautious	<p>Future Risks</p> <ul style="list-style-type: none"> <li>Impact of cost improvement programme and potential workforce reductions.</li> <li>Industrial action</li> <li>Interdependences with the wider SEL system</li> </ul> <p>Future Opportunities:</p> <ul style="list-style-type: none"> <li>Trust transformation programmes to reduce length of stay and improve flow</li> <li>Theatres and outpatient transformation</li> <li>Operational and clinical service transformation</li> <li>Endoscopy unit at the PRUH</li> <li>Opportunity to optimise SDEC use</li> <li>Review of stroke services</li> <li>Increased support from NHSE for demand and capacity modelling</li> <li>Participation in the NHSE ECHO demand project</li> <li>Acute Services Review across SEL</li> <li>External funding to support outpatient transformation and PTL reduction</li> <li>Introduction of 'patient not present' tariff</li> </ul>
	Impact	Likelihood	Score																					
Gross	4	5	20																					
March 2026	4	5	20																					
Current April 2026	4	4	16																					
Target (Mar 27)	4	4	16																					
Operational	Cautious																							
<p>Controls:</p> <ul style="list-style-type: none"> <li>Trust access policies in place</li> <li>Clinical prioritisation and validation of waiting lists and patient engagement and status checks whilst on waiting list to minimise risk to patient safety</li> <li>Use of virtual and telephone appointments/PIFU implementation</li> <li>Team supporting the use of In/outsourcing arrangements for some clinical services</li> <li>Engagement in SEL ICS and APC led programmes e.g. theatre productivity</li> <li>Engagement and support from SELCA in relation to cancer targets</li> <li>New governance structure in place to track cancer performance</li> <li>Performance Board and associated governance within Divisions</li> <li>Divisional SDRs and oversight by KE</li> <li>Winter plan</li> <li>Site management arrangements in place</li> <li>Command and Control arrangements to support incident management response – arrangements can be activated as required</li> <li>Data dashboard availability in PowerBI</li> </ul> <p>Gaps in Controls</p> <ul style="list-style-type: none"> <li>Improvement plan to deliver RTT targets to be implemented</li> <li>Demand and capacity modelling in progress</li> </ul>	<p>Assurance of Controls:</p> <p>Positive</p> <ul style="list-style-type: none"> <li>Internal governance and escalation in place</li> <li>Patient outcomes</li> <li>IQPR report to Performance, Transformation and Improvement Committee and Board of Directors</li> <li>SELCA Oversight and accountability</li> <li>Internal Audit Review of Data Quality (RTT)– significant assurance with minor improvement opportunities</li> <li>National Oversight Framework -</li> <li>Tiering for cancer, elective care and DMO1</li> </ul> <p>Gaps in Assurance</p> <ul style="list-style-type: none"> <li>Local management of waiting lists</li> </ul>	<p>Rationale for current score</p> <ul style="list-style-type: none"> <li>Trust operational performance in on an upward trajectory and there is confidence that most targets are achievable.</li> <li>Cancer ITT referrals impacting on overall performance</li> <li>Tier 2 for elective care and DMO1</li> <li>Tier 2 for cancer delivery</li> <li>Capacity issues in core diagnostic nodes, although significant improvements have been achieved.</li> <li>Elective recovery funding no longer available, although some funding available to reduce PTL.</li> <li>Transformation and GIRFT Opportunities</li> <li>PRUH endoscopy and diagnostic centre to be operational in Q2.</li> <li>UEC provider delivery failing below contracted performance levels at DH.</li> </ul>																						

--	--	--

**Bold Objective: e.g. Outstanding Care**

**Risk: Demand and Capacity: If the Trust is unable to transform services, improve productivity and sustain sufficient capacity, patient waiting times may increase potentially resulting in an adverse impact on patient outcomes and an increased risk of avoidable harm.**

**Risk Owner: Chief Delivery Officer      Committee Performance, Transformation and Improvement**

**Last review:**

**Action Plan**

Action (future mitigation)	Action Owner	Due Date	Expected Outcome	Action Status
Demand and Capacity modelling underway for 2027/28 as part of planning for 27/28	OPOG	Q2 206/27	Clear assessment of demand and capacity to drive key planning decisions for 2027/28	Initiated
Delivering an elective Recovery plan – to eliminate 65ww by end March 2026	Chief Delivery Officer	By end January 2026	National target met and removal from tiering	At year end Trust reported 12 65ww breaches.
Flow Programme (Transformation)	Chief Delivery Officer	Ongoing	Reduction in corridor care and length of stay, closure of beds	Ongoing
Pathology Improvement Plan	Chief Delivery Officer	31 March 2027	Improved flow, reduced delays to diagnosis, reduced costs.	Ongoing.
Cancer Recovery Plan as agreed with NHSE England	Chief Delivery Officer	Ongoing	Achievement of key targets including 28-day FDS and 62-day treatment	Ongoing.
DMO1 Sustainability Plan	Chief Delivery Officer	End Q1	Plan that will ensure sustainable waiting times and performance in key DMO1 nodes	In train

**Risk: If the Trust cannot transform the workforce and improve people cost control, it will be unable to deliver sustainable services, impacting quality and safety, staff engagement and patient experience.**

**Risk Owner:** Chief People Officer

**Committee**

People, Education Inclusion and Research Committee

**Last review:** May 2026

**2026/27 Priorities (People Plan):**

- Continue to transform the Trust based on the 2026/27 workforce plan
- Deliver safe staffing and productivity improvements through workforce redesign (rostering, skill mix and job planning)
- Reduce bank and agency reliance and premium spend through improved bank fill, controls and SEL system working
- Improve people services performance and workforce data quality (recruitment throughput, ESR and payroll assurance)
- Strengthen partnership working and change capacity to deliver programmes at pace and manage workforce relations risk
- Deliver a five year workforce strategy and plan that aligns with the objectives set out in the new Trust strategy (2026-2031)
- Design, deliver and implement interventions for long lasting impact from staff survey feedback, with an initial focus on the three key priorities, (Band 7 Leadership Development, Reward and Recognition, Staff Engagement, including the Medical Engagement Scale)
- Align people interventions with the King's Improvement Methodology to ensure there is a standard and consistent approach to enhancing staff experience

**Relevant significant risks on Corporate and Trust RR:**

- CRR 36 Bullying and Harassment
- CRR 567 Harm from violence, abuse and challenging behaviour
- **To be updated with corporate risks being refreshed**

**Risk Scoring:**

	consequence	Likelihood	Score
Risk score	4	4	16
Target (Mar 27)	4	3	12

**Appetite rating**

Averse: Safe staffing levels  
 Cautious: Wellbeing / Rightsizing  
 Open: Culture  
 Eager: Learning and Development

**Future Risks**

- Financial recovery/CIP under-delivery impacting ability to sustain safe staffing (including substantive, bank and agency)
- Failure of establishment and vacancy controls leading to workforce growth above plan and reduced affordability
- Temporary staffing spend increases due to inadequate controls (rate cards, caps, authorisation) and/or insufficient bank fill, creating financial and safe staffing risk
- Roster / e-rostering non-compliance (including unplanned uplift, sub-optimal skill mix and weak roster governance) driving overspend and variable quality/safety
- Workforce productivity / CIP benefits not delivered or not recurrent (including slippage in workforce redesign and job planning), leading to in-year and recurrent cost pressure
- Cost control measures implemented without effective engagement and equality impact management, leading to industrial relations risk, morale impacts and reduced retention (with consequent cost and capacity effects)
- Retention, wellbeing and sickness absence pressures (burnout/fatigue) reducing available workforce capacity
- Industrial relations/collective disputes impacting delivery and staff engagement (including pay, job planning and local change)
- Medical workforce sustainability risks (rota gaps, exception reporting and job planning capacity) impacting service delivery, training and staff experience
- Workforce redesign and productivity programmes slowed by operational pressures and limited change capacity
- Workforce compliance and governance gaps (mandatory training, appraisal, safer recruitment, professional revalidation and job planning) reducing assurance and increasing regulatory risk
- Failure to meet safe staffing expectations and regulatory requirements, impacting quality and patient safety
- Inadequate leadership and people-management capability leading to variation in experience, performance and turnover

**Future Opportunities:**

- Talent Management Strategy
- Strengthened approach to EDI to deliver greater representation across King's
- KIM
- New senior people leadership team

**Controls:**

- Workforce plan governance (KE/Trust Board) including establishment control, vacancy control and CIP/workforce reduction oversight
- Safe staffing and medical workforce oversight (e.g., safer staffing reporting, job planning/rota governance and Guardian of Safe Working) linked to escalation routes
- Agency/bank management and system working (SEL ICS) including rate alignment and controls to reduce premium spend

**Assurance of Controls:**

**Positive**

- Workforce plan, establishment and vacancy control reporting through KE/Trust Board and the People, Education, Inclusion and Research Committee
- Safer staffing reports to Trust Board
- Quarterly Guardian of Safe Working report (medical safe working assurance)

**Rationale for current score**

- Workforce plan, establishment and vacancy control is in place and reported through Trust governance.
- There is established assurance on safe staffing and medical safe working (safer staffing reports and Guardian of Safe Working reporting).
- However, performance indicators show continued pressure (vacancies/turnover in hard-to-fill areas, bank and agency above plan in some areas, and sickness absence impacting capacity).

<ul style="list-style-type: none"> <li>• Workforce redesign programme governance via Trust Improvement Programme workstreams, with benefits tracking</li> <li>• Leadership and management capability programmes (senior leadership development, line manager development, talent management strategy)</li> <li>• Health and wellbeing plan, sickness absence management and wellbeing guardianship arrangements</li> <li>• Workforce compliance and governance framework (statutory &amp; mandatory training, appraisal, safer recruitment, revalidation and job planning) with monitoring and escalation</li> <li>• Partnership and industrial relations structures (joint negotiating/consultative arrangements) to manage change, job planning and local agreements</li> <li>• People services improvement and workforce data oversight (ESR/payroll/recruitment), with performance monitoring and data quality checks</li> <li>• System workforce supply actions (SEL ICS/APC groups, KHP education partnerships) to strengthen pipeline, training and recruitment routes</li> <li>• Staff Experience Performance Committee and 'Focus on 3' interventions to improve engagement, retention and experience</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Variable care group compliance with vacancy/establishment controls and workforce data timeliness/quality</li> <li>• Temporary staffing grip not yet consistent (authorisation, rate card compliance, bank fill and exception escalation)</li> <li>• Inconsistent roster/job planning and paybill controls (e-rostering compliance, planned vs actual, payroll/ESR exceptions)</li> <li>• Sustained delivery risk where financial recovery requirements constrain ability to invest in substantive workforce, retention and safe staffing mitigations</li> <li>• Limited leadership change capacity may slow workforce redesign/productivity programmes and benefits realisation</li> <li>• Workforce supply pipeline constraints (placements, specialist training routes and competition) may outstrip current mitigations</li> <li>• Industrial relations risk remains where pace/scale of change and job planning requirements exceed local partnership bandwidth</li> <li>• Leadership and people-management capability improvement is not yet consistent at scale across all divisions/care groups</li> </ul>	<ul style="list-style-type: none"> <li>• Bank and agency performance monitoring (spend and fill) through the Integrated Performance Report and workforce governance</li> <li>• Health and wellbeing governance (including NED Wellbeing Guardian) and sickness absence reporting</li> <li>• Workforce compliance reporting (statutory &amp; mandatory training, appraisal and safer recruitment) through established governance routes</li> <li>• People services and workforce data assurance (recruitment/payroll/ESR performance measures) and Trust Improvement Programme benefits tracking</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Vacancy and turnover metrics (Integrated Performance Report) show continued pressure in hard-to-fill areas</li> <li>• Bank and agency spend/fill performance remains above plan in some areas (Integrated Performance Report)</li> <li>• Sickness absence levels remain a capacity risk (Integrated Performance Report and site performance reviews)</li> <li>• Workforce compliance and job planning/rota governance indicators show variable performance and incomplete assurance in some areas</li> <li>• Staff experience measures (National Staff Survey, pulse survey and medical engagement) indicate continuing improvement needs</li> </ul>	<ul style="list-style-type: none"> <li>• The score reflects gaps in consistent assurance (single people services performance dashboard, industrial relations early-warning indicators, workforce supply pipeline measures, and change capacity/benefits realisation).</li> <li>• Aligns with Finance BAF risk – Financial Stability</li> </ul>
---	---	--

**Risk: If the Trust cannot transform the workforce and improve people cost control, it will be unable to deliver the Operating Model and sustainable services, impacting quality and safety, staff engagement and patient experience.**

**Risk Owner: Chief People Officer**

**Committee People, Education Inclusion and Research Committee**

**Last review: Apr 2026**

**Action Plan**

Action (future mitigation)	Action Owner	Due Date	Expected Outcome	Action Status
Maintain Workforce Plan governance and monthly establishment/vacancy control, with divisional variance recovery actions.	CPO/CFO	Q1–Q4 2026/27	Workforce stays within plan; improved affordability and reduced unplanned workforce growth.	In progress
Strengthen temporary staffing controls (authorisation, caps/rate cards, bank fill, exception escalation) and deliver divisional agency reduction plans.	CPO/CDO	End Q4 2026/27	Reduced agency spend and premium rates; increased bank fill; improved safe staffing at lower cost.	Ongoing
Align bank/agency rates (rate cards) to reduce premium spend and prevent market distortion.	CPO	Q1–Q4 2026/27	Lower premium rates and reduced agency price inflation across priority staff groups.	In progress
Improve vacancy management and recruitment throughput (end-to-end time-to-hire, controls, and workforce data quality) to reduce avoidable gaps and agency reliance.	CPO / CDO	Q1–Q4 2026/27	Reduced vacancy duration; improved fill; reduced temporary staffing requirement and safer staffing continuity.	In progress
Strengthen roster and job planning discipline (e-rostering compliance, planned vs actual, skill mix, escalation) with divisional review and benefits tracking.	CDO/CPO	Q2–Q4 2026/27	Reduced unplanned uplift and overspend; improved productivity and safe staffing assurance.	Planned
Deliver workforce productivity and CIP benefits (recurrent), with clear owners, milestones and benefits tracking through the Trust Improvement Programme.	CIP Programme Board	Q1–Q4 2026/27	Improved financial sustainability with maintained/ improved quality and safety; reduced recurrent cost pressure.	In progress
Strengthen paybill controls (ESR/payroll exceptions, leaver processing, enhancements/overtime validation) with routine reporting and recovery actions.	CPO	Q3 2026/27	Improved paybill accuracy; reduced avoidable loss/overpayments; stronger financial grip and assurance.	In progress

**Risk: Staff Engagement: If the Trust is unable to create and sustain an inclusive and positive culture, staff engagement, wellbeing and retention may deteriorate, adversely impacting quality and safety, patient experience and our ability to provide culturally intelligent, compassionate care to patients and to each other.**

**Risk Owner: Chief People Officer**

**Committee People, Education Inclusion and Research Committee**

**Last review: Apr 2026**

**2026/27 Priorities (People Plan):**

- Delivery of WRES and WDES action plans
- Delivery of Gender Pay Gap actions
- Recruitment and career pathways to improve representation in senior roles.
- Embedding values and behaviours
- Improve the people management capability of our line managers
- Finalise and deliver our talent management strategy, including agreed aspirational targets for greater representation across the Trust
  - Deliver Trust-wide civility, respect and psychological safety improvements (including bullying/harassment reduction)
- Reduce violence and aggression at work through hotspot action plans, prevention and reporting
- Improve employee relations timeliness and confidence (case management standards, learning loops and 'just culture' approach)
- Establish a composite culture dashboard that triangulates NSS/pulse, ER/FTSU, violence, turnover/absence and patient feedback for routine Board assurance
- DEI Roadmap refresh and longer term DEI strategy

**Relevant significant risks on Corporate and Trust RR:**

- CRR 36 Bullying and Harassment
- CRR 567Harm from violence, abuse and challenging behaviour

**Risk Scoring:**

	Consequence	Likelihood	Score
Risk score	4	3	12
Target (Mar 26)	4	3	12

**Appetite rating**

Averse: Safe staffing levels  
 Cautious: Wellbeing / Rightsizing  
 Open: Culture  
 Eager: Learning and Development

**Future Risks**

- Deterioration in staff experience, civility and wellbeing (including bullying/harassment and violence at work), impacting retention and patient experience
- Staff health and safety risks (including stress, musculoskeletal injury and occupational health capacity) leading to increased absence, claims and regulatory scrutiny
- Failure to improve representation and career progression for staff with protected characteristics (including senior leadership diversity)
- Poor WRES/WDES, staff survey and medical engagement outcomes reducing confidence in culture and leadership
- Inconsistent leadership behaviours and people-management capability across divisions, limiting sustainable culture change
- Increased employee relations casework (grievance/disciplinary/whistleblowing) and slower resolution impacting trust, morale and management time
- Inconsistent application of policies, procedures and 'just culture' principles across teams increasing perceived unfairness and undermining confidence in leadership
- Change fatigue and competing operational pressures leading to limited engagement with culture/EDI programmes and reduced pace of improvement

**Future Opportunities:**

- WS2 Improvement Programme
- King's improvement Model
- Learning and development programmes
- Pulse surveys

Controls:	Assurance of Controls:	Rationale for current score
<ul style="list-style-type: none"> <li>● EDI annual plan/roadmap, including WRES/WDES and gender pay gap action plans, with dedicated resource for delivery</li> <li>● King's People and Culture Plan and Staff Experience Performance Committee oversight of staff survey priorities ('Focus on 3') and engagement interventions</li> <li>● Culture/DEI learning offer (e.g., inclusive recruitment, active bystander, cultural intelligence, workplace adjustments)</li> <li>● Staff networks and participation mechanisms to inform priorities and improve lived experience</li> <li>● Health and wellbeing programme, including targeted interventions for priority groups/themes</li> <li>● Health, safety and occupational health arrangements (including stress and musculoskeletal risk management) with monitoring and escalation</li> <li>● Freedom to Speak Up Guardian and routes for speaking up, with reporting to Trust Board</li> <li>● Equality impact/risk assessment framework embedded into change and policy development</li> <li>● Violence and aggression reduction programme</li> <li>● Employee relations case management framework and escalation routes (including grievance/disciplinary/whistleblowing), with learning loops into organisational development</li> <li>● Policy and procedure refresh with clear manager standards to support consistent application and 'just culture' practice</li> <li>● Leadership behaviours and people-management capability development (values and behaviours, inclusive leadership and manager standards)</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>● Consistency and pace of culture/DEI delivery varies by division/care group, with competing operational priorities contributing to change fatigue</li> <li>● Employee relations capacity and timeliness (case investigation and resolution) may not be sufficient to prevent deterioration in trust and morale at times of peak demand</li> <li>● Leadership behaviours and line-manager capability are not yet consistently embedded across all teams to sustain culture change</li> <li>● Composite culture measurement and triangulation (survey, ER, FTSU, turnover/absence, patient feedback) not yet fully developed as a single consistent view</li> </ul>	<p><b>Assurance of Controls:</b></p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>● DEI quarterly progress reporting (including WRES/WDES and gender pay gap actions)</li> <li>● People &amp; Culture Plan and Staff Experience Performance Committee reporting</li> <li>● Freedom to Speak Up reporting to Trust Board and triangulation with employee relations themes and learning actions</li> <li>● Staff health and safety/occupational health and wellbeing reporting (including absence and hotspots) through routine performance and governance routes</li> <li>● Workforce policy/procedure refresh programme and manager standards to support consistency and 'just culture' behaviours</li> <li>● Violence and aggression reduction programme monitoring and reporting (incidents and hotspots)</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>● National Staff Survey results (including engagement, civility and respect, and speaking up) show continued improvement needs</li> <li>● Trust pulse survey results indicate variable experience and risk of change fatigue across care groups</li> <li>● WRES and WDES outcomes show persistent inequality/experience gaps and representation challenges</li> <li>● Health and safety indicators (e.g., stress/MSK themes, absence) and local feedback indicate continued staff harm risk and variable policy application in some areas</li> <li>● Employee relations/FTSU indicators (case volumes, themes and resolution times) and violence at work reporting highlight ongoing culture risk in some areas</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>● A single, routinely reported composite culture dashboard is not yet in place (triangulating NSS/pulse, ER/FTSU, violence, turnover/absence and patient feedback), including consistent ER timeliness measures.</li> </ul>	<p><b>Rationale for current score</b></p> <ul style="list-style-type: none"> <li>● EDI delivery is supported by an annual plan/roadmap with dedicated resource, with quarterly progress reporting (including WRES/WDES and gender pay gap actions) to the People, Education, Inclusion and Research Committee.</li> <li>● The People &amp; Culture Plan and Staff Experience Performance Committee provide Board-level oversight of National Staff Survey/pulse results and delivery of the priorities.</li> <li>● Freedom to Speak Up reporting and triangulation with employee relations themes, alongside monitoring of the violence and aggression reduction programme, provide additional assurance on 'speaking up' and safety culture.</li> <li>● However, negative assurance persists: National Staff Survey and pulse results show continuing improvement needs and variable experience/change fatigue across care groups.</li> <li>● WRES/WDES outcomes and ER/FTSU/violence indicators highlight persistent inequality and culture risks in some areas, despite values and behaviours being well established.</li> <li>● The score also reflects the current gap in assurance: a single composite culture dashboard (triangulating NSS/pulse, ER/FTSU, violence, turnover/absence and patient feedback, including ER timeliness) is not yet routinely reported.</li> </ul>

**Risk: Staff Engagement: If the Trust is unable to create and sustain an inclusive and positive culture, staff engagement, wellbeing and retention may deteriorate, adversely impacting quality and safety, patient experience and our ability to provide culturally intelligent, compassionate care to patients and to each other.**

**Action Plan**

Action (future mitigation)	Action Owner	Due Date	Expected Outcome	Action Status
Establish and run Staff Experience Performance Committee (SEPC), with a standard operating model for care group action plans and monthly progress reporting.	DOC	Q1–Q4 2026/27	Improved NSS/pulse and medical engagement metrics; consistent implementation and assurance of staff experience improvements across care groups.	In progress
Deliver Trust-wide civility, respect and psychological safety programme (including anti-bullying/harassment actions, active bystander training and local team charters), prioritising hotspot areas identified through NSS/FTSU/ER data.	DOC	Q2 2026/27 (launch); Q4 2026/27 (impact review)	Reduction in bullying/harassment indicators; improved speaking up and civility scores; fewer culture-related ER cases in hotspots.	Planned
Implement violence and aggression at work hotspot action plans (prevention, environmental controls, security response, reporting and post-incident support), with quarterly review of incident trends and learning.	DOC / CNO	Q1 2026/27 (hotspots agreed); Q3 2026/27 (mid-year review)	Reduced violence/aggression incidents and improved reporting/support; improved staff safety perceptions and retention in hotspot areas.	In progress
Refresh and deliver the EDI roadmap (including WRES/WDES and Gender Pay Gap actions), with clear executive sponsorship, milestones and care group delivery plans for representation, progression and experience gaps.	DOC	Q2 2026/27 (refresh agreed); Q4 2026/27 (delivery checkpoint)	Improved WRES/WDES domains and reduced experience gaps; improved senior representation and progression for under-represented groups.	In progress
Strengthen line manager capability and consistency through a core manager offer and standards (values & behaviours, inclusive leadership, ER fundamentals, sickness/attendance, difficult conversations), with uptake tracked and targeted support for hotspots.	DOC / DEPUTY CPO	Q3 2026/27 (standards/offer in place); Q4 2026/27 (uptake review)	Improved staff survey confidence in management; reduced ER case volumes and improved timeliness; improved retention and wellbeing.	Planned
Improve employee relations (ER) timeliness and confidence through case management standards, triage, investigation support and learning loops (including a 'just culture' approach), with routine reporting of volumes, ageing and outcomes.	DEPUTY CPO	Q2 2026/27 (standards live); Q4 2026/27 (improvement evidenced)	Reduced case ageing and improved timeliness; improved perceptions of fairness; reduced management time lost to protracted cases.	In progress
Implement a composite culture dashboard for Board assurance (triangulating NSS/pulse, ER/FTSU themes and timeliness, violence/aggression, turnover/absence and relevant patient feedback), with agreed thresholds and escalation.	DOC	Q3 2026/27	Single consistent view of culture risk and mitigations; earlier identification of hotspots and targeted intervention; improved assurance to PEIRC/Board.	Planned
Deliver targeted wellbeing and occupational health actions for priority staff groups/themes (stress and MSK hotspots), including proactive OH support, reasonable adjustments, and improved access to psychological support.	DOC	Q1 2026/27 (priorities agreed); Q4 2026/27 (impact review)	Reduced stress/MSK absence and improved wellbeing measures; improved retention and engagement in priority areas.	In progress

**Risk: Capability, Talent and Leadership: If the Trust is unable to build and sustain leadership and workforce capability (including a robust talent pipeline for critical clinical, operational and corporate roles), it will be unable to deliver the Trust Strategy and Operating Model at pace, leading to variable quality and safety, reduced productivity and financial performance, and poorer staff experience and retention.**

Risk Owner: Chief People Officer

Committee People, Education Inclusion and Research Committee

Last review: Apr 2026

**2026/27 Priorities (People Plan):**

- Deliver the Trust’s talent management strategy (pilot and scale) with clear pathways for clinical, operational and corporate roles
- Build leadership capability at scale (values-led, inclusive and improvement-focused) aligned to the new divisional model
- Strengthen succession planning for critical posts and reduce reliance on interim and agency leadership cover
- Improve line manager fundamentals (capability, confidence and consistency) to reduce variation in staff experience and performance
- Develop workforce capability for transformation (change, improvement, productivity and digital) to deliver the Trust Operating Model

**Relevant significant risks on Corporate and Trust RR:**

- CRR (to confirm) – Leadership / workforce capability
- CRR (to confirm) – Workforce supply / retention dependencies

**Risk Scoring:**

	Consequence	Likelihood	Score
Risk score	NEW	NEW	NEW
Target (Mar 26)	NEW	NEW	NEW

**Appetite rating**

Averse: Safe staffing levels  
 Cautious: Wellbeing / Rightsizing  
 Open: Culture  
 Eager: Learning and Development

**Future Risks**

- Insufficient succession for critical leadership roles (clinical, operational and corporate) leading to instability, slower decision-making and variable performance
- Capability gaps in line management (performance, wellbeing, ER, sickness, rostering/job planning) driving variation in staff experience, productivity and cost control
- Talent pipeline and supply constraints in key professions (clinical specialists, diagnostics, theatres, digital, estates) impacting service delivery and transformation, including where educational development, placements and training routes are insufficient
- Insufficient educational development and CPD (including clinical educator capacity, supervision, protected learning time and access to training) leading to slower time-to-competence, variable practice, reduced retention and greater reliance on short-term staffing solutions
- High turnover in leadership and priority roles leading to increased interim reliance, loss of organisational memory and slower delivery of the strategy
- Inadequate leadership development and support for the divisional model leading to inconsistent governance, improvement and patient experience, particularly where funding constraints limit backfill/protected time and investment in development

**Future Opportunities:**

- Talent Management Strategy (pilot and roll-out) and succession planning framework
- Leadership development offer (senior leadership, divisional leadership and line manager core offer)
- SEL/KHP education partnerships to expand pipeline, placements and recruitment routes
- King’s Improvement Methodology and workforce transformation programmes to build improvement capability

**Controls:**

- Talent Management Strategy programme governance (pilot Q3 2026/27) with equality and representation targets
- Leadership development offer (Senior Leadership Programme, divisional leadership development and core line manager programmes)
- Succession planning and critical role review for executive, divisional and key operational posts
- Education and workforce supply partnerships (SEL/KHP) including placement capacity, apprenticeships and recruitment pipelines
- Appraisal, objectives and development planning expectations with compliance monitoring
- Improvement capability building through King’s Improvement Methodology and improvement programme participation

**Gaps in Controls**

- Succession planning and talent identification not yet consistently embedded across all divisions/care groups
- Limited consolidated view of critical roles, pipeline health and readiness (including time-to-competence and bench strength)

**Assurance of Controls:**

**Positive**

- Leadership programme participation and feedback (senior leadership, divisional and manager offers)
- Talent pilot governance reporting (progress, diversity and pipeline metrics) through PEIRC
- Appraisal and mandatory training compliance reporting through performance governance

**Negative**

- Vacancy and turnover in key leadership and specialist roles remains a risk in some areas
- Staff survey/medical engagement feedback indicates variation in confidence in local leadership and management

**Gaps in Assurance**

- A single, routine capability and pipeline dashboard is not yet in place (succession readiness, bench strength, critical roles, time-to-fill/time-to-competence and leadership churn).

**Rationale for current score**

- A leadership development offer is in place and the Talent Management Strategy is being piloted, but capability and pipeline strength are not yet consistent at scale across all divisions.
- Vacancy/turnover in some key roles and variation in staff confidence in local leadership indicate an ongoing risk to delivery pace and performance.
- Assurance is limited by the absence of a single pipeline dashboard and consistent succession readiness metrics.

<ul style="list-style-type: none"> <li>• Variation in line manager capability and access to development, with uneven uptake and protected time for learning, exacerbated where funding constraints limit backfill and programme capacity</li> <li>• Interim reliance and vacancy churn can disrupt continuity and reduce time available for development and improvement</li> </ul>		
--	--	--

**Risk: Capability, Talent and Leadership: If the Trust is unable to build and sustain leadership and workforce capability (including a robust talent pipeline for critical clinical, operational and corporate roles), it will be unable to deliver the Trust Strategy and Operating Model at pace, leading to variable quality and safety, reduced productivity and financial performance, and poorer staff experience and retention.**

**Action Plan**

Action (future mitigation)	Action Owner	Due Date	Expected Outcome	Action Status
Deliver Talent Management Strategy pilot and scale (clear pathways, criteria and EDI targets for key roles).	DOC	Q3 2026/27 (pilot); Q1 2027/28 (scale plan)	Improved pipeline strength for critical roles; improved senior representation and progression.	In progress
Implement consistent succession planning for executive, divisional and critical operational/clinical posts (ready-now/ready-soon).	CEO/CPO	Q4 2026/27	Reduced leadership vacancies and instability; reduced interim reliance and churn.	Planned
Create a single critical roles and pipeline dashboard (bench strength, readiness, time-to-fill, time-to-competence, leadership churn).	CPO	Q3 2026/27	Improved assurance and early warning; targeted investment and interventions.	Planned
Implement core line manager offer/standards (performance, wellbeing, ER, sickness, rostering/job planning) with uptake tracked.	DOC/ CPO	Q3 2026/27	Improved management consistency; improved staff experience, productivity and cost control.	Planned
Deliver divisional leadership development aligned to the new operating model (governance, improvement, quality and people leadership).	DOC/ CPO	Q4 2026/27	Improved leadership capability and delivery pace; reduced variation in performance and patient experience.	Planned
Strengthen pipeline partnerships (SEL/KHP) for placements, apprenticeships and recruitment routes in priority professions.	DOC	Q2–Q4 2026/27	Improved supply for hard-to-fill roles; reduced vacancy duration and service fragility.	In progress
Reduce interim leadership reliance through planned conversions, handovers and recruitment/succession actions in priority areas.	CDO/CPO	Q4 2026/27	Improved leadership stability and continuity; reduced cost and delivery risk.	Planned
Increase uptake and protected time for development (leadership, line manager and improvement capability), prioritising hotspots.	CDO/CPO	Q2–Q4 2026/27	Improved capability at scale; reduced variation; improved retention and performance.	Planned

<p><b>BOLD Objective: Sustainability (Golden Thread): Maintaining our focus on financial stability and sustainability through more efficient and productive services and building a new focus on becoming more environmentally sustainable through delivering our green plan.</b></p> <p><b>Risk: If the Trust is unable to improve the financial sustainability of the service it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver value for money, and improve the quality of services in the future</b></p> <p><b>Risk Owner: Chief Finance Officer</b>      <b>Committee: Finance and Commercial Committee</b>      <b>Last review: April 2026</b></p>																														
<p><b>2026/27 Priorities:</b></p> <ul style="list-style-type: none"> <li>Grip and control</li> <li>Delivery of the 2026/27 Operational plan</li> <li>FGR – improvement on the maturity scale</li> <li>Delivery of year 2 of the Financial Strategy (inc. component parts)</li> <li>Refresh of Financial Strategy and agreement of Medium-Term Financial Plan</li> </ul> <p><b>Relevant significant risks on Corporate and Trust RR:</b></p> <p>3608 Identification &amp; delivery of efficiency requirements                      3609 Expenditure Control                      3610 Investment decisions                      3611 Validity of activity assumptions                      3613 Cost of Additional Capacity                      3614 Capital programme                      3617 Cost Inflation                      3682 PRUH (PFI) building - Estate issues                      3869 Elective Performance 2025/26                      3926 Withdrawal of Deficit Support Funding</p>	<p><b>Risk Scoring:</b></p> <table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Gross Risk</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Previous mitigated score</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Current mitigated Risk score – Apr 2026</td> <td>5</td> <td>4</td> <td>20↓</td> </tr> <tr> <td>Target (Mar 2027)</td> <td>5</td> <td>3</td> <td>15</td> </tr> <tr> <td>Target (Mar 2030)</td> <td>5</td> <td>2</td> <td>10</td> </tr> </tbody> </table> <p><b>Appetite rating</b></p> <p><b>Risk Appetite:</b></p> <table border="1"> <tbody> <tr> <td>Control environment</td> <td>Averse</td> </tr> <tr> <td>Cost Improvement Programme</td> <td>Open</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Gross Risk	5	5	25	Previous mitigated score	5	5	25	Current mitigated Risk score – Apr 2026	5	4	20↓	Target (Mar 2027)	5	3	15	Target (Mar 2030)	5	2	10	Control environment	Averse	Cost Improvement Programme	Open	<p><b>Future Risks</b></p> <ul style="list-style-type: none"> <li>Shortfall in CIP identification and delivery compared with the pace of change set out in approved financial strategy</li> <li>Additional efficiencies through 'frontier shift' are not planned and delivered at the pace required by financial strategy</li> <li>Accelerated pace of change to address distance to 'fair shares' vs approved pace of change in financial strategy</li> <li>Failure to control expenditure and activity in line with plan resulting in underlying financial performance deviating from the pace of change required by financial strategy.</li> <li>Cash shortfall associated with under delivery of financial plan and associated risk of withdrawal of deficit support funding</li> <li>Failure to deliver cost weighted activity in line with plan resulting in income shortfalls.</li> </ul> <p><b>Future Opportunities:</b></p> <ul style="list-style-type: none"> <li>Alignment of efficiency development with the King's Improvement Method (KIM) with four key workstreams to support delivery of the 2026/27 CIP, each with assigned Executive Director and SRO</li> <li>Evolution of the KIM approach and Step Change Projects to support development of plans for the lifetime of the financial strategy with successful delivery against them</li> <li>Move from lower quartile to upper quartile Model Health System performance against peers by 29/20</li> <li>Delivery of 'frontier shift' across the life of the financial strategy to provide a further step change in productivity</li> </ul>
	Impact	Likelihood	Score																											
Gross Risk	5	5	25																											
Previous mitigated score	5	5	25																											
Current mitigated Risk score – Apr 2026	5	4	20↓																											
Target (Mar 2027)	5	3	15																											
Target (Mar 2030)	5	2	10																											
Control environment	Averse																													
Cost Improvement Programme	Open																													
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Annual integrated activity and financial plan</li> <li>Capital prioritisation process</li> <li>Key financial system controls framework</li> <li>Investment Board review and challenge of revenue and capital business cases. Board committee review of business cases &gt;£5m</li> <li>Strategic Development Review (SDR) / financial performance review meetings – at Care Group and Divisional level.</li> <li>Vacancy/Pay controls process reviewed/updated incl. temporary staffing controls</li> <li>Non-Pay control panel</li> <li>Monthly ESR and general ledger reconciliations</li> <li>Transformation programmes in place to support improvements in efficiency and productivity</li> <li>Budget holder training</li> <li>Engagement with APC / ICS partners and finance leads to support SEL system financial planning</li> <li>Long term energy contracts in place</li> <li>Efficiency and Sub Efficiency Board governance in place</li> <li>Scheme of Delegation and Standing Financial Instructions (SFIs) (Control)</li> <li>Development of remedial plans where budget overspends identified in-year.</li> <li>Fully signed contracts for 2025/26</li> </ul> <p><b>Gaps in Controls</b></p>	<p><b>Assurance of Controls:</b></p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>Monthly Financial performance reporting – KE, FCC &amp; Board</li> <li>2026/27 CIP delivery oversight embedded and reviewed fortnightly by executive and monthly by Board, with weekly flash reports to Executive leads.</li> <li>Financial performance reporting – Improved reporting pack implemented including monthly forecasting, care group analysis, SPR and risk update.</li> <li>Long-term financial strategy in place</li> <li>Subsidiaries review complete and action plans implemented and embedded as BAU.</li> <li>Imposition of SEL triple lock oversight of pay and non-pay expenditure (vacancy control and non-pay over £25k)</li> <li>Financial Governance Review Follow Up 2024/25: 'Significant assurance with minor improvement opportunities'.</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>Internal audit reports 2024/25: Core Financial Controls (Payroll): 'partial assurance with improvement required'</li> <li>2026/27 CIP not fully developed with £9m developed at Gateway 3 as 10 April 2026 .</li> <li>Division recovery actions on overspends not fully identified.</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>None identified</li> </ul>	<p><b>Rationale for current score</b></p> <ul style="list-style-type: none"> <li>Trust is in National Oversight Framework Segment 3 and exited the Recovery Support Programme in April 2026.</li> <li>Trust is in breach of its licence and is subject to enforcement undertakings. A compliance certificate was issued for Financial Governance undertakings on 30 June 2025, however remaining undertakings remain in place.</li> <li>Trust Financial Plan is to deliver a break-even plan, and has an underlying deficit of £132m.</li> <li>Financial Governance Review action plan has been delivered</li> <li>Head of Internal Audit Opinion 2024/25 – <i>significant assurance with minor improvement opportunities</i>.</li> <li>External Audit value for money rating red on financial sustainability due to the underlying deficit.</li> <li>£11.1m deterioration in the underlying position at April 2026 (M12)</li> <li>£10.3m CIP planning gap and £6.1m (20%) full year forecast risk against delivery of identified planned schemes at February 2025.</li> </ul>																												

<ul style="list-style-type: none"> <li>Fully signed contracts for 2026/27</li> <li>Multi-year improvement plan</li> </ul>			
<p><b>BOLD Objective: Sustainability (Golden Thread):</b> Maintaining our focus on financial stability and sustainability through more efficient and productive services and building a new focus on becoming more environmentally sustainable through delivering our green plan.  <b>Risk: Financial Sustainability:</b> If the Trust is unable to improve the financial sustainability of the service it provides, then we may not achieve our financial plans, adversely impacting our ability to deliver value for money, and improve the quality of services in the future  <b>Risk Owner:</b> Chief Finance Officer</p>			
Committee		Finance and Commercial Committee	
		Last review date: April 2026	

**Action Plan**

Action (future mitigation)	Action Owner	Due Date	Expected Outcome	Action Status
Refresh the 2026/26 Trust's financial strategy for the 2025/26 outturn with approval by Trust Board.	CFO	By end June 2026	A refreshed financial strategy setting out route to financial stability and improved productivity with Trust Board approved pace of change.	Ongoing
Workstream leads to accelerate development of mature efficiency schemes into Gateways 0-3, and / or identify additional schemes, to ensure the full planned CIP is identified.	CFO	By end April 2026	Full CIP in place, underpinned by operational plans, to deliver against 2026/27 efficiency requirement set out in financial strategy and 2026/27 operational plan. All schemes progressed to Gateway 3	Ongoing
Divisions to implement agreed Financial Interventions actions to reduce budget overspends in line with agreed trajectories. I. Areas of focus include delivery of elective activity plans, grip and control of bank and agency spend and continued focus on PTS.	CFO	By end August 2025	Consolidated forecast developed with actions to mitigate identified 2025/26 financial risks to be reported in Month 5.	<del>Ongoing</del> -Complete
Initial re-audit of the Financial Governance Review.	CFO	By end October 2025	Re audit complete with minimum of 'integrated' maturity assessment (level 4 of 5) across all domains and action plan implementation underway.	<del>Ongoing</del> -Complete
Annual Financial Governance internal audit.	CFO	By end October 2026	Re audit complete with minimum of 'integrated' maturity assessment (level 4 of 5) across all domains and action plan implementation underway.	Ongoing
Completion of the subsidiary action plan	CFO	October 2025	Action plan complete to deliver optimal Trust subsidiary operations to maximise value, mitigate risk and strengthen decision making.	<del>Ongoing</del> -Complete
Complete Operational and Financial Planning cycles 1 -4 for 2027/28	CFO	By end March 2027	An agreed operational and financial plan signed off at Trust, system and NHSE level.  Timetable and framework for 2027/28 to be agreed.	Ongoing

**Bold Objective: Outstanding Care**  
**Risk:** If the Trust does not have adequate arrangements in place to support the delivery of safe and effective care, this may have an adverse impact on patient outcomes and lead to an increased risk of avoidable harms.  
**Risk Owner:** Chief Medical Officer and Chief Nursing Officer and Executive Director of Midwifery      Committee    Quality Committee      Last review: date April 2026

<p><b>2026/27 Priorities:</b></p> <ul style="list-style-type: none"> <li>Experience of Care Improvement Framework and developing a quality culture</li> <li>Implement a ward quality dashboard.</li> <li>Delivery of the Trust Quality Priorities:             <ul style="list-style-type: none"> <li>Implementing and embedding NATSSIPs2 across all areas carrying out invasive procedures</li> <li>Improving the experience of patients with learning disabilities and autism</li> <li>Improving outcomes of acutely unwell.</li> </ul> </li> </ul> <p><b>Relevant significant risks on CRR:</b>                  295 Mental Health patients waiting for admission in a non-MH environment (15)                  3986 Monitoring to prevent patient deterioration (12)                  3419 Corridor Care (20)                  3458 Delayed Diagnosis (12)                  3991 Delayed pathology results (15)                  387 Water Contamination (10)</p>	<p><b>Risk Scoring:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Gross</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Previous quarter mitigated</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Current mitigated</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Target mitigated (Mar 27)</td> <td>4</td> <td>2</td> <td>8</td> </tr> </tbody> </table> <p><b>Risk Appetite:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tbody> <tr> <td>Safety</td> <td>Adverse</td> </tr> <tr> <td>Outcomes</td> <td>Minimal</td> </tr> <tr> <td>Experience</td> <td>Cautious</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Gross				Previous quarter mitigated	4	3	12	Current mitigated	4	3	12	Target mitigated (Mar 27)	4	2	8	Safety	Adverse	Outcomes	Minimal	Experience	Cautious	<p><b>Future Risks</b></p> <ul style="list-style-type: none"> <li>Further industrial action</li> <li>Ongoing impact of corridor care</li> <li>Cost Improvement Programme</li> </ul> <p><b>Future Opportunities:</b></p> <ul style="list-style-type: none"> <li>King’s Improvement Method implementation</li> <li>Clinical transformation as a result of the Improvement Programme (Clinical Services Reconfiguration)</li> <li>Review of patient safety across the health and care landscape (Penny Dash)</li> <li>10 year plan and emerging 2026-31 Trust Strategy</li> <li>Experience of Care Improvement Framework</li> </ul>
	Impact	Likelihood	Score																									
Gross																												
Previous quarter mitigated	4	3	12																									
Current mitigated	4	3	12																									
Target mitigated (Mar 27)	4	2	8																									
Safety	Adverse																											
Outcomes	Minimal																											
Experience	Cautious																											
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Risk management policy and procedures</li> <li>Incident management policy and procedures</li> <li>Mortality Reviews and Learning from Deaths</li> <li>Patient Reported Outcome Measures (PROM)</li> <li>Quality governance and reporting structure</li> <li>Care group and divisional performance reviews to support oversight and escalation</li> <li>Patient Safety Incident Framework (PSIRF) panels in place at care group, site and group to oversee review of incidents.</li> <li>Trust wide PSIRF groups looking at themes and learning.</li> <li>Patient safety committee with oversight of learning and PSII investigations</li> <li>Care group quality governance development programme to support care groups progress governance and risk management arrangements</li> <li>Corporate induction and programme of mandatory training for all staff</li> <li>Appraisal, CPD and revalidation arrangements for registered professionals</li> <li>Development of quality dashboards to provide real-time information to support decision-making</li> <li>Inphase</li> <li>Policy and clinical guidelines framework</li> <li>MEG Audit Process – self assessment</li> <li>Integrated Quality Report</li> <li>Quality Assurance Framework (QAF) implemented.</li> <li>Workforce establishment reviews in place</li> <li>Sepsis lead clinical appointed.</li> <li>PALS &amp; complaints team fully resourced.</li> <li>Worry &amp; concerns implemented (Martha’s Rule).</li> <li>Staff vaccination programme</li> </ul> <p><b>Gaps in Controls</b> None identified</p>	<p><b>Assurance of Controls:</b></p> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>CQC patient survey reports and friends and family test</li> <li>Quality performance reporting to OCB, KE, QC and Board</li> <li>Safe Nurse &amp; Midwifery staffing reports presented to Board of Directors</li> <li>Quarterly patient outcome reporting to QC</li> <li>Internal Audit reports 2025/26 – PSIRF significant assurance with minor improvement opportunities</li> <li>Complaints process embedded</li> <li>PALS – improvement with no backlog</li> <li>External service reviews (ad hoc)</li> <li>CQC Well-Led (Feb 2023) – Good</li> <li>MIS Incentive Scheme full compliance 2025/6.</li> <li>Patient outcomes and national clinical audit results.</li> </ul> <p><b>Partial or Negative:</b></p> <ul style="list-style-type: none"> <li>CQC Inpatient results 2024 require improvement</li> <li>Never events numbers increasing</li> <li>FSUG themes in relation to patient safety, confidence in speaking up and detriment</li> <li>CQC inspections (CYP, Maternity and Adult Medicine DH) rated as requires improvement (March 2026)</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Awaiting outcome of CQC service inspections (Medical and Gerontology at PRUH and Orpington)</li> </ul>	<p><b>Rationale for current score</b></p> <ul style="list-style-type: none"> <li>Good controls and assurance in place.</li> <li>Improvement in key services such as Maternity as evidenced through MIS and exit from the Maternity Support Programme.</li> <li>Patient outcomes as expected or better in most areas</li> <li>Reduced score to risk 295 – improved controls in place to maintain safety of patients</li> <li>Reduced score to risk 3458</li> <li>Positive assurance from KMPG internal audit review of PSIRF</li> <li>Assurance received from harm reviews (pathology and Neuro MRI).</li> <li>CQC inspections of Children and Young People (DH), Maternity (DH and PRUH) and Adult Medicine rated as requires improvement.</li> <li>Recruitment of Patient Expert Partners underway</li> <li>Duty of Candour improvement needed</li> </ul>																										

**Bold Objective: Outstanding Care**

**Risk:** If the Trust does not have adequate arrangements in place to support the delivery of safe and effective care, this may have an adverse impact on patient outcomes and lead to an increased risk of avoidable harms.

**Risk Owner:** Chief Medical Officer and Chief Nurse

**Committee:** Quality Committee

**Last review:** date April 2026

**Action Plan**

Action (future mitigation)	Action Owner	Due Date	Expected Outcome	Action Status
Implementation of the ward quality dashboard	Chief Nursing Officer and Executive Director of Midwifery.	Q4 2025/26	To improve oversight and correlation of safety and quality at ward level to enable local management, learning and focussed support.	Completed
Implementation of a Harm Free Care programme and Fundamentals of care (Productive work)	Chief Nursing Officer and Executive Director of Midwifery.	December 2025	Improve patient safety and outcomes by reducing preventable patient harm.	Piloted in 2025/26. Now rolling out in implementation
Implementation of 7-day clinical standards to ensure admitted patients receive consistent, high-quality care every day of the week.	Chief Medical Officer	March 2026	Improve patient care, safety and outcomes by ensuring care is not delayed.	Delayed pending CIP decisions
Implementation of the Trust Quality Priorities 2025/27	Chief Nursing Officer and Executive Director of Midwifery.	March 27	Improved patient safety, outcomes and experience.	Ongoing.
Implementation of the Experience of Care Framework Action Plan	Chief Nursing Officer and Executive Director of Midwifery.	April 2027	Improved safety, outcomes and experience	In implementation

<b>BOLD Objective: Leaders in Research Innovation and Education: We continue to develop and deliver world-class research, innovation and education, providing the best teaching, and bringing new treatments and technologies to patients.</b> <b>Risk: Values and Behaviours: If the Trust fails to capitalise on innovative and pioneering research opportunities, this may affect our ability to support the development of new treatments and technologies for patients now and in the future, adversely impacting the Trust’s ambitions as a world-leading research and innovation centre</b>														
<b>Risk Owner: Chief Medical Officer</b>		<b>Committee Quality and Research Committee</b>	<b>Last review: APRIL 2026</b>											
<p><b>2026/27 Priorities (Research Roadmap):</b></p> <ul style="list-style-type: none"> <li>To be completed pending new strategy</li> </ul> <p><b>Relevant significant risks on Corporate and Trust RR:</b></p> <p>TRR422 Reduction in R&amp;D Funds due to CRN and RCF allocation reductions (20)</p> <p>TRR3836 Unable to complete mandatory paperwork required by regulators (15)</p> <p>TRR246 Lack of capacity for research scanning(9)</p> <p>TRR656 Wearing of safety glasses in the sample processing areas of the CRF (6)</p>	<p><b>Risk Scoring:</b></p> <table border="1"> <thead> <tr> <th></th> <th>Consequence</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Risk score</td> <td>3</td> <td>4</td> <td>12</td> </tr> <tr> <td>Target (Mar 27)</td> <td>3</td> <td>4</td> <td>12</td> </tr> </tbody> </table> <p><b>Appetite rating</b></p> <p>The Trust has significant appetite to pursue innovation and challenge current working practices in pursuance of its commitment to clinical excellence, providing that patient safety and experience is not adversely affected.</p>		Consequence	Likelihood	Score	Risk score	3	4	12	Target (Mar 27)	3	4	12	<p><b>Future Risks</b></p> <ul style="list-style-type: none"> <li>Access to funding and commercial research opportunities.</li> <li>Ability to meet the 150-day target for commercial trials by end March 2027.</li> <li>Loss of the ARC</li> <li>Triple lock impact on recruitment</li> </ul> <p><b>Future Opportunities:</b></p> <ul style="list-style-type: none"> <li>Strengthened relationships through KHP and new KHP strategy</li> <li>ARC changes.</li> <li>Agreement on single sponsorship with KCL</li> <li>Increased collaboration through Academic Committee in Common</li> <li>Innovation Strategy</li> <li>R&amp;D Strategy</li> </ul>
	Consequence	Likelihood	Score											
Risk score	3	4	12											
Target (Mar 27)	3	4	12											
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>KCH Research &amp; Innovation Strategy and annual plans</li> <li>Engagement in King’s Health Partners (KHP), Academic Health Science Network</li> <li>Action plans to improve the diversity of research participants and increase awareness and engagement in research design and delivery within our local community</li> <li>Research &amp; Innovation governance and risk management structure in place, led by Chief Medical Officer</li> <li>Quality Recovery Plan in place</li> <li>Key policy framework including research misconduct policy</li> <li>R&amp;D handbook and mandatory induction for all new research staff.</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Physical capacity to participate in drug trials and trials requiring clinical research facilities at PRUH</li> <li>Longer-term research workforce model (linked to funding and investment planning)</li> </ul>	<p><b>Assurance of Controls:</b></p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>Annual strategy progress update reported to Board of Directors – progress aligned to key aims</li> <li>Research progress metrics reported to Board – e.g. number of approved commercial studies and trends</li> <li>KHP Ventures in place.</li> <li>Joint Translational Research function agreed through KHP.</li> <li>Academic Committee in Common</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>Critical finding by MHRA in a routine inspection (related to KHP)</li> <li>Loss of the ARC.</li> <li>Internal Audit and LCFS Review of Academic Research Governance – partial assurance with improvements required</li> <li>Critical MHRA triggered inspection (March 2026)</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>R&amp;D governance capacity</li> </ul>	<p><b>Rationale for current score</b></p> <ul style="list-style-type: none"> <li>Trust is the highest recruiter nationally to NHIR portfolio studies</li> <li>Innovation portfolio has moved to the CQI team. QI and Innovation Strategies are being developed.</li> <li>Challenging economic landscape for research with reduced commercial studies and reduced NIHR funding.</li> <li>Trust unlikely to meet 150 target in 2026/27, although some limited additional funding has been secured and a review of approval processes is underway.</li> <li>Negative assurance received from Internal Audit and MHRA reviews</li> </ul>												



**Risk: If the Trust cannot transform the workforce and improve people cost control, it will be unable to deliver sustainable services, impacting quality and safety, staff engagement and patient experience.**

**Risk Owner: Chief People Officer**

**Committee**

**People, Education Inclusion and Research Committee**

**Last review: May 2026**

**2026/27 Priorities (People Plan):**

- Continue to transform the Trust based on the 2026/27 workforce plan
- Deliver safe staffing and productivity improvements through workforce redesign (rostering, skill mix and job planning)
- Reduce bank and agency reliance and premium spend through improved bank fill, controls and SEL system working
- Improve people services performance and workforce data quality (recruitment throughput, ESR and payroll assurance)
- Strengthen partnership working and change capacity to deliver programmes at pace and manage workforce relations risk
- Deliver a five year workforce strategy and plan that aligns with the objectives set out in the new Trust strategy (2026-2031)
- Design, deliver and implement interventions for long lasting impact from staff survey feedback, with an initial focus on the three key priorities, (Band 7 Leadership Development, Reward and Recognition, Staff Engagement, including the Medical Engagement Scale)
- Align people interventions with the King's Improvement Methodology to ensure there is a standard and consistent approach to enhancing staff experience

**Relevant significant risks on Corporate and Trust RR:**

- CRR 36 Bullying and Harassment
- CRR 567 Harm from violence, abuse and challenging behaviour
- **To be updated with corporate risks being refreshed**

**Risk Scoring:**

	consequence	Likelihood	Score
Risk score	4	4	16
Target (Mar 27)	4	3	12

**Appetite rating**

Averse: Safe staffing levels  
 Cautious: Wellbeing / Rightsizing  
 Open: Culture  
 Eager: Learning and Development

**Future Risks**

- Financial recovery/CIP under-delivery impacting ability to sustain safe staffing (including substantive, bank and agency)
- Failure of establishment and vacancy controls leading to workforce growth above plan and reduced affordability
- Temporary staffing spend increases due to inadequate controls (rate cards, caps, authorisation) and/or insufficient bank fill, creating financial and safe staffing risk
- Roster / e-rostering non-compliance (including unplanned uplift, sub-optimal skill mix and weak roster governance) driving overspend and variable quality/safety
- Workforce productivity / CIP benefits not delivered or not recurrent (including slippage in workforce redesign and job planning), leading to in-year and recurrent cost pressure
- Cost control measures implemented without effective engagement and equality impact management, leading to industrial relations risk, morale impacts and reduced retention (with consequent cost and capacity effects)
- Retention, wellbeing and sickness absence pressures (burnout/fatigue) reducing available workforce capacity
- Industrial relations/collective disputes impacting delivery and staff engagement (including pay, job planning and local change)
- Medical workforce sustainability risks (rota gaps, exception reporting and job planning capacity) impacting service delivery, training and staff experience
- Workforce redesign and productivity programmes slowed by operational pressures and limited change capacity
- Workforce compliance and governance gaps (mandatory training, appraisal, safer recruitment, professional revalidation and job planning) reducing assurance and increasing regulatory risk
- Failure to meet safe staffing expectations and regulatory requirements, impacting quality and patient safety
- Inadequate leadership and people-management capability leading to variation in experience, performance and turnover

**Future Opportunities:**

- Talent Management Strategy
- Strengthened approach to EDI to deliver greater representation across King's
- KIM
- New senior people leadership team

**Controls:**

- Workforce plan governance (KE/Trust Board) including establishment control, vacancy control and CIP/workforce reduction oversight
- Safe staffing and medical workforce oversight (e.g., safer staffing reporting, job planning/rota governance and Guardian of Safe Working) linked to escalation routes
- Agency/bank management and system working (SEL ICS) including rate alignment and controls to reduce premium spend

**Assurance of Controls:**

**Positive**

- Workforce plan, establishment and vacancy control reporting through KE/Trust Board and the People, Education, Inclusion and Research Committee
- Safer staffing reports to Trust Board
- Quarterly Guardian of Safe Working report (medical safe working assurance)

**Rationale for current score**

- Workforce plan, establishment and vacancy control is in place and reported through Trust governance.
- There is established assurance on safe staffing and medical safe working (safer staffing reports and Guardian of Safe Working reporting).
- However, performance indicators show continued pressure (vacancies/turnover in hard-to-fill areas, bank and agency above plan in some areas, and sickness absence impacting capacity).

<ul style="list-style-type: none"> <li>• Workforce redesign programme governance via Trust Improvement Programme workstreams, with benefits tracking</li> <li>• Leadership and management capability programmes (senior leadership development, line manager development, talent management strategy)</li> <li>• Health and wellbeing plan, sickness absence management and wellbeing guardianship arrangements</li> <li>• Workforce compliance and governance framework (statutory &amp; mandatory training, appraisal, safer recruitment, revalidation and job planning) with monitoring and escalation</li> <li>• Partnership and industrial relations structures (joint negotiating/consultative arrangements) to manage change, job planning and local agreements</li> <li>• People services improvement and workforce data oversight (ESR/payroll/recruitment), with performance monitoring and data quality checks</li> <li>• System workforce supply actions (SEL ICS/APC groups, KHP education partnerships) to strengthen pipeline, training and recruitment routes</li> <li>• Staff Experience Performance Committee and 'Focus on 3' interventions to improve engagement, retention and experience</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Variable care group compliance with vacancy/establishment controls and workforce data timeliness/quality</li> <li>• Temporary staffing grip not yet consistent (authorisation, rate card compliance, bank fill and exception escalation)</li> <li>• Inconsistent roster/job planning and paybill controls (e-rostering compliance, planned vs actual, payroll/ESR exceptions)</li> <li>• Sustained delivery risk where financial recovery requirements constrain ability to invest in substantive workforce, retention and safe staffing mitigations</li> <li>• Limited leadership change capacity may slow workforce redesign/productivity programmes and benefits realisation</li> <li>• Workforce supply pipeline constraints (placements, specialist training routes and competition) may outstrip current mitigations</li> <li>• Industrial relations risk remains where pace/scale of change and job planning requirements exceed local partnership bandwidth</li> <li>• Leadership and people-management capability improvement is not yet consistent at scale across all divisions/care groups</li> </ul>	<ul style="list-style-type: none"> <li>• Bank and agency performance monitoring (spend and fill) through the Integrated Performance Report and workforce governance</li> <li>• Health and wellbeing governance (including NED Wellbeing Guardian) and sickness absence reporting</li> <li>• Workforce compliance reporting (statutory &amp; mandatory training, appraisal and safer recruitment) through established governance routes</li> <li>• People services and workforce data assurance (recruitment/payroll/ESR performance measures) and Trust Improvement Programme benefits tracking</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Vacancy and turnover metrics (Integrated Performance Report) show continued pressure in hard-to-fill areas</li> <li>• Bank and agency spend/fill performance remains above plan in some areas (Integrated Performance Report)</li> <li>• Sickness absence levels remain a capacity risk (Integrated Performance Report and site performance reviews)</li> <li>• Workforce compliance and job planning/rota governance indicators show variable performance and incomplete assurance in some areas</li> <li>• Staff experience measures (National Staff Survey, pulse survey and medical engagement) indicate continuing improvement needs</li> </ul>	<ul style="list-style-type: none"> <li>• The score reflects gaps in consistent assurance (single people services performance dashboard, industrial relations early-warning indicators, workforce supply pipeline measures, and change capacity/benefits realisation).</li> <li>• Aligns with Finance BAF risk – Financial Stability</li> </ul>
---	---	--

**Risk: If the Trust cannot transform the workforce and improve people cost control, it will be unable to deliver the Operating Model and sustainable services, impacting quality and safety, staff engagement and patient experience.**  
**Risk Owner: Chief People Officer      Committee: People, Education Inclusion and Research Committee      Last review: Apr 2026**

**Action Plan**

Action (future mitigation)	Action Owner	Due Date	Expected Outcome	Action Status
Maintain Workforce Plan governance and monthly establishment/vacancy control, with divisional variance recovery actions.	CPO/CFO	Q1–Q4 2026/27	Workforce stays within plan; improved affordability and reduced unplanned workforce growth.	In progress
Strengthen temporary staffing controls (authorisation, caps/rate cards, bank fill, exception escalation) and deliver divisional agency reduction plans.	CPO/CDO	End Q4 2026/27	Reduced agency spend and premium rates; increased bank fill; improved safe staffing at lower cost.	Ongoing
Align bank/agency rates (rate cards) to reduce premium spend and prevent market distortion.	CPO	Q1–Q4 2026/27	Lower premium rates and reduced agency price inflation across priority staff groups.	In progress
Improve vacancy management and recruitment throughput (end-to-end time-to-hire, controls, and workforce data quality) to reduce avoidable gaps and agency reliance.	CPO / CDO	Q1–Q4 2026/27	Reduced vacancy duration; improved fill; reduced temporary staffing requirement and safer staffing continuity.	In progress
Strengthen roster and job planning discipline (e-rostering compliance, planned vs actual, skill mix, escalation) with divisional review and benefits tracking.	CDO/CPO	Q2–Q4 2026/27	Reduced unplanned uplift and overspend; improved productivity and safe staffing assurance.	Planned
Deliver workforce productivity and CIP benefits (recurrent), with clear owners, milestones and benefits tracking through the Trust Improvement Programme.	CIP Programme Board	Q1–Q4 2026/27	Improved financial sustainability with maintained/ improved quality and safety; reduced recurrent cost pressure.	In progress
Strengthen paybill controls (ESR/payroll exceptions, leaver processing, enhancements/overtime validation) with routine reporting and recovery actions.	CPO	Q3 2026/27	Improved paybill accuracy; reduced avoidable loss/overpayments; stronger financial grip and assurance.	In progress

DRAFT

**Risk: Staff Engagement: If the Trust is unable to create and sustain an inclusive and positive culture, staff engagement, wellbeing and retention may deteriorate, adversely impacting quality and safety, patient experience and our ability to provide culturally intelligent, compassionate care to patients and to each other.**

**Risk Owner: Chief People Officer**

**Committee People, Education Inclusion and Research Committee**

**Last review: Apr 2026**

**2026/27 Priorities (People Plan):**

- Delivery of WRES and WDES action plans
- Delivery of Gender Pay Gap actions
- Recruitment and career pathways to improve representation in senior roles.
- Embedding values and behaviours
- Improve the people management capability of our line managers
- Finalise and deliver our talent management strategy, including agreed aspirational targets for greater representation across the Trust
  - Deliver Trust-wide civility, respect and psychological safety improvements (including bullying/harassment reduction)
- Reduce violence and aggression at work through hotspot action plans, prevention and reporting
- Improve employee relations timeliness and confidence (case management standards, learning loops and 'just culture' approach)
- Establish a composite culture dashboard that triangulates NSS/pulse, ER/FTSU, violence, turnover/absence and patient feedback for routine Board assurance
- DEI Roadmap refresh and longer term DEI strategy

**Relevant significant risks on Corporate and Trust RR:**

- CRR 36 Bullying and Harassment
- CRR 567 Harm from violence, abuse and challenging behaviour

**Risk Scoring:**

	Consequence	Likelihood	Score
Risk score	4	3	12
Target (Mar 26)	4	3	12

**Appetite rating**

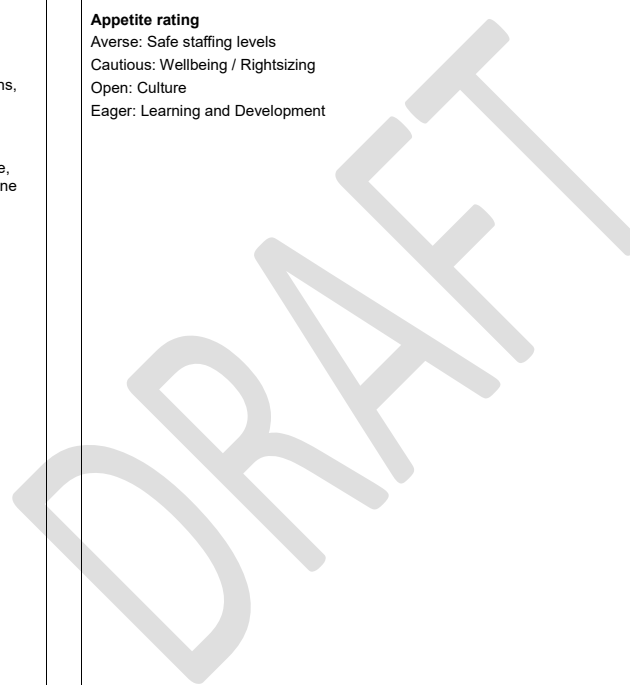
Averse: Safe staffing levels  
 Cautious: Wellbeing / Rightsizing  
 Open: Culture  
 Eager: Learning and Development

**Future Risks**

- Deterioration in staff experience, civility and wellbeing (including bullying/harassment and violence at work), impacting retention and patient experience
- Staff health and safety risks (including stress, musculoskeletal injury and occupational health capacity) leading to increased absence, claims and regulatory scrutiny
- Failure to improve representation and career progression for staff with protected characteristics (including senior leadership diversity)
- Poor WRES/WDES, staff survey and medical engagement outcomes reducing confidence in culture and leadership
- Inconsistent leadership behaviours and people-management capability across divisions, limiting sustainable culture change
- Increased employee relations casework (grievance/disciplinary/whistleblowing) and slower resolution impacting trust, morale and management time
- Inconsistent application of policies, procedures and 'just culture' principles across teams increasing perceived unfairness and undermining confidence in leadership
- Change fatigue and competing operational pressures leading to limited engagement with culture/EDI programmes and reduced pace of improvement

**Future Opportunities:**

- WS2 Improvement Programme
- King's improvement Model
- Learning and development programmes
- Pulse surveys



<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• EDI annual plan/roadmap, including WRES/WDES and gender pay gap action plans, with dedicated resource for delivery</li> <li>• King's People and Culture Plan and Staff Experience Performance Committee oversight of staff survey priorities ('Focus on 3') and engagement interventions</li> <li>• Culture/DEI learning offer (e.g., inclusive recruitment, active bystander, cultural intelligence, workplace adjustments)</li> <li>• Staff networks and participation mechanisms to inform priorities and improve lived experience</li> <li>• Health and wellbeing programme, including targeted interventions for priority groups/themes</li> <li>• Health, safety and occupational health arrangements (including stress and musculoskeletal risk management) with monitoring and escalation</li> <li>• Freedom to Speak Up Guardian and routes for speaking up, with reporting to Trust Board</li> <li>• Equality impact/risk assessment framework embedded into change and policy development</li> <li>• Violence and aggression reduction programme</li> <li>• Employee relations case management framework and escalation routes (including grievance/disciplinary/whistleblowing), with learning loops into organisational development</li> <li>• Policy and procedure refresh with clear manager standards to support consistent application and 'just culture' practice</li> <li>• Leadership behaviours and people-management capability development (values and behaviours, inclusive leadership and manager standards)</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Consistency and pace of culture/DEI delivery varies by division/care group, with competing operational priorities contributing to change fatigue</li> <li>• Employee relations capacity and timeliness (case investigation and resolution) may not be sufficient to prevent deterioration in trust and morale at times of peak demand</li> <li>• Leadership behaviours and line-manager capability are not yet consistently embedded across all teams to sustain culture change</li> <li>• Composite culture measurement and triangulation (survey, ER, FTSU, turnover/absence, patient feedback) not yet fully developed as a single consistent view</li> </ul>	<p><b>Assurance of Controls:</b></p> <p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• DEI quarterly progress reporting (including WRES/WDES and gender pay gap actions)</li> <li>• People &amp; Culture Plan and Staff Experience Performance Committee reporting</li> <li>• Freedom to Speak Up reporting to Trust Board and triangulation with employee relations themes and learning actions</li> <li>• Staff health and safety/occupational health and wellbeing reporting (including absence and hotspots) through routine performance and governance routes</li> <li>• Workforce policy/procedure refresh programme and manager standards to support consistency and 'just culture' behaviours</li> <li>• Violence and aggression reduction programme monitoring and reporting (incidents and hotspots)</li> </ul> <p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• National Staff Survey results (including engagement, civility and respect, and speaking up) show continued improvement needs</li> <li>• Trust pulse survey results indicate variable experience and risk of change fatigue across care groups</li> <li>• WRES and WDES outcomes show persistent inequality/experience gaps and representation challenges</li> <li>• Health and safety indicators (e.g., stress/MSK themes, absence) and local feedback indicate continued staff harm risk and variable policy application in some areas</li> <li>• Employee relations/FTSU indicators (case volumes, themes and resolution times) and violence at work reporting highlight ongoing culture risk in some areas</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• A single, routinely reported composite culture dashboard is not yet in place (triangulating NSS/pulse, ER/FTSU, violence, turnover/absence and patient feedback), including consistent ER timeliness measures.</li> </ul>	<p><b>Rationale for current score</b></p> <ul style="list-style-type: none"> <li>• EDI delivery is supported by an annual plan/roadmap with dedicated resource, with quarterly progress reporting (including WRES/WDES and gender pay gap actions) to the People, Education, Inclusion and Research Committee.</li> <li>• The People &amp; Culture Plan and Staff Experience Performance Committee provide Board-level oversight of National Staff Survey/pulse results and delivery of the priorities.</li> <li>• Freedom to Speak Up reporting and triangulation with employee relations themes, alongside monitoring of the violence and aggression reduction programme, provide additional assurance on 'speaking up' and safety culture.</li> <li>• However, negative assurance persists: National Staff Survey and pulse results show continuing improvement needs and variable experience/change fatigue across care groups.</li> <li>• WRES/WDES outcomes and ER/FTSU/violence indicators highlight persistent inequality and culture risks in some areas, despite values and behaviours being well established.</li> <li>• The score also reflects the current gap in assurance: a single composite culture dashboard (triangulating NSS/pulse, ER/FTSU, violence, turnover/absence and patient feedback, including ER timeliness) is not yet routinely reported.</li> </ul>
--	---	---

**Risk: Staff Engagement: If the Trust is unable to create and sustain an inclusive and positive culture, staff engagement, wellbeing and retention may deteriorate, adversely impacting quality and safety, patient experience and our ability to provide culturally intelligent, compassionate care to patients and to each other.**

**Action Plan**

Action (future mitigation)	Action Owner	Due Date	Expected Outcome	Action Status
Establish and run Staff Experience Performance Committee (SEPC), with a standard operating model for care group action plans and monthly progress reporting.	DOC	Q1–Q4 2026/27	Improved NSS/pulse and medical engagement metrics; consistent implementation and assurance of staff experience improvements across care groups.	In progress
Deliver Trust-wide civility, respect and psychological safety programme (including anti-bullying/harassment actions, active bystander training and local team charters), prioritising hotspot areas identified through NSS/FTSU/ER data.	DOC	Q2 2026/27 (launch); Q4 2026/27 (impact review)	Reduction in bullying/harassment indicators; improved speaking up and civility scores; fewer culture-related ER cases in hotspots.	Planned
Implement violence and aggression at work hotspot action plans (prevention, environmental controls, security response, reporting and post-incident support), with quarterly review of incident trends and learning.	DOC / CNO	Q1 2026/27 (hotspots agreed); Q3 2026/27 (mid-year review)	Reduced violence/aggression incidents and improved reporting/support; improved staff safety perceptions and retention in hotspot areas.	In progress
Refresh and deliver the EDI roadmap (including WRES/WDES and Gender Pay Gap actions), with clear executive sponsorship, milestones and care group delivery plans for representation, progression and experience gaps.	DOC	Q2 2026/27 (refresh agreed); Q4 2026/27 (delivery checkpoint)	Improved WRES/WDES domains and reduced experience gaps; improved senior representation and progression for under-represented groups.	In progress
Strengthen line manager capability and consistency through a core manager offer and standards (values & behaviours, inclusive leadership, ER fundamentals, sickness/attendance, difficult conversations), with uptake tracked and targeted support for hotspots.	DOC / DEPUTY CPO	Q3 2026/27 (standards/offer in place); Q4 2026/27 (uptake review)	Improved staff survey confidence in management; reduced ER case volumes and improved timeliness; improved retention and wellbeing.	Planned
Improve employee relations (ER) timeliness and confidence through case management standards, triage, investigation support and learning loops (including a 'just culture' approach), with routine reporting of volumes, ageing and outcomes.	DEPUTY CPO	Q2 2026/27 (standards live); Q4 2026/27 (improvement evidenced)	Reduced case ageing and improved timeliness; improved perceptions of fairness; reduced management time lost to protracted cases.	In progress
Implement a composite culture dashboard for Board assurance (triangulating NSS/pulse, ER/FTSU themes and timeliness, violence/aggression, turnover/absence and relevant patient feedback), with agreed thresholds and escalation.	DOC	Q3 2026/27	Single consistent view of culture risk and mitigations; earlier identification of hotspots and targeted intervention; improved assurance to PEIRC/Board.	Planned
Deliver targeted wellbeing and occupational health actions for priority staff groups/themes (stress and MSK hotspots), including proactive OH support, reasonable adjustments, and improved access to psychological support.	DOC	Q1 2026/27 (priorities agreed); Q4 2026/27 (impact review)	Reduced stress/MSK absence and improved wellbeing measures; improved retention and engagement in priority areas.	In progress

**Bold Objective:** cross cutting Team King’s: working as ‘one Trust’ across our sites, and as a good partner in our local ICS and beyond

**Risk:** System Sustainability - If the Trust does not collaborate effectively with key stakeholders and partners to plan and deliver care, this may adversely on our ability to achieve system transformation in line with the NHS 10 year plan ambition.

**Risk Owner:** Chief Executive

Committee

Board of Directors

Last review: date March 2026

<p><b>2026/27 Priorities:</b></p> <p>To complete the first year of our partnerships strategic objectives</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="2" style="background-color: #f4a460;">Strong Successful Partnerships</th> </tr> <tr> <td style="background-color: #f4a460;">What’s our ambition for the next five years?</td> <td style="background-color: #f4a460;">To transfer up to 30% of hospital care to an appropriate, alternative setting by 2031</td> </tr> <tr> <td style="background-color: #f4a460;">What will this mean for our patients and communities?</td> <td style="background-color: #f4a460;">People will get high-quality care closer to home, through virtual appointments and monitoring, meaning fewer hospital visits and less time as an inpatient</td> </tr> </table> <p>To develop our role as the integrator host in Bromley</p> <p><b>Relevant significant risks on TRR:</b></p> <ul style="list-style-type: none"> <li>- None</li> </ul>	Strong Successful Partnerships		What’s our ambition for the next five years?	To transfer up to 30% of hospital care to an appropriate, alternative setting by 2031	What will this mean for our patients and communities?	People will get high-quality care closer to home, through virtual appointments and monitoring, meaning fewer hospital visits and less time as an inpatient	<p>Risk Scoring:</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffff00;"><b>Gross</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="background-color: #ffff00;"><b>CURRENT</b></td> <td>3</td> <td>3</td> <td>9</td> </tr> <tr> <td style="background-color: #ffff00;"><b>Target (Mar 26)</b></td> <td>3</td> <td>3</td> <td>9</td> </tr> <tr> <td style="background-color: #ffff00;"><b>Target March 2027</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Risk Appetite</b></p> <p>Open</p>		Impact	Likelihood	Score	<b>Gross</b>				<b>CURRENT</b>	3	3	9	<b>Target (Mar 26)</b>	3	3	9	<b>Target March 2027</b>				<p><b>Future Risks</b></p> <ul style="list-style-type: none"> <li>• ICS/ICB reform – transition leads to uncertainty and distraction.</li> <li>• Changes to Specialised commissioning (SLOSS)</li> <li>• Changes to NHS England especially changes to network arrangements</li> </ul> <p><b>Future Opportunities:</b></p> <ul style="list-style-type: none"> <li>• 10 year plan and changes at local level (opportunities to transform service provision.</li> <li>• Host of the Bromley Integrator</li> <li>• Part of Southwark Integrator</li> <li>• Part of Lambeth Integrator</li> <li>• Lewisham and Greenwich joining EPIC</li> <li>• Population health work as part of KHP.</li> </ul>
Strong Successful Partnerships																												
What’s our ambition for the next five years?	To transfer up to 30% of hospital care to an appropriate, alternative setting by 2031																											
What will this mean for our patients and communities?	People will get high-quality care closer to home, through virtual appointments and monitoring, meaning fewer hospital visits and less time as an inpatient																											
	Impact	Likelihood	Score																									
<b>Gross</b>																												
<b>CURRENT</b>	3	3	9																									
<b>Target (Mar 26)</b>	3	3	9																									
<b>Target March 2027</b>																												
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• Trust relationship leads identified for key partnerships to ensure that the Trust is represented and engaged in relevant ICS and APC forums</li> <li>• Engagement and leadership of place-based partnerships e.g. One Bromley, Lambeth Together</li> <li>• KCH CEO is designated CEO lead on SEL ICB</li> <li>• Active role in existing APC and ICS clinical and operational forums e.g. Clinical, Strategy &amp; Operations, APC Finance, and System Sustainability Group</li> <li>• Engagement in SEL ICS and APC elective recovery programmes</li> <li>• Trust’s Anchor Programme</li> <li>• APC governance and decision-making arrangements operational</li> <li>• Partnership mapping (community &amp; voluntary) completed</li> </ul> <p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Oversight – improvements in equality of access, experience and outcomes</li> </ul>	<p><b>Assurance of Controls:</b></p> <ul style="list-style-type: none"> <li>• Updates to Trust Board regarding ICS and APC and the Trust’s role as a partner</li> <li>• Workshop planned on integrators</li> <li>• APC Committee-in-Common progress reports</li> <li>• SEL APC Elective recovery performance</li> </ul> <p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• None identified</li> </ul>	<p><b>Rationale for current score</b></p> <ul style="list-style-type: none"> <li>• Trust well embedded in local partner arrangements.</li> <li>• 10 year plan creates risk and opportunity</li> <li>• System sustainability remains a challenge</li> </ul>																										



Meeting:	<b>Kings Board of Directors - Public</b>	Date of meeting:	14 May 2026
Report title:	<b>Integrated Performance Report Month 12 (March) 2025/26</b>	Item:	8
Author:	Steve Coakley, Director of Performance & Planning;		8.1
Executive sponsor:	Angela Helleur, Chief Delivery Officer		
Report history:			

<b>Purpose of the report</b>							
The performance report to the King's Board outlines published monthly performance data for March 2026 achieved against key national operational performance targets (noting that latest submitted cancer performance data is February 2026).							
<b>Board/ Committee action required (please tick)</b>							
<b>Decision/ Approval</b>		<b>Discussion</b>		<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Information</b>	
The Board is asked to note the latest performance reported against the key national access targets for RTT, Emergency Care, Diagnostic and Cancer waiting times (CWT).							
<b>Performance:</b>							
<b>Elective Activity @M12:</b>							
At a Trust level, 101% of planned activity was delivered with activity levels operating close to or above plan in each week. This has resulted in adjusted ERF performance of <b>111.2%</b> , below the Trust's <b>112%</b> target.							
<b>Emergency care:</b>							
<ul style="list-style-type: none"> <li>Trust Type 1 performance increased by 4.5% with Type 3 declining by 1.98%.</li> <li>4 hour All Types performance remained below the 74.6% Operating Plan at 72.12% for March 2026.</li> </ul>							
<u>Actions Underway:</u>							
<ul style="list-style-type: none"> <li>Finalisation of care group improvement plans for the 2026-27 flow programme.</li> <li>Working with DH UTC provider to optimise pathways.</li> <li>Re-focusing on ED assessment unit and SDEC pathway opportunities.</li> <li>Launch of specialty admission guidance as part of internal professional standards.</li> </ul>							

**RTT:**

- RTT Incomplete performance of 66.38%, above the operating plan target of 65.2%
- The number of patients waiting over 65 weeks reduced from 143 patients reported in February to 12 in March and above the original Operating Plan target to eliminate by year-end.
- Of the 65 week wait patients there are 5 patients in General Surgery, 2 patients in Colorectal Surgery and Ophthalmology. There was only 1 patient in Bariatric Surgery.
- The number of patients waiting over 52 weeks reduced to 1,127 in March remains above the Op Plan target and Q4 Sprint reduction requirements of 839 for the month. This equates to 1.34% of the total PTL waiting over 52-weeks which is above the Op plan of 0.98%.

Actions Underway:

- Continued use of NHS mutual aid offers, Independent Sector Provider model and Insourcing to the end of March to support 65-week elimination by end-Q4.
- External validation team resource focused on diagnostic validation work, initially reviewing pathways in cardiac echo, NOUS and Dexa scans.
- Improved grip and control of PTLs

**Cancer performance:**

- Cancer performance 62-day: Revised submitted 62-day performance for February 2026 was 63.4%, below the 75% target for the end of 2025/26.
- The Faster Diagnosis Standard (FDS) Submitted February 2026 28-day FDS performance is 81.9%, compliant with the new 80% standard from 2026/27.
- Cancer performance 31-day: Submitted performance was 96.7% in February 2026, both meeting the NHS operating plan standard and full 96% national standard.

Key Issues:

- Pathology reporting delays adding on average one week to each 62-day pathway.
- HPB theatre and outpatient capacity.
- Level of complexity for breast (requiring additional diagnostics) and colorectal cancers operations.
- Urology prostate biopsy and clinical oncology capacity.

Actions underway:

- Meetings with pathology provider to improve turnaround times.
- Divisional review meetings for radiology cancer capacity.
- Longer term plan for HPB theatre cancer capacity to be considered.
- MDT improvement project for HPB – includes reviewing inappropriate referrals / patient transfer date.

**Diagnostics:**

- DM01 performance improved for the seventh consecutive month this year from 24.58% in February to 19.37% in March. This represents a special-cause improvement and performance has achieved the original Operating Plan target of 25.2% for March.

Actions underway:

- NOUS – delivering additional activity within divisional underspend limits using bank shifts and insourcing provider until end-March.
- Cardiac echo insourcing to remain in place until end-March only.
- External validation team initially focused on diagnostic DM01 and planned pathway validation in cardiac echo, NOUS and echo scans.
- Refresh of demand and capacity model to determine current activity levels to deliver longer-term sustainability in NOUS and echo.

Strategy			
Link to the Trust’s BOLD strategy (Tick as appropriate)			Link to Well-Led criteria (Tick as appropriate)
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>		✓
			✓
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>		✓
			✓
✓	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>		✓
			✓

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

<b>Key implications</b>	
<b>Strategic risk - Link to Board Assurance Framework</b>	The summary report provides detailed performance against the core NHS constitutional operational standards.
<b>Legal/ regulatory compliance</b>	Report relates to performance against statutory requirements of the Trust license in relation to waiting times.
<b>Quality impact</b>	There is no direct impact on clinical issues, albeit it is recognised that timely access to care is a key enabler of quality care.
<b>Equality impact</b>	There is no direct impact on equality and diversity issues
<b>Financial</b>	Trust reported financial performance against published plan.
<b>Comms &amp; Engagement</b>	Trust's quarterly and monthly results will be published by NHSE.
<b>Committee that will provide relevant oversight: Board of Directors</b>	



King's College Hospital  
NHS Foundation Trust

# Integrated Performance Report

## Month 12 (March) 2025/26

**Kings Board Committee**

**14 May 2026**



Report to:	<i>Kings Board Committee</i>
Date of meeting:	<i>14 May 2026</i>
Subject:	<i>Integrated Performance Report 2025/26 Month 12 (March 2026)</i>
Author(s):	<i>Steve Coakley, Director of Performance &amp; Planning;</i>
Presented by:	<i>Angela Helleur, Chief Delivery Officer</i>
Sponsor:	<i>Angela Helleur, Chief Delivery Officer</i>
History:	<i>None</i>
Status:	<i>For Discussion</i>

**Summary of Report**

*This report provides the details of the latest performance achieved against key national performance, quality and patient waiting times targets for March 2026 returns.*

**Action required**

- The Committee is asked to note the latest available 2025/26 M12 performance reported against key deliverables as set out in the national FY2025/26 Operating Plan guidance.*

### 3. Key implications

Legal:	<i>Report relates to performance against statutory requirements of the Trust license in relation to waiting times.</i>
Financial:	<i>Trust reported financial performance against published plan.</i>
Assurance:	<i>The summary report provides detailed performance against the operational waiting time metrics defined within the NHSi Strategic Oversight Framework .</i>
Clinical:	<i>There is no direct impact on clinical issues.</i>
Equality & Diversity:	<i>There is no direct impact on equality and diversity issues</i>
Performance:	<i>The report summarises performance against local and national KPIs.</i>
Strategy:	<i>Highlights performance against the Trust’s key objectives in relation to improvement of delivery against national waiting time targets.</i>
Workforce:	<i>Links to effectiveness of workforce and forward planning.</i>
Estates:	<i>Links to effectiveness of workforce and forward planning.</i>
Reputation:	<i>Trust’s quarterly and monthly results will be published by NHSE and the DHSC</i>
Other:(please specify)	

Performance

## Domain 1: Performance Metric Assurance Summary

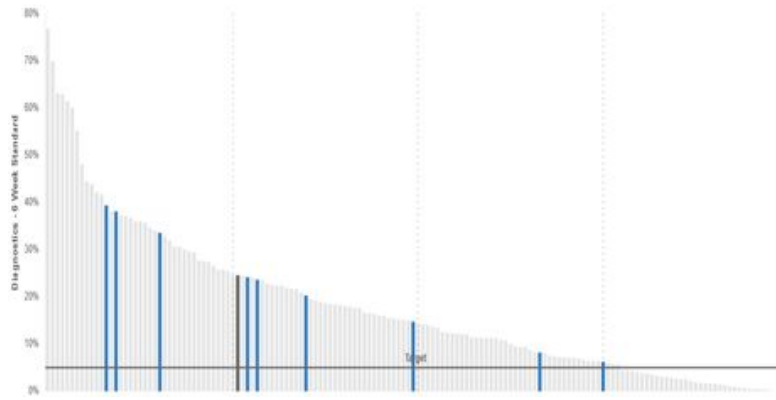
Metric Group / Metric Name	Reporting Month	Current Value (Month)	Previous Value (Month)	Assurance (Monthly)
<b>Cancer</b>				
Cancer 28 day FDS Performance - NHSE	2026-02	81.89%	73.00%	No Target
Cancer 31 day Performance - NHSE	2026-02	96.71%	92.08%	No Target
Cancer 62 Day Performance - NHSE	2026-02	61.09%	61.35%	No Target
Cancer 62 day PTL Backlog Size				
<b>Diagnostics</b>				
DM01 >6 week performance	2026-03	19.46%	24.58%	
<b>Emergency Care</b>				
A&E 4-hour performance - Type 1	2026-03	57.78%	53.20%	Fail
A&E 4-hour performance (UEC Sitrep)	2026-03	72.12%	68.51%	Fail
A&E Attendances - Type 1	2026-03	16879	15001	No Target
A&E Attendances - Type 3 (Sitrep)	2026-03	10418	8563	No Target
A&E Breaches - Type 1	2026-03	7126	7020	No Target
A&E Breaches - Type 3 (Sitrep)	2026-03	975	632	No Target
Ambulance Handover Delays >60 minutes	2026-03	44	40	No Target
Ambulance Handover Delays 30-60 minutes	2026-03	1219	1228	No Target
Attendances in A&E over 12 hours %	2026-03	13.68%	16.26%	Fail
Rate of 4hr Breaches that are Non-Admitted/Referred	2026-03	44.39%	46.31%	No Target
<b>Inpatients</b>				
Average Length of Stay (Elective) - Model Hospital Definition	2026-03	8.6	7.7	No Target
Average Length of Stay (Non-Elective)	2026-03	9.0	9.0	No Target
Elective Inpatient Spells (Operational Planning) - SUS	2026-03		15932	
<b>Operational Planning</b>				
First Outpatient Attendances - SUS	2026-03		32653	
<b>Outpatients</b>				
New to Follow Up Ratio - all	2026-03	27.4%	27.5%	No Target
Outpatient DNA rate	2026-03	9.1%	9.1%	Hit and Miss
Outpatient PIFU Outcomes %	2026-03	3.5%	3.2%	Fail
<b>RTT</b>				
RTT 52 week waits	2026-03	1152	1588	Fail
RTT 65 week waits	2026-03	20	143	Fail
RTT 78 week waits	2026-03	3	17	Fail
RTT Incomplete Performance	2026-03	66.35%	64.27%	Hit and Miss
RTT Total PTL	2026-03	83735	83868	Pass

### Executive Summary

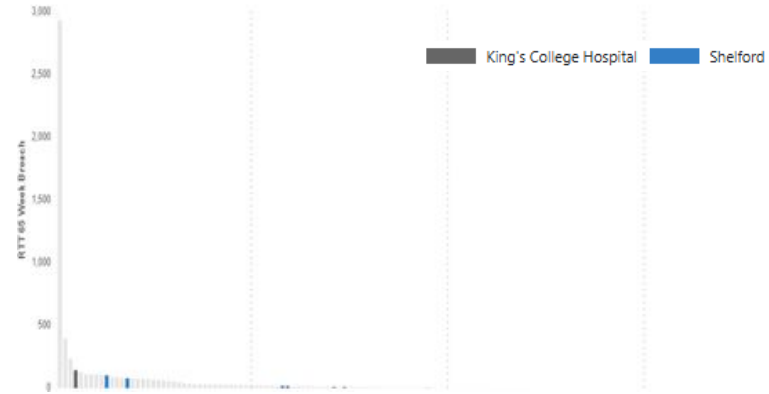
- Diagnostics:** DM01 performance improved for the seventh consecutive month this year from 24.58% in February to 19.37% in March. While this represents a special cause improvement, March performance achieved the original Operating Plan target of 25.2%.
- RTT incomplete performance:** RTT Incomplete performance has been above the mean since May 2024, and performance was 66.39% in March, and achieving the Q4 Sprint target of 65.20%. The total RTT PTL reduced to 83,918 for March which is considerably below the Operating Plan target of 90,340.
- Cancer performance 62-day:** Revised submitted 62-day performance for February 2026 was 63.4%, below the 75% target for the end of 2025/26.
- The Faster Diagnosis Standard (FDS)** Submitted February 2026 28-day FDS performance is 81.9%, compliant with the new 80% standard from 2026/27.
- Cancer performance 31-day:** Submitted performance was 96.7% in February 2026, both meeting the NHS operating plan standard and full 96% national standard.
- Emergency care:** 4 hour All Types performance improved in March to 72.12%, however it remained below the plan of 74.6%. Trust Type 1 performance increased by 4.5%, with Type 3 declining by 1.98%.



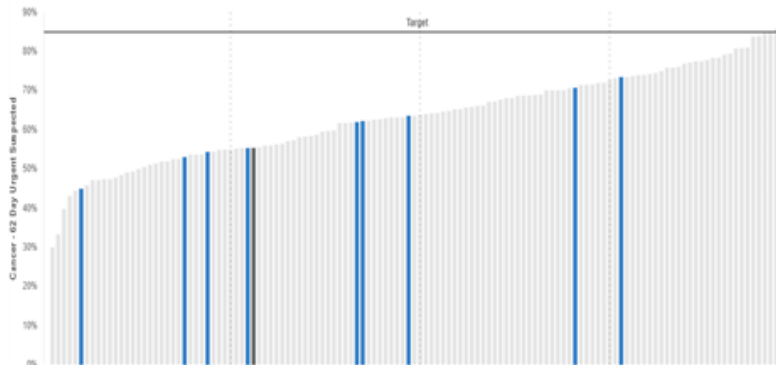
## Benchmarked Trust performance Based on latest national comparative data published



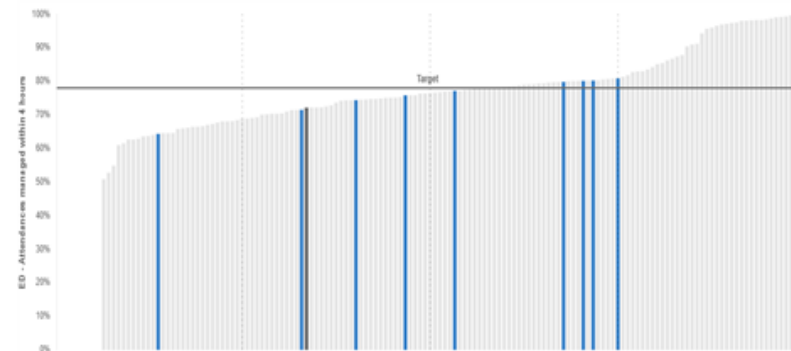
The chart above shows the national ranking against the DM01 diagnostic 6-week standard. **Kings is ranked 114 out of 154 selected Trusts based on February 2026 data published.**



The chart above shows the national ranking against the RTT 65-week waits. **Kings is ranked 149 out of 152 selected Trusts based on latest February 2026 data published.**



The chart above shows the national ranking against the cancer standard for patients receiving first definitive treatment within 62 days for all routes. **Kings is ranked 94 out of 130 selected Trusts based on latest February 2026 data published.**



The chart above shows the national ranking against the 4-hour Emergency Care Standard. **Kings is ranked 100 out of 150 selected Trusts based on latest March 2026 data published.**

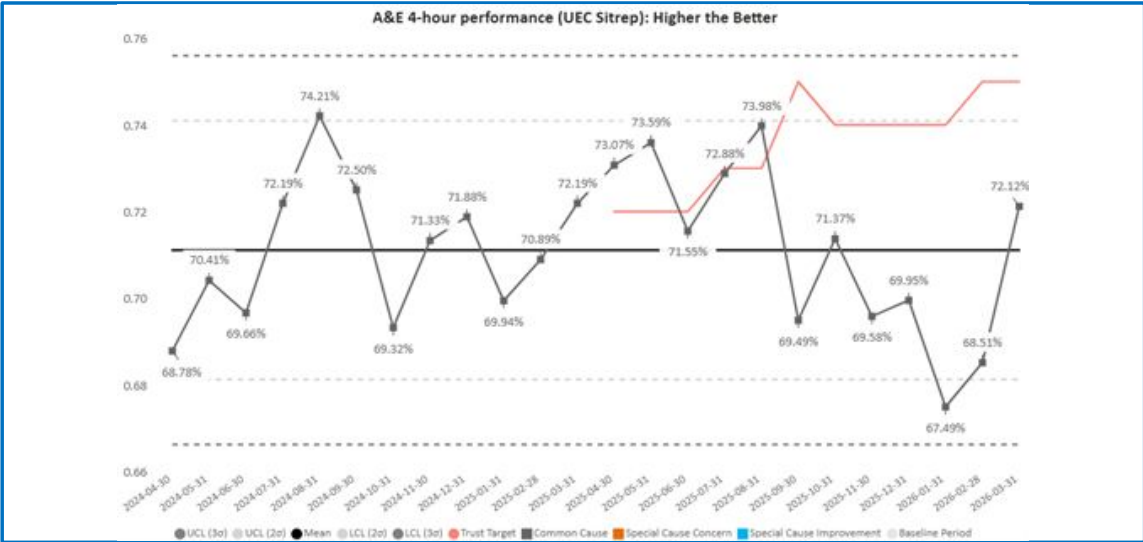
## UEC 4-hour Emergency Care Standard – Trust Level

**Background / national target description:**

- Ensure at least 78% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

March 2026	Op Plan Mar 2026
72.12%	74.6%

- Executive Owner: Angela Helleur, Chief Delivery Officer
- Operational Leads : James Eales (DOO), Lesley Powls DH Hospital Director), Paul Larrisey (PRUH Hospital Director)



**Updates since previous month**

- 4 hour All Types performance remained below the Operating Plan at 72.12% for March.
- Trust Type 1 performance increased by 4.5% with Type 3 declining by 1.98%.

**Current Issues**

- DH Type 3 performance remains challenged at 84.87% which depresses all type performance.
- High acuity Mental Health patient stays in both Emergency Departments, leading to assessment cubicles being blocked delaying assessment and requiring significant staffing resource to maintain safety.

**Key dependencies**

- Utilisation of conveyance and admission avoidance pathways in the community.
- Optimisation of referral pathways to SDECs to take lower risk presentations.
- Flow into G&A inpatient wards.

**Future Actions**

- Finalisation of care group improvement plans for the 2026-27 flow programme.
- Working with DH UTC provider to optimise pathways.
- Re-focusing on ED assessment unit and SDEC pathway opportunities.
- Launch of specialty admission guidance as part of internal professional standards.



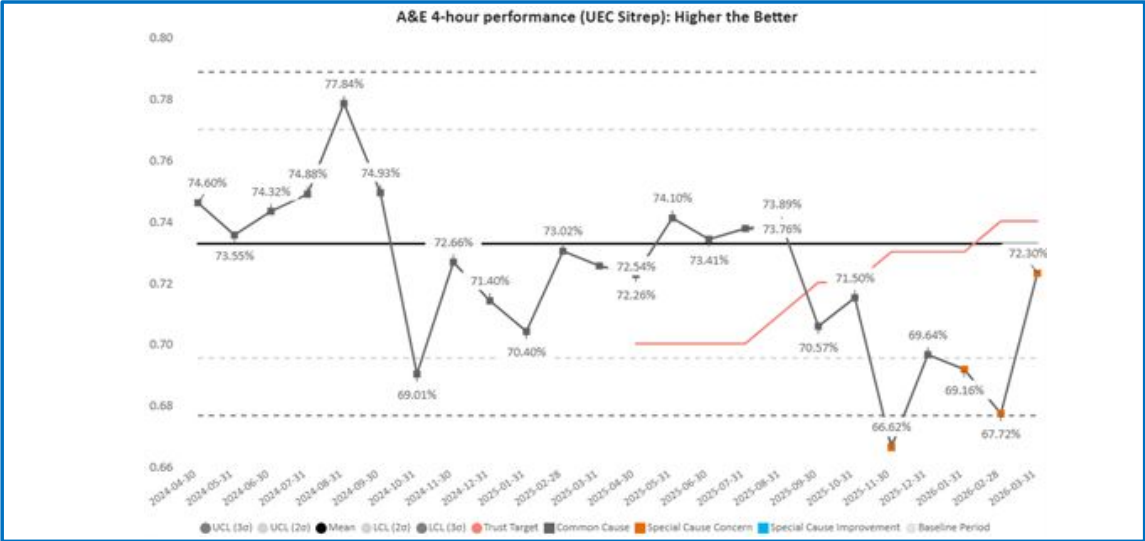
## UEC 4-hour Emergency Care Standard – Denmark Hill

**Background / national target description:**

- Ensure at least 78% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

March 2026	Op Plan Mar 2026
<b>72.3%</b>	<b>75.0%</b>

- Executive Owner: Angela Helleur, Chief Delivery Officer
- Operational Leads : James Eales (DOO) & Lesley Powls (Hospital Director)



**Updates since previous month**

- 4 hour All Types performance remained below the operating plan at 72.30% in March.
- Type 1 performance increased significantly at 65.68% with Type 3 performance declining to 84.87%.

**Current Issues**

- Type 1 attendances and pathways improved significantly, however, ongoing challenges linked to electronic triage and late referrals from UTC.
- Type 3 performance remains challenged at 84.87% (below 98% target) which depresses all type performance.
- High acuity Mental Health patient stays in ED, leading to cubicle block for assessment.

**Key dependencies**

- Utilisation of conveyance and admission avoidance pathways in the community.
- Optimisation of referral pathways to SDECs to take lower risk presentations.
- Flow into General & Acute (G&A) inpatient wards.
- Flow into MH inpatient wards.

**Future Actions**

- Finalisation of care group improvement plans for the 2026-27 flow programme.
- Working with UTC provider to optimise pathways and improve performance.
- Re-focusing on ED assessment unit and SDEC pathways opportunities.
- Revising specialty admission guidance as part of internal professional standards.



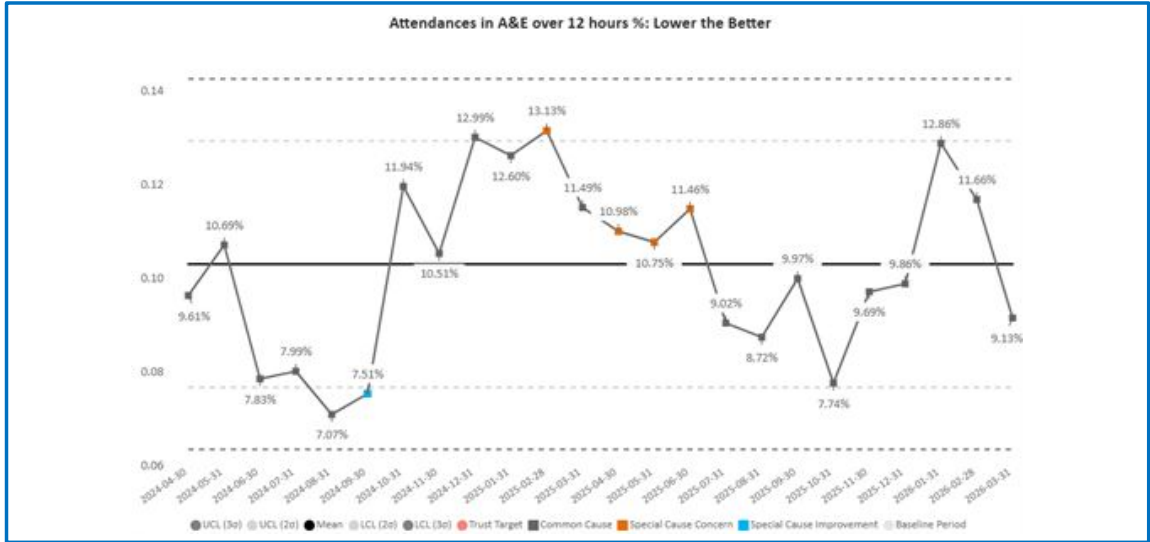
## UEC 12-hour stays – Denmark Hill

**Background / national target description:**

- To increase the proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26

March 2026	Op Plan Mar 2026
9.13%	11%

- Executive Owner: Angela Helleur, Chief Delivery Officer
- Operational Leads : James Eales (DOO) & Lesley Powls (Hospital Director)



**Updates since previous month**

- The percentage of patients waiting in ED over 12 hours reduced to 9.14%, below the target of 11% for the month.

**Current Issues**

- LAS ambulance attendances remain high with an average of 94 per day with high conversion rate to ward admission.
- 12-hour length of stay breaches are mostly attributed to those awaiting inpatient admission to an acute hospital bed, often for side room placements as bed capacity has been affected by IPC outbreaks.

**Key dependencies**

- Improved flow for patients with a mental health Decision To Admit (DTA) into partner organisations.
- Flow from ED into inpatient admission wards.
- Reduction in length of stay across inpatient wards through the site flow programme, particularly in view of predicted challenging winter virus presentations.

**Future Actions**

- Review of flow policy and its application to ensure appropriate risk management.



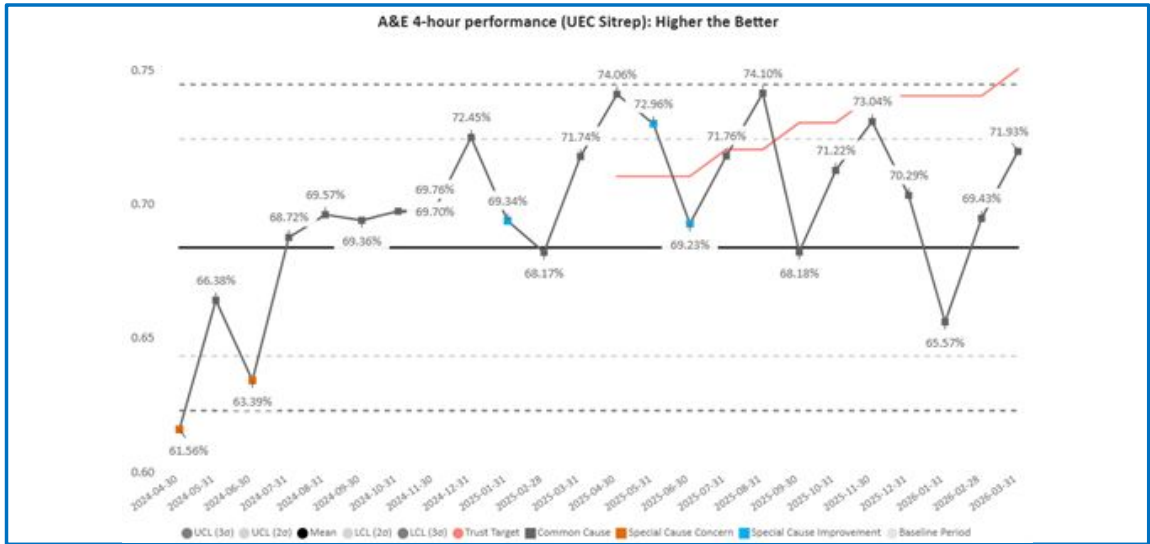
## UEC 4-hour Emergency Care Standard – PRUH

**Background / national target description:**

- Ensure at least 78% of attendees to A&E are admitted, transferred or discharged within 4 hours of arrival.

March 2026	Op Plan Mar 2026
71.93%%	74.0%

- Executive Owner: Angela Helleur, Chief Delivery Officer
- Operational Leads : James Eales (DOO) & Paul Larrisey (Hospital Director)



**Updates since previous month**

- All type performance increased to 71.93% in March, below the the Operating Plan target.
- Type 1 4-hour performance improved by 3.29% compared to February.
- Type 3 performance decreased to 95.79%.

**Current Issues**

- High Type 1 attendances in March (+5.5%).
- Corridor congestion due to admitted demand, but a significant reduction compared to 24-25.
- Mental Health Decision To Admit delays remain a challenge, with limited escalation capacity.

**Key dependencies**

- Attendance avoidance pathways in the community and the use of Universal Care Plans (UCP).
- Re-direct pathways from ED into out-of-hospital providers.
- Optimisation of referral pathways to SDECs to take lower risk presentations.
- Flow into MH inpatient wards.
- Flow into G&A inpatient wards.

**Future Actions**

- Finalisation of care group improvement plans for the FY2026-27 flow programme.
- Revising specialty admission guidance as part of internal professional standards.
- Focus on increasing pathways out of ED into SDEC.
- Revised focus on ED avoidance pathways to reduce Type 1 demand.



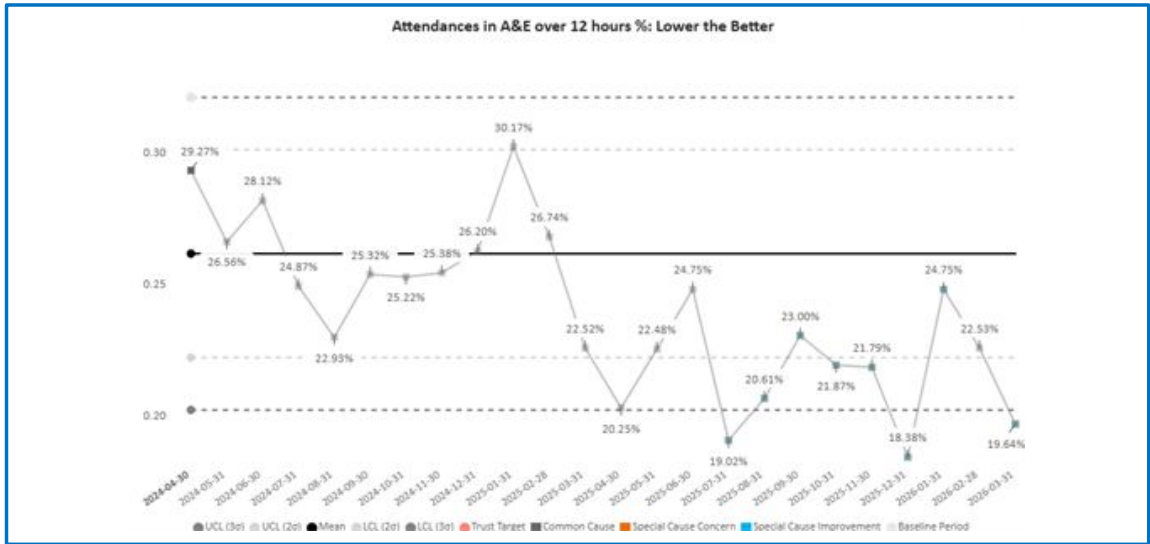
## UEC 12-hour stays – PRUH

**Background / national target description:**

- To increase the proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26

March 2026	Op Plan Mar 2026
19.64%	19%

- Executive Owner: Angela Helleur, Chief Delivery Officer
- Operational Leads : James Eales (DOO) & Paul Larrisey (Hospital Director)



**Updates since previous month**

- Reduction in 12 hour stays in March of 3.89% but above the Operating Plan target of 19%.

**Current Issues**

- 12-hour Decision To Admit breach times remain a significant challenge.
- Patient requiring mental health input (and onward care) are a significant contributor to non-admitted and admitted breaches.

**Key dependencies**

- Improved flow for patients with a mental health Decision To Admit into partner organisations.
- Flow from ED into inpatient admission wards.
- Reduction in length of stay across inpatient wards through the site flow programme.

**Future Actions**

- Ongoing partnership meeting with Oxleas to support oversight of mental health patient management and pathway improvement.



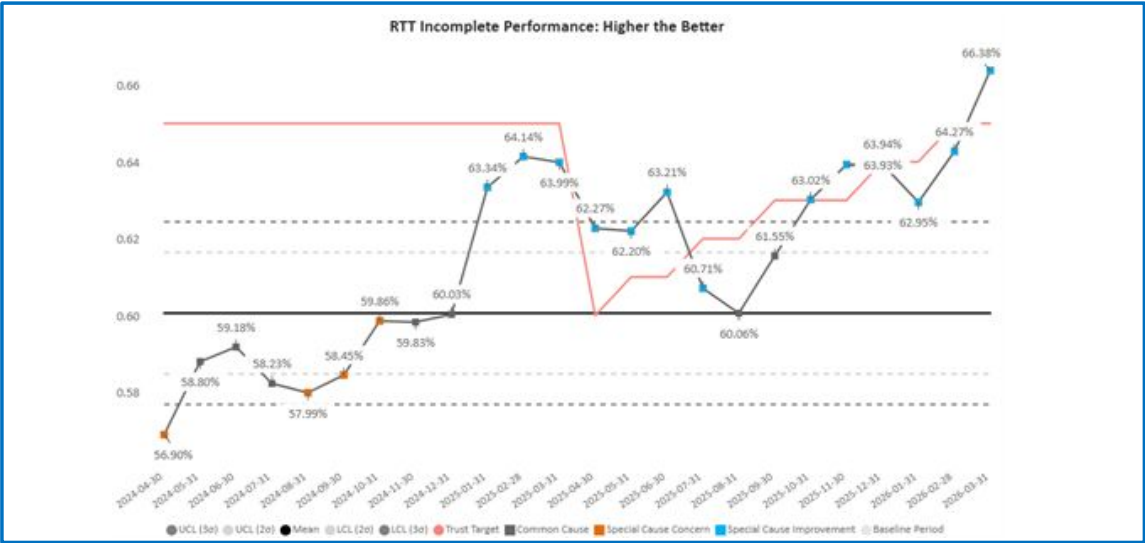
## RTT Incomplete performance

**Background / national target description:**

- Ensure 78% of patients are treated within 18 weeks of referral.

March 2026	Op Plan Mar 2026
66.38%	65.2%

- Executive Owner: Anna Clough /Angela Helleur, Chief Delivery Officer
- Management/Clinical Owner: James Watts, DOO.



**Updates since previous month**

- There has been a recent consistency in special variation for RTT incomplete performance reported.
- RTT Incomplete performance has been above the mean since May 2024, and performance was 66.39% in March and above the operating plan target of 65.2%.
- The total RTT PTL reduced to 83,918 for March which is considerably below the Operating Plan target of 90,445.

**Current Issues**

- Bariatric and General Surgery at Denmark Hill is the biggest contributor to 52+ week long waiters. Further risks in Ophthalmology and Dental specialties.
- Mutual aid and insourcing will be delivered for bariatric and general surgery activity to improve the position to end of March.
- Additional activity to be delivered by Insourcing provider in Gynecology and Dental to reduce 52-week waits.

**Key dependencies**

- Delivery of Trust activity plan in key areas of operational challenge.

**Future Actions**

- Continued use of NHS mutual aid offers, Independent Sector Provider model and Insourcing models to reduce 52-week wait patients and support 65-week elimination by end-Q4 across all specialties.
- The RTT Validation team continue to support Q4 Sprint programme validation with out-of-hours working with a focus on over 18-week pathways. National extension for March RTT return by 5 working days.



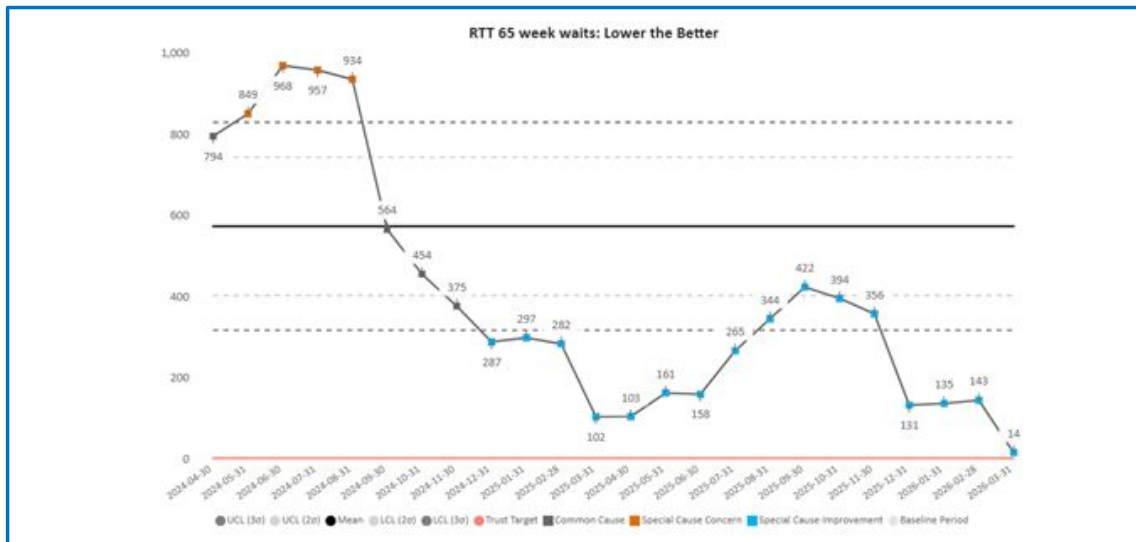
## RTT – 65 Weeks

**Background / national target description:**

- To eliminate the number of patients waiting over 65 weeks

March 2026	Op Plan Mar 2026
12	0

- Executive Owner: Anna Clough /Angela Helleur, Chief Delivery Officer
- Management/Clinical Owner: James Watts, DOO.



**Updates since previous month**

- The number of patients waiting over 65 weeks reduced from 143 patients reported in February to 12 in March, and above the original Operating Plan target to eliminate by year-end.
- Of the 65 week wait patients there are 5 patients in General Surgery, 2 patients in Colorectal Surgery and Ophthalmology. There was only 1 patient in Bariatric Surgery.

**Current Issues**

- The biggest challenge remains in Surgery care group at Denmark Hill as well as Ophthalmology.
- Work ongoing to identify additional theatre lists to clear the 65-week backlog by the end of March.

**Key dependencies**

- Delivery of Trust activity plan in key areas of operational challenge.
- Acceptance of patients at offsite providers to minimise having to treat these patients within the Kings internal capacity during March with limited time-periods to offer reasonable treatment dates.

**Future Actions**

- Continued use of NHS mutual aid offers, Independent Sector Provider model and Insourcing models to support 65-week elimination by end-Q4 across all specialties.

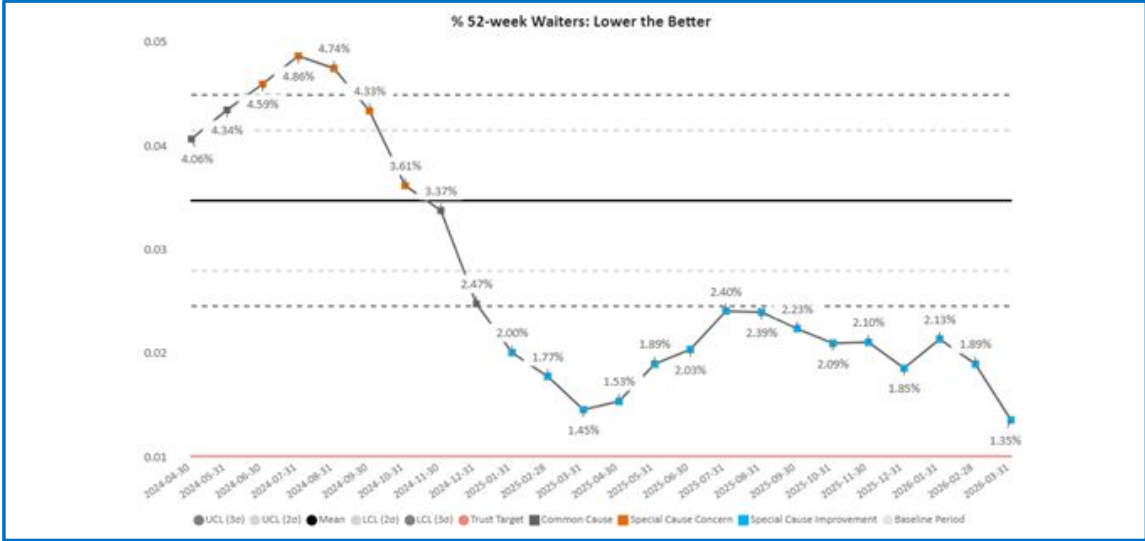
## RTT – % 52 Week Waiters

**Background / national target description:**

- Reduce patients waiting over 52 weeks to represent at least 1% of the total RTT PTL.

March 2026	Op Plan Mar 2026
1.34%	1%

- Executive Owner: Anna Clough /Angela Helleur, Chief Delivery Officer
- Management/Clinical Owner: James Watts, DOO.



**Updates since previous month**

- The number of patients waiting over 52 weeks decreased to 1,127 in March but remains above the Op Plan target and Q4 Sprint reduction requirements of 839 for the month.
- This equates to 1.34% of the total PTL waiting over 52 weeks which is above the Op plan of 0.98%.

**Current Issues**

- Ongoing reversion of patients from non-RTT pathways onto RTT PTL following validation and EPIC pathway system fixes.

**Key dependencies**

- Delivery of Trust activity plan in key areas of operational challenge.

**Future Actions**

- External validation team resource focused on diagnostic validation work, initially reviewing pathways in cardiac echo, NOUS and Dexa scans.
- New governance arrangements for managing delivery of RTT performance metrics led by a new interim role, the Chief of Staff for Elective Improvement are in place until end of March. Oversight to revert back to Division operational management teams.

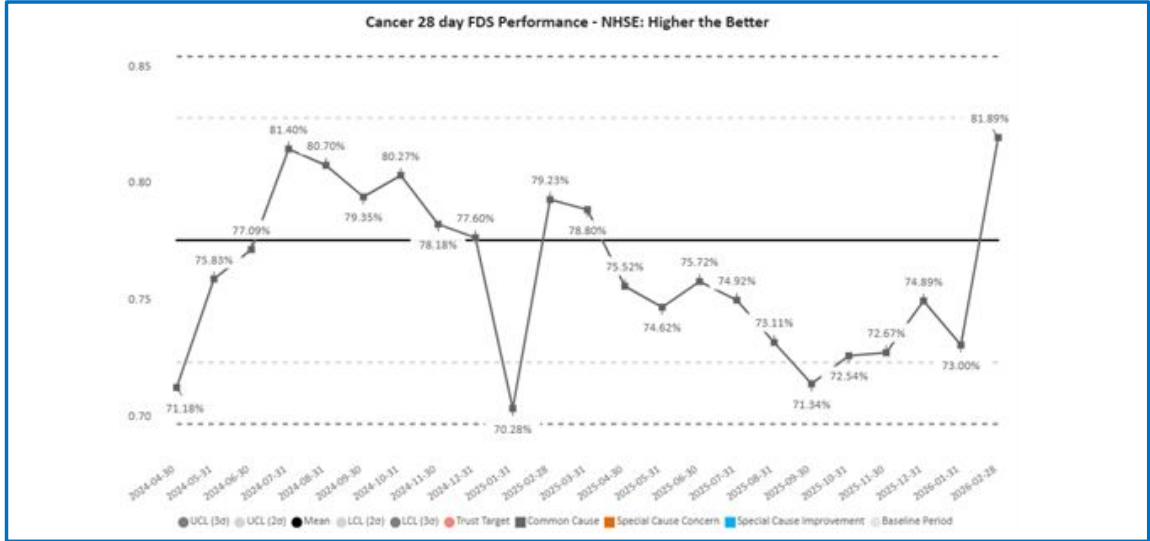


## 28-day Faster Diagnosis Standard (FDS)

**Background / target description:**

- Improve Faster Diagnosis Standard target to 80% so that patients should not wait more than 28 days from referral to their cancer diagnosis.

February 2026	Op Plan Feb 2026
81.89%	79%



**Updates since previous month**

- Submitted February 2026 28-day FDS performance is 81.9%, compliant with the new 80% standard from 2026/27.

**Current Issues**

- Pathology reporting turnaround times
- Opening of new PRUH endoscopy unit (planned reduced capacity during first few weeks of opening, but this will impact 28-day FDS performance in April and May)
- Industrial action (particularly impacted urology 28-day FDS performance)
- PRUH CT scanner failure (will impact April and May 28-day FDS performance)

**Key dependencies**

Aside from pathology:

- Radiology demand exceeds capacity overall (for both cancer pathways and all Trust standards).
- Timeliness of processing pathology samples (Synnovis).

**Future Actions**

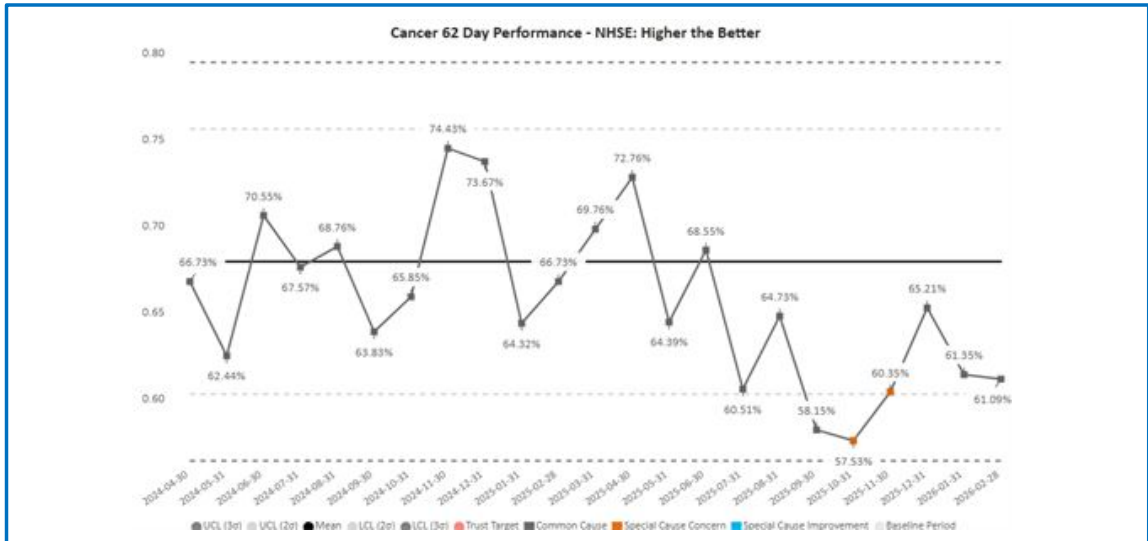
- Dedicated review meetings to be established for breast, prostate and lung pathology reporting. Further breast review meeting held in April 2026, solution agreed (timeline with EPIC to mitigate).
- Divisional review meeting held in April for radiology cancer capacity but longer term challenges remain.
- Roll out of colorectal and gastro cancer endoscopy guidance from Q1 which will remove a larger number of patients from FDS pathways pre-biopsy. This will help with sustaining FDS performance in the longer term.

## Cancer 62-day standard

**Background / target description:**

- Improve performance so that 75% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP (GDP or GMP) referral for suspected cancer.

February 2026	Op Plan Feb 2026
61.09%	73.2%



**Updates since previous month**

- Revised submitted 62-day performance for February 2026 was 63.4%, below the 75% target for the end of 2025/26.

**Current Issues**

- Pathology reporting delays (see previous slide for more info). For 62-day pathways delays add on average one week to each pathway due to needing discussion in a weekly cancer MDT meeting.
- Complexities of breast pathways with additional imaging.
- HPB OPA and surgical capacity.
- Urology prostate biopsy and clinical oncology capacity.

**Key dependencies**

- Synnovis turnaround times and engagement.
- GSTT urology clinical oncology workforce (additional oncologist started in April 2026).
- Clinical review of breast diagnostic pathway (to be SELCA led).

**Future Actions**

- Pathology review meetings (see previous slide for more info).
- Urology front end capacity/workforce plans to address gaps and cross-site cover – substantive CIF funding available to employ additional urology ANPs, job plans to be devised and business case to be developed.
- Long term MDT improvement project for HPB – includes reviewing inappropriate referrals / patient transfer dates change in scheduling process for OPAs along with additional capacity, recruitment to locum HPB surgeon position.

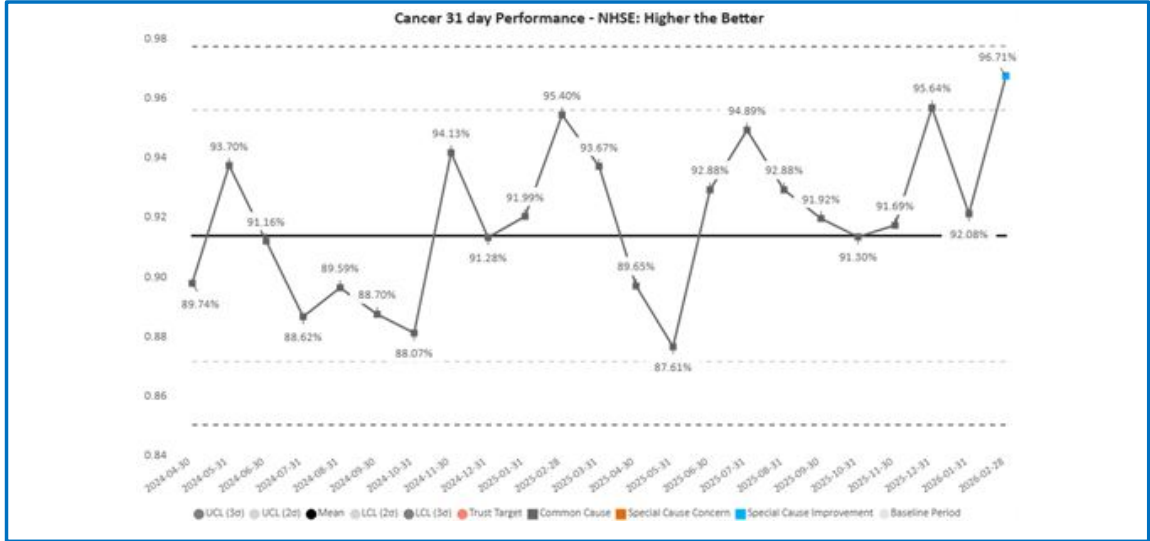


## Cancer 31-day standard

**Background / target description:**

- Improve performance so that 96% of patients with cancer should begin their treatment within 31 days of a decision to treat their cancer.

February 2026	Op Plan Feb 2026
96.71%	89.8%



**Updates since previous month**

- Submitted 31-day performance was 96.7% in February 2026, both meeting the NHS operating plan standard and full 96% national standard.

**Current Issues**

- HPB surgical capacity.
- Complexity of colorectal cancer operations.

**Key dependencies**

- Interviews in Q1 for locum HPB surgeon to increase HPB surgical capacity.
- Streamlining of consultant anaesthetic pre-op reviews to ensure that only high-risk HPB cancer patients get priority for these appointments

**Future Actions**

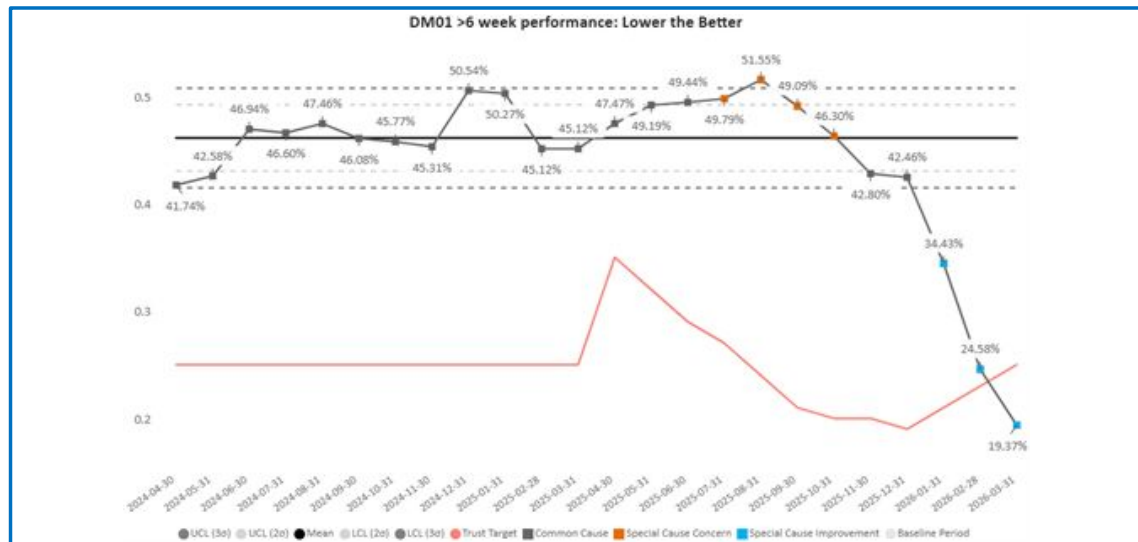
- Streamlining of DH colorectal cancer surgical pathway (fast track process partially agreed for geriatric and cardiac up work up, meeting in April to discuss fast track pre-assessment and ringfencing of TCIs during work up).
- Review of DH colorectal cancer theatre utilisation (in comparison to GSTT) – longer term plan.

## Diagnostic Waiting Times – DM01

### Background / target description:

- The percentage of patients not seen within six weeks for 15 tests reported in the DM01 diagnostic waiting times return improves to 5%.

March 2026	Op Plan Mar 2026
19.46%%	25.2%



### Updates since previous month

- DM01 performance improved for the seventh consecutive month this year from 24.58% in February to 19.37% in March. This represents a special cause improvement and performance has achieved the original Operating Plan target of 25.2% for March.

### Current Issues

- 43% of the DM01 6-week backlog sits within NOUS and Echo modalities.
- Current demand exceeds Trust Capacity for the key modality of cardiac echo.
- SEL ICB Funding secured to support Insourcing initiative to reduce backlog in cardiac echo until end of March.
- Currently no administrative team regularly validating the full DM01 waiting list.

### Key dependencies

- The APC is leading a sector-wide modelling exercise.
- Bank staff shifts and insourcing provider continue to be used to provide additional NOUS capacity to see long wait patients until end-March.
- Independent sector provider commenced additional echo lists to continue for the remainder of the financial year only.

### Future Actions

- NOUS – delivering additional activity within divisional underspend limits using bank shifts and insourcing provider until end-March.
- Cardiac echo insourcing to remain in place until end-March only.
- External validation team initially focused on diagnostic DM01 and planned pathway validation in cardiac echo, NOUS and echo scans.



Quality

## Domain 2: Quality Metric Assurance Summary

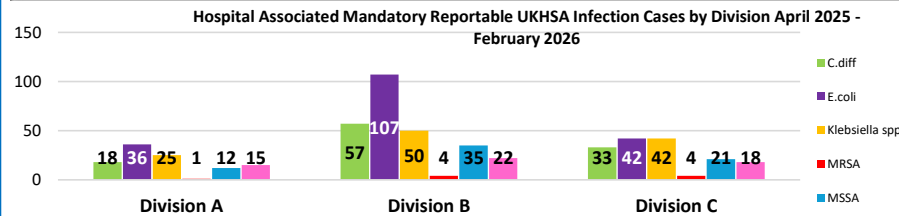
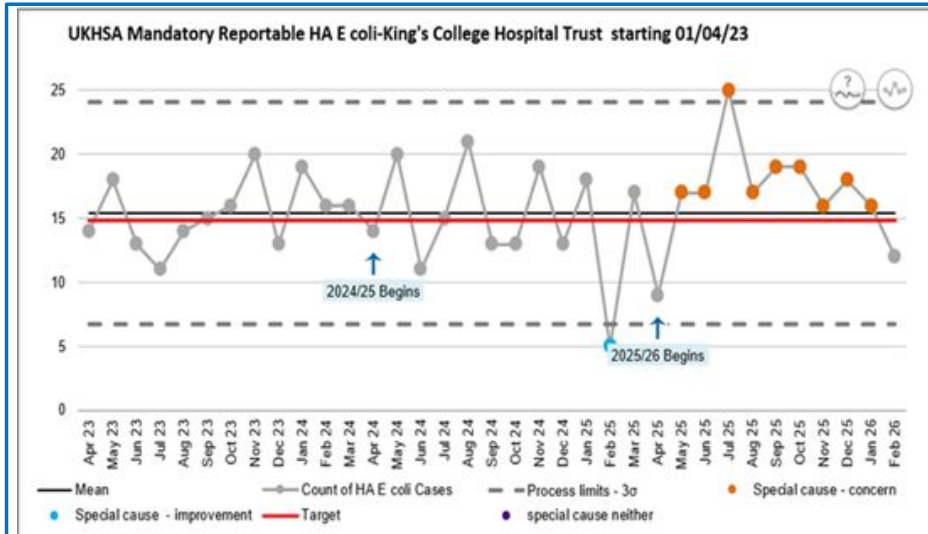
SubDomain	Latest Period	Value	Target	Assurance
<b>☐ CQC / Freedom to Speak Up</b>				
Number of CQC whistleblowers	Dec 2025	1	☹️	
Patient concerns escalated to CQC	Dec 2025	3	☹️	
<b>☐ IPC</b>				
Number of Clostridioides Difficile (CDT) cases	Nov 2025	16	☹️	
Number of E. Coli bacteraemia cases	Nov 2025	17	☹️	
Number of Klebsiella spp. bacteraemia cases	Nov 2025	18	☹️	
Number of MRSA Bacteraemia cases	Nov 2025	1	☹️	
Number of MSSA bacteraemia cases	Nov 2025	6	☹️	
<b>☐ Legal</b>				
Preventing future death orders	Jun 2025	0	☹️	
<b>☐ PALS</b>				
New complaints received in month	Dec 2025	145	☹️	
Patient Concerns raised in PALS	Dec 2025	390	☹️	
<b>☐ Patient Experience</b>				
FFT ED experience rating	Dec 2025	75.0%	79.0%	☹️ ☹️
FFT maternity experience rating	Dec 2025	92.0%	92.0%	😊 ☹️
FFT outpatient experience rating	Dec 2025	93.0%	94.0%	☹️ ☹️
FFT inpatient experience rating	Dec 2025	95.0%	95.0%	😊 ☹️
<b>☐ Patient Safety - General</b>				
% of incidents causing significant harm (moderate, severe, death)	Dec 2025	4.0%	☹️	
Incidents reported to HSIB/MNSI	Dec 2025	2	☹️	
Never Events declared	Dec 2025	2	☹️	
New patient safety incidents reported (total)	Dec 2025	2022	☹️	
New patient safety incidents reported per 1000 bed days	May 2025	46	☹️	
Overdue Patient Safety Alerts	Aug 2025	0	☹️	
<b>☐ Patient Safety - Priority Theme</b>				
Hospital Acquired Pressure Ulcers (Category 3 or 4)	Dec 2025	2	☹️	
VTE Risk Assessment	Sep 2025	95.0%	😊	
<b>☐ Safeguarding</b>				
DOLs applications	Dec 2025	109	☹️	
<b>☐ Mortality</b>				
SHMI	Aug 2025	98	😊 100	😊 ☹️

### Executive Summary

- Alert**
- Infection Prevention & Control:** The Trust remains **over trajectory for E. coli bloodstream infections**, with the highest case numbers in Division B. While several sources are unavoidable, catheter-associated infections remain a key focus. Improvement actions are underway; however, the Trust is **unlikely to meet the E. coli trajectory this year**.
  - Complaints Timeliness:** Numbers of **complaints closed within due date** performance has declined, particularly in Divisions B and C; Integrated Medicine, Specialist Medicine, Cardiovascular Sciences, Ophthalmology and Surgery . This may impact delivery of the April target to reduce overdue complaints without sustained focus. Care Group regular meetings to continue engagement and to ensure improvement in completion and addressing themes to support improvements for people using services.
- Positive Assurance**
- Patient Safety:** The backlog of incidents without a proportionate response has reduced significantly and remains stable.



## Are we providing safe care? – Infection Prevention & Control (Spotlight; E.coli BSI – Jan '26)



The highest number of cases is in Division B – accounting for an average of 59% of cases since April 2025. Within Division B, PRUH Stroke, Darwin 1 & 2, Annie Zunz, Olver, PRUH Frailty Assessment, Farnborough, Christine Brown, PRUH ED, and Medical 6/7 reported 12 urinary catheter-related E.coli blood stream infections between April 25 to Feb 2026.

### What is the Data Telling Us

The Trust is currently over-trajectory for E.coli blood stream infections (BSI) but dipped below the mean in Feb 2026. The highest number of cases is in Division B (n = 107). Of all the gram-negative blood stream infections (of which E.coli is one), 10% are caused by urinary catheters. Most of the other sources (e.g. hepatobiliary) are unavoidable.

### Actions being taken to address

Upcoming trial of Bard Foley tray, with the intention of improving aseptic technique for insertion of urinary catheters (agreed by the Standardisation Committee). The trial is likely to start during April 2026.

Review of Purewick products to reduce the rate of urinary catheterisation.

ANTT Peer Review planned, pending funding.

### Impact on Forecast

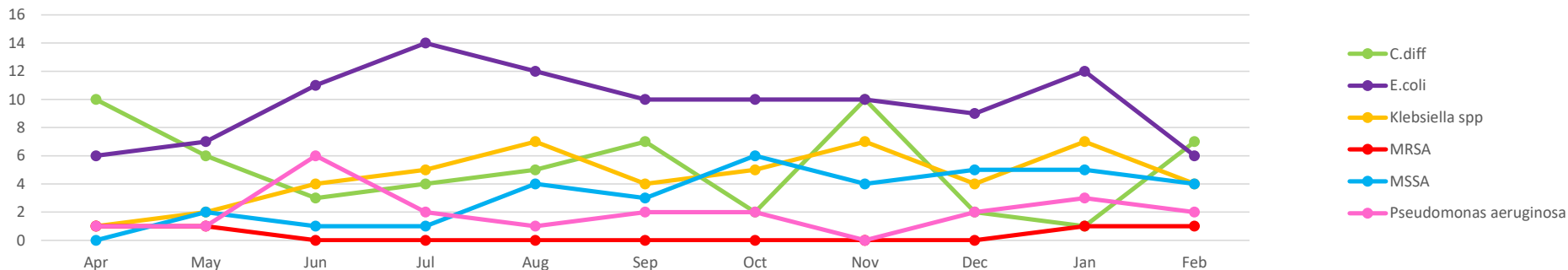
The data from the Tic Twoc intervention has been reviewed and we will look to implement this further on additional high-risk wards, as part of the annual programme of work. Support from the divisions is required as regards avoidance of insertion of intravenous lines and urinary catheters (where possible) and daily review, with a view to earlier removal.

We are unlikely to meet our trajectory for E.coli BSI this financial year.

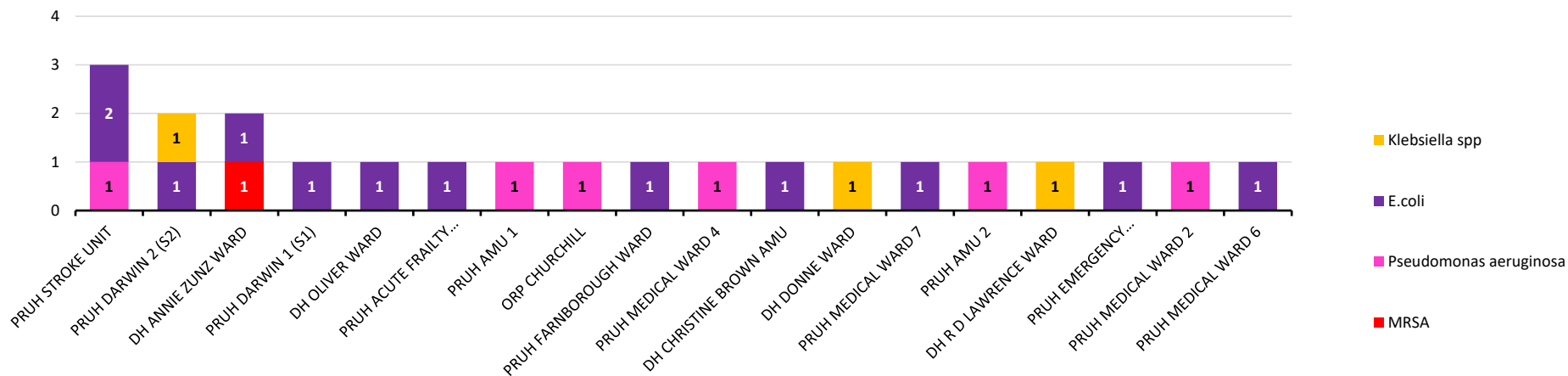
Quality

## Are we providing safe care? – Infection Prevention & Control (Spotlight; E.coli)

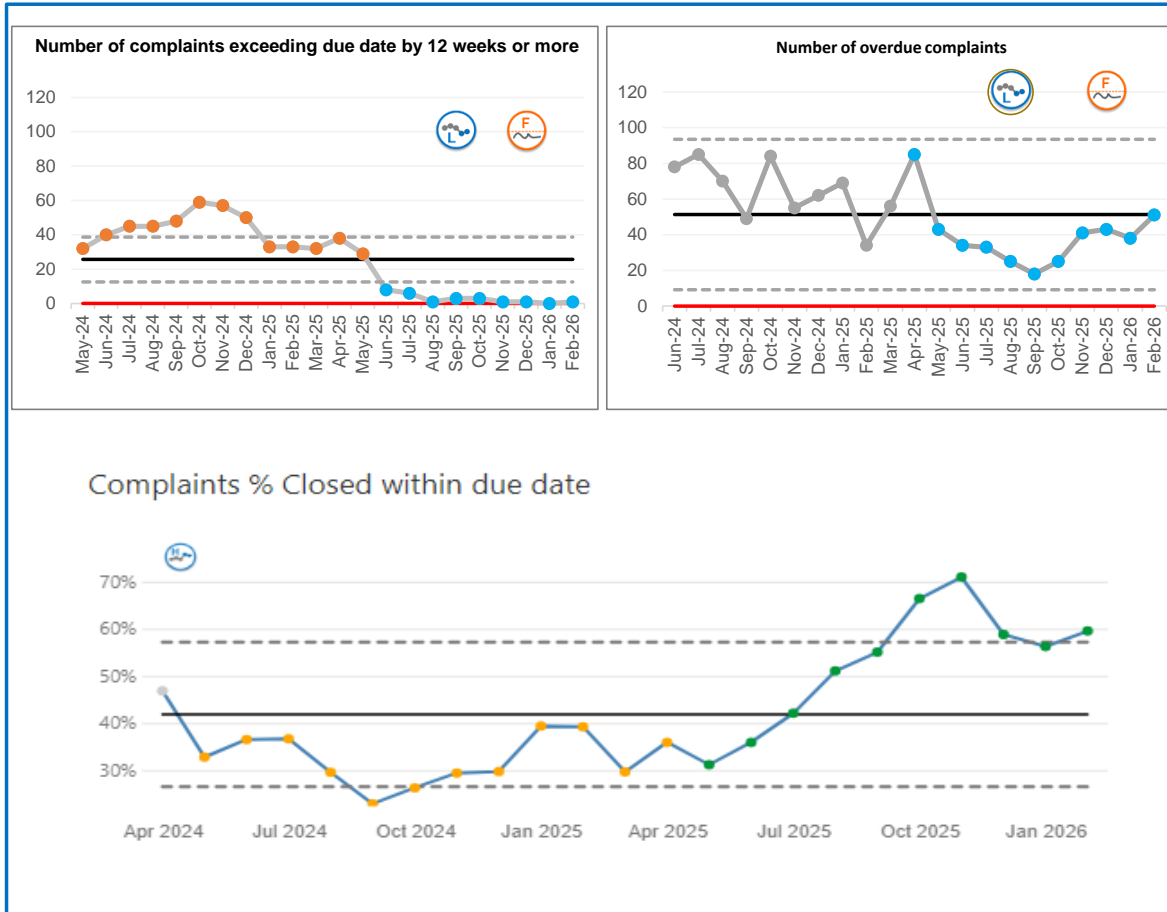
Division B Hospital Associated UKHSA Mandatory Reportable Infections by Month Financial Year 2025/26



Hospital attributed Mandatory Reportable Urinary Catheter Associated BSIs by ward April 25 to February 2026 - Division B



## Are we providing responsive care? – Complaints



**What is the Data Telling Us**

Increase from 38 In January to 51 in February, mainly red/amber complaints overdue – Division B/C holding most overdue.

**Actions being taken to improve**

Focus through March/April on overdue complaints to reduce numbers.

Focus to be maintained at Divisional complaint meetings and care group meetings on overdue complaints as priority.

To support overdue trackers circulated through March/April in addition to the regular complaint tracker.

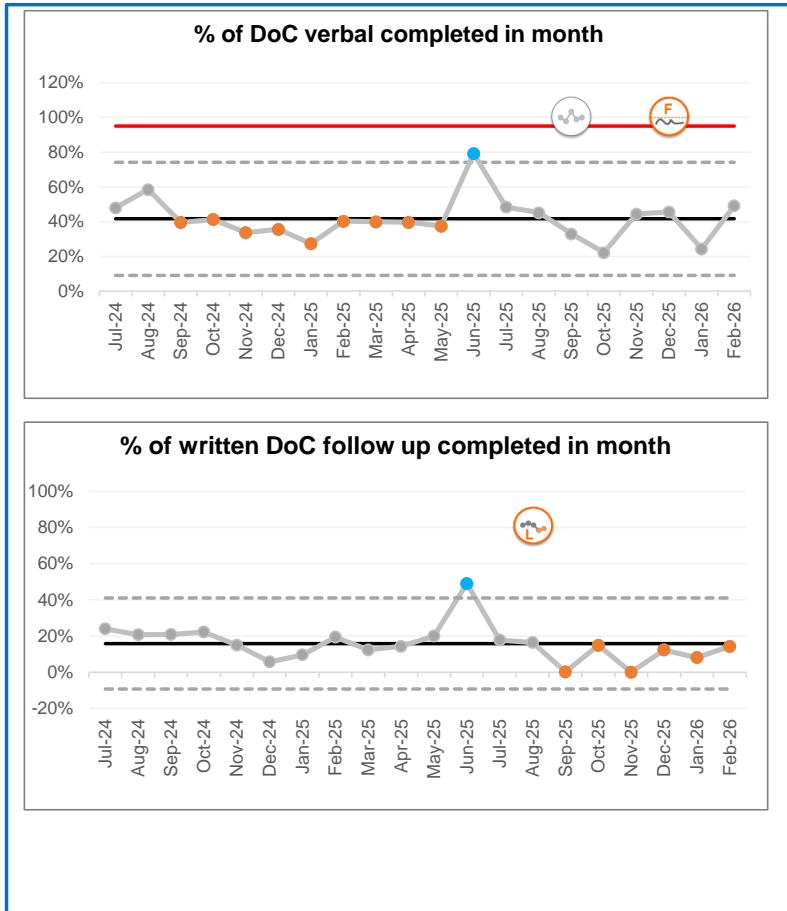
**Impact on Forecast**

Target of 10% of open complaints being overdue at any time from April 1st – require 50% reduction in numbers for Division B & C.

Considerable improvement achieved to date in reducing numbers of overdue complaints; still tracking above target, but consideration to be made of target being set at 0 in line nationally and with peers. King’s aim is to achieve this target consistently in future, and progress to date shows a trajectory of improvement towards this.



## Are we providing responsive care? – Duty of Candour (DoC)



### What is the Data Telling Us

Compliance with verbal DoC in month has increased this month

Special cause concern for written DoC completed in month, but will always fall below the verbal number. Highest backlogs in Division B (medicine, liver) and Neurosciences in Division C. Action to improve has focused on resolving oldest cases.

### Actions being taken to improve

Planned interventions including improved notifications to care groups of cases where DoC has not been undertaken in 14 calendar days. Plan to move to this metric rather than in month completion from April data (June IQR).

Plan to revise reporting metric to average time to complete, along with the rolling number overdue, alongside improved notifications as above.

This measure is fairer and more consistent. The average time taken to undertake both verbal and written duty of candour will also be tracked going forward.

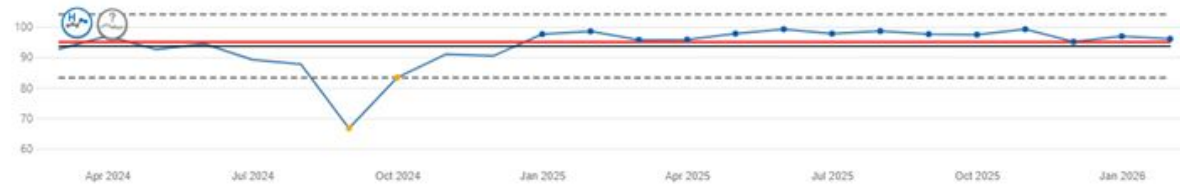
### Impact on Forecast

Expected improvements in average time taken to complete verbal DoC once interventions embed

## Are we caring well for our patients? FFT – Inpatient & Day Case

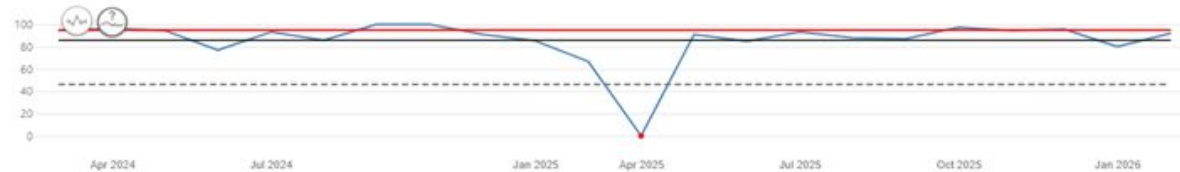
### Liver, Gastroenterology, Upper GI and Endoscopy

FFT % Recommendation



### Renal and Urology

FFT % Recommendation



Although the FFT score for last month was 90%, closer review shows that two of the three lowest scores appear to have been entered in error, as both included very positive comments about staff and no suggested improvements. This means only one of 36 responses was genuinely negative, resulting in an adjusted approval rate of 94%, with the complaint relating only to the lack of a TV on the ward; notably, the next lowest score was 4 out of 5

Common cause variation for Friends and Family Test scores. Responses continue to steadily increase through the support provided to wards.

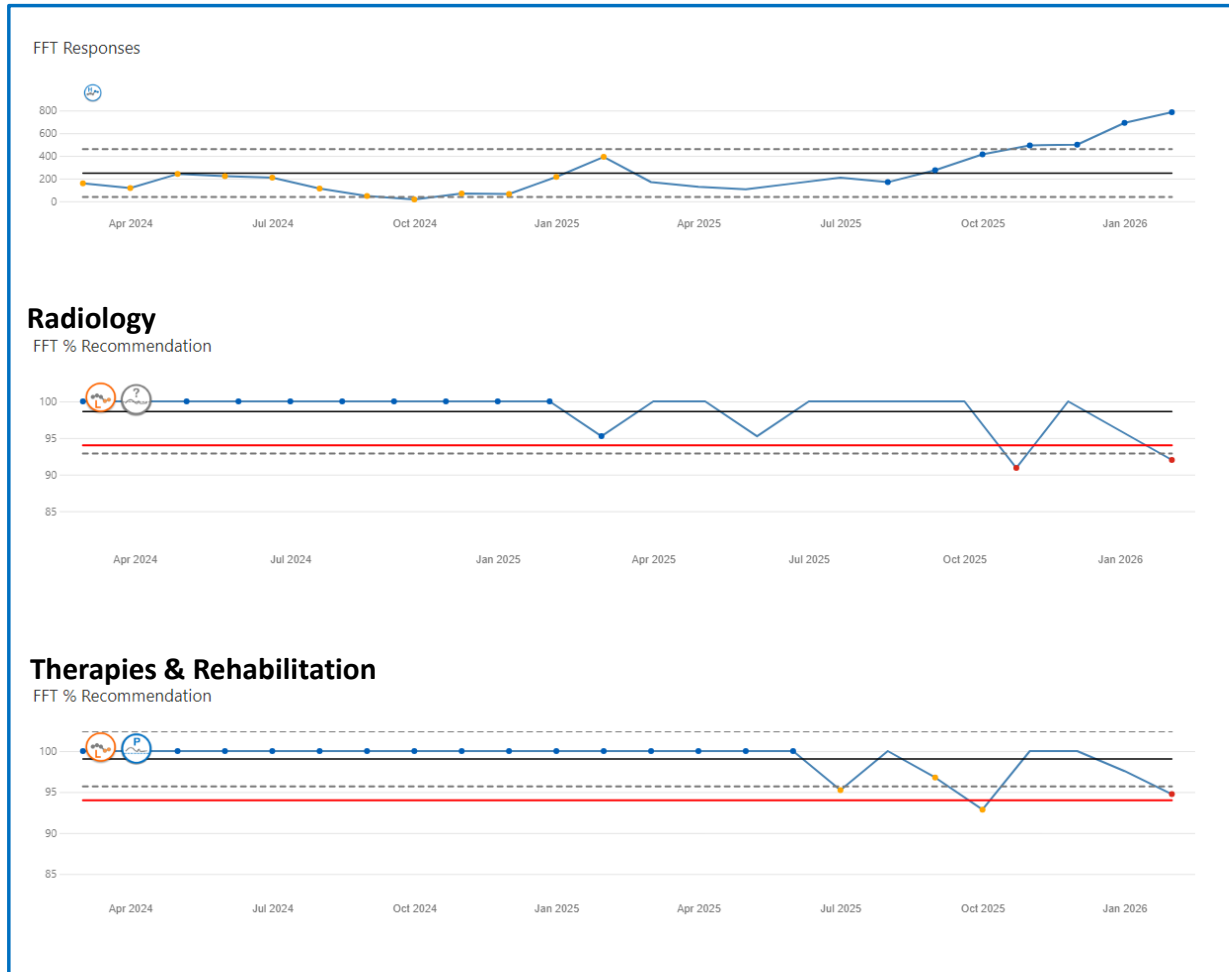
**Liver, Gastroenterology, Upper GI and Endoscopy**  
Special cause of improving nature for **Liver, Gastroenterology, Upper GI and Endoscopy**. An increased number of responses since January 2025 have positively impacted scores.

**Renal and Urology** continue to struggle to consistently achieve the Trust benchmark, which has only been achieved in October and December 2025. Currently seeing lower engagement than desired, partly because of the sensitivity of this patient cohort and the need to carefully consider how feedback is requested and by whom. Patient Experience are working with HoNs to better define the patient group so outreach can be partly automated and supported through a more stable feedback platform. Improving response rates should reduce fluctuations in results and create a stronger foundation for meaningful patient engagement around service improvements.

**Positive Feedback:** Staff behaviour and the quality of patient care continue to be well received, and a substantial number of feedback provided.

**Improvement Feedback:** Facilities was the largest negative theme and included space provided in bays and overall maintenance. Food and drink, waiting for surgery, temperature and noise in the ward.

## Are we caring well for our patients? FFT – Outpatients



**What is the data showing us?**

Significant increase in responses over the last few months since support provided for outpatient areas with paper forms. Overall, Common cause variation for Friends and Family Test score.

Special cause of concerning nature in Radiology due to a drop in score for February 2026. Special cause of concerning nature for Therapies Rehabilitation and Integrated Care Services due to a drop in score for Nutrition and Diet – Liver/HPB as one person rated their experience as “Don’t know”.

Specialist Medicine is highlighted to have improved scores over last 24 months.

Significant increases in responses mainly from Ophthalmology which will support to provide a more accurate picture of the service in the upcoming months.

**Positive Feedback:**

Staff were often described as kind, helpful and caring. Experience was improved when there was no delays in appointments.

**Improvement Feedback:**

Long waiting past the stated appointment time was noted from patients across all Divisions and noted improvement communication from staff when clinics are running late.

## Are we caring well for our patients? FFT – Emergency Department



### What is the data showing us?

Special cause variation of concerning nature for Emergency Care, but there has also been an increase in responses.

Special cause variation of concerning nature for **Integrated Medicine** and **Emergency Care** due to low scores from the Emergency Departments across both sites.

At DH, the 'Digital Front Door' has an approval rating of around 70%, with ongoing development work focused on refining the system to improve first-time streaming of patients to the most appropriate service.

Engagement events are being held in April 2026 to better understand patient experiences, while EPIC is being used to improve response rates and keep patients informed. Interactive discharge and welcome posters are also being introduced to support communication during the most memorable parts of the patient journey, particularly at the start and end of waiting periods.

To address wait times, PRUH has introduced a new Omnicell unit in ED to speed up access to analgesia, and DH has introduced wait time screens to help manage expectations. Environmental improvements include reducing visitation at peak times to one visitor per patient in order to ease pressure in the department and improve the overall atmosphere.

Although constantly surpassing the national average, **Surgical Ambulatory and Assessment Unit (SACU)** is noted to have deteriorated scored in the last 12 month from 100 to 90. Further consistent collection of responses is required to understand the correlation.

**Positive Feedback:** Staff were often praised for the quality of care provided

**Improvement Feedback:** Significant waiting times within the department continue to be the most significant theme. Within the theme of facilities, patients found the check in process difficult and the space in the waiting area too busy. Patients noted lack of seating and beds.

### Domain 3: Workforce Domain Metric Assurance Summary

CQC Domain	Latest Period	Value	Plan	Assurance	Trust (EoY) Target
▲					
☰ CQC level of inquiry: Well Led					
☰ Efficiency					
Advert Open to Conditional Offer (AfC)	Mar 2026	32.7	25.0		25.0
Advert Open to Conditional Offer (Consultants)	Mar 2026	43.3	50.0		50.0
☰ Employee Relations					
Disciplinary Cases(formal)	Mar 2026	35			
Dismissals	Mar 2026	2			
Early Resolution Cases (formal)	Mar 2026	25			
☰ Staff Training & CPD					
Appraisal %	Mar 2026	92.17%	90.0%		90.0%
Core Skills %	Mar 2026	88.88%	90.0%		90.0%
☰ Staffing Capacity					
Actual FTE	Mar 2026	13412.54			
Average days lost to sickness per FTE/employee	Mar 2026	7.2			
Establishment FTE	Mar 2026	14397.16			
Headcount (Substantive)	Mar 2026	14436			
Leavers < 12 Mths Service % (voluntary)	Mar 2026	9.01%			
Leavers Headcount	Mar 2026	196			
Sickness %	Mar 2026	4.40%	3.5%		3.5%
Sickness Long Term %	Mar 2026	2.12%	3.5%		3.5%
Starters Headcount	Mar 2026	124			
Turnover Voluntary %	Mar 2026	7.87%	13.0%		13.0%
Vacancy %	Mar 2026	6.20%	10.0%		10.0%

Total staff off sick represents how many individuals had at least one day of absence during a reporting month whereas the sickness % is calculated based on the total numbers of days that all staff were off sick compared to the number of days that all staff should have been in work.

#### Executive Summary

- Trust Vacancy rates have reduced further to 6.20%, significantly outperforming the 10% target and reflecting strong progress in workforce stabilisation in line with Trust priorities.
- AfC time-to-hire remains within KPI for Bands 4–9, with a noted exception in Bands 1–3, highlighting a targeted area for improvement.
- Medical time-to-hire has improved significantly to 117.8 days, demonstrating continued alignment with national benchmarks and progress in filling critical roles
- The sickness absence rate is 4.91%, above the Trust’s 3.50% target and slightly higher than the February position of 4.84%. The Trust is still in the middle quartile when benchmarked against other large London Trusts, showing a stable position.
- Focused actions on early intervention, targeted support to high-absence areas, and strengthening manager capability will be key to driving further improvement
- Core Skills compliance has fallen below the 90% target to 88.86% in March, driven by underperformance in key areas including resuscitation, infection control and data security. Targeted recovery actions are in place, with a focus on high risk modules and strengthened accountability to return to compliance in the coming months.
- Targeted communications and focused escalation to line managers are in place, alongside strengthened reporting and monitoring, to drive improved compliance in these priority areas
- As of December 2025, voluntary turnover has slightly increased to 8.39% but remains well below the 13% target. Notably, turnover has consistently remained under target since October 2023, reflecting sustained retention performance.



## Appraisal Rate

### Background / target description:

- The percentage of staff that have been appraised within the last 12 months (medical & non-medical combined)

March 2026	Target
92.17%	90%



### What is the Data Telling Us

- The FY2025/26 Appraisal 'window' for non-medical staff ran from 1 April to 31 July each year.
- An extension to 31/08/25 was granted at the end of July.
- The compliance target was achieved on 06/08/25 with 90.11%. The return rate at 31/03/26 was: **93.83%**
- The compliance rate has plateaued since the closure of the window. The new Appraisals window for AfC reopens 1 April 2026
- Medical appraisal compliance has increased to 87.35%, reflecting continued incremental improvement. Ongoing work with the CMO and Associate Medical Director is supporting further progress in appraisal and revalidation compliance across the medical workforce.

### Future Actions

#### Non-Medical:

- 607 staff were not compliant on 31 March 2026. This number includes staff on long term sick, maternity leave etc.
- Regular monthly reports continue to be circulated to managers and care groups for monitoring and following up.

#### Medical:

- A structured appraisal compliance framework is in place and actively supported. Monthly compliance reports are shared with Clinical Directors, People Business Partners, and General Managers, supported by automated SARD reminders issued at 3, 2 and 1 month prior to due dates.
- For appraisals overdue by 3 months or more, escalation letters are issued by the Associate Medical Director (Responsible Officer) and followed up with Clinical Directors. Clinical Directors and Clinical Leads also provide targeted support to ensure appraisees can access right appraisers.
- In addition, monthly oversight meetings between the Chief Medical Officer, Responsible Officer and Associate Medical Director for Professional Practice ensure ongoing monitoring and continued improvement in compliance.



## Sickness Rate

**Background / target description:**

- The number of FTE calendar days lost during the month to sickness absence compared to the number of staff available FTE in the same period.

March 2026	Target
4.40%	3.5%

*Total staff off sick represents how many individuals had at least one day of absence during a reporting month whereas the sickness % is calculated based on the total numbers of days that all staff were off sick compared to the number of days that all staff should have been in work.*



**What is the Data Telling Us**

- The sickness absence rate has improved, decreasing by 0.44% from 4.84% in February to 4.40% in March 2026, showing positive movement in overall absence performance as the Trust.
- In total, 2,680 staff were reported as absent due to sickness during March.
- The highest absence reasons based on the number of episodes were due to:
  - Cold/Cough/Flu (28%)
  - Gastrointestinal problems (13%)
  - Other musculoskeletal problems (9%)

**Context**

- Care groups with the highest sickness absence rates have been identified and are receiving targeted support, including case reviews and local training to strengthen management capability. The expected strategic outcome is a reduction in variation across care groups and improved consistency in absence management practice.
- The Sickness Absence Policy has been refreshed to provide clearer, more consistent guidance for managers and is aligned with the Trust’s values and behaviours to support fair application across the organisation, with the expected outcome of improved decision-making and earlier intervention.
- Divisional People Teams are reviewing all cases over 12 months in duration, working closely with managers and Occupational Health to agree actions and support prompt resolution. This is expected to reduce long-term sickness caseloads and improve sustainable return-to-work outcomes.
- In addition, the ER team continues to deliver monthly and bespoke training to further strengthen manager confidence in managing and monitoring sickness absence, with the intended outcome of improved compliance with policy and reduced overall absence levels.



## Statutory and Mandatory [Core Skills] Training

**Background / target description:**

- The percentage of staff compliant with Statutory & Mandatory training.

March 2026	Target
88.88%	90%

Please note: M7(Oct 25) Core Skills data was refreshed following publication of M7 reports. As a result, the figures have been re-calculated retrospectively and updated in this month's reports. M8 Core Skills data will also vary slightly(around 1% more) than the data directly on the LEAP system. This discrepancy is due to lower level of synchronisation between the LEAP and ESR systems which is being reviewed.



**What is the Data Telling Us**

- The Trust Core Skills target is in line with the national target (90%).
- In March, the Trust compliance rate dropped below the 90% target for the first time in a considerable time.
- Significant work takes place each month in terms of data cleansing, reminders and targeted communications to reach the required level of compliance
- There are a number of topics which continue to be below the target, most notably Data Security Awareness, Resuscitation – all levels, and most recently Manual Handling – Level 2 and Infection Control – Level 2.

**Future Actions**

- The Trust has increased the number of reminders to staff to complete their training.
- Care group leaders receive a monthly report to actively 'target' those staff shown as non-compliant.
- Follow-ups are being held with the Divisional People Directors for those staff whose records show no training has been completed.
- Reviewed three core skills audiences which is expected to lead to increase compliance in the coming months
- The above actions are proving to have positive outcomes in terms of maintaining our overall compliance
- Series of LEAP video tutorials are being launched to assist staff with routine activities on the LMS to support reaching compliance.



## Vacancy Rate

### Background / target description:

- The percentage of vacant posts compared to planned full establishment recorded on ESR.
- Note: When the actual FTE is higher than the establishment FTE the vacancy % is displayed as zero.*

March 2026	Target
6.20%	10%



### What is the Data Telling Us

- The overall vacancy rate has reduced to 6.20% this month and remains within the 10% target, reflecting continued improvement in workforce stability.
- AfC time to hire also remains broadly within KPI across all bands:
  - Band 1–3 at 64.1 days (slightly above target of 60 days)
  - Band 4–6 at 65.3 days (within 70-day target),
  - Band 7–9 at 64.4 days (well within the 90-day target).
- Medical time to hire is 117.8 days, showing a continued opportunity for improvement in this cohort.
- Overall resourcing performance remains stable with strong control on vacancy levels, while targeted focus on reducing medical recruitment timelines and further optimising Band 1–3 recruitment will support continued workforce efficiency.

### Future Actions

- The vacancy control pilot in the Trac recruitment system will be moving to a full roll-out at the end of M1 to support the Trust’s revised vacancy controls in 26/27.
- The central redeployment hub is being expanded to support the 26/27 programme in redeploying displaced staff into vacant roles. This helps protect employment and ensure we can cover gaps without increasing headcount. The Trac system is being utilised to drive this and will work alongside the revised Trac vacancy control process.
- Continue to recruit in line with local and external ‘triple lock’ process.
- The new data quality team that is being setup within the People Directorate to address backlogs and bottlenecks within the recruitment team (funded from existing establishment) is still due to go live in Q1.
- Operational changes are planned in Q1 to streamline audit and checking processes which will free up resources to continue to improve metrics

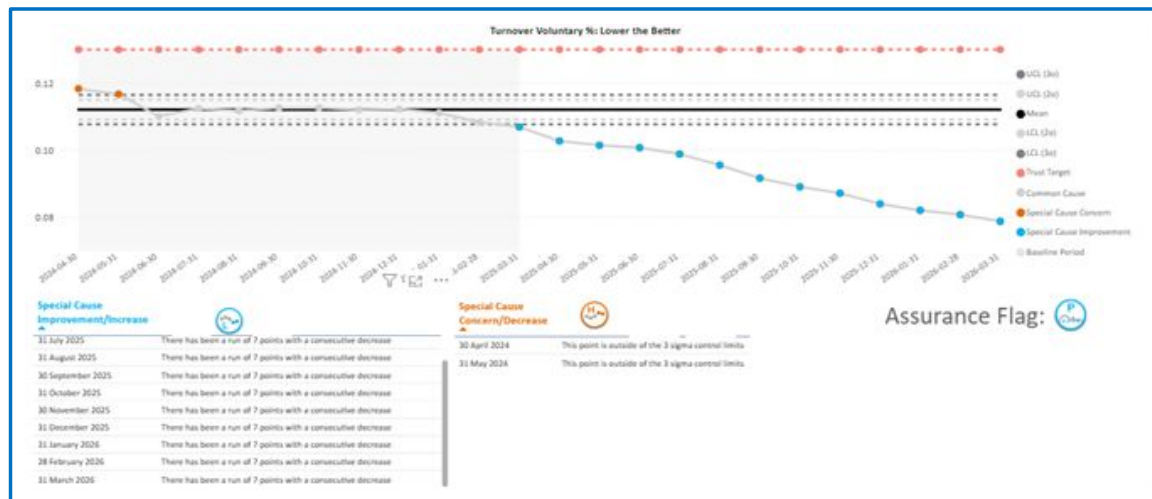


## Turnover Rate

### Background / target description:

- The percentage of vacant posts compared to planned full establishment recorded on ESR

March 2026	Target
7.87%	13%



### What is the Data Telling Us

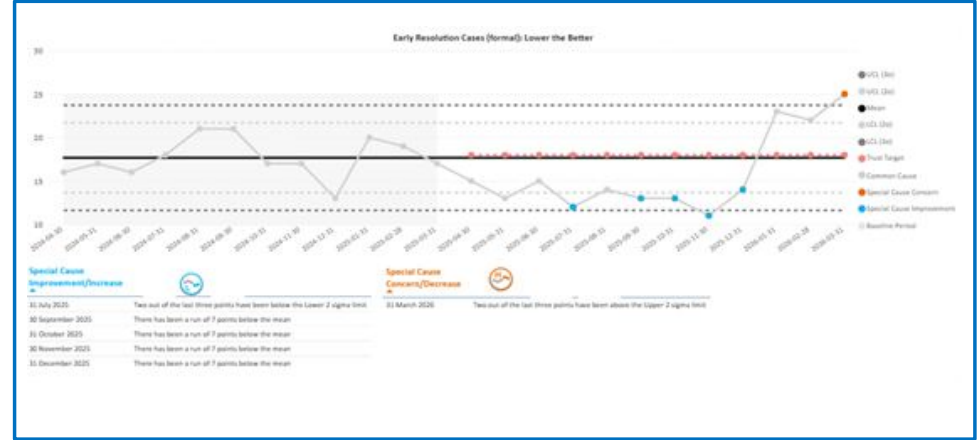
- Voluntary turnover has decreased slightly to 7.87% in March 2026 and remains well below the 13% target. This continues a sustained positive trend, with turnover consistently remaining under the Trust target since October 2023.
- The three main voluntary reasons for leaving in March were:
  - Relocation (19%)
  - Retirement Age (11%)
  - Promotion (9%)

### Future Actions

- Delivery on actions arising from the 2025 NSS is underway, with results expected in the coming weeks and action planning sessions already scheduled to review feedback and agree targeted responses.
- Workforce priorities are progressing, including review of flexible working options, review of the reward and recognition offer, and strengthening of the exit interview and onboarding processes.
- Establishment of the Health & Wellbeing Steering Group to coordinate the implementation of Trust's Health and Wellbeing action plan under WS02.
- The Talent Management Strategy has been launched and is currently being piloted across four care groups and two corporate areas, supporting a more structured approach to workforce development and succession planning.



## Employee Relations



### What is the Data Telling Us

As of 31 March 2026, there were 35 open formal disciplinary cases, an increase of 3 from last month. There were 25 formal early resolution cases, an increase of 3 from the previous month. The average investigation completion time has reduced again to the target of 12 weeks. In March, 7 formal disciplinary cases were closed, which continues to demonstrate steady momentum in case resolution. Of the closed cases, some of these had taken longer than anticipated owing to the staff involved being absent and unable to engage in the process, therefore impacting on the average completion time.

To address these challenges, we have introduced earlier collaboration with Commissioning Managers to expedite decision-making at investigation closure. We have also introduced earlier identification of panel members to streamline hearing scheduling. All cases are actively monitored against the 12-week KPI, with projected completion dates and defined decision-making plans to ensure timely progress.



EDI

Workforce

What is the Data Telling Us

March 2026

Monthly Sickness by Category and Disability

Sickness Category	Disabled	Non-Disabled
Sickness ST %	3.57%	2.48%
Sickness LT %	5.17%	2.24%
Sickness %	8.74%	4.72%

Monthly Sickness by Category and Ethnicity Group

Sickness Category	Minority Ethnic	White	Not Stated
Sickness ST %	2.54%	1.88%	2.05%
Sickness LT %	1.99%	2.27%	2.72%
Sickness %	4.53%	4.14%	4.77%

Sickness rates are calculated by looking at the number of FTE lost to sickness in the month against all FTE that was available in the same period. The splits by ST and LT show the proportion of the total rate that was lost for each category. The Non-Disabled group includes those with no disability and those who have not stated a disability.

ST – Short term sickness / LT – Long term sickness

The tables below show a snapshot of current recruitment stage for applications submitted in Mar-26 month. Most adverts are still ongoing.

Ethnicity - Applications

Recruitment Stage	Minority Ethnic	White	Not Stated	Total
Shortlisted	820	287	53	1,160
At interview stage	639	205	25	869
Offered	181	82	28	291
Ready to Start	69	47	12	128

Disability - Applications

Recruitment Stage	Y	N	Not Stated	Total
Shortlisted	81	1,035	44	1,160
At interview stage	67	776	26	869
Offered	14	259	18	291
Ready to Start	6	114	8	128

- Data indicates there is positive progression of applicants from an ethnic minority and staff with a declared disability through the recruitment process.
- There is still work to be done to encourage applicants who have not disclosed their ethnicity to do so.

March 2026

Ethnicity - ER Cases

Cases	Minority Ethnic	White	Not Stated
Disciplinary	57%	29%	14%
Early Resolution	40%	36%	24%

Disability - ER Cases

Cases	Y	N	Not Stated
Disciplinary	5.71%	88.57%	5.71%
Early Resolution	8.00%	88.00%	4.00%

## Domain 4: Finance – Executive Summary

As of March, the KCH Group (KCH, KFM and KCS) has reported a surplus of £5.0m year to date. This represents a £5.0m favourable variance to the April 2025 NHSE agreed plan.

The underlying position is a £131.2m deficit after removal of non-recurrent items. The non-recurrent underspends are mitigating the impact of under-delivery of CIP.

The Trust was forecasting a breakeven position at year-end. However, following additional funding of £4.9m received in Month 12, the Trust has reported a £5.0m surplus, which is £5.0m ahead of plan.

### Income £91.2m favourable variance:

- High-Cost Drugs income is £25.0m above plan in 2025/26, with a further £4.4m relating to prior year (2024/25). Year to date devices income is £3.3m above plan.
- £3.4m funding recognised in December, in relation to November and December Industrial Action which partly offset £1.7m pay overspend.
- £61.8m (9.4%) Pension Cost Income funded by NHSE in M12 which offsets in Pay overspend.
- ERF performance is £2.3m behind plan year to date, delivering 111.2% against a planned 112%. The reported gross position includes £5.2m of data quality adjustments.

### Pay £83.3m adverse variance:

- £10.4m adverse planning variance against the CIP plan year to date.
- Medical staffing costs show an adverse variance of £8.0m, including £1.7m relating to additional cover required during the Resident Doctor industrial action. Nursing staffing shows £9.5m adverse mainly driven by vacancy cover. Other key drivers of temporary staffing usage include sickness absence, escalation capacity and Elective Recovery 65 week wait recovery activity. Pay overspends are partially offset by underspends within Admin and Other staff budgets, mainly due to vacancies across Corporate areas and Division A.
- £61.8m Pension provision recognised in M12. A pay adjustment has been reflected to account for liabilities regarding job re-evaluation and re-categorisation.
- Trust WTEs have been gradually increasing since August 2025, and focus is required to reduce to meet planned levels.

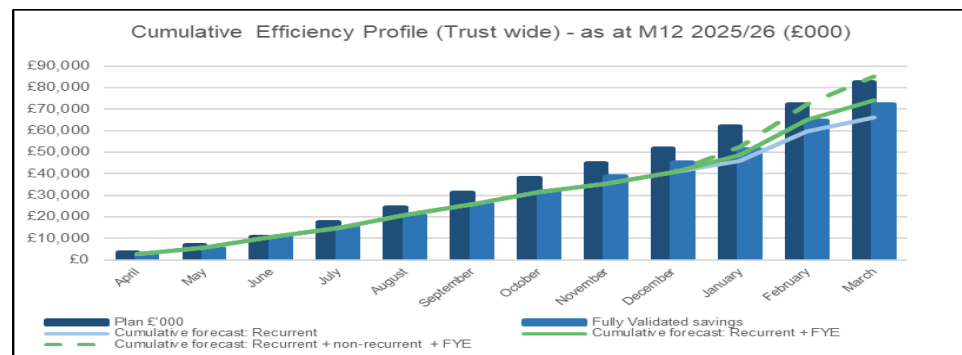
### Non-pay £0.1m adverse variance:

- £33.2m favourable variance on clinical supplies and other non-pay
- £27.6m adverse drugs variance of which £23.5m is high-cost drugs and is offset in income.
- £3.5m adverse variance on the current Patient Transport Service (PTS) contract. The run rate has reduced from 24/25 as a result of the new contract, but the Trust is looking to further mitigate through demand management and more cost-effective transportation.
- £4.5m adverse planning variance on the CIP plan year to date.

### CIP

- At the end of 2025/26, the Trust has achieved £66.0m recurrent savings against £82.4m plan, resulting in a £16.4m adverse variance (£10.3m planning and £6.1m performance adverse variance). The recurrent full-year effect of the Trust's 2025/26 CIP programme is £74.0m against a plan of £82.4m. Non-recurrent CIPs cover the gap in-year and 2026/27 planned CIP will recover the recurrent gap.

NHSI Category	Current Month			Year to Date		
	Budget £ M	Actual £ M	Variance £ M	Budget £ M	Actual £ M	Variance £ M
Operating Income From Patient Care Activities	154.0	152.1	(1.9)	1,831.1	1,871.1	40.1
Income from Pension Adjustment		61.8	61.8		61.8	61.8
Other Operating Income	11.9	3.9	(8.1)	143.9	133.1	(10.9)
Finance Income		0.0	0.0		0.2	0.2
<b>Operating Income</b>	<b>166.0</b>	<b>217.7</b>	<b>51.8</b>	<b>1,975.0</b>	<b>2,066.2</b>	<b>91.2</b>
Employee Operating Expenses	(89.0)	(96.0)	(7.0)	(1,086.9)	(1,108.4)	(21.5)
Pay Pension Adjustment		(61.8)	(61.8)		(61.8)	(61.8)
Operating Expenses Excluding Employee Expenses	(81.7)	(78.6)	3.2	(863.1)	(863.2)	(0.1)
Non Operating Expenses	(3.0)	(1.7)	1.3	(44.0)	(43.7)	0.4
<b>Trust Surplus / (Deficit)</b>	<b>(7.8)</b>	<b>(20.3)</b>	<b>(12.5)</b>	<b>(19.0)</b>	<b>(10.8)</b>	<b>8.1</b>
<b>Less Control Total Adjustments</b>	<b>6.9</b>	<b>19.8</b>	<b>12.9</b>	<b>19.0</b>	<b>15.8</b>	<b>(3.3)</b>
<b>Adjusted Financial Performance (NHSE Reporting)</b>	<b>(0.9)</b>	<b>(0.5)</b>	<b>0.4</b>	<b>0.0</b>	<b>5.0</b>	<b>5.0</b>
Less: Non-Recurrent Deficit Support Income (National)	(6.3)	(11.2)	(4.9)	(75.0)	(79.9)	(4.9)
Non-recurrent deficit support Income (Local)	(3.8)	(3.8)	0.0	(45.0)	(34.0)	11.0
Non-recurrent Cost (net) & Industrial action	0.0	(13.0)	(13.0)	0.0	(22.3)	(22.3)
<b>Adjusted Financial Performance excluding NR Items</b>	<b>(10.9)</b>	<b>(28.4)</b>	<b>(17.5)</b>	<b>(120.0)</b>	<b>(131.2)</b>	<b>(11.2)</b>
<b>Other Metrics</b>						
Cash and Cash Equivalent	51.6	141.1	89.5	51.6	141.1	89.5
Capital	27.4	30.0	2.6	72.0	71.5	(0.5)
CIP	10.4	6.2	(4.2)	82.4	66.0	(16.4)
ERF (Estimated)	112.0%	111.2%	(0.8%)	112.0%	111.2%	(0.8%)



## Domain 4: Finance – Executive Summary (Continued)

As of March, the KCH Group (KCH, KFM and KCS) has reported a surplus of £5.0m year to date. This represents a £5.0m favourable variance to the April 2025 NHSE agreed plan. Excluding non-recurrent support, this results in an underlying deficit of £131.2m.

The special cause variation in the Operating Income and Surplus/Deficit charts in October 2024 is because the Trust received non-recurrent deficit support income of £58m in that period. The Surplus/Deficit chart shows an improvement in the current financial year, with results being favourable to plan. Otherwise, performance remains stable and within expected common cause variation, with no significant change. Operating Expenses Excluding Employee Expenses (non-pay) shows no significant movement, with the special cause in March 2024 (and to a lesser extent March 2025) attributable to year end accruals.

The WTE SPC chart shows special cause improvement throughout 2024/25, reflecting a reduction in WTE compared to 2023/24. From the start of 2025/26, WTE levels initially stabilised with special cause improvement but there has been a material increase since November (net position increase of 120 WTE), and in month increase of 113WTE between February and March 2026. This is not reflected in cost increase between November and March due to the timing of payments. The in month WTE movement is primarily driven by Nursing Bank staff covering vacancies, sickness and elective recovery which relates to corresponding increase in cost. This upward trend is a concern and must reverse to align with planned establishment levels, as it is contributing to the gradual increase in the pay cost run rate, as shown in the Employee Operating Expenses chart.

Pay costs show special cause variation, driven by temporary staffing costs associated with Industrial Action, Enhanced Care, escalations and vacancy cover. Grip and control actions continue to be required to reduce this. Special cause variations in March 2024 and March 2025 relate to the annual NHSE pension contribution and are fully offset by income.

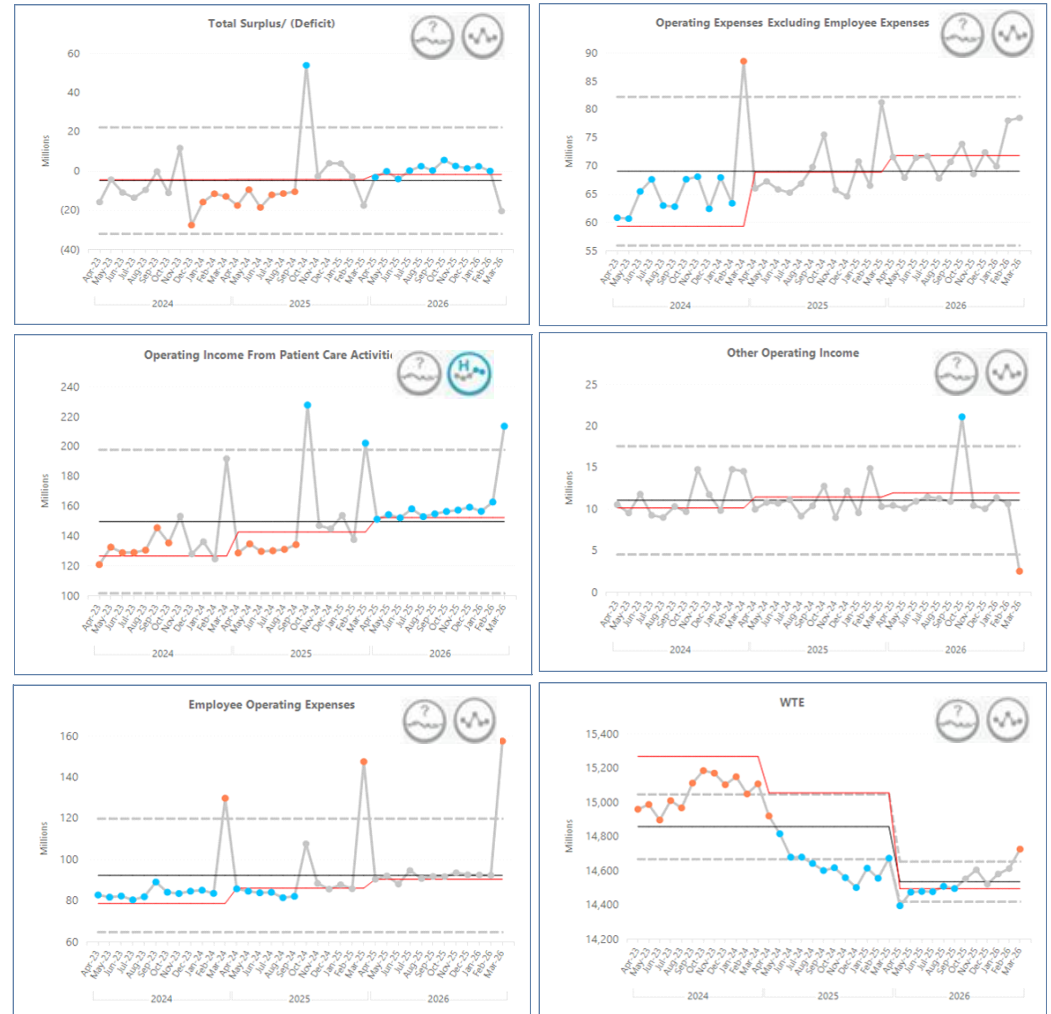
The 2025/26 plan includes a national NHS target to reduce temporary staffing by 10% for bank staff (£5.7m) and 30% for agency staff (£2.5m). Currently, the Trust is exceeding the cap by £7.1m year to date; wholly within bank staffing (£7.3m). This was exacerbated in July, November and December by additional backfill requirements during industrial action (£2.5m total). Agency spend is now £0.2m below the target year to date, the improvement driven by Division A. Further action continues to be required to improve grip and control of temporary staffing in order to meet 2026/27 targets (see appendix 3 & 4).

### Key Actions

- Recovery plans have been signed off and approved by divisions, KE and FCC for all 3 clinical divisions and Estates (see appendix 13). Recovery was focused on closing gaps against the £82.4m CIP target, delivering elective activity at no additional cost, achieving mandated reductions of 10% in bank and 30% in agency spend, strengthening grip and control to reduce the cost run rate (including patient transport and escalation capacity), and implementing any further local mitigations required to return the Trust to a net zero position. Continued focus on these areas will be required into 2026/27.
- The 2025/26 capital programme was 99.5% delivered, but delays and the backloaded profile of the spend meant that significant and sustained effort was required in M12 to ensure capital was not underspent. For 2026/27, capital business cases for Estates backlog maintenance, ICT rolling replacement and medical equipment rolling replacement have been approved at March IB and finance will work with capital budget holders to ensure spending is spread more evenly through the year and support early intervention where delays occur.

#### SPC Chart note:

A Statistical Process Control (SPC) chart is a tool used to monitor process variation over time, helping identify trends, shifts, or unusual patterns to support data-driven decision-making and continuous improvement. See appendix 15 for SPC chart interpretation and key.



## Domain 4: Finance – Executive Summary (Continued)

As of March, the KCH Group (KCH, KFM and KCS) has reported a surplus of £5.0m year to date. This represents a £5.0m favourable variance to the April 2025 NHSE agreed plan. Excluding non-recurrent support, this results in an underlying deficit of £131.2m.

**Cash:** Month end cash balances have increased in March by £15m, primarily due to the receipt of £22m of future deficit support funding offset by month 12 capital expenditure.

A further £6.25m non-recurrent deficit support funding was received in month, a total deficit support receipt of £75m, the maximum full year allocation.

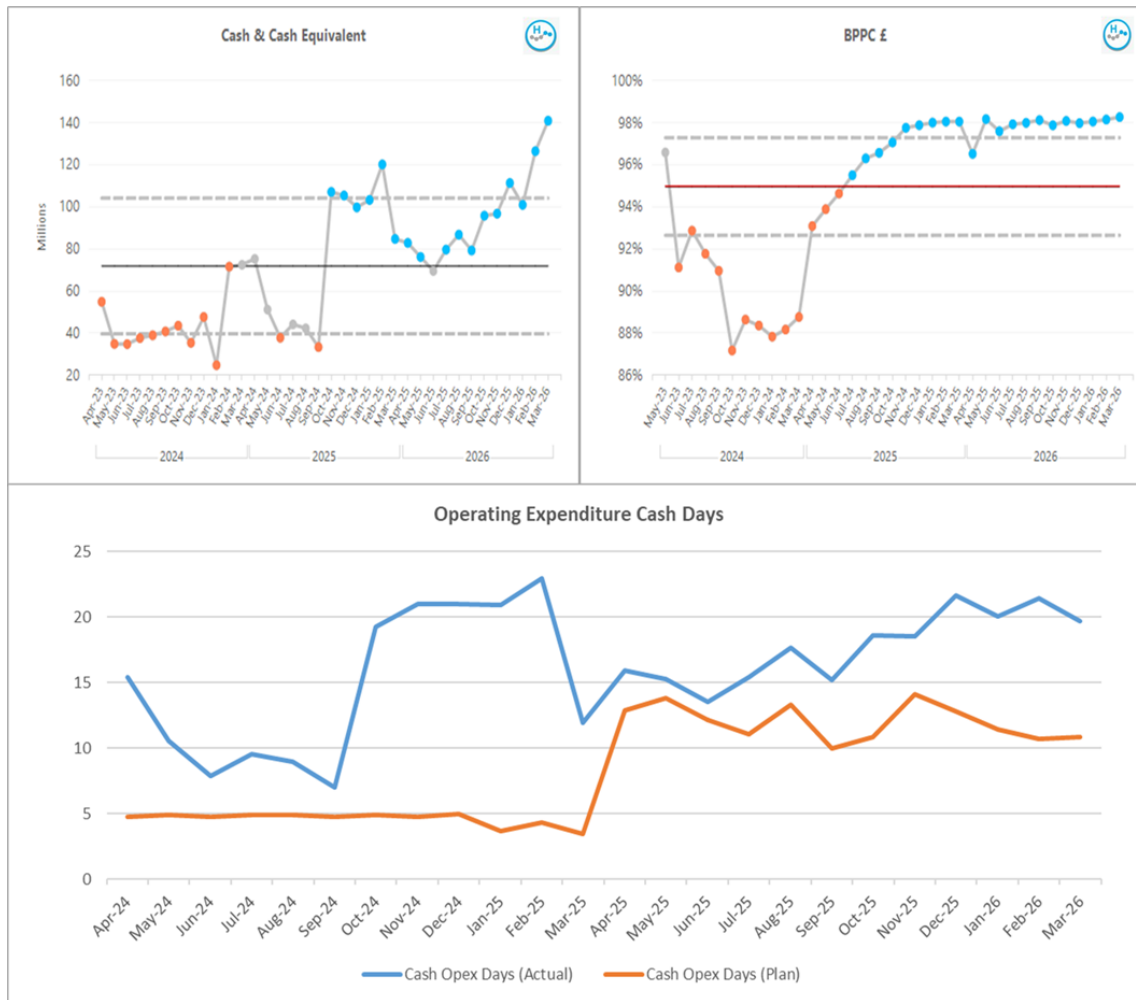
**Cash Operating Expenditure (Opex) Days:** In the current year the Cash Opex Days are running ahead of planned levels primarily due to the higher than planned opening cash balance throughout the year.

**Better Payment Practice Code (BPPC):** performance remains above 90% for both invoice volume and value for the year to date. NHS invoices are around 3-4% of the total invoices processed.

**Capital:** As at 2025/26 year-end, Trust capital sources for core programme projects is £68.0m, a net increase of £0.3m from February board reporting. This is driven primarily by an increase in CDEL as a result of asset disposals (£0.6m), downward adjustments to align charity sources with year-end spend (£0.7m) and minor adjustments elsewhere for additional funding received.

Overall, the Trust's capital programme for 2025/26 has come in 0.5% under budget: £71.6m of £72.0m spent. This was driven by active monitoring of projects and spend by finance and operational teams throughout March 2026, an approach driven by the significant capital remaining to be spent as at close of M11 (£28m). There were material variances across several budgets, and steps were taken to repurpose net underspend, including a 2-year extension of the Willowfield Lease (£2m). Other key pressures included the Becton Dickinson infusion pumps (£0.6m).

In 2026/27, the Trust has already taken steps to reduce capital project/spend risk by agreeing as much operational capital as possible early in the year. Overarching business cases for backlog maintenance, ICT and medical equipment replacement were approved at the March Investment Board and are scheduled to go to Trust Board for approval on 16 April 2026.



Finance

## Domain 4: Finance Executive Summary - Risk

The Trust identified the key strategic and operational financial risks during planning, and these are included on the corporate risk register and will continue to be monitored and reviewed throughout the year.

### Summary

The corporate risk register includes 12 key strategic and operational financial risks. The Finance Department continues to formally review the Financial Risk Register on a monthly basis, reviewing the risks and adding new risks which have been identified across the finance portfolio. Details of all risks can be found on page 14.

### Actions

CIP Under Delivery (Risk A) is due to CIP under achievement against identified schemes. At the year end, CIP is £16.4m behind plan. The Trust achieved £66.0m recurrent savings against £82.4m plan, with a recurrent full-year effect of £74.0m. The current programme has £72.0m.

Expenditure variances to plan (Risk B) relate to continued overspends in PTS and other expenditure risks. Operational plans are in place to mitigate this risk and continue to be monitored and reported on to the Executive, however these have not delivered financial improvement to date. Resident Doctors' Industrial Action has crystallised at £1.7m net cost impact year to date.

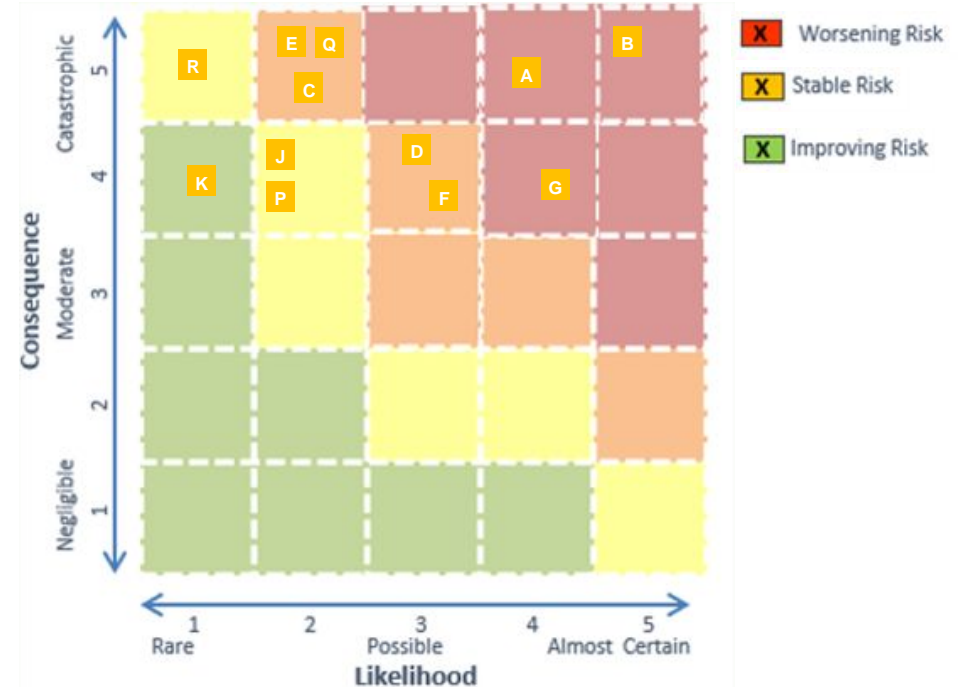
The risk of not delivering the capital programme (Risk G) increased since August as a result of the interventions implemented not delivering the benefits required until March 2026.

Year to date ERF financial performance was £2.3m adverse to plan which equates to 111.2% against the plan of 112% (Risk E). Once strike impacts are accounted for, the target was achieved.

Risk Q relates to the risk that Trust and the System's financial performance means national team withholds part of £75m deficit support funding in future quarters. If it was to materialise, it would worsen the Trust's deficit and negatively impact the Trust's cash position.

Risk R is related to the risk of changes to VAT regulations (COS 45) which could have a material impact on VAT recovery from April 2026 onwards.

Risk Rating	Risks	FY Planning risk (£m) - Current Plan Projection	YTD Crystallised (£m) - estimate
Extreme (15+)	A, B, F, G, Q	119.5	23.8
High (9-14)	C, D, E	17.2	2.3
Moderate (5-8)	J, K, P, R	36.7	0
Low (1-4)		0	0
<b>Total</b>		<b>173.4</b>	<b>26.1</b>
<b>Risks mitigated</b>			<b>(31.2)</b>
<b>Total</b>		<b>173.4</b>	<b>(5.1)</b>



## Appendix 1: Interpreting SPC charts

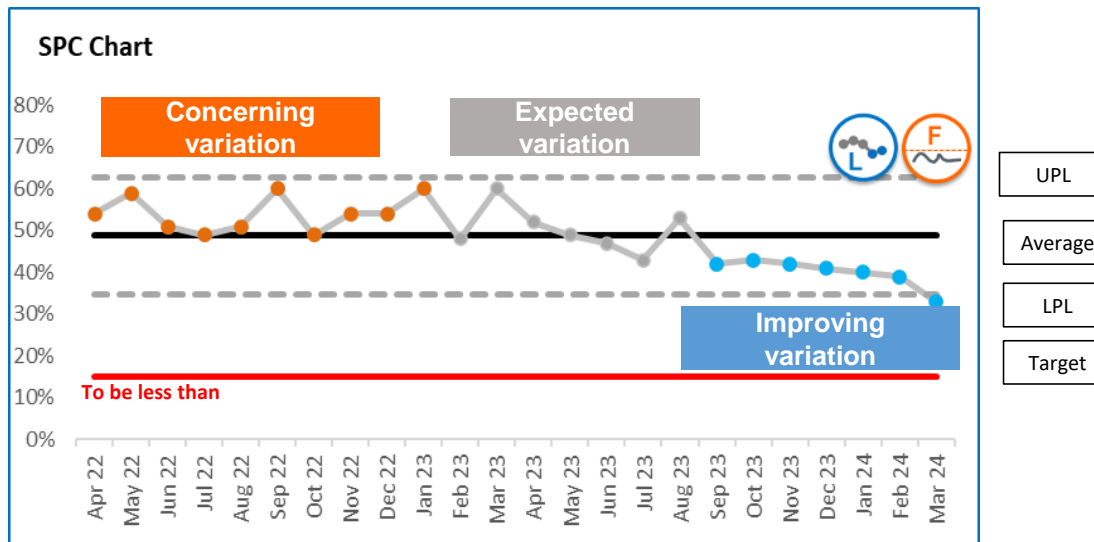
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

**Orange** – there is a concerning pattern of data which needs to be investigated and improvement actions implemented

**Blue** – there is a pattern of improvement which should be learnt from

**Grey** – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.









Process limits are very helpful in understanding whether a target or standard (the red line) can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

## Interpreting summary icons

These icons provide a summary view of the important messages from SPC charts

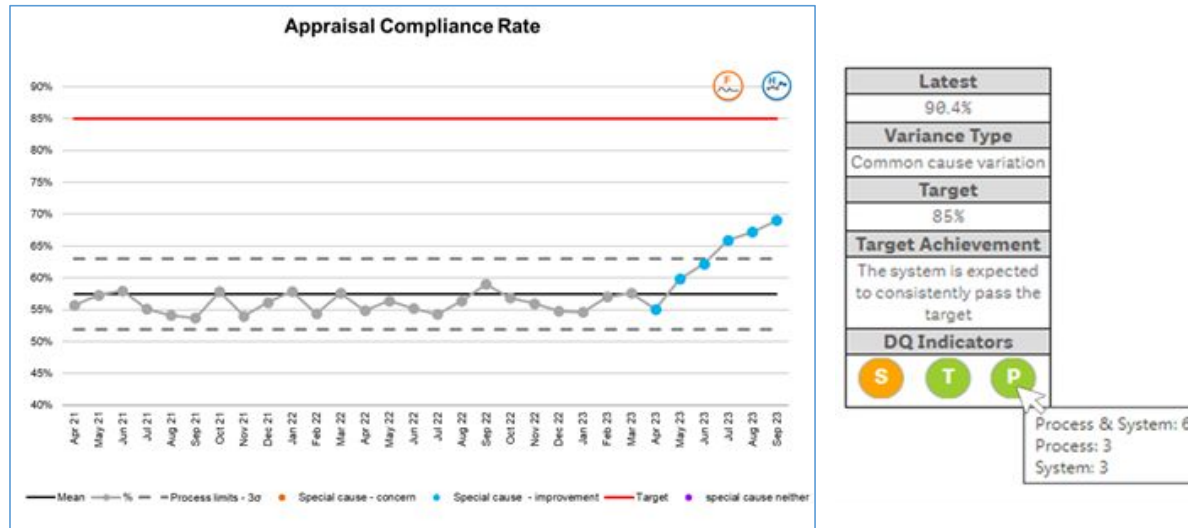
Variation / performance Icons			
Icon	Technical description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is <b>currently not changing significantly</b> . It shows the level of natural variation you can expect from the process or system itself.	<b>Consider if the level/range of variation is acceptable.</b> If the process limits are far apart you may want to change something to reduce the variation in performance.
 	Special cause variation of a CONCERNING nature.	<b>Something's going on!</b> Something, a one-off or a continued trend or shift of numbers in the wrong direction	<b>Investigate</b> to find out what is happening / has happened. Is it a one off event that you can explain? Or do you need to change something?
 	Special cause variation of an IMPROVING nature.	<b>Something good is happening!</b> Something, a one-off or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening / has happened. <b>Celebrate</b> the improvement or success. Is there <b>learning</b> that can be shared to other areas?
Assurance icons			
Icon	Technical description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies <b>within</b> those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	If a target lies <b>outside of those limits in the wrong direction</b> then you know that the target cannot be achieved.	<b>You need to change something in the system or process if you want to meet the target.</b> The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	If a target lies <b>outside of those limits in the right direction</b> then you know that the target can consistently be achieved.	<b>Celebrate the achievement.</b> Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.



## Interpreting the Data Quality Indicator

The indicator provides an effective visual aid to quickly provide analysis of the collection, review and quality of the data associated with the metric. Each metric is rated against the 3 domains in the table below and displayed alongside the SPC chart as in the below example.

Symbol	Domain	Definition
S	Sign off and Review	Has the logic and validity of the data definition been assessed and agreed by people of appropriate and differing expertise? Has this definition been reviewed regularly to capture any changes e.g. new ways of recording, new national guidance?
T	Timely and Complete	Is the required data available and up to date at the point of reporting? Are all the required data values captured and available at the point of reporting?
P	Process and System	Is there a process to assess the validity of reported data using business logic rules? Is data collected in a structured format using an appropriate digital system?



Meeting:	Board of Directors' Meeting - Public	Date of meeting:	14 May 2026
Report title:	<b>Reports from the Chairs of Board Sub committees</b>	Item:	9
Author:	Zowie Loizou, Corporate Governance Officer	Enclosure:	9.1 – 9.6
Executive sponsor:	Siobhan Coldwell, Director of Corporate Affairs		
Report history:	New		

**Purpose of the report**

This is a summary of the discussions held at the Board subcommittee meetings since March 2026. The following reports are included:

1. Finance and Commercial Committee,
2. Audit and Risk Committee,
3. Quality and Research Committee
4. Performance, Transformation and Improvement Committee
5. People, Inclusion, Education and Committee (Verbal)
6. Academic Committee in Common (Verbal)

**Board/ Committee action required (please tick)**

<b>Decision/ Approval</b>		<b>Discussion</b>		<b>Assurance</b>	✓	<b>Information</b>	✓
---------------------------	--	-------------------	--	------------------	---	--------------------	---

The Trust Board is asked to note the summary of discussions at the Board subcommittee meetings.

**Executive summary**

This report provides an overview of the key discussions and matters considered at the Board subcommittee meetings that have taken place since March 2026.

**Strategy**

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

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

Key implications	
<b>Strategic risk - Link to Board Assurance Framework</b>	The report links to all 9 BAF risks in relation to the committees' oversight remit.
<b>Legal/ regulatory compliance</b>	
<b>Quality impact</b>	Links to improved quality of services and to patient safety
<b>Equality impact</b>	
<b>Financial</b>	Links to Improvement Plan and workstream 6 financial strategy
<b>Comms &amp; Engagement</b>	
<b>Committee that will provide relevant oversight</b>	
Board	

## FCC Highlight Report

<b>Committee</b>	<b>Finance and Commercial Committee</b>
<b>Date</b>	<b>Thursday 9 April, 2026</b>
<b>Time</b>	<b>14:00 – 16:00</b>
<b>Location</b>	<b>Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill</b>

No.	Item	Purpose	Format	Lead & Presenter	Time
<b>PART 1</b>					
<b>1.</b>	<b>STANDING ITEMS</b>				
	1.1. Welcome and Apologies Apologies were received from Non-Executive Director Angela Spatharou.	FI	Verbal	Chair	
	1.2. Declarations of Interest There were no declarations of interest over and above those on record.	FI	Verbal		
	1.3. Chair's Actions There were no Chair's actions to report.	FI	Verbal		
	1.4. Minutes of Previous Meeting The minutes of the previous meeting were approved as an accurate record.	FA	Enc.		
	1.5. Action Tracker The committee discussed the action tracker.	FA	Enc.		
	1.6. Matters Arising There were no matters arising.	FD	Enc.		
<b>2.</b>	<b>FINANCIAL REPORTING 2025 / 26</b>				
	2.1. Finance Performance Report – Month 11 At Month 11, the Trust reported a £5.5m year-to-date surplus, £4.5m favourable to plan, with cash balance favourable of plan. Underlying run-rate pressures, particularly temporary staffing costs, continued to be partially mitigated through divisional controls and interventions. Following confirmation of additional DSF funding, the year-end position was forecast at £5m surplus close to the reported upside. The Committee welcomed the strong position while emphasising the need to address	FD/A	Enc.	Chief Financial Officer	

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

	recurrent cost pressures to support long-term financial sustainability				
	<p><b>2.2. Operational Planning – Cycle 5 update</b></p> <p>The Committee noted that the Operational Planning Cycle 5 submission had already been presented to and accepted by the Board, with no material changes to the approved position. Members were advised that discussions had commenced with NHS regional and national teams regarding Years 2 and 3, where the Trust was not currently planning to break even.</p> <p>The Committee noted that while the plan was accepted, it was not at the highest level of assurance, and that further updates would align with the forthcoming strategy refresh following regional and national engagement.</p>	FD/A	Enc.	Chief Financial Officer	
	<p><b>2.3. Investment Board update</b></p> <p>The Committee received assurance on matters considered by the Investment Board, including capital business cases aligned to the Trust’s agreed capital plan. These largely related to previously approved capital envelopes, with approval sought for delivery plans rather than new spend. Business cases focused on risk mitigation, safety, estates, ICT, infrastructure and workforce, with no additional revenue impact beyond that assumed in the financial plan. The Committee supported progression of agreed schemes, confirmed that appropriate governance remained in place, and recommended business case to the Board where required.</p>	FD	Enc.	Chief Financial Officer	
	<p><b>2.4. WTE Reduction Trajectory Plans</b></p> <p>The Committee reviewed the Trust’s WTE reduction trajectory plans, including the move towards a 94% substantive workforce and c.6% bank usage. Division-level monthly workforce trajectories had been established with clear delivery expectations. Members discussed delivery risks, including timing, non-linear trajectories and maintaining safe services, and received assurance that progress will be closely monitored with executive intervention as required.</p> <p>The Committee noted the plans and endorsed the proposed approach as a key control mechanism within the wider financial recovery framework.</p>	FD	Enc	Chief People Officer	
<b>3.</b>	<b>CAPITAL AND ESTATES</b>				

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

	<p><b>3.1. KCH Subsidiaries Update</b>                  The Committee received assurance on subsidiary performance and governance. All improvement plan actions were completed with this position validated by the Group. Subsidiaries were trading within plan, delivering recovery actions and completing major projects. Emerging commercial activity, leadership succession arrangements, and VAT legislative risks were noted and were being actively managed.</p> <p>King's Academy was now expected to operate at minimum break even, with further income opportunities under development. The Committee took assurance and supported continued monitoring through established governance arrangements.</p>			Chief Financial Officer	
<b>4.</b>	<b>GOVERNANCE</b>				
	<p><b>4.1. Draft agenda FCC meeting – 7 May 2026</b>                  The Committee reviewed and approved the draft agenda, subject to the inclusion of an additional PRUH Estates update to strengthen oversight and assurance.</p>			Director of Corporate Affairs	
<b>5.</b>	<b>COMMERCIAL</b>				
	No items				
<b>6.</b>	<b>DIGITAL</b>				
	No items				
<b>7.</b>	<b>ANY OTHER BUSINESS</b>				
	<p><b>7.1. Issues to be escalated to the Board</b>                  There were no additional matters requiring escalation, beyond this report, the formal approvals and recommendations already agreed and reported through the usual Board reporting process.</p>	FD	Verbal	Chair	*
<b>8.</b>	<b>Date of the next meeting: 7 May 2026</b> at 09:30 – 11:30 in the Dulwich Room, Hambleton Wing, KCH, & MS Teams Denmark Hill				

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

<b>Committee</b>	<b>Audit and Risk Committee – Chair’s Summary Report to the Board</b>
<b>Date</b>	<b>Thursday 30 April 2026</b>
<b>Time</b>	<b>12:15 – 15:00</b>
<b>Location</b>	<b>Dulwich room, Hambleden Wing, King's College Hospital, Denmark Hill</b>

No.	Item	Purpose	Format	Lead & Presenter
<b>A private session was held between auditors and non-executive directors</b>				<b>Chair</b>
<b>1.</b>	<b>STANDING ITEMS</b>			
	1.1. Welcome and Apologies <i>There were no apologies.</i>	FI	Verbal	<b>Chair</b>
	1.2. Declarations of Interest <i>None were declared.</i>			
	1.3. Chair’s Actions <i>There were no Chair’s actions since the February 2026 meeting.</i>			
	1.4. Minutes of the Previous Meeting <i>The minutes of the meeting on 19 February 2026 were approved as a correct record subject to a minor improvement.</i>	FD/A	Enc.	
	1.5. Action Tracker and Matters Arising <i>It was advised to move the job planning action, arising from the Consultant Job Planning Internal Audit Report, to the People, Education and Inclusion committee.</i>	FD	Enc.	
<b>2</b>	<b>GOVERNANCE</b>			<b>[12:45 – 13:30]</b>
	2.1 Board Assurance Framework 2.1.2 BAF Update 2.1.2 Cyber BAF Risk <i>The BAF discussion was postponed to the June 2026 meeting.</i>	FA	Enc	Director of Corporate Affairs
	2.2 Risk Management <i>Presented for assurance: 10 risks remained rated 16+. No score changes were reported for the two risks overseen by the Committee. Detailed risk reviews continue, with Finance Committee risks due for review in July 2026. The Committee requested annual reviews of Trust risk management maturity, and of significant locally managed risks from September 2026.</i>	FD	Enc.	Chief Nurse and Executive Director of Midwifery

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

No.	Item	Purpose	Format	Lead & Presenter
	<p>2.3 Report from the Risk and Governance Committee</p> <p>The meeting on 28 April 2026 reviewed detailed risk assessments relating to data/cyber risk and violence and aggression. The Committee requested that the Audit Committee routinely receive oversight of RGC detailed risk reviews, and that consideration be given to RGC's role in reviewing the Trust's Board Assurance Framework.</p>	FI	Verbal	Director of Corporate Affairs
	<p>2.4 Response to Well-Led Internal Audit Review</p> <p>This reflected the Trust's self-assessment, with internal auditors reviewing the process used to develop the well-led assessment. A key recommendation was to ensure all areas reviewed by the CQC are incorporated. The Committee requested an update in September 2026 confirming completion of all audit recommendations and embedding of review actions into routine Trust business. The impact of changes to CQC frameworks and to clinical practice were noted.</p>	FA	Enc.	Director of Corporate Affairs
	<p>2.5 Draft Annual Governance Statement (AGS)</p> <p>This report, required under the NHS Annual Reporting Manual, outlined the Trust's internal control framework, compliance statements, and assessment of economy, efficiency, effectiveness and use of resources. No internal control issues were identified during the reporting year. The Committee requested that, post sign-off of the accounts and annual report, the Executive works with the Auditors to create a plain English AGS.</p>	FD/A	Enc.	Director of Corporate Affairs
	<p>2.6 Information Governance Update</p> <p>This report provided assurance on key organisational risks, mitigations and future priorities. Work had been undertaken to refresh the Trust's approach to information governance, with improved engagement across teams identified as a key focus. Mandatory IG training will also be updated to reflect current developments. The Committee requested future reports demonstrate the Trust's journey towards greater maturity.</p>	FA	Enc	Deputy Chief Executive
	<p>2.7 Audit Committee Annual Report</p> <p>The Committee received its annual report on discharge of responsibilities against its</p>	FDA	Enc	Director of Corporate Affairs

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

No.	Item	Purpose	Format	Lead & Presenter
	terms of reference. Members noted some areas, including environmental sustainability, may be better aligned to other Board committees. The Committee requested a review of Freedom to Speak Up arrangements by September 2026 and improved oversight arrangements for Board sub-committees.			
	2.8 Committee Forward Plan 2026/27 The committee noted this.	FD/A	Enc.	Director of Corporate Affairs
	2.9 Draft Agenda for 18 June 2026 meeting The agenda was noted. It was requested that 80% agenda focus should be on the annual report, ensuring that all documents are formally signed. It was also agreed to have the June 2026 committee meeting jointly with the Board to approve of the annual report and accounts.	FD/A	Enc.	Director of Corporate Affairs
<b>3</b>	<b>FINANCE REPORTS</b>			<b>[13:30 – 14:00]</b>
	3.1 Commentary on Draft 2025/2026 Accounts incl. Draft Annual Accounts The Committee received the 2025/26 draft accounts, including commentary on key balances, movements and account preparation. No material movements were identified, and the Trust was noted to be in a strong position entering the new financial year. No variances were identified between Trust management accounts and external audit commentary.	FD/A	Enc.	Chief Financial Officer
	3.2 Draft Going Concern Statement The committee approved the recommendation that the 2025-26 annual report and accounts should be prepared on going concern treatment.	FD/A	Enc.	Chief Financial Officer
	3.3 Annual Report on Losses and Special Payments Areas of note included loss of equipment, asset obsolescence, and recovery of overseas visitor income.	FD/A	Enc.	Chief Financial Officer
	3.4 Procurement Waivers Update Members noted significant improvement in the position regarding waivers, particularly within Estates and Facilities. Some waivers were unavoidable.	FA	Enc.	Chief Financial Officer
	3.5 Financial Governance Review Q4 The Committee received an update on Q4 financial governance and improvement work, including first-time KPI reporting to support further development. Further improvement workstreams are expected to	FA	Enc	Chief Financial Officer

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

No.	Item	Purpose	Format	Lead & Presenter
	conclude in Q1 2026/27, with outputs based on stakeholder feedback.			
	3.6 Remuneration Report Tables 2025-26 The committee noted the report.	FA	FA	Chief Financial Officer
<b>4</b>	<b>EXTERNAL ASSURANCE</b>			<b>[14:00 – 14:30]</b>
	4.1 External Audit Progress Report & Sector Update The external auditors reported that work remained on track for sign-off. Members briefly discussed risks and opportunities relating to AI adoption and welcomed the sector updates.	FI	Enc.	Grant Thornton
<b>5</b>	<b>INTERNAL ASSURANCE</b>			<b>[14:30 – 15:00]</b>
	5.1 Internal Audit Progress Report The internal auditor confirmed completion of the 2025/26 programme, with only one overdue management action remaining from a previous total of ten. The Committee also reviewed arrangements for senior staff and consultant conflicts of interest, noting the need to strengthen processes for identifying declarations from other relevant staff groups.	FD/A	Enc.	KPMG
	5.2 Internal Audit 2025/26 Annual Report and Head of Internal Audit Opinion The Committee received the 2025/26 Internal Audit Annual Report and Conclusion, noting the change in approach from the usual Head of Internal Audit Opinion. The Committee discussed the governance conclusion in detail and considered that improvements in governance arrangements were not fully reflected. Further clarification was provided from internal audit on the rationale for the revised reporting approach and conclusion.	FD/A	Enc.	KPMG
	5.3 2025/26 Internal Audit Reports <ul style="list-style-type: none"> <li>Backlog Maintenance This received an amber-red rating but noting there is a strong governance framework in place.</li> <li>Board Assurance Framework This received an amber-red rating. While significant improvements had been made, further work was required to demonstrate consistent implementation and evidenced use of the document across the organisation.</li> <li>Local Clinical Audits</li> </ul>	FD/A	Enc.	KPMG

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

No.	Item	Purpose	Format	Lead & Presenter
	<p>This received a green rating and was considered a good news story.</p> <ul style="list-style-type: none"> <li>Data Quality: RTT</li> </ul> <p>This was a positive outcome. The committee advised that clinical audit reports should be reported to respective board sub committees with this one going to the performance committee.</p> <ul style="list-style-type: none"> <li>Violence and Aggression</li> </ul> <p>This received an amber-green with minor improvements rating. It was an overall positive outcome with relatively low numbers of incidents.</p>			
	<p>5.4 Local Counter Fraud Progress Report</p> <p>The Counter Fraud Specialist reported a continued programme of communications and engagements. Sickness absence fraud remains a significant challenge, with inconsistencies identified in current processes. This will be a key focus for 2026/27, alongside increased awareness and manager training. Members also noted the need to strengthen governance arrangements where staff undertake work elsewhere.</p>	FD/A	Enc	KPMG
	<p>5.5 Local Counter Fraud Expenses Review Report</p> <p>The report identified six findings across control design and operating effectiveness: one high, three medium and two low priority. Overall, the Trust was found to manage fraud risk appropriately, and all actions had been completed.</p>	FD	Enc.	KPMG
	<p>5.6 Local Counter Fraud Annual Report 2025/26</p> <p>The result of the 2025/26 standard functional return is a green rating with 10 green components and three amber components. The two criminal sanctions in the year were noted.</p>	FD/A	Enc.	KPMG
<b>6</b>	<b>ANY OTHER BUSINESS</b>			
	<p>6.1 Issues to be escalated to the Board of Directors</p> <p>No matters were identified for escalation to the Board beyond this Committee summary report.</p> <p>6.2 Any Other business</p> <p>The Committee thanked Neil Hewitson for his long service to the Trust in internal audit, noting the significant period of</p>	FDA	Verbal	Chair

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

No.	Item	Purpose	Format	Lead & Presenter
	organisational development during his tenure and wishing him well for the future.			
7	<b>There was a private session between executives and nonexecutive directors only</b>			
	<b>Date of the next meeting:</b> Thursday 18 June 2026 at 10:00 – 12:30 in Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill			

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

<b>Members:</b>	
Akhter Mateen	Non-Executive Director (Chair)
Gerry Murphy	Non-Executive Director
Sheena Mackay	Non-Executive Director
<b>Trust Attendees:</b>	
Prof Clive Kay	Chief Executive Officer
Dr Mairi Bell	Director of Financial Operations
Prof Tracey Carter MBE	Chief Nurse & Executive Director of Midwifery
Roy Clarke	Chief Financial Officer
Siobhan Coldwell	Director of Corporate Affairs
Alex Bartholomew	Deputy Chief Financial Officer
Siobhan Coldwell	Director of Corporate Affairs
Jennifer Nabwogi	Deputy Trust Secretary
Jane Lyons	Lead Governor
<b>External Attendees:</b>	
Alexandra Barrington	KPMG (Internal Auditor)
Jack Crouch	KPMG (Internal Auditor)
Richard Hewes	KPMG (Internal Auditor)
Paul Dossett	Grant Thornton (External Auditor)
Isabel Turner	KPMG (internal Auditor)
<b>Circulation to:</b>	
Audit Committee Members and Attendees	

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

## Q&amp;RC Chair's Highlight Report

<b>Committee</b>	<b>Quality Research &amp; Innovation Committee</b>
<b>Date</b>	<b>Thursday 23 April 2026</b>
<b>Time</b>	<b>10:30 - 12:30</b>
<b>Location</b>	<b>Dulwich Meeting Room, Hambleden Wing, King's College Hospital, Denmark Hill</b>

No.	Item	Purpose	Format	Lead & Presenter
<b>1.</b>	<b>STANDING ITEMS</b>			
	1.1. Welcome and Apologies None.	FI	Verbal	Chair
	1.2. Declarations of Interest There were no declarations of interest over and above those on record.	FI	Verbal	
	1.3. Chair's Actions There were no Chair's actions to report.	FI	Verbal	
	1.4. Minutes of the previous meeting The minutes of the meeting of the 4 March 2026 were approved as an accurate record of the meeting.	FDA	Enc.	
	1.5. Action Tracker The action tracker was discussed.	FD	Enc.	
	1.6. Matters Arising There were no matter arising.	FI	Verbal	Chief Nurse & Executive Director of Midwifery/ Chief Medical Officer
	1.7. Immediate Items for Information There were no immediate items for information	FD	Verbal	Chair
<b>2.</b>				
	2.1. Integrated Quality Report The Committee welcomed continued development of the report, including a stronger focus on priorities, outcomes and assurance. Progress was noted in Duty of Candour, infection prevention and control, management of the acutely ill patient, and falls prevention. Violence and aggression remained an emerging area of focus. The Committee received assurance while requesting continued strengthening of outcome-based oversight and triangulation of quality data.	FA	Enc.	Chief Nurse & Executive Director of Midwifery/ Chief Medical Officer
<b>3.</b>				

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

No.	Item	Purpose	Format	Lead & Presenter
	<p><b>3.1. Maternity &amp; Neonatal Report</b>            The Committee received assurance that maternity and neonatal clinical outcomes remained within expected or better than national parameters, with no systemic safety concerns identified. Workforce pressures, induction delays and caesarean section rates were discussed, alongside progress against CQC actions, governance and training compliance. Improvement work in culture and staff experience was noted, with ongoing focus required to support long-term sustainability of services.</p>	FA	Enc.	Chief Nurse & Executive Director of Midwifery Lisa Long
	<p><b>3.2. Neuro-imaging backlog harm review</b>            The Committee considered the harm review related to the elective outpatient neuro-MRI backlog and was assured that no moderate or severe patient harm had been identified. While prioritisation processes and clinical oversight were considered robust, members recognised that the backlog continued to present a quality and safety risk due to capacity and workforce constraints. The introduction of enhanced oversight arrangements, including a backlog dashboard and exploration of AI-supported prioritisation, was noted.</p>	FA	Enc.	Chief Medical Officer Carmel Curtis
	<p><b>3.3. Experience of Care Improvement Framework</b>            The Committee welcomed progress in the Patient Expert Partner programme and reinforced its value in providing direct patient insight. Recurring themes for improvement were discussed, including information provision, the physical environment and cleanliness, and ensuring that patient involvement demonstrably drives service improvement. Members supported the overall framework but emphasised the importance of evidencing measurable improvements in experience and outcomes rather than further process development alone.</p>	FA	Enc.	Chief Nurse & Executive Director of Midwifery Patricia Mecinska
	<p><b>3.4. CQC Action and Regulatory Reports</b>            Members received assurance that actions arising from CQC inspections were being appropriately governed at divisional and Trust level, with evidence of progress already demonstrated in several areas. While improvement was recognised, members</p>	FA	Enc.	Chief Nurse & Executive Director of Midwifery

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

No.	Item	Purpose	Format	Lead & Presenter
	emphasised the need for keep sight of progress against original CQC requirements, sustained focus on higher-risk actions and continued demonstration of impact rather than completion alone.			
	<p>3.5. Synnovis Pathology Performance – Recovery, Turnaround Times and Workforce Update</p> <p>The Committee discussed pathology performance, particularly histopathology turnaround times and cancer pathways. This remains a high-risk area. Members noted the level of external scrutiny from system partners and recognised the complexity of recovery within a managed service arrangement. Assurance was provided that patient risk was being actively tracked and Duty of Candour applied where required.</p>	FA	Verbal	Chief Delivery Officer Carmel Curtis
<b>4.</b>				
	<p>4.1. Population Health Management and</p> <p>The Committee noted the health inequities supporting strategy and its alignment with the Trust's long-term quality objectives. Members highlighted the importance of maintaining Board-level visibility as implementation progresses and measurable impact becomes clearer over time.</p>	FD	Enc.	Chief Medical Officer
<b>5.</b>				
	<p>5.1. Innovation Update and Supporting Strategy</p> <p>The Committee noted the update and confirmed that no further detailed discussion was required, reflecting prior engagement on this area. The integration of innovation with continuous improvement activity was welcomed, and the contribution of the Deputy Chief Medical Officer to the Trust's innovation agenda was formally recognised.</p>	FD/A	Enc.	Chief Medical Officer
<b>6.</b>				
	<p>6.1. Divisional Discussion – Division B</p> <p>The Committee received direct assurance from Division B leadership regarding key risks and improvement activity. Particular focus was given to patient safety backlogs, violence and aggression, and corridor care pressures. Members were reassured that risks were clearly understood, actively managed and appropriately escalated. Improvements in complaints handling and stability in core</p>	FD	Verbal	Chief of Division B Sarah Davies

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

No.	Item	Purpose	Format	Lead & Presenter
	quality metrics were recognised as positive indicators.			
<b>7.</b>				
	<p><b>7.1 Board Assurance Framework</b> The Committee reviewed the quality and safety risks within scope of the Board Assurance Framework and confirmed that it provided a realistic and accurate reflection of current pressures, controls and assurances. Alignment with the Integrated Quality Report and regulatory actions was noted.</p>	FD	Enc.	Director of Corporate Affairs
	<p><b>7.2. Corporate Risk Register</b> The Committee agreed that the Corporate Risk Register accurately reflected current quality risks, including reductions where mitigations had been successful, and confirmed alignment with the Board Assurance Framework.</p>	FD	Enc.	Chief Nurse & Executive Director of Midwifery
	<p><b>7.3. Quality &amp; Research Forward Plan</b> The forward plan was approved, with members endorsing its focus on substantive scrutiny of priority quality risks and continued use of divisional discussions to support assurance.</p>	FD/A	Enc.	Director of Corporate Affairs
<b>8.</b>				
	<p><b>8.1. Draft Agenda July Meeting</b> The draft agenda for July 2026 was noted.</p>	FI	Enc.	Director of Corporate Affairs
	<p><b>8.2. Experience of Care Week at King's</b> The update on Experience of Care Week at King's was noted.</p>	FI	Enc.	Chief Nurse & Executive Director of Midwifery
<b>9.</b>				
	<p>Issues to be escalated to the Board The Committee confirmed that pathology performance remained a challenge requiring sustained Board oversight. Violence and aggression was also identified as an emerging focus requiring further development of harm-based assurance.</p>	FD	Enc.	Chair
	Any Other Business			
	<p>Issues to be escalated to the Board (<i>Board Highlight report</i>)</p>			
	<p><b>Date of the next meeting:</b> Wednesday 8 July 2026 at 10:00-12:00 in the Dulwich Room, Hambleden Wing, KCH, Denmark Hill.</p>			

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

### Committee Chair's Highlight Report

<b>Committee</b>	<b>Performance, Transformation and Improvement Committee</b>
<b>Date</b>	<b>Thursday 9<sup>th</sup> April 2026</b>
<b>Time</b>	<b>10:00 – 12:00</b>
<b>Location</b>	<b>Dulwich Room, Hambleden Wing, King's College Hospital, Denmark Hill</b>

No	Item	Purpose	Format	Lead & Presenter	Time
<b>STANDING ITEMS</b>					
1.1.	<b>Welcome and Apologies</b> Apologies were received from Dr Angela Spatharou. The divisional chiefs and the chief people officer attended the meeting.				
1.2.	<b>Declarations of Interest</b> There were no declarations of interest over and above those already recorded.				
1.3.	<b>Minutes of the previous meeting</b> The minutes of the March meeting were approved.				
<b>2.</b>	<b>Operational Performance Report</b> The committee discussed operational performance against the key constitutional targets. Although the Trust missed at number of key targets at the end of the year, performance was improving in most areas. The committee sought assurance that performance could be sustained into the new year, given that levels of additional funding that had been provided to improve the Trust's referral to treatment (RTT) position. The Committee noted the mitigating actions underway to improve performance against the Emergency Care Standard, and welcomed the sustained improvements being achieved in DMO1. It was confirmed that governance was improving and there was increased accountability and ownership at care group level.				
<b>3.</b>	<b>Deep Dive – Cancer</b> Dr Curtis, Chief of Division A provided detailed overview of cancer performance, noting whilst improvements are being delivered the Trust remains off-trajectory. She outlined the recovery plan in place, noting the support being provided by the South East London Cancer Alliance. In order to achieve sustainable improvement significant pathway redesign will be needed.				
<b>4.</b>	<b>Transformation Programme Update</b> The Committee had an extended discussion about the development of the 2026/27 cost improvement programme. The Trust remains off-track in the identification and verification of CIP schemes. Some mitigating initiatives have been identified, particularly in relation to vacancy control but the Committee was not assured that the Trust would have a fully identified CIP by end April as agreed.				
<b>6</b>	<b>ANY OTHER BUSINESS</b>				

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

No	Item	Purpose	Format	Lead & Presenter	Time
	<p>5.1 Issues for Escalation to the Board of Directors As above.</p> <p>5.2 Any Other Business There were no items of any other business</p> <p><b>Date of the next meeting:</b> Tuesday 12<sup>th</sup> May 2026 at 10.00 – 12:00, Dulwich Room, Hambleden Wing, KCH, Denmark Hill.</p>				

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

<b>Meeting:</b>	Board of Directors	<b>Date of meeting:</b>	14 May 2026
<b>Report title:</b>	<b>Report from the Chief Executive</b>	<b>Item:</b>	10
<b>Author:</b>	Siobhan Coldwell, Director of Corporate Affairs	<b>Enclosure:</b>	
<b>Executive sponsor:</b>	Professor Clive Kay, Chief Executive Officer		
<b>Report history:</b>	n/a		

**Purpose of the report**

This paper outlines the key developments and occurrences since the last Board meeting held on 12<sup>th</sup> March 2026 that the Chief Executive wishes to discuss with the Board of Directors.

**Board/ Committee action required**

<b>Decision/ Approval</b>		<b>Discussion</b>	✓	<b>Assurance</b>	✓	<b>Information</b>	✓
---------------------------	--	-------------------	---	------------------	---	--------------------	---

The Board is asked to note the contents of the report.

**Executive summary**

**Strategy**

Link to the Trust's BOLD strategy		Link to Well-Led criteria	
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓	<b>Shared Direction and Culture</b>
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓	<b>Capable, Compassionate and inclusive leaders</b>
✓	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	✓	<b>Freedom to Speak Up</b>
✓	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓	<b>Workforce equality, diversity and inclusion</b>
		✓	<b>Governance, management and sustainability</b>
		✓	<b>Partnership and Communities</b>
		✓	<b>Learning, improvement and Innovation</b>
			<b>Environmental Sustainability – sustainable development.</b>
	<b>Person- centred</b>	<b>Sustainability</b>	
	<b>Digitally-enabled</b>	<b>Team King's</b>	

<b>Key implications</b>	
<b>Strategic risk - Link to Board Assurance Framework</b>	The report outlines how the Trust is responding to a number of strategic risks in the BAF.
<b>Legal/ regulatory compliance</b>	n/a
<b>Quality impact</b>	n/a
<b>Equality impact</b>	The Board of Directors should note the activity in relation to promoting equality and diversity within the Foundation Trust.
<b>Financial</b>	n/a
<b>Comms &amp; Engagement</b>	n/a
<b>Committee that will provide relevant oversight</b>	
n/a	

**King's College Hospital NHS Foundation Trust**

**Report from the Chief Executive Officer**

**CONTENTS PAGE**

1. Introduction
2. Recovery Support Programme and Quarterly Regional Oversight
3. Industrial Action
4. NHS Planning Priorities 26/27
5. Board Committee Meetings
6. Good News Stories and Communications Updates

## **1. Introduction**

- 1.1. This Board report marks my final one as Chief Executive of King's College Hospital NHS Foundation Trust. I retire at the end of this coming June following nearly 40 years in the NHS, including the last 12 years as a Trust CEO, and just over seven years as a CEO of King's College Hospital. Leading this organisation has truly been the greatest privilege of my career.
- 1.2. I feel a deep sense of connection to colleagues across this great and famous Trust, and to the communities we serve. I am a local resident and am well aware of the high esteem in which King's is held.
- 1.3. I am incredibly proud of all that we have achieved during my time here: from the remarkable response by colleagues across the Trust to the Covid Pandemic – we were one of the busiest and had amongst the best outcomes, to the successful launch of our Electronic Health Record System Epic in partnership with our colleagues at Guy's and St Thomas' NHS Foundation Trust, the largest single roll-out in Epic's history; and from the opening of the Critical Care Unit at Denmark Hill during the pandemic to the establishment of a much needed Endoscopy and Diagnostic Centre at the Princess Royal University Hospital.
- 1.4. As I look to the future of King's, I believe completely in the improvement work we are undertaking to ensure it continues to become a financially sustainable organisation which delivers the highest quality of care for our patients for years to come.
- 1.5. I would like to take this opportunity to formally thank colleagues across the organisation for their support throughout my tenure, and for their continued commitment to our patients. I would also like to thank the many partners and stakeholders with whom it has been a pleasure to work. It has been an honour for me to serve as a member of Team King's.
- 1.6. Finally, I offer my sincere congratulations to Matthew Trainer, my successor and the incoming CEO. I am sure colleagues at King's will give Matthew a very warm welcome, as he continues to lead King's on its improvement journey.

## **2. Recovery Support Programme and Quarterly Regional Oversight**

- 2.1. I am pleased to confirm that the Trust has received confirmation that it has formally exited the Recovery Support Programme (see Appendix 1). NHS England has recognised the significant improvements the Trust has made since entering the programme in 2024. I would like to extend my sincere thanks to all the teams that have contributed to these improvements. There is however, more to do. The Trust has been rated amber/red on the provider capability assessment and remains in segment 3 in the National Oversight Framework (NOF) and there is more to do to address the remaining enforcement undertakings against our licence.
- 2.2. Senior executives and I met with NHS London colleagues on 24<sup>th</sup> April for our quarterly regional oversight meeting. There was recognition that the Trust ended 2025/26 strongly, having delivered the agreed financial plan, achieving improved staff survey results, and showing operational performance improvements in many areas. Discussions are underway to consider transition priorities and timelines for demonstrating compliance against current enforcement undertakings.

### 3. Industrial Action

- 3.1. Resident Doctors undertook further Industrial Action (IA) in April 2026. The Trust has well-tested incident management procedures in place and managed the incident using the Trust's IA plan. Two separate Incident Command Centres (ICC) were established at the Princess Royal University Hospital and Denmark Hill, having learnt lessons from previous rounds of industrial action.
- 3.2. Once again, Team King's has worked brilliantly to care for our patients and minimise the disruption as much as possible. These strikes were once again challenging, given how busy services normally are after the Easter break and I am pleased to say that cancellations were kept to a minimum.
- 3.3. As always, I would like to thank colleagues across the organisation for their hard work in managing these periods of industrial action.
- 3.4. I attach for information a letter from Sir Jim Mackey, thanking all Trusts for operating effectively during strike periods (Appendix 2).

### 4. NHS Planning Priorities 2026/27

- 4.1. Later on the agenda for this meeting is a summary of the operational plan the Trust has agreed for the year. Separately we have received a letter from Sir Jim Mackey, the Chief Executive of NHS England highlighting the challenges ahead (Appendix 3).
- 4.2. All systems are being asked to consider a number of areas, linked to the 10-year plan, including strategic commissioning priorities, developing neighbourhood care and whether changes to financial flows and/or payment systems are needed.
- 4.3. Consideration is being given on how best to respond to the challenge, and reports will be brought to future meetings of this Board with issues and options.

### 5. Board Committee Meetings since the last Board of Directors Meeting (12 May 2026)

Finance and Commercial Committee	9 April 2026
Performance, Transformation and Improvement Committee	9 April 2026
Academic Committee in Common	23 April 2026
Board Development Session	16 April 2026
Quality and Research Committee	23 April 2026
Audit and Risk Committee	30 April 2026
Council of Governors	30 April 2026
Finance and Commercial Committee	7 May 2026
Performance, Transformation and Improvement Committee	12 May 2026

### 6. Good News Stories and Communications Updates

- 6.1. [King's appoints new Chief Executive](#): The Trust has announced the appointment of Matthew Trainer as its new Chief Executive. Sir David Behan, Chair of the Trust, welcomed Matthew's appointment: "I am delighted that we have appointed Matthew to this vital role at the Trust. He has deep experience and a proven track record of delivery and improvement. Importantly, he also cares passionately about the NHS, supporting our staff, and delivering high quality care for the diverse communities that we serve. "These

CLK 1.2 040526

attributes, together with his collaborative and inclusive leadership style, came across strongly during the recruitment process, and I am confident Matthew will be a superb addition to the Trust Board.”

- 6.2. **Author Hannah Gold celebrates World Book Day 2026 at King’s:** To mark World Book Day on 5 March 2026, the charity Spread a Smile hosted a special visit at King’s College Hospital with bestselling children’s author, Hannah Gold. Hannah Gold, multi award-winning author of ‘The Last Bear’ and ‘The Lost Whale,’ took time to read an excerpt from her World Book Day book, ‘Bear Rescue’ with families in paediatric wards at King’s, and met with ward staff and play teams, along with children receiving treatment. She said: “Spending time with the children and families supported by Spread a Smile this World Book Day means more to me than I can properly put into words. Books have always been a source of comfort, imagination and hope in my own life, and to be able to share that love, even in a small way, feels incredibly special.”
- 6.3. **King’s delivers its first ever Endometriosis surgery Hot Week ahead of International Women’s Day:** King’s has completed its first ever surgical ‘Hot Week,’ operating daily on patients with complex endometriosis. On the final day of the week, which fell on International Women’s Day (Sunday 8 March) 2026, several teams of gynaecology surgeons and anaesthetists at King’s volunteered their time to help run several parallel surgical theatres simultaneously, which included one theatre of robotic endometriosis cases. Sharon Davidesko, Complex Gynaecology Fellow at King’s College Hospital, said: “This wouldn’t be possible without the hard work of doctors, nurses, our research team, and admin staff. The theme of International Women’s Day 2026 is ‘Give to Gain,’ and we have been amazed by the number of staff who willingly gave up their own time on Sunday to help tackle our waiting lists.”
- 6.4. **Sam and Alice Vanderpump open up about life-saving organ transplant wait in exclusive new documentary for E4:** Over the past few months, a Channel Four documentary crew have followed King’s patient Sam Vanderpump as he comes to terms with his end-stage liver disease diagnosis. The documentary - *Made in Chelsea: Sam Vanderpump’s Story* – is due to be broadcast on 28 April, and will focus on the start of Sam’s wait for a liver transplant, as well as his interactions with liver specialists based at our Denmark Hill site.
- 6.5. **PRUH joins forces with ECHO charity to create animation for younger patients:** A new resource is allowing children attending a paediatric cardiac clinic appointment at PRUH to prepare for their visit from the comfort of their own home. Dr Ola Elmasry, Consultant Paediatrician with Expertise in Cardiology at PRUH, said: “We worked with parents to design a resource that can walk children through a typical cardiac clinic appointment, and we hope it will help ease some of those worries and unknowns.”
- 6.6. **Marking a major milestone for UK plasma medicines:** 12 months on since UK plasma was re-introduced, King’s haematology staff and the NHS Blood and Transplant team met with King’s patient Niall Whatley, who told them why his treatment is life changing. Niall has multiple sclerosis and relies on a regular intravenous immunoglobulin infusion to keep him well. He explained: “If I didn’t have the infusions every month, I would be in and out of hospital constantly – or probably even a lot worse than that. In a way, the plasma-derived medicines are a lifesaver for me and many other patients. Anyone that donates plasma – I want them to know that they are donating a blood component that is literally saving people’s lives.”
- 6.7. **King’s pilots ground-breaking liver transplant programme:** King’s has been selected by NHS Blood and Transplant as one of 15 assessment and recovery centres (ARCs) in

the UK to trial an innovative organ preservation programme, to help boost the number of life-saving organ transplants. Varuna Aluvihare, Consultant in Liver Medicine at King's, said: "Through machine perfusion, we have the potential to be able to transplant livers, which would have otherwise carried a higher risk, into patients facing a long and uncertain wait for a suitable organ — with excellent outcomes. We are extremely proud to have been selected as a pilot site by NHS Blood and Transplant, and have a part in this ground-breaking step forward in organ donation and transplantation."

- 6.8. **Record-breaking year for liver transplants at King's:** A total of 277 liver transplants took place at the Trust last year, in what clinicians at King's believe is the most ever completed by a single centre in the UK during a calendar year. Ms Miriam Cortes-Cerisuelo, Liver Transplant Consultant Surgeon and clinical lead for transplant surgery at King's, said: "My colleagues and I all feel a huge sense of pride and achievement in knowing we have helped more people access life-saving treatment. This record number of transplants for our centre is testament to the hard work of our multi-disciplinary teams. This is the result of a huge team effort, with the support of staff members at every level from areas including surgery, hepatology, theatres, nursing, anaesthetics, radiology, pathology, and pharmacy, as well as our incredible team of transplant coordinators."
- 6.9. **Cardiac team performs innovative aortic arch replacement at King's:** The cardiac surgery team at King's College Hospital NHS Foundation Trust has successfully completed a complex aortic arch replacement using new technology for Frozen Elephant Trunk implantation. This is the first time a Neo EDE Hybrid Arch Device, a custom-made tool to help reduce surgical complexity and improve patient outcomes, has been used at the Trust to help treat a patient with complex aortic disease. Mr Habib Khan, Consultant Cardiothoracic Surgeon at King's, said: "While we have significant experience performing Frozen Elephant Trunk procedures, this was the first time we used the Neo EDE Hybrid Arch Device at King's, providing an additional advanced option for treating complex aortic disease. We're delighted that this procedure was so successful. The operation required careful planning and the expertise of a highly skilled multidisciplinary team."
- 6.10. **Surgical robotic procedure for kidney stones makes debut at King's:** A new trial, which has so far treated 20 patients, is helping the King's Urology Department treat more people using a minimally invasive technique that reduces the risk of infection and has shorter recovery times. Mr Sanjith Gnanappiragasam, Consultant Endourologist at King's, said: "Until now, kidney stone surgery for larger stones involved a longer hospital stay of between two and four days, and a long period of rest and recuperation. As a result of this new robotic procedure, patients can have their treatment and return home to recover on the same day."

<b>Meeting:</b>	Board of Directors' meeting - Public	<b>Date of meeting:</b>	14 May 2026
<b>Report title:</b>	King's Strategy – 2026 to 2031	<b>Item:</b>	12.0
<b>Author:</b>	Liz Shutler – Director of Strategy Evelyn Oyebanjo – Deputy Director of Strategy	<b>Enclosure:</b>	12.0.1
<b>Executive sponsor:</b>	Julie Lowe – DCEO		
<b>Report history:</b>	15 <sup>th</sup> January – Agreement of Vision, Values and Purpose 12 <sup>th</sup> March – Agreement of Strategic Objectives and Discussion on Patient, Public and Community Feedback 16 <sup>th</sup> April (Board Development Day) – Review of 1 <sup>st</sup> Draft of the King's Strategy 2026 to 2031		

**Purpose of the report**

The Strategy Team has been working with the Board, Divisions, Care Groups and corporate teams to develop a new strategy for King's covering the period 2026 to 2031.

The purpose of this report is to seek the Board's review and approval of the final draft strategy, with the focus on completeness and strategic alignment. Subject to Board approval, the strategy will be formally launched during the week commencing 1 June 2026, supported by a coordinated communications approach and a suite of supporting materials for colleagues, patients and local stakeholders (outlined below).

Please note that the final published version may differ slightly in presentation from the version shared here, due to final design, formatting and minor editorial adjustments.

**Board/ Committee action required (please tick)**

<b>Decision/ Approval</b>	✓	<b>Discussion</b>	✓	<b>Assurance</b>		<b>Information</b>	
---------------------------	---	-------------------	---	------------------	--	--------------------	--

**Executive summary**

Since April 2025, the Strategy Team has been working with the Board, colleagues across the Trust and system partners to develop a new strategy for King's covering the period 2026 to 2031.

An initial draft was presented to King's Executive (KE) on 7 April, followed by further iteration and discussion at the Board Development Session on 16 April. Since then, the document has been reviewed by a copy editor and further refined following copy editor and KE (5<sup>th</sup> May) feedback. The version being presented is the final version for publication, pending final copy editing and design review.

### **Proposed Launch**

We plan to formally launch our new five-year strategy during the week commencing 1 June 2026.

To support the launch, we will be producing a range of materials to help colleagues, patients and local stakeholders engage with and understand the new strategy.

Key materials being produced to coincide with launch include:

- The full strategy, designed and available digitally, with a limited number of hard copies produced;
- A summary document designed and available digitally, with hard copies distributed to staff. This document, produced in a fold-out A6 wallet format, will be developed in partnership with the Plain English Campaign; and
- An animation, approximately 60 seconds in length, setting out the key headlines from the strategy and why it is important for King's.

### **Communications Plan**

A detailed communications plan will support the launch. We will use the voices of staff to help explain the strategy and what it means for local people and our patients.

We will also be formally launching our new values during the same week; and a range of digital, interactive and highly visible assets will be produced to share these with key audiences.

Please note that over recent years we have communicated our BOLD vision and Kind, Respectful, Team values, including posters, leaflets and pull-up banners. It will take some time to phase these out, given the size of our hospitals and the associated resource implications. However, digital changes, such as updates to how strategy information is displayed on our intranet, website and social media channels, as well as email signatures, will be made on the day of launch.

### **Actions to be Finalised**

There are two areas that will need to be finalised post the May Trust Board:

1. The Strategy Team have been working with Communications and the graphic designer to look at how '*to establish high-quality care for our patients and communities*' can sit at the heart of '*our focus and purpose*' in the main infographic describing the strategic framework. Some further work is required to finalise this matter.
2. Work is ongoing to establish a more ambitious summary of our approach and vision for digital over the next five years. Some further work and discussion is required on this before discussion at Board. It is not felt this will be needed for the King's Strategy – 2026 to 2031, but more likely it will form part of the Digital Strategy (see also Supporting Strategies below).

### Supporting Strategies

A high-level summary of each of the main supporting strategies is included within the strategy for information and to show alignment. Some of the strategies have already been approved. Other are progressing through the approval process.

Of the strategies not yet approved by the Board, none have explicit commitments on resource allocation. However, they do set out high-level intentions for delivery and outcomes.

It is proposed to bring back to the September Board a full set of the supporting strategies for review and approval, where necessary.

We will also prepare a version of the strategy for each of the divisions for internal use only, recognising that divisions are key to strategy delivery.

### Recommendations

The Board is asked to review and approve the final version of King's Strategy (2026–2031) for publication week commencing 1 June 2026, noting that minor edits may be made following final copy editing and design.

In doing so, the Board is invited to reconsider:

- **Clear and understandable:** Recognising that different versions will be produced for different audiences, does the document read clearly and will it make sense staff and partners?
- **Overall direction and alignment:** Does the strategy reflect the right direction for King's over the next five years?
- **Completeness:** Are there any significant areas missing?
- **Tone and level of ambition:** Recognising that different versions will be produced for different audiences, is the tone and ambition pitched at the right level?
- **Distinctiveness:** Does the strategy sufficiently reflect what is unique about King's, including the balance between local and specialised services, noting the updated "Our Organisation" and "Our Reach and Contribution" sections?

In addition, now the Board is reviewing the final draft, it would be useful to also consider:

1. Does the ambition reflect what our patients and communities need and expect from us over the next five years?
2. Strong partnerships will be essential to delivering this strategy, does this section set out the right foundations for working together effectively?
3. Does the strategy provide enough clarity for our educational, charitable, public sector and commercial partners to understand the key opportunities and areas for collaboration?

### Strategy

Link to the Trust’s BOLD strategy		Link to Well-Led criteria	
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>		<b>Leadership, capacity and capability</b>
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, cared for and listened to</i>	✓	<b>Vision and strategy</b>
	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	✓	<b>Culture of high quality, sustainable care</b>
	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion and act decisively to deliver more equitable experience and outcomes for patients and our people</i>		<b>Clear responsibilities, roles and accountability</b>
			<b>Effective processes, managing risk and performance</b>
		✓	<b>Accurate data/ information</b>
		✓	<b>Engagement of public, staff, external partners</b>
			<b>Robust systems for learning, continuous improvement and innovation</b>
✓	<b>Person- centred</b>	<b>Sustainability</b>	
✓	<b>Digitally-enabled</b>	<b>Team King’s</b>	

Key implications	
<b>Strategic risk - Link to Board Assurance Framework</b>	Please include BAF strategic risk references
<b>Legal/ regulatory compliance</b>	It is included in NHS guidance that Trusts should have a relevant, up to date strategy
<b>Quality impact</b>	This has specifically been addressed in the High-quality Care for Patients section
<b>Equality impact</b>	Health care equity is addressed in High-quality Care; Partnerships and in the supporting strategies summarising the People Strategy and Population Health Management and Health Equity
<b>Financial</b>	This has specifically been addressed in the Financial Sustainability section
<b>Comms &amp; Engagement</b>	A detailed communications plan will support the launch
<b>Committee that will provide relevant oversight</b>	
Trust Board	

# King's Strategy 2026-31

Date: 05.05.26

Version: 7.0

Version	Date	Lead author/editor	Change summary
1.0	27/03/26	Evelyn Oyebanjo / Liz Shutler	Initial draft created – for JL Review
2.0	02/04/26	Evelyn Oyebanjo / Liz Shutler	Updated following JL and Governors' review – submitted to KE
3.0	09/04/26	Evelyn Oyebanjo / Liz Shutler	Updated following KE review – submitted to Board
4.0	16/04/26	Evelyn Oyebanjo / Liz Shutler	Updated following Board review – to be send to proof-reader 24.04.26
5.0	24/04/26	Evelyn Oyebanjo / Liz Shutler	Updated following further Exec review to reduce size – sent to proof-reader 24.04.26
6.0	30/04/26	Evelyn Oyebanjo / Liz Shutler	Updated following proofreader review for presentation to KE for final comments 05.05.26
7.0	05.05.26	Evelyn Oyebanjo / Liz Shutler	Updated following KE review for final submission to Board on 07.05.26

## Contents

<a href="#">The History of King's.....</a>	<a href="#">3</a>
<a href="#">Our Ambition .....</a>	<a href="#">4</a>
<a href="#">Our Organisation .....</a>	<a href="#">6</a>
<a href="#">Our Reach and Contribution.....</a>	<a href="#">9</a>
<a href="#">Our Strategy at a Glance .....</a>	<a href="#">12</a>
<a href="#">How we developed this strategy .....</a>	<a href="#">14</a>
<a href="#">Our Strategic Ambitions .....</a>	<a href="#">16</a>
<a href="#">High-Quality Patient Care .....</a>	<a href="#">16</a>
<a href="#">Timely and Efficient Care .....</a>	<a href="#">19</a>
<a href="#">Pioneering Research Innovation and Education .....</a>	<a href="#">21</a>
<a href="#">A Great Place to Work .....</a>	<a href="#">23</a>
<a href="#">Strong Successful Partnerships.....</a>	<a href="#">25</a>
<a href="#">Financial Sustainability.....</a>	<a href="#">27</a>
<a href="#">Our Supporting Strategies .....</a>	<a href="#">29</a>
<a href="#">Next Steps –The Road Ahead.....</a>	<a href="#">35</a>

## The History of King's

*[Updated 'History of King's' infographic to 2026 to be added here]*

## Our Ambition

King's College Hospital has a rich history and a proud tradition of delivering high-quality healthcare, research and teaching. We provide local healthcare services to the people of Lambeth, Southwark and Bromley and we provide a range of specialist services regionally and nationally.

Some of our services have a deserved world-class reputation. Our local communities are proud of King's and hold its services in high esteem. Our reputation for research and innovation, often in partnership with King's Health Partners (KHP) and King's College London (KCL), is truly international.

At King's we are already harnessing the power of digital technology to transform how care is delivered, making it more connected, efficient and personalised for every patient.

The Trust's reputation is built on the work of our most precious asset: our outstanding and remarkable staff and their teamwork. The best healthcare, research and teaching is delivered by multidisciplinary teams collaborating with other colleagues and key partners and stakeholders.

Over the 100-plus years that King's has existed, we have always pushed the boundaries in providing healthcare, in our research and in our teaching. We haven't rested on our laurels as we've sought to continuously improve, learn, grow, develop and evolve.

We are, however, just like healthcare systems across the world, facing a formidable challenge. How do we provide high-quality healthcare when demographic demand and complexity is increasing and resources are finite? In the UK we are living longer but we are not living those longer years in good health. Indeed, many of the diseases that killed us in the middle of the last century, when the NHS was founded, have largely been eradicated. Today, the diseases which are driving mortality are caused by lifestyle. Some of them can be prevented and most can be treated.

The NHS is a universal healthcare service, available to all based on need, funded by taxation and supported by the population. It is a great privilege to work for an institution that has such widespread public support. With that support comes a responsibility to be efficient and effective, using our financial resources to secure value and ensure the best outcomes for the people we serve. We know our services produce good outcomes and we have successfully delivered the first two years of our financial strategy. But we also know that we are still spending more than our income. This is not sustainable and we need to continue to transform and improve.

So, what are the options for the future? What do we need to do? We are at a crossroads and we have some choices to make. How do we continue to improve, innovate and live within our resources? We know from our history that we have continuously improved and successfully managed change, so we should be

confident and secure in the knowledge that we can do it again over the next five years.

What is the future we want to build towards? What is our vision for King's? The NHS 10-Year Plan provides a real opportunity for the Trust, working with its partners, to make the three strategic shifts: moving from hospitals to community; transitioning from analogue to digital; and migrating from treatment to prevention. In five years' time, we will be delivering high-quality, local healthcare services to the communities of Lambeth, Southwark and Bromley, in partnership with the voluntary sector, local authorities and primary and community services in neighbourhood teams. We will also be delivering specialist tertiary services regionally and nationally, collaborating with acute provider partners. Those services will be much more personalised and digitally enabled. We will be a leader in research trials and will build on our reputation for world-class research and innovation. We will live within the resources available to us and ensure we are creating value.

We will be an outstanding employer, investing in the development and engagement of our workforce, creating an inclusive culture which values diversity. Our approach will be driven by continuous quality improvement and innovation. There is no such thing as perfection. The most successful organisations and individuals are curious to learn how to improve. We should learn from them and aim to "be the best at getting better".

Learning from the past, our success is built on two elements. First, our staff and their teamwork; second, the way we have innovated, whether that has been through scientific innovation or in the continuous improvement of care pathways.

We will only achieve our ambition and deliver this strategy for 2026-31 by working together as a team - Team King's. The journey ahead will not be easy and we will need to make difficult choices, set clear priorities and sometimes make trade-offs. Throughout this, we will remain open, honest and transparent. Most importantly, we will continue to listen to our communities, to the people who use our services and to our staff. Their experiences, ideas and insights have helped develop and co-produce this strategy and will guide our decisions and help us deliver care that truly meets the needs of those we serve.

*Sir David Behan, Chairman, King's College Hospital NHS Foundation Trust*

*Professor Clive Kay, CEO, King's College Hospital NHS Foundation Trust*

## Our Organisation

### **A Legacy of Excellence, a Future of Innovation**

For generations, King's has been known for excellence. We have combined world-class clinical expertise with a deep commitment to caring for our patients, our staff and the communities we serve. Today, King's College Hospital NHS Foundation Trust – encompassing King's College Hospital at Denmark Hill and the Princess Royal University Hospital and Orpington Hospital in the London Borough of Bromley – is one of the nation's leading teaching hospital groups and a proud part of the NHS in London.

We are trusted by the communities we serve, respected nationally and recognised internationally for our high-quality care, specialist services and pioneering research. Our history gives us pride and purpose, but our determination to keep improving is what sets us apart.

### **What makes King's stand out?**

King's serves some of the most vibrant and diverse communities in the country, from inner-city neighbourhoods, rich in cultural diversity, to suburban communities with growing and ageing populations. This unique mix shapes who we are and what we do. It gives us both the privilege and the challenge of delivering care that is personalised, inclusive and focused on tackling health inequalities, ensuring that everyone, whatever their background, has access to the best possible care.

At the heart of King's are our people. Their dedication and expertise define our hospitals and underpin everything we achieve. From porters and nurses to doctors, scientists, researchers and volunteers, our colleagues work together to deliver the highest quality care for all our patients.

We are committed to providing seamless care from diagnosis through to recovery and we aim to use our expertise where it makes the most difference. This means developing high-quality care closer to home and enhancing our specialist services to achieve greater impact.

Over the past five years we have transformed local care across South-East London through innovation and partnership. From expert eye care at Queen Mary's Hospital, Sidcup providing advanced treatment and surgery for patients across the region, to award-winning diabetes services at the PRUH, recognised nationally for safer, more connected care.

Services such as prehabilitation – where recovery starts before surgery – and minimally invasive foot surgery are helping people recover faster and return home sooner, while the creation of a dedicated Frailty Centre has improved outcomes and experience for older patients.

Over the next five years it is our ambition to remain internationally recognised for the following services, by:

- **Advancing our world-class liver services.** We will build on our reputation as one of Europe’s leading liver and transplant centres, focusing on innovation in organ preservation, perfusion technology and excellence in complex care.
- **Driving excellence in neurosciences and rehabilitation.** We will improve access to high-quality, research-led care, strengthen specialist areas such as cancer and functional neurosurgery and use digital and artificial intelligence-enabled technologies to improve recovery and patient experience.
- **Enhancing our world-leading fetal medicine service.** We will continue to integrate fetal and maternal medicine, advancing our work in genomics and emerging therapies to improve outcomes for mothers and babies and reduce inequalities in care.
- **Strengthening major trauma and integrated emergency care.** We will reinforce our position as a major trauma hub and system leader, delivering seamless care from roadside to rehabilitation through more integrated ways of working, improved patient flow and smarter use of data and digital technologies.
- **Evolving haematology services:** We will build on King’s global leadership in haematology, focusing on excellence in sickle cell disease care, gene and cell therapy, and bone marrow transplantation. We will also strengthen partnerships to improve access to specialist treatment for our whole population.
- **Progressing cardiovascular services:** We will enhance our role as a leading cardiac centre by advancing minimally invasive and interventional radiology care, strengthening same-day and ambulatory care and using digital, AI and genomic innovations.
- **Securing our place as a leading centre of excellence for complex and high-risk paediatric care.** Our services include life-saving transplantation, specialist haematology and sickle cell care, neurosciences and epilepsy, alongside advanced critical care and integrated community services. We will continue to provide family-centred care and ensure that every child and young person receives holistic support.

Alongside these internationally recognised services, we aim to transform and grow what we deliver locally, building a new generation of care that will set the standard for excellence. This will include:

- **Establishing Bromley and the PRUH as a centre of excellence for frailty.** We will build on the expertise of the local multi-professional teams to provide integrated patient-centred care to enable frail older people to stay well for longer in their own homes. When they need hospital care, they will receive treatment that is evidence based and proportionate, in spaces designed for them and provided by staff with specialist frailty expertise.
- **Improving cancer diagnostic, surgical and treatment services:** We will further integrate how hospital and community care is managed to speed up diagnosis,

expand access to advanced imaging and ensure patients move seamlessly to treatment and recovery to deliver best practice pathways. By working with partners, building our research and utilising digital technology we will continue to improve survival, enhance patient experience and boost access to care.

- **Elevating urgent and emergency care:** We will eliminate care in corridors to improve patient safety and dignity. Most urgent cases will be treated the same day in a dedicated centre or at home with digital support, freeing our Emergency Departments to focus on life-threatening conditions. Using data and innovation, we will deliver faster, safer care and help patients to return home sooner.
- **Expanding the role of the Elective Surgical Centre at Orpington Hospital.** We will extend Orpington Hospital's catchment across South-East London and Kent in high-volume specialties such as orthopaedics. The centre will use cutting-edge technology and innovative care models to make procedures safer and faster. It will set the standard for high-quality elective care that is designed around patient comfort and recovery.
- **Personalising maternity care:** We will ensure that every woman receives joined-up maternity care that is personal to her. This includes women in our local area and those who need specialist care because their pregnancy is more complicated or higher risk. We will work to reduce health inequalities and improve patient experience and outcomes. We will use digital tools to help plan and manage care more easily.
- **Re-imagining outpatient services:** Our patients will increasingly be able to access expert advice, tests and results at home using smart technology. For those who need to be seen in person, visits will be seamless, with care tailored to their individual needs.

## Our Reach and Contribution

King's is proud to serve a rich and diverse community across South-East London and beyond. From the suburban character of Bromley to the dynamic, multicultural neighbourhoods of Lambeth and Southwark, our communities reflect the very best of London's vibrancy and diversity. Our reach extends across the capital, out into Kent, Surrey and Sussex and further still across the UK. This expansive geography brings together urban, suburban and rural populations, each with distinct strengths, needs and experiences.

We celebrate the diversity of the people we serve, their cultures, backgrounds and communities, as well as the opportunity to make a meaningful difference at such scale. This breadth not only reflects the confidence placed in King's but also underpins our role as a Trust that combines deeply local, responsive care with expertise that extends far beyond our immediate borders.

*[infographic map to be placed here]*

### **Our Hospital Sites: One Trust, One Team, One Ambition**

King's operates across a network of sites that together deliver high-quality acute, specialist and planned services. As one of the largest Trusts in the country, our strength lies not only in the scale and breadth of our services, but in how our sites work together as a single, clinically-led organisation.

#### **Denmark Hill**

Our Denmark Hill site is one of the UK's leading and busiest teaching hospitals. It delivers outstanding, specialist care across a wide range of services, from major trauma and emergency medicine to internationally recognised expertise in liver disease, transplantation, neurosciences and critical care. The hospital combines high-volume frontline services with cutting-edge innovation, delivering a full range of acute services alongside internationally recognised centres of excellence.

**Case Study: Our cardiology service is transforming heart care through innovation and expertise.** Our percutaneous valve intervention programme provides a safer, minimally invasive alternative to open heart surgery, enabling faster recovery and better outcomes. We are expanding access, introducing same-day procedures and using AI-guided imaging and research with King's College London to improve precision and personalise treatment. Together, these advances are improving outcomes and setting new standards in heart care across the UK and beyond.

#### **Princess Royal University Hospital (PRUH)**

PRUH is a local acute hospital for Bromley, Kent and surrounding communities, delivering 24-hour emergency care alongside a full range of inpatient and outpatient services. As the host for the Bromley integrator, the PRUH plays a leading role in developing neighbourhood-based care to provide services tailored to local needs, especially for older people and those living with frailty.

Over the next five years we aim to transform services so we can offer care that is more responsive and designed around the communities we serve, with people coming to the hospital only where it is clinically necessary.

**Case Study:** Our specialist orthopaedic and podiatry teams are providing minimally invasive foot surgery helping patients to recover faster with less pain. Using keyhole surgery, surgeons treat toe deformities through small cuts, reducing scarring and recovery time and enabling patients to be up on their feet and back to everyday life sooner.

### **Orpington Hospital**

Orpington Hospital provides a range of outpatient, diagnostic, rehabilitation and inpatient services including orthopaedics and general surgery. These are supported by on-site diagnostics including radiology.

**Case Study:** Our orthopaedics team hosted the 11th King's International Summit on Modern Surgical Reconstruction and Multidisciplinary Care of the Diabetic Foot in 2025. More than 300 experts from around the world attended the event, which showcased groundbreaking work, including surgical techniques that have saved thousands of patients from limb amputation.

### **Queen Mary's Hospital**

The Trust provides a range of services at Queen Mary's Hospital, Sidcup, working in cooperation with site partners. These include ophthalmology, maternity care and a comprehensive range of dental and maxillofacial specialties.

**Case Study:** Dental services at King's are recognised for excellence in clinical care, research and training. Our state-of-the-art facilities in Sidcup provide accessible, high-quality dentistry for local people while supporting complex referrals across South-East London. The team also delivers oral and maxillofacial surgery and provides undergraduate and postgraduate training for the KCL Faculty of Dentistry, Oral and Craniofacial Sciences.

### **Beckenham Beacon**

The Beckenham Beacon site offers a broad range of outpatient services and also provides midwifery-led clinics, elderly care, sexual and reproductive health services and musculoskeletal physiotherapy. These services are supported by on-site diagnostics such as x-ray and ultrasound, plus pharmacy and phlebotomy services.

**Case Study:** Beckenham Beacon's tele-dermatology service is a leading example of how specialist care can be delivered quickly and conveniently in the community. Patients referred by their GP can have high-quality images taken of their skin on-site and reviewed remotely by dermatology specialists at King's, often avoiding the need for a hospital appointment. This enables faster diagnosis, reduces waiting times and ensures patients get the right care in the right setting.

### **Key Facts**

*[Infographic to be ready for May Board Submission]*

## Our Strategy at a Glance



## Shaping the future of care

Over the next five years, King's will build on its heritage of excellence, to shape a more innovative, inclusive and sustainable future. Digital tools are enabling patients to take a lead in managing their own health, while clinicians guide and coach and only intervene when it matters most, increasingly outside of hospital.

Our values of **Caring, Collaborative, Inclusive and Innovative** sit at the heart of everything we do and will guide how we shape our future. We are **Caring**, putting patients and their families first and showing compassion and respect in every interaction with them, as well as with one another. We are **Collaborative**, working as one team across all of our hospitals and services with partners and our communities to deliver the best possible outcomes. We are **Inclusive**, celebrating diversity, listening to different voices and creating a culture where everyone feels they belong and can thrive. And we are **Innovative**, constantly seeking new ideas and smarter ways of working to improve care, research and education. Together, these values express who we are and how we will continue to move King's forward, united in purpose, ambitious in vision and committed to delivering exceptional care for all.

Our six strategic objectives provide the focus and direction needed to deliver the best outcomes for our patients, staff and communities. By striving for **high-quality care for every patient**, we ensure safety, compassion and excellence in all we do. **Providing timely and efficient care** means making every patient's journey smoother and more effective. Through **pioneering research, innovation and education**, we turn discovery into real improvements in treatment and learning. Creating **a great place to work** empowers our people to thrive, grow and deliver their best. By building **strong, successful partnerships** across the NHS, academia, industry and our communities we will strengthen our impact while delivering **financial sustainability** that will allow us to invest confidently in the future. Together, these objectives focus our collective energy on what matters most: improving lives now and for generations to come.

King's has always stood for more than excellence in treatment: it stands for hope, discovery and progress. Our promise for the next five years is to build on our proud past while embracing innovation and **Transforming Healthcare** that creates a lasting impact on lives, ensuring King's remains a place where care, research and education come together to shape a healthier future for all.

## How we developed this strategy

Over the past 12 months, we have listened closely to the lived experiences of our patients and communities. We have also drawn on the insight and expertise of our staff, alongside the perspectives of our leaders, governors and partners. To broaden our reach beyond traditional engagement, we partnered with South-East London Integrated Care System (SEL ICS) to appoint a Voluntary, Community and Social Enterprise (VCSE) Strategic Lead, to help us better connect with people and communities whose voices are often underrepresented.

Engagement included community-based workshops, targeted outreach, in-person drop-in and online sessions, patient and staff surveys, staff engagement sessions across all Trust sites and stakeholder briefings and workshops with partners.

### Who we spoke to

- Patients, carers, community groups and residents across Bromley, Lambeth, Southwark and Lewisham as well as Kent, Surrey and Sussex through surveys, community conversations, workshops and drop-in sessions held at community locations and Trust sites.
- Staff across all Trust sites – Denmark Hill, Princess Royal University Hospital, Queen Mary’s Hospital, Orpington Hospital and Beckenham Beacon – including our corporate, operational and clinical (doctors, nurses and midwives, pharmacists, therapists, scientists) leaders.
- Voluntary, Community and Social Enterprise (VCSE) partners and borough-based community organisations.
- Our partners including Guy’s and St Thomas’ NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Dartford and Gravesham NHS Trust, Oxleas NHS Foundation Trust, South-East London Integrated Care System (ICS), South-East London Integrated Care Board (ICB), King’s Health Partners, King’s College London, King’s College Hospital Charity, St Christopher’s Hospice, King’s Facilities Management (KFM), One Bromley, Partnership Southwark, Lambeth Together, Bromley Health and Wellbeing Board (HWB), Lambeth HWB, Southwark HWB, Bromley Health Overview and Scrutiny Committee (HOSC), Lambeth Health HOSC and Southwark HOSC and local primary care representatives.

### What we heard

Several consistent themes emerged about what matters most and what the Trust should focus on over the next five years:

- Our communities want King’s to act as a stronger connector across the health system, bringing people and organisations together around a shared purpose. They expect clear leadership and collaboration so care feels seamless, wherever it is delivered.

- Many people spoke positively about the expertise, dedication and compassion of our staff. They were recognised consistently for their professionalism, friendliness and knowledge, with patients describing being treated with kindness, feeling reassured and listened to.
- We need to go further to improve how care is experienced to meet diverse needs. People told us that access to care can be inconsistent and difficult to navigate, with fragmented pathways, communication gaps between services and variable discharge processes. Improving coordination across hospital, primary care, community and social care services emerged as a priority.
- Staff emphasised that their wellbeing, morale and psychological safety are fundamental, with a strong desire for King's to be a place where people feel supported, listened to and able to work collaboratively.
- The importance of dignity, inclusion and culturally competent care was also highlighted. While many shared positive experiences, concerns were raised about language barriers and inequities, which reinforced our need to strengthen inclusive care.
- Digital services were widely recognised as an opportunity to improve access, convenience and communication. But we must ensure these services are inclusive and accessible so no one is excluded.
- There was a strong message about the importance of strengthening partnerships with local communities and voluntary organisations and King's key role in improving health outcomes, reducing inequalities and enhancing community connections.

### **What this means for our strategy**

We will strengthen and build on our partnerships to deliver more joined-up care. We will shift more care into community settings, improve access, reduce health inequalities and deliver more seamless care.

We will also work with our people to improve the experience of working at King's, focusing on wellbeing and leadership, fixing the basics and modernising how we work to create a more consistent and supportive environment. Together, these actions will improve outcomes for our patients, communities, staff and partners.

## Our Strategic Ambitions

### High-Quality Patient Care

High-Quality Care for Patients	
<b>What’s our ambition for the next five years?</b>	<b>People will receive care and treatment that feels safe and personal and is clearly communicated. We will be known as a place that truly puts patients first.</b>
<b>How will we measure Success?</b>	<b>To achieve a 98% Friends and Family Test (FFT) recommendation score across all our services by 2031.</b>
<p><b>We are trusted by our communities for the quality of the services we provide.</b></p> <p>Our key aims for the next five years are:</p> <p><b>Continuing to improve all of our services to ensure our patients have the best possible experience and outcomes.</b> What patients tell us about their experience at King’s is an important measure of the quality of care we provide. Evidence shows that the better their experience, the better their response to treatment. When patients feel listened to and involved in decisions, they are more likely to engage with their treatment and recover well. By focusing on what matters most to patients, we can improve care, reduce complications and drive continuous improvement across our services.</p> <p><b>Placing equal access to healthcare and the health of our local population at the heart of what we do.</b> We serve a wide range of local communities spanning suburban, multicultural and urban London life. We want to ensure</p>	<p><b>To deliver these aims we have six priority actions:</b></p> <ol style="list-style-type: none"> <li><b>1. Address the main causes of poor patient experience.</b> Using the information from our Friends and Family Test (FFT), we will resolve the top issues cited to achieve a 98%-plus recommendation score. We will ensure all populations are fairly represented, so success reflects every voice we serve.</li> <li><b>2. Improve how we measure the quality of care.</b> We will create a single, joined-up view of quality and experience of care by combining key measures. This will support continuous improvement, transparency, assurance and evidence-based decision making.</li> <li><b>3. Foster a culture of continuous learning.</b> We will build a comprehensive learning culture where teams share good practice, learn from mistakes and improve care, supported by regular learning sessions. Success will be shown through fewer complaints and</li> </ol>

<p>everyone has fairer access to high-quality healthcare, regardless of their background or circumstances. Our focus will be on preventing illness, helping those with unmet needs and reducing avoidable differences in health. By understanding what drives wellbeing, we can design more inclusive and effective services and improve outcomes for the communities we serve.</p> <p><b>Maintaining our commitment to world-class research that shapes future care and inspires our local communities to take part in trials.</b> Evidence shows hospitals active in research deliver safer, higher-quality care. We are building on this to drive innovation, improve outcomes and enhance patient experience.</p> <p><b>Strengthening patient care through better use of digital technology.</b> We will use digital tools to enable faster, more coordinated and personalised support, improving communication, reducing delays and making access to care more convenient. We will ensure our digital tools are inclusive and accessible, helping patients to feel more in control of their care and supported, regardless of language, access or digital skills.</p>	<p>improved staff engagement and development scores.</p> <p><b>4. Continue the rollout of our improvement tool.</b> We will continue to establish the King’s Improvement Method (KIM) across the Trust to enable consistent problem solving. It helps us to continuously improve, achieve better outcomes and make more effective use of our resources.</p> <p><b>5. Develop and introduce our health Equity strategy.</b> We will work with staff and our partners to develop and introduce King’s Healthcare Equity Strategy. By 2031, all services will be able to show how they have reduced health inequalities and improved access, experience and outcomes.</p> <p><b>6. Expand our use of digital technologies.</b> Putting King’s Digital Strategy into practice and being digital by default is essential to providing high-quality patient care and enhanced clinical safety. It will allow us to improve coordination across the system and, as requested by our patients, we will ensure digital inclusion.</p>
<p><b>Case Studies</b></p>	
<p><b>Our pharmacy service is developing safer, smarter and more personalised use of medicines.</b> Working with KCL, the team is combining research and innovation to transform how medicines are prescribed and delivered. From digital pharmacy and automation that improve safety and free up pharmacists</p>	<p><b>We have introduced volunteer care navigators to improve patients’ experience of waiting for care.</b> When asked about their experience, 55% of our patients said it was good but communication was a key issue. Only a few were told of expected waiting times and some groups, including disabled</p>

<p>for patient care, to personalised medicine guided by genomics and data, King's is shaping the future of pharmaceutical care.</p>	<p>people, older adults and Black patients, had poorer experiences. Our volunteer care navigators help us to identify those who need clinical care earlier, improve preparation for surgery, reduce cancellations and enhance both patient experience and outcomes. To date, they have helped more than 450 patients.</p>
---	---

## Timely and Efficient Care

Timely and Efficient Care	
<b>What’s our ambition for the next five years?</b>	<b>People will have faster and more reliable care, with shorter waits, smoother treatment journeys and services they can trust to deliver excellent care every time.</b>
<b>How will we measure Success?</b>	<b>To achieve a performance that’s in the top 25% for all national and constitutional standards by 2031.</b>
<p><b>We will ensure that patients receive the care they need, when they need it. This is central to patient experience, safety and trust.</b></p> <p>We will improve our performance across our core services to meet national standards, in line with national guidelines and timelines, so King’s is among the highest-performing trusts in the country.</p> <p>Our key aims for the next five years are:</p> <p><b>Achieving national standards for timely access to care.</b> We will improve key service areas to ensure at least 80% of our patients receive a diagnosis or have cancer ruled out within 28 days of referral (this will mean over 3,000 additional patients each year beginning treatment on time) and at least 85% start their first treatment within 62 days of the Trust receiving their cancer referral.</p> <p><b>Reducing the longest waits and unnecessary variation in access to care.</b> We will prioritise reducing the longest waits in elective care, ensuring that a minimum of 92% of our patients wait 18 weeks or less for treatment.</p>	<p><b>Reimagining outpatient services to create a better experience for patients.</b> By using digital innovation, redesigning care pathways and shifting more care closer to home, we will move away from fragmented, traditional ways of providing care towards seamless, personalised care. This is about empowering patients, unlocking clinical capacity and shaping outpatient services that are fit for the future.</p> <p><b>To deliver these aims we have five priority actions:</b></p> <ol style="list-style-type: none"> <li><b>1. Improve patient flow and reduce length of stay.</b> We will improve discharge coordination and redesign inpatient pathways to reduce delays and ensure patients are treated in the most appropriate setting.</li> <li><b>2. Optimise our use of theatres and improve turnaround times.</b> We will improve use of theatres and reduce turnaround times so more patients can be treated safely and efficiently in our current suite of theatres, reducing the need to invest in and expand our estate.</li> <li><b>3. Improve access to diagnostic services and turnaround times.</b></li> </ol>

<p><b>Strengthening patient flow across our hospitals and care pathways.</b> We will improve patient flow by reducing delays in emergency departments, ensuring at least 85% of patients are seen, treated or discharged within four hours (this will mean treating around 42,000 additional patients with four hours each year).</p> <p><b>Improving productivity across diagnostic, surgical and clinical services to provide more timely care.</b> We will ensure that no more than 1% of patients wait more than six weeks for a test.</p>	<p>We will expand and optimise diagnostic services and offer them in more convenient local locations, to support faster clinical decision-making and reduce treatment delays.</p> <p><b>4. Reduce unnecessary variation in care pathways.</b> We will standardise pathways and ensure best practice across services so patients have consistent and equal access to care.</p> <p><b>5. Strengthen how hospital services and community partners work together.</b> We will improve coordination across services and with community partners to ensure smoother patient pathways, more timely care and more joined up support.</p>
<p><b>Case Studies</b></p>	
<p><b>The Sexual Assault Referral Centre (SARC) is transforming how care and support</b> are provided for people affected by sexual assault or abuse. This consolidated model brings together medical, forensic and emotional support into one safe, compassionate space. Working closely with healthcare professionals, police and community partners, the SARC guarantees every person is treated with dignity and respect, while receiving the right care and protection. It is leading the way in creating faster, kinder and more joined up support for survivors across London.</p>	<p><b>The PRUH’s diabetes service delivers outstanding, personalised care to patient across Bromley and South-East London.</b> Its supports patients in hospital and the community to manage their condition safely and confidently. The service recently won a national award for its innovative approach to improving inpatient care, reducing admissions, enhancing safety and creating smoother pathways between hospital and primary care.</p>

## Pioneering Research Innovation and Education

Pioneering Research Innovation and Education	
<b>What’s our ambition for the next five years?</b>	<b>People will have faster access to new treatments, care from expert staff and the confidence that every innovation at King’s helps improve lives.</b>
<b>How will we measure Success?</b>	<b>To achieve a Trust-wide increase in research, innovation and education activity, with each area growing defined activity by 10% by 2031.</b>
<p><b>We aim to strengthen our position by building on our membership of King’s Health Partners (KHP), one of the UK’s leading Academic Health Science Centres (AHSC), putting research, innovation and education at the heart of how we deliver care.</b></p> <p>This will enable us to speed up the discovery, testing and adoption of new and personalised medicines, technologies and models of care that improve outcomes for patients.</p> <p>Research, innovation and learning already play an important role at King’s, but activity is currently uneven and often dependent on a small number of highly active services. We will develop research-ready pathways, making research a routine part of patient care.</p> <p>Our key aims for the next five years are:</p> <p><b>Embedding research, innovation and education</b> across all services, ensuring they are integral to care and that all staff and patients can take part and benefit. As part of this we will focus on delivering timely set up of and access to trials, speeding up research and patient access to innovation.</p>	<p><b>Strengthening the infrastructure that enables research and innovation to thrive.</b> We will improve the use of digital technology across the Trust, support governance and make it simpler to collaborate with academic, industry and system partners.</p> <p><b>To deliver these aims we have five priority actions:</b></p> <ol style="list-style-type: none"> <li><b>1. Strengthen research and innovation leadership and governance.</b> We will increase the proportion of services with active research, innovation leadership and education so these are more consistently embedded across the Trust.</li> <li><b>2. Increase the number of studies set up and approved.</b> We will increase the number of studies and widen opportunities for staff and patients to take part in research.</li> <li><b>3. Implement a visible innovation route and coordinated innovation system.</b> We will introduce a clear, accessible route for staff and partners to submit ideas, supported by standardised triage, proportionate governance and a structured</li> </ol>

<p><b>Expanding research and participation.</b> We are already one of the Trusts most active in research and one of the leading National Institute for Health and Care Research (NIHR) recruiting organisations. We will build on this strength by increasing the number of studies and enabling more staff and patients to take part in research.</p> <p><b>Creating a clear, accessible way of innovating.</b> We will make innovation easier for staff and partners by establishing a clear route, streamlining governance and supporting staff to develop and scale ideas that improve care, experience and productivity.</p> <p><b>Strengthening education and learning across the organisation.</b> Expanding education for staff will strengthen skills, support evidence-based care and improve outcomes. Whilst better patient education will boost engagement, adherence to treatment and overall experience.</p>	<p>pathway for development, piloting and adoption.</p> <p><b>4. Expand education and training opportunities for staff, carers and volunteers.</b> We will increase participation in non-mandatory education and training and expand the range of programmes.</p> <p><b>5. Strengthen the organisational support needed to enable innovation.</b> We will strengthen the infrastructure that underpins research and innovation by improving governance and the use of digital technology, expanding innovation training and fellowship support and enabling good ideas to be adopted safely, consistently and effectively across the Trust.</p>
<p><b>Case Studies</b></p>	
<p><b>King’s endoscopy service has an international reputation for high-quality diagnostic and therapeutic care.</b> It has led innovation in minimally invasive procedures, often being first in the UK and Europe to introduce new techniques that avoid surgery. Our consultants are recognised for delivering accredited training and sharing expertise nationally, alongside the flagship annual King’s Live conference, which encourages collaboration with charities and industry.</p>	<p><b>King’s is one of only five centres in England selected to deliver a world-first gene editing therapy for sickle cell disease.</b> It works by modifying a patient’s own stem cells to enable the production of healthier red blood cells, significantly reducing the severity of the disease. This personalised care is based on discoveries made at KCL which have been translated into clinical care at King’s, demonstrating the strength of the integrated clinical academic model.</p>

## A Great Place to Work

A Great Place to Work	
What's our ambition for the next five years?	People will feel cared for by proud, motivated staff who work seamlessly together to provide compassionate, inclusive care.
How will we measure Success?	Top performance in the NHS staff survey by 2031.
<p><b>King's is a place of pride and purpose, but staff experience is not yet consistent. Feedback highlights variations in leadership, access to the basics needed to do a job, career development, inclusion and being heard, all of which are fundamental to providing great care.</b></p> <p>Our key aims for the next five years are:</p> <p><b>Enhancing staff engagement, wellbeing and retention.</b> We will support our colleagues to feel valued, included and healthy.</p> <p><b>Investing in leadership, talent and culture change.</b> We will ensure we have strong, visible and accountable leadership at every level. Leaders will listen to staff and create psychologically safe, inclusive and high-performing teams.</p> <p><b>Ensuring we are an inclusive organisation.</b> We will become a more inclusive organisation with fewer experience and opportunity inequities. We will make measurable improvements to recruitment, career progression and disciplinary outcomes.</p> <p><b>Developing a flexible, multiskilled workforce to deliver the care of the</b></p>	<ol style="list-style-type: none"> <li>2. <b>Develop leaders.</b> We will launch a Leadership Development Strategy and Behavioural Framework by 2026/27, promoting clear expectations for leadership, teamwork, psychological safety and inclusive, compassionate leadership and change management.</li> <li>3. <b>Address inequities.</b> We will use the NHS Workforce Race Equality Standard (WRES), the NHS Workforce Disability Equality Standard (WDES) and staff survey data to identify and reduce inequities, ensuring clear accountability and measurable progress.</li> <li>4. <b>Strengthen clinical leadership.</b> We will further integrate clinicians into leadership structures and offer them enhanced support.</li> <li>5. <b>Expand talent pathways.</b> We will create a pool of talent for key roles, identifying and supporting high-potential individuals, especially from underrepresented groups.</li> <li>6. <b>Modernise systems which manage staff.</b> We will digitalise processes to improve efficiency and staff experience.</li> </ol>

<p><b>future.</b> We will ensure our staff have the right skills and clear development pathways to strengthen retention and sustainability.</p> <p><b>Embracing digital innovation and new ways of working.</b> We will use technology to manage demand, optimise the size of our workforce and use staff resources more effectively.</p> <p><b>Strengthening workforce planning, recruitment and partnerships.</b> We will accurately forecast our staffing needs and work with education providers and regional partners to meet future demands for care.</p> <p><b>To deliver these aims we have ten priority actions:</b></p> <p>1. <b>Value our workforce.</b> We will improve our staff wellbeing programme to provide safe environments, rest spaces, good nutrition, effective digital systems and clear communication.</p>	<p>8. <b>Accountability and performance.</b> We will strengthen compassionate and inclusive leadership by setting clear, measurable objectives for senior leaders.</p> <p>9. <b>Strengthen partnerships.</b> We will strengthen partnerships with staff networks, trade unions and system partners.</p> <p>10. <b>Digital skills.</b> We will provide staff with digital skills training and identify ways of reducing administrative tasks.</p> <p>11. <b>Workforce redesign.</b> We will improve service delivery and patient care by ensuring services have the right staff and mix of skills.</p>
<p><b>Case Studies</b></p>	
<p><b>We are building our workforce capability and widening access to employment.</b> We employ around 60 staff on our Level 4 Business Analyst apprenticeship. Their work has helped reduce missed appointments, increase outpatient capacity by 3,000 appointments a month and improve waiting times. We have also expanded inclusive work experience, with more than 450 placements in 2025, supporting local young people into healthcare careers and strengthening our role as a key local employer.</p>	<p><b>We are supporting leaders to demonstrate a positive culture and set the tone for employee behaviour.</b> Over the past two years, targeted support has helped neurophysiology develop and improve their workplace culture, leadership and psychological safety after a Freedom to Speak Up review. There have been clear improvements, including more staff saying they feel safe to speak up, better engagement with managers and increased support for development.</p>

## Strong Successful Partnerships

Strong Successful Partnerships	
<b>What’s our ambition for the next five years?</b>	<b>People will get high-quality care closer to home, through virtual appointments and monitoring, meaning fewer hospital visits and less time as an inpatient.</b>
<b>How will we measure Success?</b>	<b>To transfer up to 30% of hospital care to an appropriate, alternative setting by 2031.</b>
<p><b>Partnership is central to how we deliver care. Tackling complex challenges depends on strong relationships across health, care, academia, local government, the voluntary sector, business and our communities. Collaboration helps us to join up services, reduce inequalities and innovate faster.</b></p> <p>Our most important partnership is with our patients, families and communities. They have told us that they want us to use our influence to connect people and organisations across the health system, so care is seamless and joined up.</p> <p>Our key aims for the next five years are:</p> <p><b>Strengthening and evolving our existing partnerships:</b> We work closely with the Integrated Care Board (ICB) and local Integrated Care Partnerships (ICPs) and neighbouring trusts to deliver shared priorities. We also work with King’s Health Partners (KHP) and universities to lead world-class research, training and innovation.</p> <p>We aim to maintain and strengthen partnerships with: local authorities to address the diverse range of social, economic and environmental factors that affect people’s lives; local</p>	<p><b>To deliver these aims we have six priority actions:</b></p> <ol style="list-style-type: none"> <li>1. <b>Work as an integrator.</b> We will continue working with One Bromley to develop the neighbourhood model, which enables local residents to receive more holistic care in their community and have fewer hospital visits. In Lambeth and Southwark we will work with the integrators to support people with multiple long-term conditions at home and in their neighbourhood to reduce admissions to hospital.</li> <li>2. <b>Engage with our patients and local communities.</b> We will involve patients, carers and residents in designing and evaluating services, ensuring care reflects our diverse communities and builds trust and accountability.</li> <li>3. <b>Strengthen our role in reducing health inequalities.</b> Our long-term sustainability is tied to the wellbeing of the populations we serve. We will create opportunities and reduce inequalities by employing local people, supporting local businesses and improving the environment.</li> </ol>

<p>community and voluntary organisations trusted by their communities; and industry and technology partners to speed up innovation in digital health and find new ways of providing care.</p> <p><b>Developing partnerships for the future:</b> We want to establish purposeful partnerships that help us to transform care pathways so we can deliver high-quality, sustainable services.</p>	<ol style="list-style-type: none"> <li>4. <b>Strengthen our partnership with KHP.</b> We will improve patient outcomes and ensure greater equity by working with KHP to accelerate world-class research, education and innovation.</li> <li>5. <b>Maximise our partnership with King’s College Hospital Charity</b> to enhance care facilities, provide equipment, support staff and invest in innovation.</li> <li>6. <b>Develop partnerships outside the NHS.</b> We will work with businesses and educational, technology and community organisations to develop solutions that improve health and benefit patients and local communities.</li> </ol>
<p><b>Case Studies</b></p>	
<p><b>Project SEARCH is a strong example of inclusive employment.</b> In partnership with education providers and employment specialists, it offers supported internships at King’s for autistic young people and/or those with learning disabilities, enabling them to gain NHS experience, build skills and move into work. We have welcomed nearly 100 interns, with many progressing into paid roles. The programme shows that people can thrive and services become more representative of our communities.</p>	<p><b>Bromley Clinical and Hospital Integration (B CHiP)</b> is a standout example of seamless, person-centred care. It brings together clinicians, therapists and other professionals to enable quicker decision-making, coordinated support and earlier intervention for children. This approach helps them to stay well at home and avoid unnecessary hospital admissions. It is improving outcomes, reducing delays and giving children and families a more seamless and supportive experience.</p>

## Financial Sustainability

Financial Sustainability	
<b>What’s our ambition for the next five years?</b>	<b>People will feel confident knowing King’s uses its resources wisely to provide great, sustainable care.</b>
<b>How will we measure Success?</b>	<b>To break even by 2030 and continue to break even to 2031.</b>
<p><b>King’s has faced significant financial pressure and reported a £78.7m deficit in 2023/24. We are now taking clear, decisive steps guided by a strong Financial Strategy. We have delivered the first two years of this strategy and will need to continue to transform and improve how the Trust operates to achieve long-term financial sustainability.</b></p> <p><b>Understanding the problem:</b> A detailed financial review has highlighted how we can improve planning, manage future cost pressures and strengthen performance by learning from the best in the NHS. It also revealed how we can improve efficiency and make better use of our resources, improving value for money and ensuring every pound we spend delivers the greatest benefit for patients.</p> <p><b>A call to action:</b> Every part of King’s has a role in strengthening our finances for the benefit of patients.</p> <p><b>Transformational changes:</b> Our plan for delivering these ambitions is built on two key goals:</p> <ul style="list-style-type: none"> <li>• Accelerating improvement to match the highest-performing NHS</li> </ul>	<ol style="list-style-type: none"> <li>2. <b>We will strengthen our finances, improving our underlying position by around £33m each year, aiming to reach breakeven by 2029/30.</b> We will build a shared understanding of our finances and identify ways of improving performance and efficiency. Through better patient flow, smarter ways of working and service transformation, we will create a secure base for continued growth. We will also strengthen financial management, ensuring we use resources responsibly and effectively. By focusing on the ‘brilliant basics’, clear reporting, training and strong planning, we will build a culture of continuous improvement and sustainability.</li> <li>3. <b>We will improve our productivity by an average of 2% each year,</b> by focusing on matching the best NHS performance levels and delivering more care by using our resources more effectively. We will also improve financial and performance reporting to track progress, celebrate success and identify more opportunities to improve efficiency and quality.</li> </ol>

<p>organisations in areas such as length of stay, theatre use and workforce productivity to balance our books by 2029/30.</p> <ul style="list-style-type: none"> <li>• Driving innovation by using new technology and fresh thinking to make our services more efficient, effective and sustainable.</li> </ul> <p>Balancing rapid improvement with long-term transformation is central to our approach.</p> <p><b>To deliver these aims we have five priority actions:</b></p> <ol style="list-style-type: none"> <li>1. <b>We will invest £222m in modernising our hospitals by March 2030.</b> We will maximise every pound we invest to improve facilities, upgrade equipment and create spaces that enable innovation and new ways of working.</li> </ol>	<ol style="list-style-type: none"> <li>4. <b>We will keep our finances sustainable by maintaining healthy cash reserves.</b> We will maintain our cash levels at more than 10 days of operational requirements, while reducing our reliance on national financial assistance. We will achieve this by strengthening our underlying financial position and using resources wisely.</li> <li>5. <b>Move to segment 1 in NHS Oversight Framework ratings for finance.</b> We will improve our performance by reducing our underlying deficit, increasing productivity and delivering our Financial Strategy.</li> </ol>
<p><b>Case Studies</b></p>	
<p><b>We carried out a major review of how we manage and oversee our finances in 2024, comparing our approach with national best practice.</b> We then introduced a comprehensive improvement plan covering everything from how we plan and report finances, to how we make investment decisions. Thanks to the hard work and dedication of teams across the Trust, we made rapid progress, rising to one of the highest levels of financial maturity within just 14 months. By October 2025, King’s was rated ‘integrated to advanced’ in nearly all areas of financial governance, showing real progress in building strong, sustainable foundations for the future.</p>	

## Our Supporting Strategies

Delivering our Strategy depends on the strength of our foundations, our capabilities and our commitment to continuous improvement. Our supporting strategies set out how we will strengthen our organisation for the future. They underpin the delivery of our strategic objectives, ensuring we have the systems, environment and culture in place to deliver outstanding care, support our people to thrive and build sustainable services for our communities.

### Digital

King's Digital Strategy 2026-2031 sets out how we will become digital by default, using digital innovation to improve care quality, patient and staff experience and our organisational performance. Over the next five years, we will further strengthen our digital capability.

We are speeding up our adoption of digital technology in response to increasing operational pressures, variation in digital maturity across services and rising expectations of online access and communication. This matches national priorities to eliminate paper workflows, integrate care records, strengthen cybersecurity and adopt artificial intelligence (AI) at scale.

Since introducing EPIC and MyChart in 2023, King's has strengthened its digital foundations. More than half of our patients now use MyChart, helping to reduce missed appointments, while automation has streamlined referral processing. However, we recognise that more needs to be done to address digital exclusion and ensure carers and families can access MyChart on behalf of vulnerable people.

Our focus is clear - improving patient outcomes, increasing engagement with MyChart, improving digital inclusion, expanding remote monitoring and equipping clinicians with safe and trusted AI tools. By 2031, digital will be an integral part of how services are designed and delivered at King's. Patients will have easier access to information and more convenient ways to use our services, while staff will be supported by reliable digital and AI tools to deliver safer, more efficient and more coordinated care.

### Estates and Facilities

Our estate is the physical foundation of everything we do. By 2031, the King's estate will have developed to be safer, more sustainable, more digitally connected and designed around the needs of our patients and staff. Our priorities are:

1. **Modern, Flexible Facilities:** Develop and refurbish clinical and back-office spaces that meet modern standards and can be adapted to deliver emerging ways of delivering care, digital transformation and new technologies.

2. **Safety, Compliance and Resilience:** Maintain the highest standards of safety, accessibility and infection prevention and invest in robust infrastructure, from power and ventilation systems to digital networks.
3. **Patient and Staff Experience:** Create welcoming and accessible environments that promote wellbeing and enhance way-finding, green spaces and rest areas.
4. **Digital and Smart Infrastructure:** Integrate digital systems and smart building technologies to improve efficiency, maintenance and environmental performance.
5. **Sustainability and the Green Plan:** Align investment with the Trust's Green Plan, reducing energy use, emissions and resource consumption and putting sustainable design standards at the heart of all capital projects.
6. **Strategic Growth and Partnerships:** Work closely with partners across Bromley, Lambeth and Southwark to plan estates that enable integrated, collaborative care and maximise the value of our estate through joint planning.

## Finance

In recent years, the Trust has faced a period of significant financial pressure. By the end of 2023/24, we reported a £78.7m deficit. In response, we developed a 15-year Financial Strategy in 2024, using NHS England's strategy development toolkit. This has enabled us to diagnose the underlying challenges, identify and assess potential solutions, prioritise the most effective options and start putting them into action.

The diagnosis phase identified the Trust's issues were driven by a combination of factors including inflation, workforce growth and underperformance against our peers for a number of key operational indicators.

Our solutions are based on two key premises:

- To 'sprint' as far and as quickly as possible to the best operational performance, benchmarked against our peers, including length of stay, theatre usage and key workforce metrics.
- 'Frontier shift' where we make fundamental changes in the form of technology shocks and innovations in how we deliver care to enable a step change in the productivity of acute and specialist service provision, underpinning long-term sustainability.

After engaging with more than 500 clinical and operational colleagues across King's, as well key external stakeholders including South-East London ICB and NHS England, the Financial Strategy was approved by Trust Board in May 2025.

We have achieved the first two years of the Financial Strategy and continue to evolve it as needed to respond to updates in national guidance. Continued delivery of our transformation and improvement journey is key to achieving sustainability and value for money, ensuring our services remain sustainable for the future.

## **Our Green Plan to 2028**

We recognise that the health of our patients is inseparable from the health of our planet. We have a responsibility to act decisively on climate change, reducing our environmental impact and embedding sustainability. Our Green Plan to 2028 sets out how the Trust will reduce its environmental impact by developing Net Zero clinical pathways, electrifying its fleet, expanding green spaces, improving air quality, cutting waste and promoting active travel.

To support this work, we will focus on 10 key areas: Workforce and Leadership; Net Zero Clinical Transformation; Digital Transformation; Medicines; Travel and Transport; Estates and Facilities; Supply Chain and Procurement; Food and Nutrition; Adaptation; and Air Quality.

## **Innovation**

Innovation is essential to delivering world-class care at King's. As pressures on our services grow and expectations continue to rise, we must move faster, work smarter and unlock the full potential of our people, partners and technology.

Our ambition is simple: to turn ideas into impact. We will build a strong, outcome-focused innovation route that takes ideas from concept to adoption, delivering measurable improvements in patient outcomes, experience, productivity and financial sustainability.

We will create a single, visible route for innovation, supported by clear pathways, consistent governance and coordinated support, to remove duplication, accelerate progress and ensure every innovation is safe, effective and matches our priorities.

We will provide staff with the skills, support and funding to take their ideas further. We will also build on our digital foundations and partnerships with academia and industry to scale innovation that delivers real value.

By 2031, innovation will be part of everyday practice at King's as a visible, inclusive and high-performing system that consistently turns ideas into better care, better experiences and a more sustainable future.

## **International Partnerships**

The UK's clinical services and healthcare institutions are world-leading and are underpinned by first-class education, training and regulatory systems. The NHS has unrivalled expertise in meeting the complex healthcare demands of a diverse population. Many countries are embarking on programmes of healthcare reform and development with opportunities for close working partnerships with the NHS.

The UK government established the NHS Export Collaborative in 2021. The NHS Export Collaborative is a partnership between NHS England, Healthcare UK / Department for Business and Trade and the Department for Health and Social Care. Under the NHS Export Collaborative, the intention is for the NHS to bring best practice to a global healthcare audience.

The Trust, through its subsidiary King's Commercial – KCH Management Ltd (King's Commercial), is a national leader within the NHS Export Collaborative. Its work is underpinned by a structured Ethics and Values Framework.

King's Commercial has established successfully international partnerships in the Middle East and Africa, set up the King's International Consortium and is working on scaling up and expanding partnerships and international platforms. This work is supported by Healthcare UK / Department for Business and Trade and the NHS Export Collaborative. Revenues from these activities are used to underpin the continued development of the Trust

## King's Improvement Method

Delivering our strategy requires a consistent way of working that connects our key priorities with day-to-day practice.



The King's Improvement Method (KIM) is how we will do this. Our ambition is that every part of the organisation is equipped to improve. KIM enables us to translate intent into action and to deliver better outcomes

Improvement is already happening every day at King's. We want it to be more closely aligned to our strategic priorities, reducing variation in how we deliver care and maximising impact for our patients. KIM ensures that improvement is focused where it matters most and delivered in a consistent and sustainable way.

KIM has four interlocking elements:

1. **Leadership behaviours:** Our leaders will prioritise time for improvement, build psychological safety and support teams to solve problems. They will engage with frontline teams to understand work and support improvement.
2. **Strategy deployment:** We will align priorities from Trust Board to team level to create shared ownership and a clear link between strategy and delivery, using data to target improvement where it will have the greatest impact.
3. **Trust-wide continuous improvement:** Through approaches such as improvement huddles, teams will be supported to identify issues, test solutions and learn

continuously, creating a culture where improvement is routine and owned by those closest to the work.

4. **Step-change projects:** We will deliver organisation-wide programmes to tackle key challenges, combining expertise, data and improvement methods to drive rapid change alongside local improvement activity.

By using this strategy, improvement will no longer be something that happens in isolation. It will be how we work.

## **Our People Strategy**

Our People Strategy (2026-2031) sets out how King's will develop a skilled, flexible and inclusive workforce to support changing models of care, shifting more care into the community, strengthening prevention and using digital services to improve access and quality.

The strategy brings together workforce planning, leadership development, culture change and organisational development to improve productivity, staff experience and patient outcomes, while ensuring equity and inclusion are central. It focuses on six priorities: improving staff engagement and retention; strengthening inclusive leadership and culture; tackling inequity; developing a flexible, multi-skilled workforce; embracing digital innovation; and building sustainable talent pipelines through partnerships.

In practice, this means more multidisciplinary working, supporting staff to work across care boundaries and at the top of their skills, using technology to reduce administrative burden. By 2031, the Trust aims to be a great place to work, with a diverse, sustainable workforce delivering better access, experience and outcomes for its communities.

## **Population Health Management and Health Equity**

Improving population health and preventing illness are essential to reducing health inequalities and ensuring everyone in our communities can access the care they need.

Our Healthcare Equity Strategy describes how we will reduce inequalities in access, experience and outcomes, making this a part of how we plan and deliver care. We will take a system-wide, data-informed approach to identify priority populations, understand unmet needs and target interventions.

Key priorities include using data and segmentation to improve identification of high-risk groups, targeted interventions for priority adult and children's populations and delivery of Core20PLUS5 (an approach used by the NHS to reduce health inequalities for the most deprived 20% of people, for groups with extra challenges

such as people with disabilities and in five key health areas such as mental health and long-term condition). The strategy also supports the integration of physical and mental healthcare for people with long-term conditions and more effective use of digital tools, while addressing digital exclusion. We will work closely with our partners across neighbourhood health teams, primary care, community services and local authorities to ensure care is better coordinated.

By 2031, equity will be at the heart of how we design and deliver care at King's. We will use population health management, prevention measures and data-driven insight to guide our decisions. This will support improved outcomes, reduce unwarranted variation and help ensure resources are directed where they can make the greatest difference.

## Research and Development

Research and development is fundamental to delivering outstanding patient care and securing our position as a leading academic Trust that active in research. Our ambition is to make research a part of everyday clinical practice so every patient can benefit from and contribute to it. Our strategic priorities are:

- **Making research a part of clinical care:** Create “research-ready” pathways, making participation a routine part of care, reducing variation and accelerating study delivery.
- **Strengthen infrastructure and delivery:** Improve governance clarity, streamline processes and enhance operational and digital support to make research easier to deliver and scale.
- **Grow workforce capability:** Expand training pathways, protect time for research and support early-stage investigators to increase participation.
- **Deliver inclusive and equitable research:** Broaden access by engaging underserved communities, reducing barriers to participation and strengthening links with primary care and community settings.
- **Accelerate innovation and data-driven research:** Build on our digital and data capabilities to expand translational research, advanced therapies and AI-enabled approaches.
- **Strengthen partnerships and growth:** Deepen collaboration across KHP, to increase research activity and position King's as a partner of choice.

By the end of this strategy, research will be a visible, integrated and inclusive system that consistently turns discovery into impact.

## Next Steps –The Road Ahead

This strategy sets the direction for King's over the next five years. The next phase will be to translate these ambitions into detailed delivery plans

### **How will we measure delivery of this strategy?**

Each of our strategic objectives has a clear measure of success, set out in the section 'How will we measure success'. An Executive Director has been agreed as a lead for each objective and progress on each of the measures for success will be tracked monthly across the organisation. We will report on progress regularly, including quarterly updates to the Trust Board and an annual summary in our Trust Annual Report.

Additionally, as part of the annual planning cycle, we will review progress against our objectives and agree a new set of one-year priorities, making sure they are aligned to our supporting strategies and national policy and priorities.

Delivery will be supported by the King's Improvement Method (KIM), ensuring our priorities are firmly part of day-to-day practice. We will develop service-level plans, with strategic metrics translated into goals. We will report our progress against these goals monthly through Strategic Deployment Review (SDR) meetings, enabling consistent tracking and transparency. Daily delivery of our goals will be enabled through active engagement with staff.

Celebrating success will be a key part of our approach. We will recognise and share progress, innovation and impact across teams and services to reinforce a culture of improvement

We will continue to work closely with our partners to deliver meaningful and sustainable change.

We will regularly review and adapt our plans as circumstances evolve, ensuring our strategy remains responsive, while maintaining a clear line of sight between ambition, delivery and measurable outcomes.

### **Thank you**

This strategy has been shaped by the insights, experience and ambition of many people. We are grateful to everyone who shared their views and helped shape the direction of King's.

<b>Meeting:</b>	Board of Directors' Meeting - Public	<b>Date of meeting:</b>	14 May 2026
<b>Report title:</b>	Population Health Management and Healthcare Equity Strategy (Supporting Strategy to the King's Organisational Strategy 2026–2031)	<b>Item:</b>	13
<b>Author:</b>	Cat Shaw, Deputy Associate Medical Director for Patient Outcomes  Claire Palmer, Head of Patient Outcomes  Rantimi Ayodele, Associate Medical Director for Strategy and Healthcare Equity	<b>Enclosure:</b>	
<b>Executive sponsor:</b>	Mamta Shetty Vaidya, Chief Medical Officer		
<b>Report history:</b>	Presented to King's Executive on 8 December 2025, with a request to return following further refinement. Further submitted on 8 <sup>th</sup> April 2026 to KE. Presented to Quality Committee on the 23 <sup>rd</sup> April		
<b>Purpose of the report</b>			
<p>To note the establishment of a Population Health Management (PHM) and Healthcare Equity function under the Chief Medical Officer and endorsement of the associated strategy, programme and roadmap.</p> <p>To present the PHM and Healthcare Equity Strategy as a supporting strategy to the Trust's organisational strategy (2026–2031), setting out how prevention, equity and population health approaches will be embedded across the organisation.</p> <p>To seek support for alignment with regulatory and planning requirements and note review of targeted capacity maybe required to sustain pace and delivery.</p>			
<b>Board/ Committee action required (please tick)</b>			

<b>Decision/ Approval</b>		<b>Discussion</b>	✓	<b>Assurance</b>		<b>Information</b>	
---------------------------	--	-------------------	---	------------------	--	--------------------	--

The Quality Committee is asked to note the following, based on the content of this cover sheet (with the full paper available in the reading room for further detail if required):

1. The proposed establishment of a PHM and Healthcare Equity function under the Chief Medical Officer, to support identification and reduction of unwarranted variation in access, experience and outcomes..
2. The proposed programme and roadmap,
3. The approach to aligning PHM and healthcare equity assurance with regulatory and planning requirements.
4. Pace and delivery will be variable dependent on ongoing mitigation of resourcing gaps

The Committee is also asked to note that this strategy will be represented as a one-page summary within the overall Trust strategy, which will be presented to the Board on 14 May for review.

**Executive summary**

This paper presents the PHM and Healthcare Equity Strategy, a supporting strategy to the Trust’s emerging organisational strategy (2026–2031), setting out how King’s will embed prevention, equity and population health approaches to deliver high-quality, sustainable care for the population we serve. *This paper is presented for information and discussion, with the full strategy available in the reading room.*

The case for change is driven by clear national and system expectations, alongside local population need. King’s serves a highly diverse population with significant levels of deprivation, multimorbidity and unmet need. While there are strong examples of existing work across the Trust—including delivery of the Vital 5, inclusive maternity improvements, community partnerships and research innovation—this activity remains fragmented and not consistently embedded within governance, data, or resource frameworks. At the same time, increasing demand on acute services, unwarranted variation in access and outcomes, and feedback from patient and public engagement highlight the need to move from reactive models of care to proactive, preventative, and equity-informed approaches. PHM provides the mechanism to do this, enabling the Trust to identify high-risk cohorts, target interventions, and improve outcomes while reducing avoidable demand and supporting operational and financial sustainability. This represents a shift towards more systematic use of data and population insight within routine clinical and operational decision-making.

Digital transformation needs is very much in view with this health care equity approach, because digital transformation can be a response to and a driver of equity. Analysis of our own data has in areas has demonstrated differential uptake of digital initiatives. This reflects known wider evidence that digitally enabled care can deliver unevenly and may needs explicit consideration through an equity lens. In line with the NHS England framework for inclusive digital healthcare—covering access, accessibility, skills, trust and leadership—this strategy recognises the need to monitor digital uptake and experience, and to ensure that digital pathways are supported by appropriate non-digital routes and targeted support where required.

This strategy aligns directly with the Trust’s strategic priorities and is positioned as an enabling function across multiple domains. It delivers on high-quality care for patients and strong partnerships; enables timely and efficient care, research and innovation, and an inclusive workforce; and protects financial sustainability through improved value and reduced avoidable activity. The strategy is built on three core pillars, Know, Connect and Prevent, and sets out a

clear vision to embed Healthcare Equity and PHM as routine components of clinical and organisational decision-making. This includes improving understanding of the outcomes that matter most to patients, strengthening integration across physical and mental health, and ensuring that digital innovation is deployed in a way that supports inclusion rather than widening inequality.

The programme is underpinned by a clear theory of change: using data and population health intelligence to identify high-risk cohorts and unmet need; delivering targeted, evidence-based interventions through clinical pathways and system partnerships; evaluating outcomes, activity and cost to understand impact; and scaling effective models across services and populations. This approach will enable King's to translate insight into measurable improvements in patient outcomes and experience, reduce unwarranted variation, and support more effective use of resources. Early priority areas include frailty, multiple long-term conditions (including cardio-renal-metabolic disease), Core20PLUS5 delivery, and children and young people, alongside workforce health and wellbeing.

The delivery model is based on strong governance and coordination rather than the creation of a large new standalone function. A Programme Board, reporting to the CMO, will provide oversight across PHM and Healthcare Equity, bringing together leaders from population health, equity, patient outcomes, patient experience, digital, costings and business intelligence, alongside system partners. Much of the work will be delivered through existing Strategy, Quality Improvement, analytics and divisional teams, with a focus on aligning and scaling activity already underway. Dedicated programme management and analytical capability are, however, recognised as important enablers. The paper highlights that the pace and scale of delivery will be influenced by the availability of this capacity, particularly in relation to analytics and programme coordination.

The expected benefits of the programme are both patient-facing and operational. For patients, this includes improved outcomes, more equitable access and experience, and better coordination of care. For the organisation, it includes reductions in avoidable admissions and length of stay, improved patient flow, and more effective targeting of resources. Evidence from PHM programmes indicates that these approaches can deliver return on investment; however, this programme will focus on developing local evidence of impact through embedded evaluation and benefits realisation. All priority workstreams will include defined outcome, activity and cost measures to support ongoing assessment and learning.

There are recognised risks and dependencies associated with delivery. These include reliance on system data infrastructure, workforce capacity—particularly in analytics—and the potential for benefits to accrue across the wider system rather than directly to the Trust. There is also a need to ensure sustained clinical engagement in the context of competing priorities. In addition, the paper recognises the risk that digital transformation may contribute to inequity if not actively considered, and highlights the importance of ongoing monitoring and alignment with national digital inclusion guidance. These risks will be mitigated through system partnership, alignment with existing programmes, and prioritisation of high-impact use cases.

The programme will be delivered through a phased three-year roadmap. Year 1 focuses on establishing governance, aligning data and partnerships, and initiating priority workstreams. Subsequent phases will focus on implementation of targeted interventions, evaluation of impact, and scaling of effective models. Further detail on the delivery plan, including sequencing and dependencies, is provided within the full paper.

This strategy sets out a coherent and deliverable approach to embedding PHM and healthcare equity within the core business of the Trust. It positions King's to respond to national policy, system expectations, and the needs of its population, while supporting delivery of the

organisational strategy. The full paper provides additional detail on the proposed governance, delivery model, and roadmap, and is available in the reading room for further review.

Strategy																															
Link to the Trust's BOLD strategy (Tick as appropriate)	Link to Well-Led criteria (Tick as appropriate)																														
<table border="1" style="width: 100%;"> <tr> <td style="width: 30px; text-align: center;">✓</td> <td><b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i></td> </tr> <tr> <td></td> <td><b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i></td> </tr> <tr> <td></td> <td><b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i></td> </tr> <tr> <td></td> <td><b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i></td> </tr> <tr> <td></td> <td> <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"><b>Person-centred</b></td> <td><b>Sustainability</b></td> </tr> <tr> <td><b>Digitally-enabled</b></td> <td><b>Team King's</b></td> </tr> </table> </td> </tr> </table>	✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>		<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>		<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>		<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"><b>Person-centred</b></td> <td><b>Sustainability</b></td> </tr> <tr> <td><b>Digitally-enabled</b></td> <td><b>Team King's</b></td> </tr> </table>	<b>Person-centred</b>	<b>Sustainability</b>	<b>Digitally-enabled</b>	<b>Team King's</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 30px; text-align: center;">✓</td> <td><b>Leadership, capacity and capability</b></td> </tr> <tr> <td></td> <td><b>Vision and strategy</b></td> </tr> <tr> <td></td> <td><b>Culture of high quality, sustainable care</b></td> </tr> <tr> <td></td> <td><b>Clear responsibilities, roles and accountability</b></td> </tr> <tr> <td></td> <td><b>Effective processes, managing risk and performance</b></td> </tr> <tr> <td></td> <td><b>Accurate data/ information</b></td> </tr> <tr> <td></td> <td><b>Engagement of public, staff, external partners</b></td> </tr> <tr> <td></td> <td><b>Robust systems for learning, continuous improvement and innovation</b></td> </tr> </table>	✓	<b>Leadership, capacity and capability</b>		<b>Vision and strategy</b>		<b>Culture of high quality, sustainable care</b>		<b>Clear responsibilities, roles and accountability</b>		<b>Effective processes, managing risk and performance</b>		<b>Accurate data/ information</b>		<b>Engagement of public, staff, external partners</b>		<b>Robust systems for learning, continuous improvement and innovation</b>
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>																														
	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>																														
	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>																														
	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>																														
	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;"><b>Person-centred</b></td> <td><b>Sustainability</b></td> </tr> <tr> <td><b>Digitally-enabled</b></td> <td><b>Team King's</b></td> </tr> </table>	<b>Person-centred</b>	<b>Sustainability</b>	<b>Digitally-enabled</b>	<b>Team King's</b>																										
<b>Person-centred</b>	<b>Sustainability</b>																														
<b>Digitally-enabled</b>	<b>Team King's</b>																														
✓	<b>Leadership, capacity and capability</b>																														
	<b>Vision and strategy</b>																														
	<b>Culture of high quality, sustainable care</b>																														
	<b>Clear responsibilities, roles and accountability</b>																														
	<b>Effective processes, managing risk and performance</b>																														
	<b>Accurate data/ information</b>																														
	<b>Engagement of public, staff, external partners</b>																														
	<b>Robust systems for learning, continuous improvement and innovation</b>																														

Key implications	
<b>Strategic risk - Link to Board Assurance Framework</b>	Supports mitigation of strategic risks relating to quality of care, health inequalities, operational performance and financial sustainability. Aligns with risks associated with demand, patient flow, and unwarranted variation in outcomes.
<b>King's Improvement Method</b>	Aligns with and enables delivery of the King's Improvement Method through a structured, data-driven approach to identifying variation, targeting interventions, and embedding continuous improvement and evaluation at scale. In future A3 methodology can be used to stratify data for improvement along relevant PHM/demographic groupings.
<b>Legal/ regulatory compliance</b>	Supports compliance with the Health and Care Act 2022, NHS Long Term Plan, Core20PLUS5, and the CQC Single Assessment

	Framework, including requirements on health inequalities, prevention, and population health.
<b>Quality impact</b>	Expected to improve patient outcomes, safety, and experience through earlier identification of risk, targeted interventions, and reduction in unwarranted variation across pathways and population groups.
<b>Equality impact</b>	Central to the strategy, with a focus on reducing health inequalities and improving equitable access, experience and outcomes for underserved populations, aligned with Core20PLUS5 and local population need.
<b>Financial</b>	Supports financial sustainability through reduction in avoidable admissions, length of stay, and low-value activity. Initial delivery will utilise existing resources, with targeted capacity required to maximise pace and scale of impact.
<b>Comms &amp; Engagement</b>	Will require coordinated engagement with clinical teams, corporate functions, system partners, and patients and communities to support co-design, delivery, and adoption of PHM and healthcare equity approaches across the Trust.
<b>Committee that will provide relevant oversight - Quality and Research Committee</b>	

Meeting:	Board of Directors' meeting - Public	Date of meeting:	14 May 2026
Report title:	Patient Flow-Lessons Learnt April 2026	Item:	14.
Author:	Chris Turner – Chief of Division B	Enclosure:	14.1.
Executive sponsor:	Angela Helleur – Chief Delivery Officer		
Report history:			

<b>Purpose of the report</b>							
<p>This report sets out the key lessons learnt from patient flow improvement work at King's, drawing on performance trends, operational experience, and delivery during 2025/26.</p> <p>The report is intended to:</p> <ul style="list-style-type: none"> <li>• Capture and articulate learning from patient flow improvement activity, aligned to national UEC priorities and GIRFT guidance.</li> <li>• Reinforce the principle that sustainable flow improvement requires a whole-hospital approach, spanning front door, inpatient care, discharge processes, and system partners.</li> <li>• Describe the Trust's flow framework, structured around four conceptual domains across the patient pathway.</li> <li>• Highlight the priority flow programmes and enablers identified as having the greatest impact on performance, safety and patient experience.</li> <li>• Support shared understanding across clinical, operational and corporate teams, informing future improvement priorities, governance arrangements and resource focus.</li> </ul>							
<b>Board/ Committee action required (please tick)</b>							
<b>Decision/ Approval</b>		<b>Discussion</b>	<b>X</b>	<b>Assurance</b>	<b>X</b>	<b>Information</b>	<b>X</b>
<b>Executive summary</b>							
<p>Effective patient flow remains fundamental to delivering safe, timely, and high-quality urgent and emergency care. Learning from delivery in 2025/26 demonstrates that improvements in performance are most sustainable where flow is addressed end-to-end, rather than through isolated interventions.</p> <p>The Trust has seen measurable improvement in UEC performance, including improved 4-hour performance, reduced 12-hour waits, and a reduction in the use of corridor care. These improvements have been achieved alongside continued pressure from rising demand, ambulance conveyances, and prolonged inpatient length of stay, reinforcing the need for a whole-hospital response.</p> <p>The report brings together learning through a clear flow framework, structured around four conceptual domains:</p> <ol style="list-style-type: none"> <li>1. Instead of coming into hospital, through alternative pathways and admission avoidance.</li> <li>2. Ambulating in hospital, including Same Day Emergency Care and optimised planned and unplanned pathways.</li> <li>3. In our beds, focusing on length of stay, board rounds, and clinical decision-making.</li> <li>4. Partners supporting discharge, including complex discharge and system working.</li> </ol> <p>Six priority flow programmes are identified as critical enablers of improvement, including criteria to admit, board round optimisation, long length of stay governance, and criteria-led discharge. Early experience demonstrates that robust governance, consistent daily operational rhythm, senior clinical engagement, and clear escalation routes are essential to success.</p> <p>Key lessons learnt include:</p> <ul style="list-style-type: none"> <li>• Flow improvement is collective responsibility, requiring alignment across care groups, sites and partners.</li> </ul>							

- Standardisation of practice, supported by data, training and clear operating models, enables reliability.
- Front door improvements must be matched by inpatient and discharge grip to deliver sustained benefit.
- Cultural change, particularly around zero tolerance of unsafe practices such as corridor care, is as important as structural change.

This report provides assurance that the Trust’s approach to patient flow is evidence-based, coherent and aligned to national expectations, while clearly setting out the learning that will inform the next phase of delivery in 2026/27.

Strategy		
Link to the Trust’s BOLD strategy (Tick as appropriate)		Link to Well-Led criteria (Tick as appropriate)
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓
	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	✓
✓	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓
	<b>Person-centred</b>	✓
	<b>Digitally-enabled</b>	✓
	<b>Sustainability</b>	
	<b>Team King’s</b>	

# Patient Flow–Lessons Learnt

May 2026



“Improving Patient Flow in Hospital requires a Whole-Hospital Approach”

# Introduction | Context

## Strategic overview

The NHS 10 Year Health Plan for England sets the national strategic overview for urgent and emergency care (UEC)

- From reactive, hospital based to preventative, community-based
- Digitally enabled
- King’s is the Neighbourhood Teams ‘Integrator’ for Bromley

## 2025/26 UEC Recovery Plan

The 2025/26 NHS UEC Recovery Plan set out short-term recovery and winter resilience goals

- Improving ambulance handover delays
- Focus on the 4-hour and 12-hour A&E standard
- **“A greater, relentless, focus on flow through the system”**
- Increasing capacity in targeted areas, Including ambulatory care including SDEC, emergency mental health services and ambulance conveyance
- Digital and data focus

## UEC operating plan targets 2026/27

- The 4-hour A&E standard: At least 82% of patients attending an emergency department should be admitted, transferred, or discharged within 4 hours of arrival.
- 12 hour stays in ED: Patients should not wait more than 12 hours from the decision to admit, treatment or discharge.
- Percentage of ambulance handovers over 45 mins
- Paediatric 4-hour performance at 95%



# Flow conceptual domains to identify opportunities

The Flow programme focusses on four domains along the patient pathway, aligning with GIRFT national operational and clinical guidance.

1. Instead of coming into KCH	2. Ambulating in KCH, planned and unplanned	3. In our beds	4. Partners to support leaving our beds
Ambulance	SDEC opportunity – medical, surgical, frailty & paed	LLoS oversight & governance including CtR	Virtual wards – step up
Alternative pathways	Hot clinics	Board round improvement	Repatriation of patients
SPoA	Planned investigations unit	Criteria-led discharge	Mental Health & Homeless pathways
Network redesign	Day case optimisation	Complex discharge & ToC (internal processes)	Complex discharge & ToC (external partners)
Virtual ward – step up		Pre-op LoS	
		Early discharges and discharge lounge	

Priority areas for programme focus and resource requirement



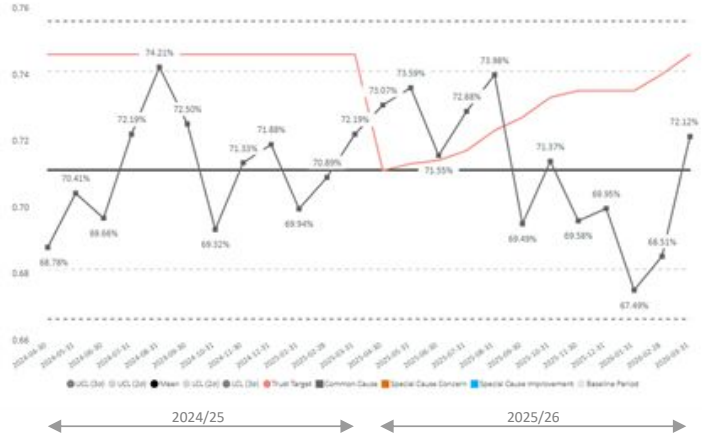
# Timeline for the Six priority projects

	M1 - May	M2 - June	M3 - July	M4 - August	M5 - September	M6 - October
<b>Criteria to admit / SDEC</b>	Stakeholder engagement	Embed early change across chosen pathways		Roll out change across further SDEC pathways		
		Embed consistent daily rhythm				
	Define changes e.g. inclusion/exclusion	PDSA – refining operational guidance and SOPs				
	Map current pathway end to end	Embed escalation processes and senior decision making				
	Establish governance	Monitor admission avoidance benefits				
<b>Board Round Optimisation</b>	Identify current practice	Co-design standardised board round model		Roll out programme across further wards	Align learning with CLD and LLoS	
	Training, action cards, board round checklist		Pilot programme across initial wards	PDSA, refining model where appropriate		
	Agree governance & KPIs including escalation routes			Monitoring of key metrics incl. peak discharge, EDDs		
<b>LLoS Governance</b>	Governance review and set up	Pilot change across chosen care groups	Roll out improved governance to other care groups			
	Stakeholder engagement		Strengthen governance and escalation routes			
	Agree model and alignment to NHSE best practice		Improve coordination with system partners			
	PDSA					
<b>Criteria Led Discharge EXPAND EXISTING WORK</b>	SOP review	Extend medical engagement across wards		Roll out across other wards		
	Training	Roll-out training programme (e.g train the trainer)		PDSA, adjusting criteria		
	Medical engagement	Readiness assessment	Monitor governance, delays and safety		Transfer to BAU	



# UEC performance | Current position

A&E 4-hour performance (all types)

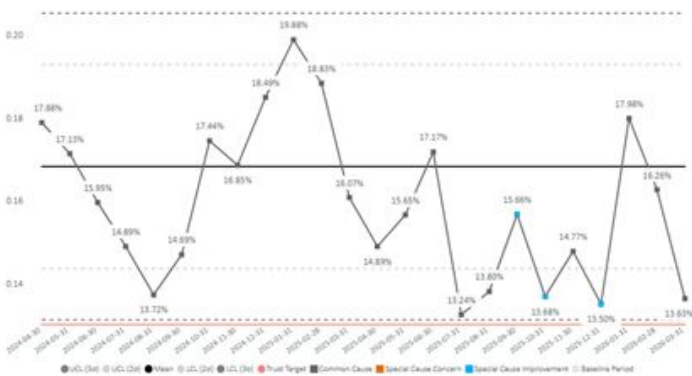


A&E 4-hour performance (all types) since November 2025

A&E 4-hour performance (UEC Sitrep): Higher the Better

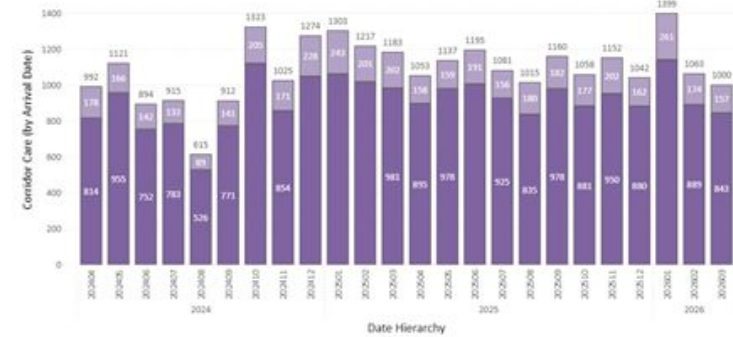


A&E 12 hour stays %

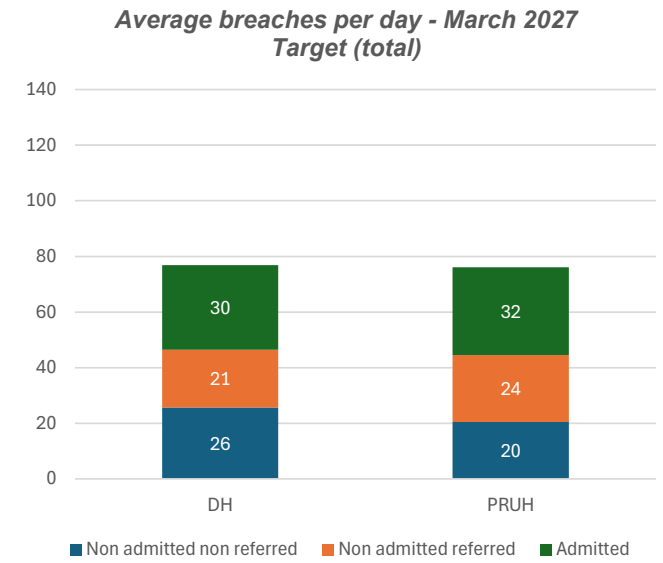
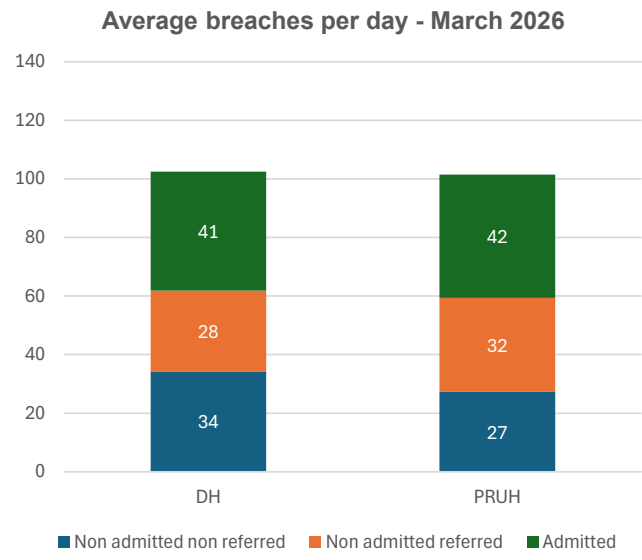
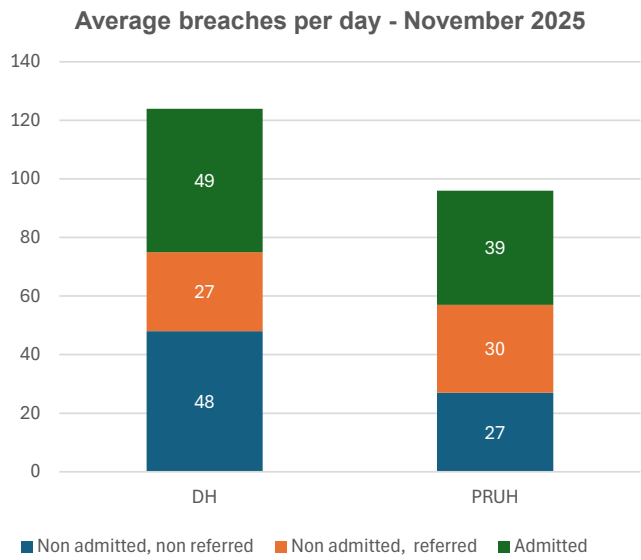


A&E corridor care

# Distinct ED Corridor Care # Rollover ED Corridor Care Per Day

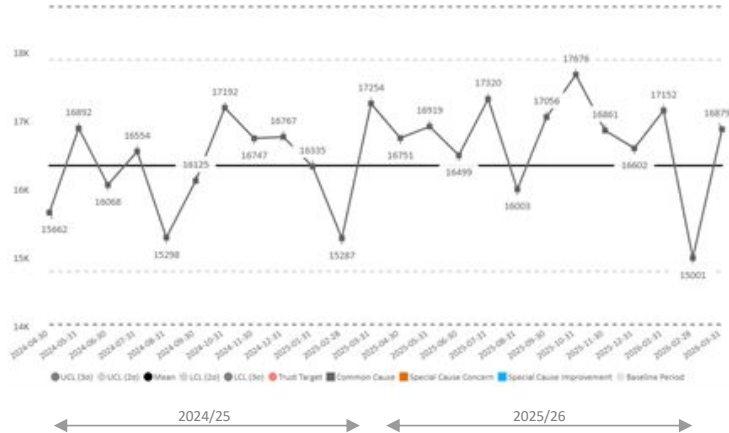


# UEC performance | Type 1 breaches

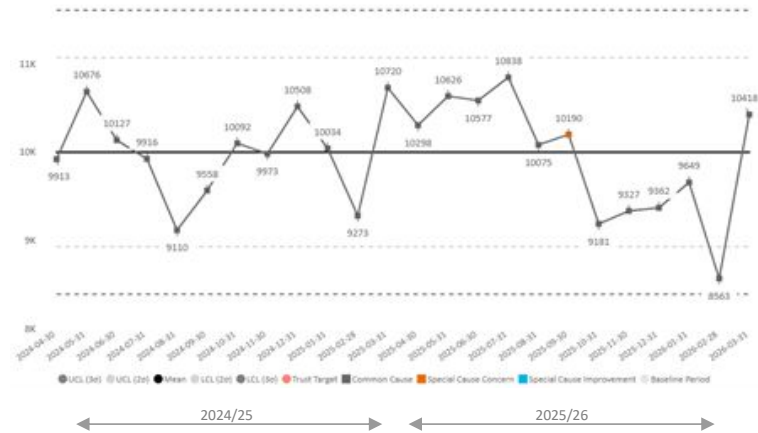


# Challenges | Demand and length of stay

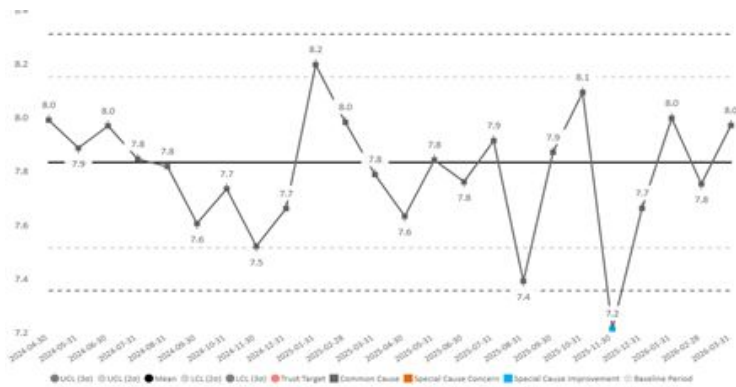
A&E attendances (Type 1)



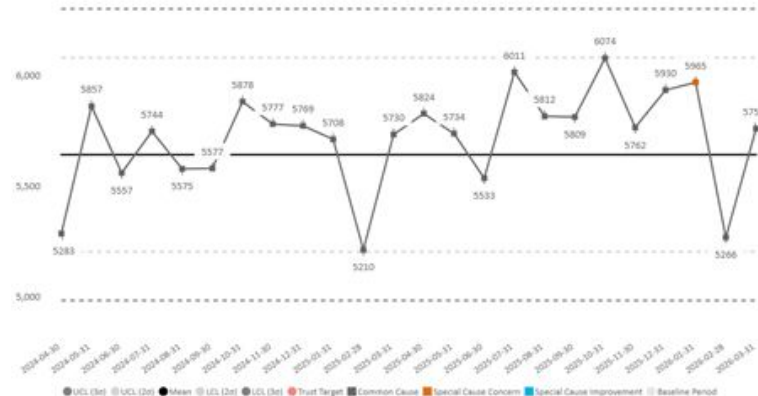
A&E attendances (Type 3)



Average inpatient length of stay



Ambulance conveyances



# Actions | UEC actions within the emergency department

---

## Actions to support ambulatory pathways at DH

- Urgent Treatment Centre (UTC) is run by the provider SELDOC – a new provider in place c. 6 months
- UTC Workforce model shift to improve performance stability
- Digital front door improvements in time to initial assessment
- Improve streaming and optimise space for children (POPA)
- Rapid assessment and treatment (RAT) from ambulance offload earlier in the pathway (EVA)
- Mental health low intensity area closing to be replaced by a new unit at SLaM

---

## Actions to support ambulatory pathways at PRUH

- UTC and ED joint front door model to improve effective streaming
- Co-located SDEC (Same Day Emergency Centre)
- Increased ambulatory adult care at 50 patients per day to avoid hospital admission and ED
- New frailty single point of access opened in April 2026.
- New ambulatory decision unit and co-location of SDEC opened midwinter 24/25.



# Actions | Corridor care

---

## Actions to mitigate the risks and remove corridor care

- Corridor Care is when patients are provided care outside of designated clinical spaces in wards or in ED corridors
- This has received understandable national scrutiny from NHSE and in the public domain
- Development of a 'corridor clock' function within Epic to ensure visibility and transparency of time spent in corridor and clarity about triggers for escalation
- Revise escalation thresholds to define the maximum safe capacity of the department which would trigger a maximized site/Trust response to address urgent safety concerns
- Explore additional means of harm and safety insight identification and mitigations for all patients who are cared for in the corridor.
- Corridor care specific workstream as part of flow improvement programme (see countermeasures slide 9)
- **Progress culture of “Zero Corridor Care” tolerance**



# Countermeasures | Flow programme



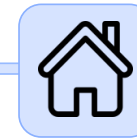
## Hospital front door

- Same Day Emergency Care / Criteria to Admit to stream patients away from inpatient beds
- Inter-professional standards (IPS) to help ensure that the right patients go to the right teams to deliver care from the outset
- Improved streaming, single point of access and utilisation of UTC to treat lower acuity patients in the right setting.



## Inpatient

- Pre-operative length of stay (LOS) and Planned Short Stay to reduce built in delays to elective pathways
- Board Round Optimisation to support effective decision-making and actions by teams to make timely decisions
- Fractured neck of femur Pathway Optimisation for complex patients
- Right Patient, Right Bed (PRUH) to reduce ward moves and reduce length of stay



## Discharge

- Long Length of Stay (LLOS) Reviews to ensure that milestones are monitored and actioned
- Discharge Lounge Utilisation to help release inpatient capacity for the next patient when awaiting final take aways
- Criteria-Led Discharge (CLD) that supports multi-professionals discharge, often nursing teams, as soon as the patient is ready 24/7.



## UEC performance | Celebrating successes

- ✓ Improvement in type 1 performance (patients who are seen in the ED team and not by the UTC) - the highest rate in two years
- ✓ Consistently reduced 12 hour stays in ED throughout 2025/26
- ✓ Improved UTC (type 3) performance in DH for April 2026
- ✓ Delivery of key improvements across both sites: digital front door and new UTC provider at DH, Single Point of Access for frailty and acute triage model at PRUH
- ✓ Improved year-end position for corridor care (15% less than last year)

# Appendix 1: UEC performance | Operating plan submission

Success Measure	2025/26 (FOT)	KCH Planning submission (26/27)	26/27 target	27/28 target	28/29 target
4-hour A&E performance	72.9%	82%	82% (March 27)	83% (Average)	85% (Average)
12 Hour A&E performance	13%	9%	9%	Year-on-year % increases in patients admitted, discharged and transferred from ED within 12 hours	

Success Measure	2025/26 (FOT)	KCH Planning submission (26/27)	26/27 target	27/28 target	28/29 target
Average handover time	00:23:58	00:20:58	Year-on-year improvement in average handover time		
Percentage of Handovers over 45 Minutes	10%	0%	0%	0%	0%
Percentage of Handovers over 15 Minutes	65%	39.6%	0%	0%	0%
4-hour performance (Paediatric)	75.4%	80.3%	95%	95%	95%



Meeting:	Board of Directors' meeting - Public	Date of meeting:	14 May 2026
Report title:	King's College Hospital NHS Foundation Trust's 2026/27 Operational Plan	Item:	15.
Author:	Caroline Atkinson, Deputy Chief Financial Officer	Enclosure:	15.1.
Executive sponsor:	Roy Clarke, Chief Financial Officer Angela Helleur, Chief Delivery Officer		
Report history:	King's Executive, FCC, Trust Board		

### Purpose of the report

To update Trust Board on King's College Hospital NHS Foundation Trust's 2026/27 Operational Plan.

### Board/ Committee action required (please tick)

Decision/ Approval		Discussion		Assurance		Information	✓
--------------------	--	------------	--	-----------	--	-------------	---

### Executive summary

The Trust's final operational plan submission, based on five detailed planning cycles, was submitted on 18 March 2026 deadline. It was compliant on performance, workforce and finance requirements for 2026/27.

### Strategy

Link to the Trust's BOLD strategy (Tick as appropriate)		Link to Well-Led criteria (Tick as appropriate)	
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓	Leadership, capacity and capability
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓	Vision and strategy
✓	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	✓	Culture of high quality, sustainable care
✓	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓	Clear responsibilities, roles and accountability
	<b>Person- centred</b>	✓	Effective processes, managing risk and performance
	<b>Digitally-enabled</b>	✓	Accurate data/ information
	<b>Sustainability</b>	✓	Engagement of public, staff, external partners
	<b>Team King's</b>	✓	Robust systems for learning, continuous improvement and innovation

<b>Key implications</b>	
<b>Strategic risk - Link to Board Assurance Framework</b>	The 2026/27 Operation Plan addresses key risks in financial, workforce and operational planning.
<b>King's Improvement Impact (KIM):</b>	King's Improvement Impact will be used to develop and implement the operational improvements and efficiencies required.
<b>Legal/ regulatory compliance</b>	Plans have been developed in compliance with the supplementary financial, activity and workforce guidance issued by NHS England in November.
<b>Quality impact</b>	Plans will be developed and reviewed for impact on quality.
<b>Equality impact</b>	Plans will be reviewed for equality impacts.
<b>Financial</b>	The document sets out the financial implications of the 2026/27 operational plan.
<b>Comms &amp; Engagement</b>	
<b>Committee that will provide relevant oversight</b>	
Finance and Commercial Committee	



**King's College Hospital**  
NHS Foundation Trust

# King's College Hospital NHS Foundation Trust's 2026/27 Operational Plan

**14 May 2026**



## KCH Final Planning Submission Position

**The Trust’s final operational plan submission, based on five detailed planning cycles, was submitted on 18 March 2026 deadline. It was compliant on performance, workforce and finance requirements for 2026/27.**

Table 1 sets out the key, Trust Board approved, performance measures of the Trust’s final 2026/27 operational plan.

### Performance

The Trust’s plan is based on achieving all headline metrics for performance in 2026/27. The performance standards set out by NHS England are a significant improvement compared to current performance level.

The Trust is closely monitoring the risk of non-compliance, the most significant being a gap between requirements and Trust capacity which will be mitigated through productivity and service improvements.

### Finance

The Trust was set a deficit control limit of £44.5m by NHS England (NHSE) in 2026/27. The Trust’s planned deficit, which includes delivery of £93.3m efficiencies of which £84.9m are recurrent, meets the deficit control limit and results in a breakeven plan for 2026/27.

The Trust has a capital programme of £60.9m in 2026/27 to address core capital programmes including backlog maintenance, radiology and medical equipment replacement.

### Workforce

The Trust’s final plan submission was compliant with the agency and bank spend limits set by NHS England, with a 30% reduction in agency spend in 2026/27, in line with the NHS ambition to eliminate agency spend, and a 7.5% reduction in bank spend.

To support delivery of the Trust’s operational plan, the Trust’s workforce plan assumes a 643 whole time equivalent reduction to the Trust’s workforce in 2026/27.

### Assurance

For plan submission the Board rated the NHSE Board Assurance statements from 1 (full assurance) to 4 (no assurance). The Board rated seven of the 18 statements ‘1 - full assurance’, ten ‘2 – maturing’ and one ‘3 – developing’ (see appendix 1) and considered further work required for those not rated as full assurance.

The Trust has received a ‘near compliant and accepted (subject to conditions outlined)’ acceptance status for its operational term plan from NHSE. This highlighted compliance against key ambitions and specific delivery risks that require ongoing Trust review and close working with NHSE, including:

- Progression in the development and maturity level of the Trust’s efficiency schemes, including workforce reduction plans.
- Ongoing review of the Trust’s financial strategy to return to a sustainable financial position.
- Review of initiatives and risks to key actions delivering improvement in performance against constitutional standards.
- Ensuring a robust and deliverable workforce plan.

The Trust has work ongoing in all key areas of focus and will continue to work with NHSE as it delivers against these priorities.

	Performance measure		Plan
Performance			2026/27
Electives, cancer & diagnostics	% RTT waiting list within 18 weeks: every Trust delivering min. 7% improvement by March 2027 (KCH 72.2%); 92% by March 29	Dec 2025	63.9%
		Trajectory	74.1%
	Cancer 28-day faster diagnosis standard: 80%	Dec 2025	74.9%
		Trajectory	80.0%
	Cancer 31-day standard: 94% by March 2027; 96% for subsequent years	Dec 2025	95.6%
		Trajectory	95.0%
	Cancer 62-day combined performance: 80% 2026/27; 82.5% 2027/28; 85% 2028/29	Dec 2025	65.2%
	Trajectory	80.0%	
UEC	% waiting for diagnostic test or procedure 6 weeks or over: 3% improvement by March 2027 (KCH 14.3%); <=1% by March 2029	Dec 2025	42.5%
		Trajectory	11.9%
UEC	4 hour performance: 82% by March 2027; national targets of 83% and 85% average for subsequent years	Dec 2025	70.0%
		Trajectory	82.0%
UEC	Higher % admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26; year-on-year % increases for subsequent years	2025/26 FOT	13.2%
		Trajectory	9.6%
Finance			
	(Surplus)/deficit for the period	Trajectory	£0m
	Capital programme for the period	Trajectory	£60.9m
Adherence to bank and agency controls			
	Agency NHSE spend limit: £, year on year % reduction and average WTE use per month		£4.50m (-30%) 42WTE
	Bank NHSE Spend limit: £, year on year % reduction and average WTE use per month		£46.94m -7.5% 750WTE





Table 1: Summary of key performance measures in the approved 2026/27 plan



## Our 2026/27 operational planning commitments

The Trust submitted its final 2026/27 operational plan 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 by 2028/29. Financially the Trust is planning to break-even (with NHSE support) in 2026/27 and recurrently by March 2030.

We have made the following commitments in our 2026/27 operation plan.

 <b>Planned care</b>	 <b>Cancer care</b>			
<p>At least 74.1% of patients should be seen and treated within 18 weeks of a GP referral by March 2027 (vs 63.9% 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 42.5% in December 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 be at least 95% by March 2027 (vs 95.6% in December 2025).</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 74.9% 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 65.2% in December 2025), rising to 85% by March 2029.</p>
 <b>Financial planning</b>		 <b>Emergency care</b>		
<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, with ongoing review of the Trust's financial strategy to return to a sustainable financial position with NHS England.</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 70% 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 2026/27 operational plan

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



## Appendix 1: Board Assurance Statements

For plan submission the Board rated the NHSE Board Assurance statements from 1 (full assurance) to 4 (no assurance). The Board rated seven of the 18 statements ‘1 - full assurance’, ten ‘2 – maturing’ and one ‘3 – developing’, and considered further work required for those not rated as full assurance.

	Assurance statements	Board assurance assessment
1.	The board has reviewed the outputs from the foundational work undertaken as part of phase one of planning. This includes reviewing demand and capacity analysis.	2
2.	The board can confirm strong clinical leadership has been involved in the development of plans.	1
3.	The board can confirm that plans reflect the consideration of population needs, underserved communities and inequalities when developing plans.	2
4.	Robust quality and equality impact assessments (QEIA) have been undertaken and reviewed by the board to inform the sign off of the organisation’s plan.	2
5.	The board has played an active role in setting direction, reviewing drafts, and constructively challenging assumptions – rather than simply endorsing the final version of the plan.	1
6.	The board is confident that there is a data-driven and clinically-led continuous improvement approach in place. The organisation has a systematic approach to building improvement capacity and capability.	2
7.	The board confirms that the organisation has established structures to work effectively with commissioners and system partners, ensuring that system working is constructive and efficient.	1
8.	The board can confirm that the plan is evidence-based, robust and deliverable. The board is content that the phasing of the plan across three years is realistic.	2
9.	The board can confirm that plans have been triangulated across finance, workforce and performance, ensuring each element of the plan reinforces the others, making the plan internally consistent.	2

	Assurance statements	Board assurance assessment
10.	The Board can confirm that the organisation has fully considered and incorporated productivity opportunities into plans, and that any phasing is credible and realistic. The board can provide justification where any identified opportunities cannot be fully delivered during this planning round, especially in the context of decisions to submit non-compliant financial or performance plans or plans that do not deliver the 2% productivity improvement.	2
11.	The board can confirm that the organisation has a robust approach to risk management in place including the ability to demonstrate a comprehensive understanding of financial risk and an agreed approach to managing and mitigating risks in year.	1
12.	The board can confirm that that the organisation has engaged with its ICB to ensure contract values used in planning submissions are agreed across (commissioner and provider) activity and financial plans.	2
13.	The board can confirm that there is an effective process in place to manage the sign-off of contracts.	1
14.	The board can confirm that there is a timetable in place to ensure that the board will be updated on the sign-off of contracts and any delays to signing contracts will be reviewed by the board.	1
15.	The board can confirm the impact of the 10 Year Health Plan on the workforce has been considered in plans. This includes the impact of productivity gains and how staff are deployed including the three shifts - from hospital to community, from analogue to digital, from sickness to prevention.	3
16.	The board can confirm that the organisation has worked with its ICB to ensure their plans are fully aligned.	1
17.	The board can confirm plans have been developed in line with the ambition to move care from hospital to community and this shift is evident in plan returns and the integrated delivery plan.	2
18.	The board can confirm that the five year integrated delivery plan is fully aligned with the numerical returns.	2

Key: 1 (embedded, full assurance); 2 (maturing); 3 (developing); 4 (not embedded, no assurance). To move to target level of assurance, the Trust will need to create a CIP plan and close Planning Cycle 4.



112w1wMeeting:	Board of Directors' meeting - Public	Date of meeting:	14 May 2026
Report title:	<b>Corporate Risk Register &amp; Risk Management Refresh</b>	Item:	16.
Author:	Steve Walters, Senior Head of Quality Governance	Enclosure:	16.1.
Executive sponsor:	Tracey Carter, Chief Nurse and Executive Director of Midwifery		
Report history:	Corporate Risk Register reviewed at Risk and Governance Committee April 2026		

Purpose of the report	
<ul style="list-style-type: none"> <li>Assurance of risk management processes in place to address corporate risks</li> <li>Overview of progress against the risk management refresh</li> </ul>	

**Board/ Committee action required (please tick)**

<b>Decision/ Approval</b>		<b>Discussion</b>	<b>Assurance</b>	✓	<b>Information</b>	✓
---------------------------	--	-------------------	------------------	---	--------------------	---

The Board of Directors is asked to note the report for evidence of assurance provided regarding the ongoing improvements to the risk management processes.

**Executive summary**

- The Trust's highest risk relates to our financial expenditure control (3609) which is graded 25, followed by the risk relating to efficiency requirements (3608) and elective activity delivery (3612)
- Outside of financial risks our highest risk relates to corridor care, which has been broadened in scope to cover all sites and the NHSE definition, i.e. also including areas outside of the Emergency Department
- Two of our previously highest graded risks (3612 around elective activity and 72 around cyber security) have been downgraded since the last report
- Overall, five risks have reduced in score, two risks were closed and two new risks were added
- Work to refresh Trust risk processes and the corporate risk register has continued, with an updated Gantt chart/development plan included as part of the report. This focuses on embedding the approach of addressing risks by ensuring mitigating actions are taken in a timely manner as appropriate to the organisational risk appetite.

**Strategy**

Link to the Trust's BOLD strategy (Tick as appropriate)		Link to Well-Led criteria (Tick as appropriate)	
✓	<b>Brilliant People:</b> We attract, retain and develop passionate and talented people, creating an		<b>Leadership, capacity and capability</b>
			<b>Vision and strategy</b>

	<i>environment where they can thrive</i>			
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>		✓	<b>Culture of high quality, sustainable care</b>
				<b>Clear responsibilities, roles and accountability</b>
✓	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>		✓	<b>Effective processes, managing risk and performance</b>
				<b>Accurate data/information</b>
✓	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>			<b>Engagement of public, staff, external partners</b>
			✓	<b>Robust systems for learning, continuous improvement and innovation</b>
✓	<b>Person-centred</b>	<b>Sustainability</b>		
	<b>Digitally-enabled</b>	<b>Team King's</b>		

Key implications	
<b>Strategic risk - Link to Board Assurance Framework</b>	There are clear links between the BAF and the corporate risk register, identified within the BAF itself.
<b>King's Improvement Impact (KIM):</b>	Risk analysis will provide a benchmark for identifying priorities under KIM
<b>Legal/ regulatory compliance</b>	CQC
<b>Quality impact</b>	There are quality elements to most risks and linked to the QIA process as part of PIDs and business cases.

<b>Equality impact</b>	N/A
<b>Financial</b>	The financial risks are included and there are elements in other risks
<b>Comms &amp; Engagement</b>	Reputational risks in some areas
<b>Committee that will provide relevant oversight</b>	
Audit & Risk Committee overall risk and BAF process, sub board committees for associated risks	

# Risk Management

## Report to Trust Board – 14 May 2026

This report provides:

- Overview of progress against the risk management refresh being undertaken
- Details of the assurance of risk management processes in place to address corporate risks
- Overview of next steps to further enhance risk management at all levels in the organisation.



# Section 1

## Risk Refresh -

- Summary overview of progress
- Risk management refresh Gantt chart

**The Trust Board is advised that both programmes are on track and there are no exceptions to report currently.**

Risk Refresh

Risk Assurance

Next Steps

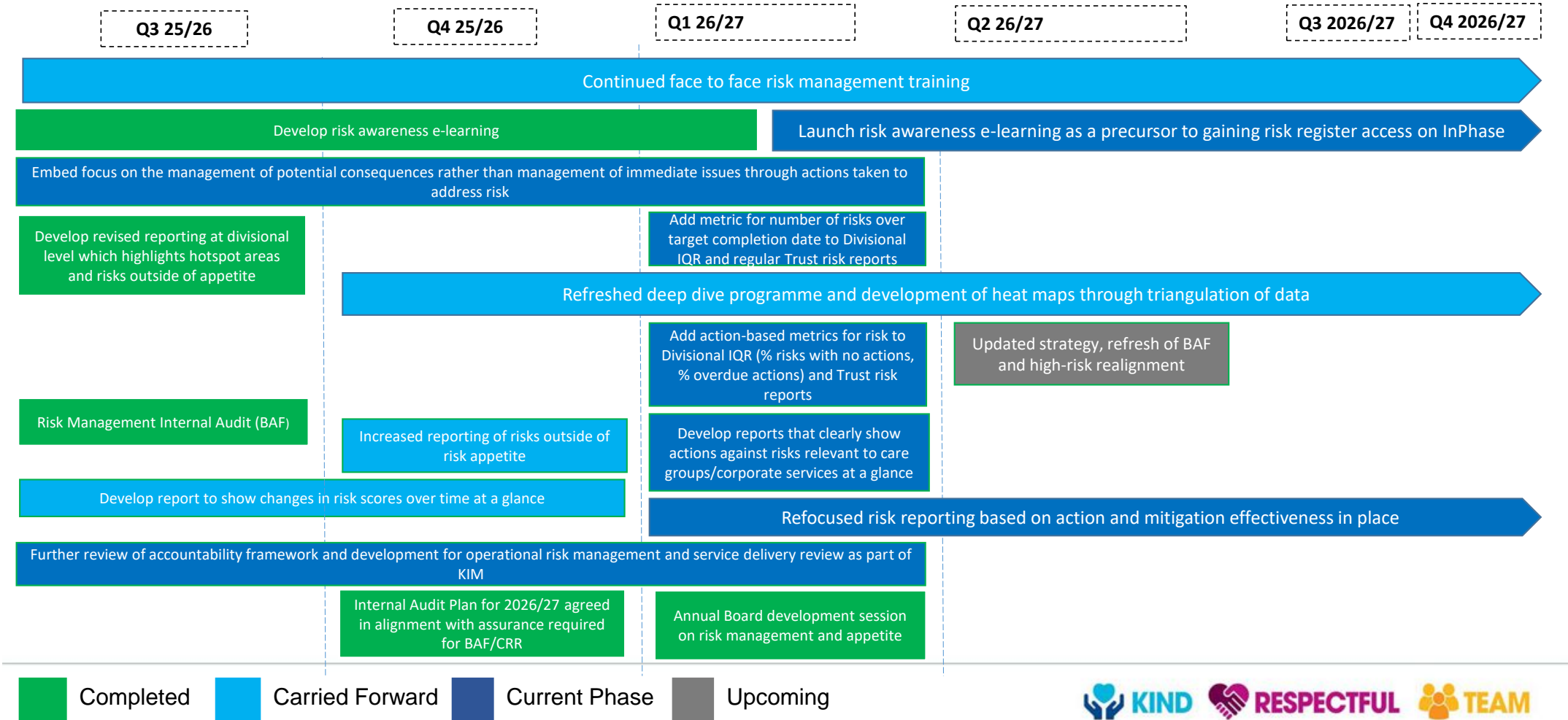
# Risk Refresh

- There is continued progress to embed for the enhanced risk management processes across the Trust.
- All divisions have completed their first cycle of reporting to the Risk and Governance Committee. This now includes a more in-depth review of red risks greater than three years old, to increase scrutiny and facilitate risk management and mitigation
- The Gantt chart in slide 4 has been updated for 2026/27 and takes King's to the next stage of risk management maturity as part of the "From Problem Sensing to Problem Solving" strategy.
- Revised reporting metrics have been agreed and will be introduced from Q1 2026/27
  - % high risks reviewed within policy timeframe
  - % of risks closed that were closed by their target closure date
  - % of risks with at least one action underway to reduce risk (New)
  - % of high risk actions overdue for completion (New)
- These changes will drive a re-focus of discussions towards actions to effectively to reduce risk to a level the organisation is willing to accept, monitoring these, and where not possible to reduce risk to be clear about the reasons why.



# Risk Refresh - Summary

- Developing reports to show score changes over time at a glance has been delayed due to technical issues with the InPhase system which are being investigated by the supplier
- Increased reporting of risks outside of appetite will commence now the board development session has taken place



Risk Refresh

Risk Assurance

Next Steps

# Section 2

## Risk Management Assurance

Corporate risk register

Current Risk exposure profile





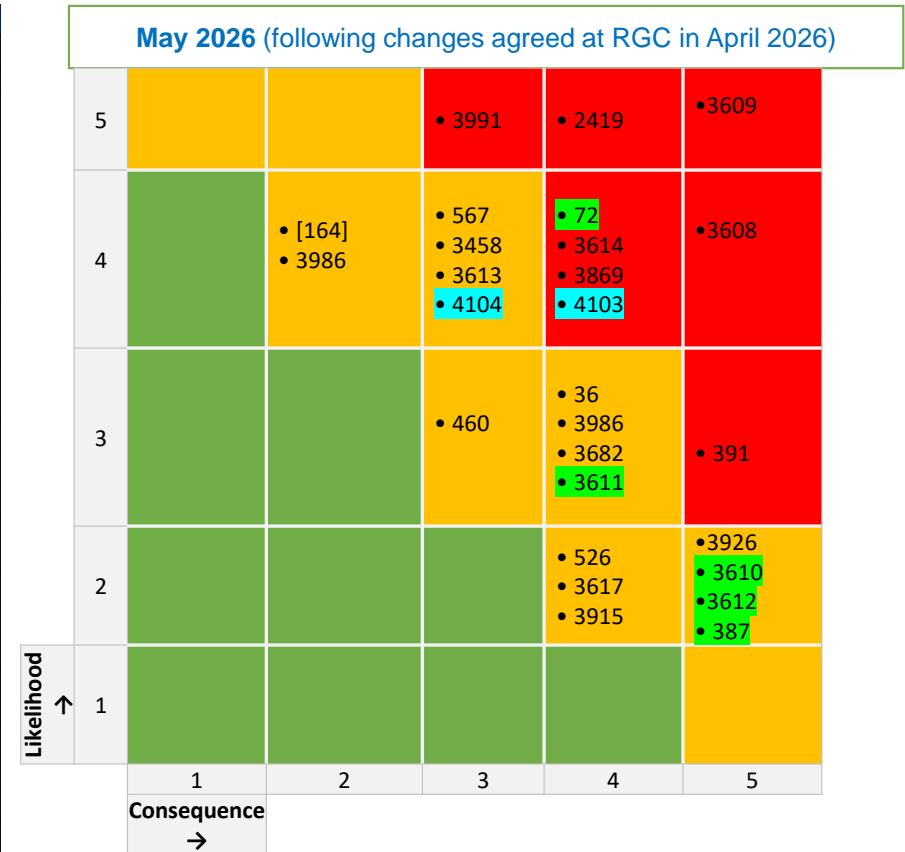
# Corporate Risk Register Management Mar-Apr 2026

In March and April the following changes were made to the Corporate Risk Register:

Risk	Previous Score (LxC)	New Score (LxC)	Change
Risk 72: Data and Cyber security of third party organisations accessing our network	5 x 4 =20	4 x 4 =16	Reduced score based on increased assurance of security now available.
Risk 295: Mental Health patients waiting for admission in a non Mental Health environment	5 x 3 =15	Closed	Previous risk closed and new risk refocused risk added around providing appropriate intervention as opposed to just for escalation. This will also replace site specific risks held at care group level by the respective Emergency Departments
Risk 4104: Care of Patients requiring therapeutic mental health intervention	New	4 x 3 =12	
Risk 387: Water contamination	3 x 4 =12	2x 5 =10	Rescored following deep dive to better reflect risk based on incident data
Risk 3684: Backlog Maintenance Projects 25/26	2 x 4 =8	Closed	Risk for 25/26 closed following completion of programme and replaced with new risk for 26/27. Initial score of 16 reflects stage of process including agreement of funding
Risk 4103: Backlog Maintenance Projects 26/27	New	4 x 4 =16	
Risk 3610: Investment Decisions	3 x 5 =15	2x 5 =10	The likelihood scores for these risks is being reduced to reflect the improved financial position and assume that we continue to hold this in month 12 which is likely given where we are in the financial year.
Risk 3611: Validity of activity assumptions	4 x 4 =16	3x 4 =12	
Risk 3612: Delivery of elective activity in line with financial plan 25/26	4 x 5 =20	2 x 5 =10	

# Risk Register Movement (Since April 2026 R&G)

ID	Risk title	Score	Change	Risk Type
36	Bullying and harassment	12	=	Workforce
72	Data and Cyber security of third party organisations accessing our network	16	↓	IT
164	Fraud Bribery and Corruption [tolerated risk]	8	=	Finance
295	Mental Health patients waiting for admission in a non Mental Health environment	Closed	Closed	Quality
387	Water Contamination	10	↓	Quality
391	R03 Malware such as Ransomware Compromising Unpatched Servers	15	=	IT
460	Large Scale Staff Shortage	9	=	Workforce
526	Sustainability and Net Zero	12	=	Sustainability
567	Harm from Violence, abuse and challenging behaviour	12	=	Workforce
3458	Delayed Diagnosis	12	=	Quality
2419	Corridor Care within PRUH	20	=	Quality
3608	Identification & delivery of efficiency requirements	20	=	Finance
3609	Expenditure Control	25	=	Finance
3610	Investment decisions	10	↓	Finance
3611	Validity of activity assumptions	12	↓	Finance
3612	Delivery of elective activity in line with financial plan 25/26	10	↓	Finance
3613	Cost of Additional Capacity	12	=	Finance
3614	Capital programme	16	=	Finance
3617	Cost Inflation	8	=	Finance
3682	PRUH (PFI) building - Estate issues	12	=	Estates
3864	Backlog Maintenance Projects 2025/26	Closed	Closed	Estates
3869	Elective Performance 2025/26	16	=	Performance
3915	Elective Recovery Achievement	8	=	Finance
3926	Withholding of Deficit Support Funding	10	=	Finance
3986	Monitoring to Prevent Patient Deterioration	12	=	Quality
3991	Delayed pathology tests/results	15	=	Quality
4103	Backlog Maintenance Projects 2026/27	16	New	Estates
4104	Care of Patients requiring therapeutic mental health intervention	12	New	Quality



Risk score increased

Risk score decreased

Risk score stable – no shading

New/newly escalated risk



## Next steps

- New risk metrics specifically focused on action implementation and target risk closure dates to be incorporated into the Integrated Quality Report from June 2026 (i.e reporting on April 2026 data).
- Risk training including a requirement to complete a quiz prior to being granted access to update the risk register on InPhase in May 2026.

Meeting:	Board of Directors' meeting - Public	Date of meeting:	14 May 2026
Report title:	Board and Sub Committee Forward Plans 2026-27	Item:	17
Author:	Siobhan Coldwell, Director of Corporate Affairs	Enclosure:	17.1 – 17.4
Executive sponsor:	Clive Kay, Chief Executive Officer		
Report history:	-		

### Purpose of the report

To present the Board with its forward plan of work and that of its sub committees for the year 2026-27.

### Board/ Committee action required (please tick)

Decision/ Approval	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
--------------------	-------------------------------------	------------	--------------------------	-----------	--------------------------	-------------	--------------------------

The Board is asked to approve the annual forward plans.

### Executive summary

The Board is presented with its forward plan of work, together with those of its sub-committees, for the 2026–27 financial year. These plans are intended to ensure that the Board and its committees have identified and scheduled the matters they wish to consider throughout the year.

In developing the plans, consideration has been given to the Trust Constitution, relevant regulatory and statutory requirements, and the terms of reference for each committee. This is to ensure that the full scope of Board and committee responsibilities is appropriately covered at the right points during the year, supporting the delivery of the Trust's objectives. No significant risks have been identified, and the plans are consistent with the previous year's cycles. Once approved, the plans may be subject to minor amendments during the year to reflect changing priorities and any unforeseen requirements.

The following forward plans have been reviewed by the respective committees and are presented for approval:

#### Trust Board

The Board is asked to consider the proposed items and frequency of oversight set out in the plan and confirm that these are appropriate or advise where amendments may be required.

#### Finance and Commercial Committee

The Committee noted that Digital may require more frequent review, and this will be explored further.

#### Audit and Risk Committee

The Committee reviewed and noted its forward plan of work, which is presented for approval.

**Quality and Research Committee**

The Committee noted that the forward plan reflected the evolving focus and workload of the Committee. Members welcomed the inclusion of divisional discussions, recognising their value in supporting early identification of emerging risks and providing operational insight alongside formal reports. The Committee agreed that the plan provided an appropriate and flexible framework to support its assurance role and respond to emerging risks and regulatory requirements.

**Other Committees**

The forward plans for the following committees are due to be reviewed by the respective committees and will be presented to the Board at its July 2026 meeting:

1. **People, Education and Inclusion Committee**
2. **Performance, Transformation and Improvement Committee**

**Strategy**

Link to the Trust’s BOLD strategy (Tick as appropriate)		Link to Well-Led criteria (Tick as appropriate)	
	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>	✓	<b>Leadership, capacity and capability</b>
		✓	<b>Vision and strategy</b>
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, care for and listened to</i>	✓	<b>Culture of high quality, sustainable care</b>
		✓	<b>Clear responsibilities, roles and accountability</b>
✓	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	✓	<b>Effective processes, managing risk and performance</b>
		✓	<b>Accurate data/ information</b>
✓	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion, and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓	<b>Engagement of public, staff, external partners</b>
		✓	<b>Robust systems for learning, continuous improvement and innovation</b>
✓	<b>Person-centred</b> <b>Sustainability</b>		
	<b>Digitally-enabled</b> <b>Team King’s</b>		

**Key implications**

<b>Strategic risk - Link to Board Assurance Framework</b>	The report is linked to all 9 risks on the BAF as they are all overseen by the sub committees.
---	--

<b>King's Improvement Impact (KIM):</b>	Structured annual plans supports continuous improvement in Committee oversight.
<b>Legal/ regulatory compliance</b>	Ensures compliance with the Trust's constitution and NHS FT governance requirement.
<b>Quality impact</b>	Forward planning supports quality of patient care.
<b>Equality impact</b>	No negative impacts identified.
<b>Financial</b>	No direct financial impact; the plan schedules financial oversight items.
<b>Comms &amp; Engagement</b>	Not required.
<b>Use of Artificial Intelligence Tools</b>	No use of artificial intelligence tools
<b>Committee that will provide relevant oversight</b>	
Finance & Commercial Committee	

**KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

**GOVERNANCE CYCLE & FORWARD PLAN 2026 - 2027**

ITEM	LEAD	PRIVATE/PUBLIC	14/05/25	25/06/26 (1.5hrs) (cancelled)	15/07/26 (PRUH)	16/09/26	12/11/26	14/01/27	11/03/27
<b>REGULAR REPORTS</b>									
Welcome and Apologies	Chair	Private & Public	✓		✓	✓	✓	✓	✓
Declarations of Interest	Chair	Private & Public	✓		✓	✓	✓	✓	✓
Chair's Action	Chair	Private & Public	✓		✓	✓	✓	✓	✓
Minutes of the previous meeting	Chair	Private & Public	✓		✓	✓	✓	✓	✓
Action Tracker	Chair	Private & Public	✓		✓	✓	✓	✓	✓
CEO's Report	CEO	Public	✓		✓	✓	✓	✓	✓
Chair's Report	Chair	Public	✓		✓	✓	✓	✓	✓
Risk Register Report: new red risks	Chief Nurse	Public	✓		✓	✓	✓	✓	✓
Board Assurance Framework	Director of Corporate Affairs	Public	✓		✓	✓	✓	✓	✓
Integrated Performance Report	Chief Delivery Officer	Public	✓		✓	✓	✓		✓
Partnership Working	Deputy CEO	Public	✓		✓	✓	✓	✓	✓
Financial Performance Report	CFO	Private/Public (IPR)	✓		✓	✓	✓	✓	✓
Integrated Quality report	CNO/CMO	Public (IPR)						✓	

ITEM	LEAD	PRIVATE/PUBLIC	14/05/25	25/06/26 (1.5hrs) (cancelled)	15/07/26 (PRUH)	16/09/26	12/11/26	14/01/27	11/03/27
Good news story	CNO, CMO, CPO,	Public	✓ (KIM)		✓	✓	✓	✓	✓
Patient/Staff Story	CN	Public	✓ (TC)		✓	✓ (TC)	✓	✓ (TC)	✓
Report from the Chair of the Improvement & Performance Committee	Committee Chair	Public	✓		✓	✓	✓	✓	✓
Report from the Chair of the Finance and Commercial Committee	Committee Chair	Public	✓ x2		✓	✓	✓	✓	✓
Report from the Chair of the Audit and Risk Committee	Committee Chair	Public	✓		✓		✓ x2		✓
Report from the Chair of the Quality & Research Committee	Committee Chair	Public	✓		✓		✓		✓
Report from the Chair of the Patient, Inclusion, Experience Committee	Committee Chair	Public	✓ x2		✓		✓		✓
Report from the Chair of the Academic Committee in Common - <a href="#">quarterly report</a>	Chair of the Academic Committee in Common	Public	✓		✓		✓		✓
<b>QUARTERLY REPORTS</b>									
<b>Business (Operational) Plan</b>  Summary of Operational Plan (Public)	Deputy CEO/CFO	Private					✓	✓	✓
		Public	✓						
Trust Strategy Update		Private	✓						
KCH Subsidiaries (March – agree strategy and budget,	CFO	Private				✓			✓

ITEM	LEAD	PRIVATE/PUBLIC	14/05/25	25/06/26 (1.5hrs) (cancelled)	15/07/26 (PRUH)	16/09/26	12/11/26	14/01/27	11/03/27
September – midyear review and March Annual performance review)									
Investment Board – business cases for Trust Board Approval			✓	✓	✓	✓	✓	✓	✓
Final Quality Account ratified before publication	Chief Nurse	Private				✓			
Annual Board effectiveness review report	Director of Corporate Affairs	Public			✓				
Freedom to Speak Up Guardian Report*	FTSU SRO	Public					✓		
Annual Complaints Report *	Chief Nurse	Public					✓		
Annual Health and Safety Report*	Director of Corporate Affairs	Private					✓		
Annual Staff Survey Report and Action Plan	Chief People Officer	Private/ Public		✓	✓		✓		
Workforce Race Equality Standards Action Plan	Director of EDI	Public					✓		
Annual Winter Plan	Chief Nurse & Chief Delivery Officer	Public						✓	
Annual EPRR Assurance Report*	Deputy CEO	Private				✓			
Patient Safety Incident Response Framework (PSIRF)	Chief Nurse	Public					✓		
Risk Policy	Chief Nurse	Public					✓		
<b>CORPORATE GOVERNANCE REPORTS</b>									

ITEM	LEAD	PRIVATE/PUBLIC	14/05/25	25/06/26 (1.5hrs) (cancelled)	15/07/26 (PRUH)	16/09/26	12/11/26	14/01/27	11/03/27
Scheme of Reservation & Delegation (Periodic) *	Director of Corporate Affairs	Public						✓	
Standing Financial Instructions*	CFO	Public				✓			
Audit and Risk Committee Terms of Reference*	Director of Corporate Affairs	Public		✓					
Finance & Commercial Committee Terms of Reference*	Director of Corporate Affairs	Public		✓					
Quality and Research Committee Terms of Reference*	Director of Corporate Affairs	Public		✓					
Transformation, Improvement and Performance Cttee Terms of Reference	Director of Corporate Affairs								
Remuneration Committee Term of reference	Director of Corporate Affairs	Public		✓					
People Inclusion and Experience Committee Terms of reference*	Director of Corporate Affairs	Public		✓					
Quality and Research Committee Annual Report*	Director of Corporate Affairs	Public	✓						
Finance & Commercial Committee Annual Report*	Director of Corporate Affairs	Public	✓		✓				
Audit and Risk Committee Annual Report*	Director of Corporate Affairs	Public	✓		✓				

ITEM	LEAD	PRIVATE/PUBLIC	14/05/25	25/06/26 (1.5hrs) (cancelled)	15/07/26 (PRUH)	16/09/26	12/11/26	14/01/27	11/03/27
People Inclusion Experience and Committee Annual Report*	Director of Corporate Affairs	Public	✓						
Seal of Documents Register*	Director of Corporate Affairs	Public					✓		
Gifts & Hospitality Register*	Director of Corporate Affairs	Public					✓		
Register of Interests*	Director of Corporate Affairs	Public					✓		
Board meeting Forward Plan (Approve)	Director of Corporate Affairs	Private	✓		✓				
<b>ANNUAL BUSINESS PLANNING/REPORTING</b>									
Annual Report and Accounts (for approval): Annual Governance Statement Annual Report - all Annual Report – Financial Statements Annual Going Concern Statement Annual Report – Quality Report Audit Letter to Auditor (Agree) Annual Membership Report	CFO/Director of Corporate Affairs	Private				✓			
<b>EXCEPTION REPORTS</b>									
Exception Reports from the Chairs of the Board Committees		Private	✓	✓	✓		✓	✓	✓

ITEM	LEAD	PRIVATE/PUBLIC	14/05/25	25/06/26 (1.5hrs) (cancelled)	15/07/26 6 (PRUH)	16/09/26	12/11/26	14/01/27	11/03/27
Performance Assurance Framework		Public						✓	
Regulatory Exception Reports e.g. HSE Reports (Health and Safety Executive), Care Quality Commission (CQC) Reports		As appropriate							

**KCH Foundation Trust Office  
May 2026**

**KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

**FINANCE AND COMMERCIAL COMMITTEE**

**ANNUAL FORWARD PLAN**

**2026 - 2027**

	Lead	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
<b>PART 1</b>													
<b>STANDARD ITEMS AND REGULAR REPORTS</b>													
Apologies for Absence	Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest	Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chairs Actions	Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting	Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Investment Board update	CFO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial Performance Report	CFO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Board Assurance Framework risks (Financial)	DCA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rolling Committee Workplan	DCA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>FINANCIAL REPORTING 2025 / 26</b>													
Finance Performance Report – Month	CFO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Planning Cycle update	CFO							✓		✓	✓	✓	✓

	Lead	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Outcomes of Investment Board	CFO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial Strategy	CFO		✓										
National Cost Collection	CFO				✓								
Capital Repurposing	CFO				✓			✓			✓		
KCH Subsidiaries Update	CFO						✓						✓
2WTE Reduction Trajectory Plans	CPO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>GOVERNANCE REPORTS</b>													
Board Assurance Framework	DCA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finance & Commercial Committee Terms of Reference – Annual review	DCA												✓
Draft agenda for next meeting	DCA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Committee Effectiveness Survey Results		✓											
Committee Annual Report		✓											✓
Committee Annual Forward Plan													✓
<b>CAPITAL AND ESTATES REPORTS</b>													
Premises Assurance Report	DCEO						✓						
Estates and facilities update, including capital programme delivery and premises assurance model – to include all premises.	DCEO		✓			✓			✓			✓	
Estates Strategy Report	DCEO								✓			✓	
Sustainability Report					✓								
<b>COMMERCIAL REPORTS</b>													
KCH subsidiaries update	CFO			✓				✓					
Subsidiaries Governance Update				✓									
Investments Post implementation review										✓			

	Lead	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
<b>DIGITAL REPORTS</b>													
Digital Update	DCEO			✓			✓			✓			✓
Major projects update (identify projects)	DCEO												
Digital Strategy			✓										
Epic Post Implementation Review	DCEO	✓			✓			✓			✓		
<b>ANY OTHER BUSINESS</b>													
Issues to be escalated to the Board (Board Highlight report)	DCA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>PART 2 CONFIDENTIAL – MEMBERS ONLY</b>													
Pathology Service update		✓	✓	✓	✓	✓	✓						

Foundation Trust Office  
May 2026

**KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

**AUDIT AND RISK COMMITTEE**

**FORWARD PLAN 2026 - 2027**

Item	February 2026	April 2026	June 2026	September 2026	November 2026	February 2027	Lead	Purpose
<b>Standing Items</b>								
Apologies for Absence	✓	✓	✓	✓	✓	✓	Chair	Note
Declarations of Interest	✓	✓	✓	✓	✓	✓	Chair	Assurance
Minutes of the Last Meeting	✓	✓	✓	✓	✓	✓	Chair	Approve
Declarations of Interest	✓	✓	✓	✓	✓	✓	Chair	Note
Action Log and Matters Arising	✓	✓	✓	✓	✓	✓	Chair	Discussion
Issues for Escalation to the Board of Directors (Highlight Report)	✓	✓	✓	✓	✓	✓	Chair	Approve
Forward Planner	✓	✓	✓	✓	✓	✓	Chair	Note
<b>Governance</b>								
Review Board Assurance framework		✓		✓		✓	Director of Corporate Affairs	Discussion
Risk Management	✓	✓	✓	✓	✓	✓	Chief Nurse	Discussion
Note business of other committees and review inter-relationships	✓	✓	✓	✓	✓	✓	Director of Corporate Affairs	Note
- Report from the Risk and Governance Committee	✓	✓	✓	✓	✓	✓	Chief Executive Officer	Assurance
Review draft annual governance statement		✓					Chief Financial Officer	Approval

Item	February 2026	April 2026	June 2026	September 2026	November 2026	February 2027	Lead	Purpose
Review the quality account / report (Annual)			✓				Chief Nurse	Assurance
Information Governance and Management report	✓ (cyber only)	✓ verbal	✓	✓	✓ verbal	✓	Deputy CEO	Assurance
Emergency Preparedness Resilience and Response Assurance Report	✓					✓	Deputy CEO	Assurance
<b>Financial Reports</b>								
Review losses and special payments		✓					Director of Financial Operations	Approval
Update on contract management arrangements				✓			Director of Financial Operations	Assurance
Insurance Arrangements			✓				Director of Financial Operations	Assurance
Financial papers plan	✓					✓	Director of Financial Operations	Approval
Write-off checklist	✓					✓	Director of Financial Operations	Assurance
Accounting Updates Report	✓					✓	Director of Financial Operations	Approval
Debt and Provisions Review (including write-offs)	✓					✓	Director of Financial Operations	Approval

Item	February 2026	April 2026	June 2026	September 2026	November 2026	February 2027	Lead	Purpose
Annual Report on Losses and Special Payments		✓					Director of Financial Operations	Approval
Procurement Update Waiver Report	✓			✓		✓	Director of Financial Operations	Assurance
Draft Financial Accounts 2024/2025		✓					Director of Financial Operations	Approval
Commentary on Draft 2024/2025 Accounts		✓					Director of Financial Operations	Approval
Update on Prior Year External Audit Recommendations		✓					Director of Financial Operations	Assurance
Draft Going Concern Statement		✓					Director of Financial Operations	Approval
Annual Financial Accounts 2024/2025			✓				Director of Financial Operations	Approval
<b>Internal Audit Review</b>								
Review and approve annual internal audit plan		✓					KPMG	Approve
Annual review of the effectiveness of internal audit	✓					X	KPMG	Assurance
Review internal audit progress reports	✓	✓	✓	✓	✓	✓	KPMG	Assurance
Finance Governance Review			✓			✓		Assurance

Item	February 2026	April 2026	June 2026	September 2026	November 2026	February 2027	Lead	Purpose
Internal Audit Annual Report 2025/2026 (including Head of Internal Audit opinion)		✓ draft	✓ final				KPMG	Assurance
Draft internal audit plan 2025/2026		✓					KPMG	Approve
<b>External Audit Reports</b>								
Review the effectiveness of external audit			✓				Grant Thornton	Assurance
Review external audit progress reports		✓	✓				Grant Thornton	Assurance
Receive the external auditors report to those charged with governance			✓				Grant Thornton	Approve
Receive/consider the external auditor's annual audit letter			✓				Grant Thornton	Assurance
KCH External Audit Plan 2025/2026		✓				✓	Grant Thornton	Approve
KFM Audit Plan 2025/2026		✓				✓	Grant Thornton	Approve
KFM Audit Findings (including KCS and KCHM progress reports)	✓		✓			✓	Grant Thornton	Assurance
KCS Audit Plan 2025/2026			✓			✓	Grant Thornton	Approve
KCHM Management Limited Audit Plan 2025/2026		✓						Approve
KCHM Audit Findings 2024/2025			✓				Grant Thornton	Assurance
KCH Subsidiaries Updates			✓				Grant Thornton	Assurance
KCS Audit Findings 2024/2025			✓				Grant Thornton	Assurance
External Audit updates	✓	✓	✓	✓	✓	✓	Grant Thornton	Discussion (and as required)

Item	February 2026	April 2026	June 2026	September 2026	November 2026	February 2027	Lead	Purpose
ISA 260 Report on the Annual Accounts and Annual Report			✓				Grant Thornton	Assurance
Annual Report – Value for Money Arrangements		✓					Grant Thornton	Assurance
Fee Proposal		✓		✓				Approve
<b>Counter Fraud</b>								
Review and approve the annual work plan for counter fraud activity		✓					KPMG	Approval
Review counter fraud progress	✓	✓	✓	✓	✓	✓	KPMG	Assurance
Review the organisation’s annual self-review against NHSCFA’s standards		✓					KPMG	Assurance
Review the effectiveness of those carrying out counter fraud activity	✓					X	KPMG	Assurance
Counter Fraud Progress Report	✓	✓	✓	✓	✓	✓	KPMG	KPMG
<b>Clinical Audit</b>								
Review the framework for delivering clinical audit and clinical audit plan				✓			Chief Medical Officer	Assurance
Review the effectiveness of clinical audit						✓	Chief Medical Officer	Assurance
Review clinical audit progress reports					✓		Chief Medical Officer	Assurance
<b>Other Activities</b>								
Plan how to discharge the committee’s duties			✓				Director of Corporate Affairs	Assurance
Review the committee’s terms of reference	✓						Director of Corporate Affairs	Assurance

Item	February 2026	April 2026	June 2026	September 2026	November 2026	February 2027	Lead	Purpose
Receive the annual committee report		✓					Director of Corporate Affairs	Assurance
Committee Forward Plan		✓					Director of Corporate Affairs	Assurance
Briefing/update sessions							Director of Corporate Affairs	As needed
Committee Effectiveness Survey Results 2025/2026		✓					Director of Corporate Affairs	

**Foundation Trust Office  
May 2026**

**KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**  
**QUALITY COMMITTEE**  
**FORWARD PLAN**  
**2026-27**

<b>STANDARD ITEMS</b>	<b>LEAD</b>	<b>23 APR 2026</b>	<b>8 JUL 2026</b>	<b>24 SEPT 2026</b>	<b>20 OCT 2026</b>	<b>10 DEC 2026</b>	<b>17 FEB 2027</b>
Welcome and Apologies	Chair	✓	✓	✓	✓	✓	✓
Declarations of Interest	Chair	✓	✓	✓	✓	✓	✓
Chair's Actions	Chair	✓	✓	✓	✓	✓	✓
Minutes of the previous meeting	Chair	✓	✓	✓	✓	✓	✓
Action Tracker	Chair	✓	✓	✓	✓	✓	✓
Matters Arising	Chair	✓	✓	✓	✓	✓	✓
Immediate Items for Information	Chair	✓	✓	✓	✓	✓	✓
<b>SAFETY</b>							
Integrated Quality Report ((to cover safety, experience, IPC, safeguarding, DoC Compliance Report)	CN&EDM & CMO	✓	✓	✓	✓	✓	✓
Inquests and Litigation Report (Bi-annually)	CNO		✓		✓		
CNST scorecard and learning and improvement from claims	CNO		✓				
Maternity Neonatal Quarterly Report	CN&EDM	✓	✓	✓	✓	✓	✓
Review of Patient Boarding	Chief Delivery Officer			✓			
Security Review of Mechanical restraint	CN&EDM			✓			
Safety Alerts Report	CN&EDM						

STANDARD ITEMS	LEAD	23 APR 2026	8 JUL 2026	24 SEPT 2026	20 OCT 2026	10 DEC 2026	17 FEB 2027
Medicine Safety Report	CMO		✓				
Infection Prevention Control (HCAI) - Annual Report	CN&EDM					✓	
<b>ASSURANCE</b>							
Quality Account Priorities update (Q1 – June; Q2 – September; Q3 – December; Q4 - March)	CN&EDM		✓	✓	✓		✓
Quality Account priorities shortlist for next year	CN&EDM	✓					
Quality Account Final Document - Annual Report	CN&EDM		✓				
Vulnerability Annual report (safeguarding adults, children & maternity)	CN&EDM			✓			
End of Life Care Annual Report	CN&EDM				✓		
Ward to Board	CMO	✓					
Patient-Led Assessment of the Care Environment (PLACE) PLACE improvement plans	CN&EDM		✓				
CQC Specific Survey Results (adhoc) Children & Young People survey and improvement plan	CN&EDM		✓				
Complaints and PALS Annual Report 2023-2024	CN&EDM		✓				
Mortuary – Compliance with Statutory/Regulatory Requirements	CMO			✓			✓

STANDARD ITEMS	LEAD	23 APR 2026	8 JUL 2026	24 SEPT 2026	20 OCT 2026	10 DEC 2026	17 FEB 2027
Antimicrobial resistance AMR: Self-Assessment and Reporting Update							✓
Care Group Presentation	Care Group/ CN&EDM	✓		✓	✓		
Quality Assurance Visit	CN&EDM	✓				✓	
Quality Account Data Assurance Report	CN&EDM		✓				
Quarterly and annual mortality report.	CMO	✓	✓		✓		✓
Freedom to Speak Up Guardian Report [ <a href="#">safety and quality elements – People and culture elements go to PIERC</a> ]	CN&EDM	IQR	IQR	IQR	IQR	IQR	IQR
Freedom to Speak Up Annual Report 2024/25	CN&EDM				✓		
CQC Inpatient Survey	CN&EDM			✓			
PSIRF Processes Internal Audit	CMO						✓
<b>DIVISIONAL DISCUSSION</b>							
<b>Division A</b>	Chief of Div A				✓		
<b>Division B</b>	Chief of Div B		✓			✓	
<b>Division C</b>	Chief of Div C			✓			✓
<b>PATIENT OUTCOMES</b>							
Patient Outcomes Quarterly Report	CMO		✓	✓	✓	✓	✓

<b>STANDARD ITEMS</b>	<b>LEAD</b>	<b>23 APR 2026</b>	<b>8 JUL 2026</b>	<b>24 SEPT 2026</b>	<b>20 OCT 2026</b>	<b>10 DEC 2026</b>	<b>17 FEB 2027</b>
Patient Outcomes Committee	Chair						✓
Patient Experience Report	CN&EDM						✓
Health Inequalities	CMO		✓				
<b>GOVERNANCE</b>							
Board Assurance Framework	DCA	✓	✓	✓	✓	✓	✓
Corporate Risk Register	CN&EDM	✓	✓	✓	✓	✓	✓
Committee Terms of Reference Review	DCA						✓
Draft agenda for next meeting	DCA	✓	✓	✓	✓	✓	✓
Committee Annual Report	DCA	✓					
Committee work/forward plan	DCA	✓					
<b>RESEARCH &amp; INNOVATION</b>							
Research Strategy Roadmap Update	CMO		✓				
Research Strategy Delivery Report ( <a href="#">Progress against strategic objectives</a> <a href="#">RAG-rated milestones</a> <a href="#">Key risks and mitigations</a> )	CMO					✓	
Research and innovation Culture ( <a href="#">Culture &amp; Engagement Report - Staff participation in research</a> <a href="#">Training and capability building</a> <a href="#">Barriers to engagement</a> )	CMO				✓		

STANDARD ITEMS	LEAD	23 APR 2026	8 JUL 2026	24 SEPT 2026	20 OCT 2026	10 DEC 2026	17 FEB 2027
Research Delivery Deep Dive (workforce, commercial trials, NIHR activity)	CMO			✓			
Annual Review of Research Performance	CMO					✓	
Research Governance and Risk Assurance Report (Ethics approvals compliance MHRA / HRA compliance updates Audit findings)	CMO		✓			✓	
Innovation Pipeline Report (Ideas at each stage (early → pilot → adoption))	CMO				✓		
Innovation Performance Dashboard (Pipeline numbers Delivery milestones Adoption metrics Measurable impact)	CMO		✓			✓	
King's Health Partners Report	CMO		✓	✓	✓	✓	✓
<b>FOR INFORMATION ONLY*</b>							
Health & Safety Update Report	DCA						✓
Antimicrobial resistance AMR: Self-Assessment and Reporting Update	CN&EDM	✓	✓			✓	

**Foundation Trust Officer**

**May 2026**

<b>Meeting:</b>	Board of Directors	<b>Date of meeting:</b>	14 May 2026
<b>Report title:</b>	<b>Maternity &amp; Neonatal Quality &amp; Safety Integrated Report (February - March 2026)</b>	<b>Item:</b>	20. 20.1. – 20.3.
<b>Author:</b>	Mitra Bakhtiari, Director of Midwifery  Dr Lisa Long, Clinical Director Women’s Health	<b>Enclosure:</b>	Appendices Reading Room 20.4. – 20.11.
<b>Executive sponsor:</b>	Tracey Carter, Chief Nurse & Executive Director of Midwifery		
<b>Report history:</b>	<b>KE, Quality Committee</b>		
<b>Purpose of the report</b>			
This report provides assurance and oversight of maternity services in accordance with the Perinatal Quality Oversight Model (PQOM), with a focus on safety and quality of care.			
<b>Board/ Committee action required (please tick)</b>			
<b>Decision/ Approval</b>		<b>Discussion</b>	
		<b>Assurance</b>	✓
		<b>Information</b>	✓
<p>The Trust Board is asked to note this report, which provides assurance on the quality and effectiveness through sustained active focus on safety at all levels of care. The reporting period is for the months of February - March 2026 and incorporates the new requirements of the Perinatal Quality Oversight Model.</p>			
<b>Executive summary</b>			
<ul style="list-style-type: none"> <li>• Maternity services continue to deliver safe and effective care, with good clinical outcomes across the Local Maternity and Neonatal System. Maternity culture improvement remains a key priority, and the trust is taking this seriously, with a structured programme of leadership development and staff engagement aligned to our Women’s Health Vision. Robust oversight is in place to support sustainable improvement and ensure a consistent, positive staff experience across the service for both families and staff.</li> <li>• The latest MBRRACE-UK perinatal mortality report (2024 births) indicates that King’s College Hospital (KCH) performs strongly, with all-cause neonatal mortality rates more than 15% lower than comparator Trusts with Level 3 NICUs. KCH ranks third lowest nationally and lowest in London (Appendix 1)</li> <li>• Perinatal Mortality Review (PMRT) summary reports, generated following reviews of eligible deaths using the national tool, indicate overall good quality care with no care issues identified that were likely to have contributed to the deaths.</li> <li>• In February 2026, the Trust reported five perinatal deaths, broadly in line with national benchmarks. Robust learning from incidents is embedded through structured multidisciplinary review processes using PMRT.</li> </ul>			

- The Trust has achieved full compliance with Year 7 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS). External verification by NHS Resolution confirmed that all ten safety actions have been met, demonstrating continued adherence to national maternity safety standards. MIS year 8 is published on 31<sup>st</sup> March 2026 and the trust is preparing for the official launch on 23<sup>rd</sup> April 2026.
- Midwifery vacancy rates remain low; however, sickness absence is above the Trust target. Staffing gaps are being mitigated through active recruitment and use of temporary staffing. One-to-one care in labour is consistently maintained and no incidents related to red flags have been reported.
- The CQC maternity inspection report was published 4<sup>th</sup> March 2026. The overall rating remains Requires Improvement in well led and the safety domain, unchanged from 2022. However, there has been clear progress, with Effective and Responsive improving to Good, and Caring remaining Good. An action plan has been co-produced with designated leads across the multidisciplinary teams to progress implementation across sites.
- Following an oversight support visit, the London perinatal regional team reported satisfaction with the progress made since the Trust exited the Maternity Safety Support Programme in December 2024.
- In March 2026, confirmation was received that the Maternity and Newborn Safety Investigations (MNSI) programme will continue until at least 2030. This provides ongoing national focus and support for improving maternity and neonatal safety through independent investigations and system-wide learning (Appendix 2).
- The trust declared 2 cases to MNSI, two babies born following emergency caesarean section that had required therapeutic cooling. The trust received no MOSS signal in the reporting period.
- Work continues to address inequalities in maternity outcomes through improving access to care and providing targeted support to vulnerable groups. This is supported by enhanced digital EDI data capture across the region and LMNS, enabling better monitoring of outcomes.

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

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

<b>Key implications</b>	
<b>Strategic risk - Link to Board Assurance Framework</b>	BAF 2 7 8
<b>King's Improvement Impact (KIM):</b>	The report reflects KIM by demonstrating learning from data, feedback, measuring progress through KPIs, to enhance maternity and neonatal care quality and safety
<b>Legal/ regulatory compliance</b>	Care Quality Commission (CQC); Maternity & Newborn Safety Investigations (MNSI); Mothers, Babies: Reducing Risk through Audits & Confidential Enquiries (MBRRACE-UK); CNST Maternity Incentive Scheme (MIS)
<b>Quality impact</b>	Board Safety Champions oversight
<b>Equality impact</b>	Perinatal culture leadership, improving culture in maternity and neonatal services, supporting the equality assessment, and creating inclusive environment.
<b>Financial</b>	Failure to achieve all 10 Safety Actions of the Maternity Incentive Scheme will result in the Trust not recouping the additional 10% contribution, amounting to circa £2.3 million.
<b>Comms &amp; Engagement</b>	Maternity & Neonatal Voices Partnership (MNVP), Local Maternity & Neonatal System (LMNS)
<b>Committee that will provide relevant oversight</b>	
Quality Committee	

## 1.0 Report Overview

In August 2025, the Perinatal Quality Oversight Model (PQOM) replaced the previous Perinatal Quality Surveillance Model (PQSM). PQOM aims to strengthen maternal and neonatal safety through continuous improvement, informed by outcome data and effective patient safety incident management. A key feature of PQOM is the triangulation of data, where outcomes are reviewed alongside the implementation of evidence-based Maternity care bundle’s structured sets of interventions recommended to improve care in priority areas such as haemorrhage, sepsis, and preterm birth. By aligning performance monitoring with the delivery of these maternity safety bundles, PQOM supports the consistent application of best practice across services to reduce unwarranted variation in care.

## 2.0 Perinatal Quality Oversight Model

### 2.1 Maternity services dashboard

Appendix 3 shows that clinical maternity indicators remain within expected range. Postpartum haemorrhage rates are around 50% lower than the national average, and third- and fourth-degree tear rates remain stable and comparable to Local Maternity Neonatal System (LMNS) figures. Caesarean section (CS) rates have risen in line with the national trend (53% in Feb 2026 vs 48% in Feb 2025), with maternal request accounting for 15% of elective cases (10% in Feb 2025). All emergency CS are overseen by a consultant, and women are offered debriefs to support informed choice. Newborn Bloodspot Screening (KPI NB2) has improved significantly, with avoidable repeat samples now stable at 2%, following strengthened governance and quarterly Trust Screening Steering Group meetings. SQAS has confirmed that no additional quality assurance activity is required for 2026/27.

### 2.2 Patient safety incident Framework

MBRRACE-UK Perinatal Mortality Report March 2026 (2024 births Stabilised & adjusted rates per 1000 total births)			King’s College Hospital NHS Trust			National (similar Trusts & Health Boards)		
Stillbirth			3.46			Around average (up to 5% lower)		
Neonatal Death			1.88			Below average (up to 15% lower)		
Perinatal Mortality Rate			5.35 (5.44 previously)			Around average (up to 5% lower)		
	PMRT Compliance	MNSI cases (New)	Stillbirths			HIE Cases	Neonatal Deaths	Maternal Mortality
			All	Term	Intrapartum			
Jan	100%	0	3	1	0	0	1	0
Feb	100%	2	0	0	0	0	4	0
March	100%	0	0	0	0	0	3	0
InPhase								
	New	Closed	Remain open	Moderate	PSII/MNSI	Never events		
Jan	215	180	35	4	0	0		
Feb	249	217	32	12	2	0		

Mar	286	211	75	4	0	0	
-----	-----	-----	----	---	---	---	--

**2.2.1 Perineal trauma:** Obstetric Anal Sphincter Injury (OASI) rates at Denmark Hill are usually 3–4 per month but increased to 7 in February. Incident reviews highlighted issues with perineal care, episiotomy management and repair. Additional training and suturing workshops have been delivered by the PDM team, and rates have since stabilised. Ongoing monitoring will focus on reducing OASI rates, improving documentation and ensuring adherence to best practice.

**2.2.2 Shoulder Dystocia:** Four cases of shoulder dystocia were reported during the same period via the incident reporting system. None resulted in harm to the mother or baby, and all cases were reviewed through the PSIRF panel with no further concerns identified.

**2.2.4 Unexpected Term Admissions (ATAIN):** Unexpected term admissions to the neonatal unit remain the most frequently reported incident category and continue to be monitored through the ATAIN programme (Appendix 4).

**2.2.5 Neonatal Deaths:** Seven deaths occurred in this period. All have been reviewed and found to be linked to extreme prematurity, congenital abnormality or an unanticipated clinical event. No avoidable factors were identified, and there is no indication of wider risk to the service, themes, patterns, or concerns that would indicate a risk to the wider maternity services, for all eligible cases PMRT reviews are in progress. Below table is summary of each case:

Case	Gestation / Category	Summary
1	21+4 weeks	Extreme prematurity: showed signs of life at birth but did not survive despite appropriate care.
2	34 weeks (Prolonged Preterm Rupture of Membranes (PPROM) from 24 weeks)	Severe lung hypoplasia; later confirmed Trisomy 21 (low risk prenatal screening); death expected due to pulmonary underdevelopment.
3	23+4 weeks	Born at PRUH, transferred to DH; mother booked at another trust but was in PRUH area when labour was established, extremely preterm.
4	25+6 weeks	Born at PRUH, transferred to DH; died on day 1 of life.
5	40+2 weeks (term)	Born in very poor condition; required cooling; care withdrawn after MDT review.
6	21 weeks	Extreme prematurity: showed signs of life but subsequently died.
7	25+3 weeks	Sudden deterioration on day 7 due to catastrophic pulmonary haemorrhage.

**3.0 Safety Incident Investigations (PSII):** Two incidents were declared:

- Case one: InPhase 119084 (MI-053800): Baby birthed via Category 1 emergency caesarean section for cord prolapse, requiring therapeutic cooling.
- Case two: InPhase 119936 (MI-053801): Baby birthed via emergency caesarean section with impacted fetal head, requiring therapeutic cooling.

**4.0 MNSI Update:** There are 16 open MNSI cases from 2024–2026. Two cases were closed in January 10 remain under active investigation, two have final reports (Appendix 5a and 5b) as outlined below:

Case	Key Learning	Assurance
MI-046061	Improve CTG interpretation, holistic risk assessment, escalation and neonatal team communication.	No contributory factors identified; actions in place to strengthen practice.
MI-047718	Strengthen clinical decision-making, timely escalation and management of impacted fetal head.	No contributory factors identified; actions underway to improve escalation and MDT decision-making.

**5.0 PSIRF-aligned Multidisciplinary learning reviews:** During the reporting period, several PSIRF-aligned reviews were completed to support shared learning. The MDT review findings showed no immediate patient safety concerns, and all learning has been shared widely.

Case	Summary	Key Learning	Actions / Assurance
115938 – ITU admission after EMCS (38+0)	Severe asthma exacerbation leading to Emergency CS; required postnatal ITU admission.	Earlier consideration of Computed Tomography Pulmonary Angiography (CTPA) and Obstetric Medicine referral.	Referral pathways and dyspnoea guidance reinforced; no impact on outcome identified.
119084 – Cord prolapse (MNSI)	Induction complicated by cord prolapse; Category 1 Emergency CS; baby required cooling.	Prompt team response: gap identified in CS pack availability.	CS packs now stocked in main theatres; no immediate safety concerns.
119084 – Impacted fetal head (MNSI)	Failed operative delivery; Category 1 Emergency CS; neonatal compromise requiring cooling.	Earlier consultant involvement may have supported decision-making.	No contributory factors identified at this stage.

**6.0 Perinatal Mortality Reviews Summary Report:** Comparison 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025 vs 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026

Please see appendix 6a and 6b

**6.1 Activity:** Overall deaths increased by 5, mainly driven by stillbirths, Neonatal deaths remained stable. No avoidable deaths noted and the trust can evidence strong parental involvement in line with PMRT. In addition, all births by 1 in each year was in the right place. PMRT grading:

Measure	2024–2025	2025–2026
Grade D (care issues likely contributory to death)	1	0
Grade A/B (no impact or no issues)	Majority	Majority

**6.2 Interpretation:** Despite five additional deaths in 2025/26, reviews confirm adherence to expected care standards with no contributory care or delivery issues identified; causes reflect known clinical risk factors, with missed IUGR cases reduced and diagnostic certainty limited by fewer post-mortems, as summarised in the table below.

Indicator	Denmark Hill (DH)	PRUH	Assurance
<b>Stillbirth Rates</b>	Long-term reduction with stable recent trend; minor year-on-year variation	Greater variability due to smaller numbers; recent increase in 2024	No sustained upward trend; variation within expected limits and under ongoing review
<b>Neonatal Death Rates</b>	Low and stable over time with no consistent deterioration	Low numbers with some variability; overall stable trend	No evidence of sustained increase
<b>Overall Pattern</b>	Stable perinatal outcomes with expected fluctuation	More variable profile reflecting smaller cohort size	No systemic concerns identified across either site
<b>Oversight &amp; Learning</b>	Robust PMRT review process and governance structures, LMNS shared learning	Same governance processes applied across sites alongside MOSS	Strong oversight with continuous learning and action tracking alongside LMNS QI workstreams such as OPIC and Preterm optimisation

### 6.3 Perinatal Mortality: Key Priorities and Trend Overview

Key priority actions across both years focus on strengthening fetal-growth surveillance, improving IUGR detection and escalation, increasing post-mortem uptake through enhanced counselling, continuing shared learning across the SEL LMNS, and implementing MOSS from November 2025 to support more timely surveillance. Perinatal mortality rates remain stable across both sites with no evidence of sustained deterioration. Stillbirth data include losses diagnosed after 24 weeks, while neonatal deaths are counted only if occurring within the first 28 days; therefore, not all reported deaths meet criteria for PMRT review.

King's College Hospital - Denmark Hill Site				Princess Royal University Hospital			
	2023	2024	2025		2023	2024	2025
Stillbirths	29	28	19	Stillbirths	10	16	9
Neonatal Deaths	20	16	17	Neonatal Deaths	5	0	0
Live births	2961	4021	3917	Live births	3578	3427	3261

**6.4 Coroners cases:** Five neonatal deaths in 2025 were referred to the coroner. Across the 14 completed neonatal death reviews, the most common causes were extreme prematurity (10 cases), pulmonary hypertension or respiratory failure (6), congenital anomalies (5), and infection-related conditions such as sepsis, chorioamnionitis and Necrotising Enterocolitis (5). Hypoxic ischaemic encephalopathy and intrauterine growth restriction each appeared in 3 cases. Overall, the pattern reflects babies with profound physiological vulnerability or severe congenital conditions. KCH continues to strengthen preterm optimisation pathways and expand access to genetic counselling, and multidisciplinary learning. This work is supported by the OPTIC approach Optimisation of preterm care, Proactive genetic and fetal medicine input, Integrated multidisciplinary review, and Continuous quality-improvement training that forms part of wider shared learning across the Southeast London LMNS, where KCH is not an outlier.

Case	Cause(s) of Death
1	Severe pulmonary hypertension; abnormality (Exomphalos major); Prematurity (32 weeks)
2	Sepsis (unspecified); Extreme prematurity
3	Severe congenital left-sided diaphragmatic hernia; Extreme prematurity
4	Extreme prematurity; Intrauterine growth restriction

Case	Cause(s) of Death
5	Hypoxic ischaemic encephalopathy (HIE)
6	Severe persistent pulmonary hypertension; Multiple congenital abnormalities; Severe IUGR
7	HIE and multiorgan failure; Chronic villitis
8	Extreme prematurity; Respiratory insufficiency; Prolonged PPROM
9	Respiratory failure due to severe left-sided congenital diaphragmatic hernia with lung hypoplasia; Prematurity (30 weeks); Chorioamnionitis
10	Extreme prematurity and perinatal hypoxia; Acute chorioamnionitis
11	Prematurity with severe pulmonary hypertension
12	Septic shock; Necrotising enterocolitis; Extreme prematurity
13	HIE; Prematurity (32 weeks); Placental abruption with retro-placental clot
14	Extreme prematurity; respiratory distress syndrome; Persistent pulmonary hypertension

**7.0 Maternity Risk register:** The majority of risks on the maternity risk register remain moderate (scores 8–9) or controlled ( $\leq 6$ ), with two high-scoring risks indicating targeted areas for escalation rather than wider deterioration. Notable risks (score 9–10) include sample-labelling errors across community and inpatient settings, staff wellbeing concerns, and theatre-capacity constraints affecting service delivery.

ID	Description	Area	Category	Date	Owner	Status	Score 1	Score 2	Score 3	Start Date	End Date
3824	Community access to epic in areas with poor network service	Women's Health		10 Dec 2024	Amanda Nelian	Open Risk	4	3	12	08 Aug 2025	22 Jun 2026
4028	Reduced ability to provide face to face bereavement specialist care to women and families at PRUH	Women's Health	Labour (PRUH)	01 Dec 2025	Care Baker	Open Risk	5	2	10	05 Dec 2025	22 Jun 2026
3823	Community blood and specimen samples cannot be labelled using printed labels in community hub settings	Women's Health	(Multiple)	10 Dec 2024	Katrice Currie	Open Risk	3	3	9	08 Apr 2025	22 Jun 2026
4029	Flare and Burnout	Women's Health	Maternity Assessment Unit (DH)	05 Dec 2025	Mitra Bahitani	Open Risk	3	3	9	05 Dec 2025	22 Jun 2026
3395	Theatre list capacity does not meet the capacity needs of the service	Women's Health	Labour (PRUH)	10 Oct 2023	Lisa Long	Tolerated Risk	3	3	9	18 Sep 2025	04 Aug 2026
4039	Delay in Performing P2 Procedures	Women's Health	(Multiple)	22 Dec 2025	George Anakitis	Open Risk	3	3	9	31 Dec 2025	
206	Inadequate ventilation during colposcopy treatment procedures	Women's Health	Colposcopy and Vulvoscopy (DH)	07 Jun 2022	Ethelia Tachalva	Open Risk	3	3	9	06 Oct 2025	15 Jun 2026
3980	There is a risk to staff health due to prolonged exposure to entrance in intrapartum areas and homebirths	Women's Health		15 Sep 2025	Mitra Bahitani	Open Risk	4	2	8	24 Mar 2026	03 Jan 2027
3996	Retained swab	Women's Health		17 Oct 2025	Sue Lawrence	Open Risk	2	4	8	27 Oct 2025	22 Jun 2026
6	24/7 reception cover not in place in the maternity unit with potential for neonatal abduction	Women's Health	Labour (PRUH)	07 Apr 2022	Sian Williams	Tolerated Risk	2	4	8	18 Sep 2025	15 Sep 2028
571	Delay in clinical assessment and timely care in MAU/Triage	Women's Health	Maternity Assessment Unit (PRUH)	01 Apr 2022	Mitra Bahitani	Tolerated Risk	2	3	6	04 Oct 2024	16 Sep 2026
523	There is a risk of a delay in provision of maternity care to service users in all areas due to staffing deficits and high acuity	Women's Health	Labour (DH)	11 Oct 2023	Alexandra Dyer	Tolerated Risk	2	3	6	08 Aug 2025	03 Aug 2027
3998	Pregnancies not being closed in EPIC following a miscarriage or TOP	Women's Health		07 Oct 2025	Sue Lawrence	Open Risk	2	3	6	27 Oct 2025	31 Jul 2026
153	Fetal Medicine Laboratory not UK Accreditation Service (UKAS) accredited	Women's Health	Harris Birthright (Fetal Medicine)	25 Jul 2022	Angro Syngelaki	Open Risk	2	3	6	14 Jan 2025	03 Aug 2026
3400	There is a risk to the safety to service users and staff at the Community Midwives Centre due to multiple window panes falling	Women's Health	Midwifery Community Care (DH)	13 Oct 2023	Ruth Redel	Tolerated Risk	1	4	4	19 Oct 2023	
3700	Delayed Transportation of Quadraple Samples from RCH to Birmingham	Women's Health	Harris Birthright (Fetal Medicine)	22 Jul 2024	Alexandra Dyer	Tolerated Risk	1	4	4	29 Jul 2024	17 Apr 2027
3762	CTG central monitoring and electronic recording	Women's Health	Labour (DH)	01 May 2024	Mitra Bahitani	Open Risk	2	2	4	08 Aug 2025	03 Aug 2026
3997	Inpatient Pharmacy Screening	Women's Health		17 Oct 2025	Sue Lawrence	Open Risk	1	4	4	27 Oct 2025	03 Aug 2026
3377	Inpatient Maternity Services currently do not have adequate ligature tight rooms for service users presenting with acute mental health crisis	Women's Health	Antenatal Care (PRUH)	14 Sep 2023	Care Baker	Tolerated Risk	1	4	4	11 Mar 2025	18 Aug 2026

## 8.0 Workforce

**8.1 Staffing:** table below illustrates the current vacancies within key maternity designations. Maternity Leave WTE Midwives: 9.34, Support Workers: 1.0, Obs & Gynae: 1.00. Sickness remains above trust average and mitigations are in place to control the gaps in staffing.

Staff Group (10%)	WTE	% Vacancy	WTE	% Vacancy	WTE	% Vacancy
	Nov	Nov	Dec	Dec	Jan	Jan
Midwives (5&6)	1.34	0.42%	4.38	1.39%	11.62	3.59%
MSW	23.52	32.76%	25.88	35.5%	39.96	44.72%
Obstetricians & Gynaecologists	-2.27	0.00%	-2.27	0%	-1.57	0%

## 8.2 Analysis of Red Flag

**8.2.1 PRUH:** During the reporting period, a total of 8 red flags were recorded at PRUH. The majority (63%) related to delays in starting the induction of labour (IOL) process. Delayed or missed care incidents accounted for 25%, and one incident (13%) involved a midwife being unable to provide continuous one-to-one care during established labour, which was promptly rectified. No red flags were recorded against other critical safety indicators such as timely pain relief, medication administration, or supervisory roles. The primary area for focused improvement is reducing delays in the initiation of IOL, with ongoing work in this area. The Birth Rate Plus acuity tool is used continuously to assess patient care needs and inform safe staffing allocations in real time. Despite periods of increased clinical demand, staffing gaps, and patient flow challenges, the service maintained safe staffing levels through coordinated deployment led by the flow team. This operational oversight, supported by acuity scores and red flag monitoring, ensured safe care delivery. Notably, one-to-one care during labour was maintained at 100%, as was the supernumerary status of the Band 7 labour ward coordinator, even during peak demand.

**8.2.2 DH:** Six red flag events were recorded at DH, with half related to delays in admission for induction of labour and starting the IOL process. Antenatal education proactively prepares women by discussing the flexibility of IOL timing to manage expectations. Delays and associated risks are closely monitored during twice-daily maternity huddles, where red flags are reviewed alongside overall acuity and real-time activity. Each service user undergoes multidisciplinary team (MDT) risk assessments, and where capacity allows, IOL is offered at the sister site (PRUH) to support timely care. Maternal and fetal wellbeing is continuously monitored, with consultant reviews for all women affected by delays to ensure safety. Communication with service users is prioritised to minimise negative impacts on their experience. This approach demonstrates a strong commitment to safe, patient-centred care despite operational pressures. Similarly, one-to-one care in labour and supernumerary status of the labour ward coordinator were maintained at 100% throughout.

**8.3 Training:** remains compliance with trust target

Fetal Monitoring	January (cross site)	February (Cross site)	Comment
Obstetric Consultants	96.3%	100%	
Obstetric trainees	93.9%	98.3%	
Midwives	96.3%	94.4%	
<b>Maternity Emergencies/MDT (PROMPT)</b>	<b>Cross site</b>	<b>Cross site</b>	
Obstetric Consultants	90.6%	96.9.2%	

Obstetric trainees	92.6%	91%
Midwives	93.2%	93.9%
MSWs & HCAs	95.5%	93.2%
Obstetric Anaesthetic Consultants	96.6%	96.6%
Obstetric anaesthetic trainees	91.1%	94.4%
<b>Neonatal Basic Life Support</b>	<b>January</b>	<b>February</b>
Neonatal Consultants	100%	100%
Neonatal trainees	100%	100%
Neonatal nurses	100%	98.7%
ANNP	100%	100%
Midwives	93.2%	93.9%

### 8.4 Staff Survey 2025 – Women’s Care Group (Division A): Key Summary

Staff remain proud of their work and teams, with strong local team culture acting as a protective factor. However, this is significantly offset by concerns regarding leadership, staffing, fairness, and wellbeing, contributing to declining morale and disengagement. See below the overall results for Women’s care group:

Year Responses People Promise and People Promise sub-themes	Women’s Health				
	2022	2023	2024	2025	24 v 25
			323	291	
	Score	Score	Score	Score	
<b>PP1 We are compassionate and inclusive</b>	<b>6.68</b>	<b>6.74</b>	<b>6.74</b>	<b>6.94</b>	<b>0.20</b>
PP1_1 Compassionate culture	6.94	6.92	6.88	6.97	<b>0.09</b>
PP1_2 Compassionate leadership	6.19	6.43	6.21	6.29	<b>0.09</b>
PP1_3 Diversity and equality	7.23	7.20	7.35	8.02	<b>0.68</b>
PP1_4 Inclusion	6.37	6.41	6.51	6.54	<b>0.02</b>
<b>PP2 We are recognised and rewarded</b>	<b>5.00</b>	<b>5.06</b>	<b>5.18</b>	<b>5.26</b>	<b>0.08</b>
<b>PP3 We each have a voice that counts</b>	<b>6.20</b>	<b>6.20</b>	<b>6.15</b>	<b>6.18</b>	<b>0.03</b>
PP3_1 Autonomy and control	6.53	6.51	6.48	6.43	<b>-0.05</b>
PP3_2 Raising concerns	5.86	5.88	5.82	5.95	<b>0.14</b>
<b>PP4 We are safe and healthy</b>	<b>5.15</b>	<b>5.16</b>	<b>5.37</b>	<b>5.56</b>	<b>0.19</b>
PP4_1 Health and safety climate	4.38	4.48	4.59	4.79	<b>0.20</b>
PP4_2 Burnout	4.03	4.05	4.33	4.46	<b>0.13</b>
PP4_3 Negative experiences	7.05	6.94	7.19	7.43	<b>0.23</b>
<b>PP5 We are always learning</b>	<b>4.89</b>	<b>5.09</b>	<b>4.93</b>	<b>5.11</b>	<b>0.18</b>
PP5_1 Development	5.89	5.99	5.71	5.88	<b>0.17</b>
PP5_2 Appraisals	3.90	4.23	4.14	4.36	<b>0.21</b>
<b>PP6 We work flexibly</b>	<b>5.40</b>	<b>5.38</b>	<b>5.44</b>	<b>5.28</b>	<b>-0.16</b>
PP6_1 Support for work-life balance	5.27	5.35	5.52	5.39	<b>-0.13</b>

PP6_2 Flexible working	5.55	5.44	5.37	5.16	-0.20
<b>PP7 We are a team</b>	<b>6.08</b>	<b>6.21</b>	<b>6.18</b>	<b>6.27</b>	<b>0.10</b>
PP7_1 Teamworking	6.15	6.13	6.27	6.34	0.07
PP7_2 Line management	6.02	6.29	6.10	6.21	0.11
<b>E Staff engagement</b>	<b>6.45</b>	<b>6.42</b>	<b>6.37</b>	<b>6.49</b>	<b>0.12</b>
E_1 Motivation	6.59	6.58	6.59	6.75	0.16
E_2 Involvement	6.24	6.29	6.14	6.19	0.04
E_3 Advocacy	6.50	6.41	6.36	6.54	0.18
<b>M Morale</b>	<b>5.01</b>	<b>5.07</b>	<b>5.17</b>	<b>5.38</b>	<b>0.21</b>
M_1 Thinking about leaving	5.32	5.23	5.26	5.64	0.38
M_2 Work pressure	3.93	4.09	4.31	4.59	0.28
M_3 Stressors	5.80	5.89	5.95	5.90	-0.04

**8.4.1 Key Themes across Women’s Care group:** Feedback across the Women’s Care Group highlights workforce pressures, with staffing reporting fatigue and wellbeing concerns. Other themes related to career progression, recruitment processes and access to training. Despite these challenges, strong teamworking, peer support and a clear commitment to patient care and organisational values continue to be evident across services.

**8.4.2 Perinatal Culture Leadership Program:** To address the issues that have been raised, and in response to CQC’s identification that the Well-led domain requires improvement, a focused programme of work is underway to strengthen perinatal leadership and culture. Targeted support has been commissioned for the senior leadership team, identifying key areas for development including communication, role clarity, leadership alignment, and trust across the team. A structured coaching and leadership development programme is in progress, with further work planned to improve alignment across the Heads of Midwifery, Directors of Midwifery, and Women’s care Group Quadrumvirate leadership team. Clear behavioural standards have been co-developed and are being embedded across senior and Band 8 leadership, with sessions planned to ensure consistent application and oversight. A wider leadership event is scheduled to align senior, operational, and executive leaders on future expectations and direction. In parallel, work is underway to better understand staff experience, particularly at Band 7 level, to co-produce practical initiatives that support a positive, inclusive, and open culture across the service. This programme is part of the wider maternity strategy and CQC action plan. Progress will be monitored through governance structures, including a repeat SCORE culture survey at the end of 2026 to assess improvement against the 2024 baseline. All band 7 labour ward coordinators would have completed a bespoke program of leadership in two cohorts by Sep 2026. Cohort one has already completed their program in Feb 2026.

**8.4.3 Staff Survey 2025 vs 2024: Key Themes (RAG Rated with CQC Alignment)**




Theme	CQC Domain	RAG	Trend vs 2024	Summary of Issue
Workforce	Safe	Red	↔ No significant improvement	Ongoing high workload, burnout, and retention risks
Culture	Well-led	Red	↔ No significant improvement	Consistent communication across leadership teams, visibility and trust concerns raised are acted on
Staff Voice	Well-led	Yellow	↔ Static	Variable confidence in promotion of speaking up
Wellbeing	Safe / Well-led	Yellow	improvement	Morale and stress at work

Theme	CQC Domain	RAG	Trend vs 2024	Summary of Issue
Equality, Fairness	Responsive / Well-led	Yellow	↑ Improvement	Improved inclusion scores, but concerns remain re: fairness and career progression
Development	Effective	Yellow	↑ Improvement	Improved access to appraisals, but challenges remain due to staffing pressures
Teamworking	Caring	Green	↑ Improvement	Strong team support, pride in work, and positive local culture

**8.4.3 Next Stage:** The Care Group is required to co-produce an action plan for submission to the Organisational Development (OD) and Equality, Diversity and Inclusion (EDI) lead by 10 April. A draft action plan has been developed and is currently undergoing stakeholder review prior to final submission.

Action	Lead	Deadline	RAG Status	Progress Update	Next Steps
Monthly Staff Engagement	Director of midwifery	Ongoing (monthly)	Green	Sessions established	Continue promotion; ensure feedback loop is visible
Launch Incivility Working Group	PMA cross site	June 2026	Red	Scope defined; membership being confirmed	Finalise TOR; launch and communicate widely
PMA Annual Work Plan	PMA Leads	June 2026	Yellow	Draft plan to be developed	Publish plan; align with wellbeing priorities
Quick Wins (Facilities & Equipment)	General Manager/Heads of service	August 2026	Yellow	Issues identified from staff	Prioritise actions; secure funding; track delivery
Perinatal Culture & Leadership Programme	Quadrumvirate	September 2026	Yellow	Commenced sep 2025 and is underway	Publish review and how actions will be monitored
Anti-Racism Programme (NHSE-funded)	EDI Lead	December 2026	Red	Initial planning discussions underway	Finalise timeline
Reverse Mentoring Programme	HR / EDI Lead	October 2026	Red	Not yet initiated	Introductory dates to be arranged
Career Development Communications	Workforce Lead	June 2026	Green	Quarterly Communication plan	monitor uptake correlated with appraisals
“Back to the Floor” Programme	Senior Leadership Team	September 2026	Red	Concept agreed; not yet standardised	Co-produce with staff
Safety Champion Walkabouts (Annual Plan)	Perinatal safety champions	May 2026	Green	Dates scheduled	Publish calendar
Inclusive Recruitment Monitoring	HR Lead/workforce lead for women’s care group	Biannually Review case studies that staff have raised	Yellow	Some audits in place	report biannually

**9.0 Perinatal safety champion:** Perinatal safety champion activity has been undertaken across the PRUH site, including labour ward, triage, MAU, the bereavement suite and Oasis. The lifecycle project highlights that current infrastructure limitations particularly in high-risk areas such as the labour ward—pose potential risks to safe care and business continuity and must be addressed to enable the project to progress.

King's Perinatal Safety Champions' walkabouts February 2026		King's College Hospital NHS Foundation Trust	
Location	Observations and issues raised	Actions taken	
<b>PRUH Labour ward, MAU, Triage TC, MB, CB accompanied by Head of midwifery flow Matron</b>	Review of life cycle program and implications for the service due to <b>estate risks</b> , including electrical capacity and clinical environment limitations, risk of delay. Review of the lifecycle programme to confirm scope, timelines, and inclusion of required upgrades. <b>Review of inflatable pool use on labour ward</b> with the Head of Midwifery working with Infection Prevention and Control (IPC) to assess safety and compliance <b>Decant planning:</b> identification of suitable decant space remains a significant challenge, as this is not included within the PFI agreement. The Trust is required to identify alternative capacity, with an estimated need for <b>20 beds</b> during lifecycle works These actions are being progressed through governance structures to ensure risks are mitigated and service continuity is maintained.	Continue to review BSOTS audit Follow up on action proposed for twilight shift similar to DH to improve doctors review  TC to escalate actions related to Entonox and strategic oversight of life cycle program <b>Incorporate findings into the Care Group action plan, including opportunities to optimise use of space (e.g. Oasis) to support staff wellbeing</b> These actions will be monitored through governance structures to ensure timely progress and risk mitigations	<b>Tracey Carter</b> Executive   <b>Christine Beasley</b> Non Executive   <b>Midwifery frontline Lead Mitra Bakhtiari</b> Midwifery 
	<b>PRUH Bereavement suite TC, MB, CB accompanied by Head of midwifery flow Matron</b>	Discuss challenges of keeping noise level controlled as the suite is opposite the induction bay.  Discussed the QI project for inductions designed to delayed processes at various stages  No related incidents	Monitor patient experience Recruitment underway to support gaps in bereavement support alongside bereavement champions at PRUH.  Gaps mitigated utilizing support from DH

## 10.0 External assurance and compliance

### 10.1 CQC Maternity Inspection

10.1.1 The Care Quality Commission (CQC) has published its report following the unannounced inspection of KCH maternity services at DH and PRUH, undertaken on 8–9 April 2025, with follow-up staff engagement sessions in June 2026. The service has been rated Requires Improvement overall, unchanged from 2022; however, the report recognises clear progress across several domains and highlights areas of strong performance. The Effective and Responsive domains have improved from Requires Improvement to Good, and Caring remains Good. The report also acknowledges positive practice and improvements made since the last inspection. Areas requiring further focus relate primarily to culture, leadership perception, and consistency in some safety processes.

10.1.2 In response, an action plan has been developed (Appendix 7), supported by cross-site stakeholder sessions to finalise and embed the actions. Key priorities include strengthening fundamentals of care, improving documentation and ward-level safety checks, enhancing staff engagement, and continuing to build a positive safety culture. Early progress is already evident, with training compliance above 90%, 95% of guidelines now in date, improving ward safety checks overall 86%. Perinatal Leadership Culture Programme is in progress with strong MNVP partnership, and monthly staff sessions. Unlike the previous inspection, the service has not entered the Maternity Safety Support Programme, reflecting completion of several areas highlighted at the time of inspection. Enhanced oversight from the London maternity and perinatal

team will continue a six-monthly basis, with the most recent visit in February 2026 and the summary report awaited.

10.1.3 Leadership development remains a core focus, including participation in a bespoke anti-racism and EDI leadership programme, alongside ongoing work to strengthen inclusive recruitment, flexible working, staff wellbeing, and professional midwifery advocacy as well as a Band 7 labour ward coordinator development programme. Collectively, agreed actions provide a structured, measurable route to sustained improvement, with clear indicators that will enable the Trust Board to track progress and gain assurance over the next 6–12 months. Table below outlines how improvement will Be delivered and measured as action plan is progressing.

Area of Focus	What Will Be Different	How Improvement Will Be Measured	Assurance to the Board
<b>Quality &amp; Safety Fundamentals</b>	Consistent documentation, ward-level safety checks, and strengthened fundamentals of care across both sites	Weekly audit of Safety-check completion rates above 95% • Guideline update above currently 95%	Monthly reporting through Women’s Care Group governance and Quality Committee
<b>Training &amp; Capability</b>	Sustained high training compliance and improved clinical leadership capability	• Mandatory training compliance (>90%) • Uptake of leadership programmes in line with RCM benchmark • Competency assessments	Quarterly workforce and training dashboards EDI, WRES metrics
<b>Culture &amp; Staff Experience</b>	Structure program of visible leadership, with parameters co-produced with staff aim to improved psychological safety, and stronger staff voice	• Culture survey in 2026 • MNVP feedback • Engagement in Perinatal Culture Programme	Biannual culture reports and LMNS benchmarking
<b>Leadership Development</b>	Clear, confident, inclusive leadership at all levels, supported by targeted programmes in line with appraisals	• Participation in EDI leadership programme • ongoing Band 7 coordinator development progress • Recruitment and retention metrics	Oversight through Workforce Committee and executive walkarounds
<b>Service Responsiveness &amp; Patient Experience</b>	Triangulation of quality and safety aligned with CQC “Good” domains	• Patient experience feedback • Complaints themes • MNVP partnership insights	Quarterly patient experience reports
<b>External Oversight &amp; System Learning</b>	Continued external scrutiny and shared learning across the LMNS	• Six-monthly London maternity/perinatal oversight reports • LMNS comparative data	Regional oversight, SWL, SEL quality and safety oversight

## 10.2 Interim Amos report

The interim report published on 26 February 2026 highlights significant national concerns across maternity and neonatal services, including inconsistent and unsafe care, workforce pressures, poor estate conditions, structural racism, and cultural issues affecting transparency and

accountability. Although final recommendations will follow in spring 2026, the findings reinforce the need for strengthened leadership, equity, and safety across all services. Following publication, the London regional team met with Heads and Directors of Midwifery to review the implications. Trusts are expected to assess their position against the emerging national themes staffing, culture, racism, and accountability identify areas requiring early action, and align this work with existing maternity and neonatal improvement plans. This is in readiness ahead of the publication of full report. In response to the report's findings on discrimination and inequity, NHS England has launched a bespoke anti-racism development programme for senior managers, beginning in summer 2026. Senior leaders from the organisation will participate, with learning embedded into local governance, culture, and improvement activity.

### 10.3 Home birth services

The tragic death of Cahill and her baby during a home birth in Manchester, following coronial findings by HM Coroner for Manchester, has contributed to increased national focus on the safety and governance of home birth services. This has prompted emerging national review and discussion regarding consistency of risk assessment, escalation, and clinical oversight within home birth pathways. In response and in anticipation of further national guidance, the Trust has initiated local actions, including the establishment of a Home Birth Forum to strengthen governance, standardise processes, and ensure robust multidisciplinary oversight cross site. This work aligns with the wider choice and personalisation agenda, while ensuring women are safety supported in their choice. In addition, there is ongoing work to ensure staff are upskilled to be able to support home birth.

### 10.4 Maternity Incentive Scheme (MIS) – Year 8 Summary (Published 31 March 2026)

**10.4.1** MIS in year 8 has simplified the scheme to be more outcomes-focused, designed to reduce administrative burden and strengthening Board oversight. (Appendix 8). Key changes include reduction from 10 safety actions to 6 core areas, simplifying requirements and focusing on areas of the greatest impact. This is particularly around stronger evidence for equity, service-user voice, and culture that includes peer reviews and shared evidence repositories.

#### 10.4.2 The Six Core Safety Areas

**A. Workforce and Capacity:** Ensuring safe staffing levels, appropriate skill mix, and sustainable workforce planning.

**B. Training:** Strengthening mandatory and multidisciplinary training to maintain competency in safety-critical areas.

**C. Learning from Reviews & Investigations:** High-quality incident reviews, timely learning, and evidence of improvement.

**D. Service-User Voice and Equity:** Embedding co-production with women and families, improving equity, and addressing inequalities in outcomes.

**E. Care Bundles:** Implementing evidence-based clinical care bundles to reduce avoidable harm.

**F. Board Oversight, Governance, Culture & Leadership:** Ensuring Boards maintain strong oversight of maternity safety, culture, and risk.

## 11.0 User group feedback

**11.1 Summary of HWB Report – Maternity Services at KCH:** The Healthwatch report (Appendix 9) highlights positive experiences of compassionate care within maternity services, alongside challenges relating to communication, postnatal care, staffing pressures, and the estate. The Trust has acknowledged the findings and is progressing actions aligned to existing improvement programmes, included in the existing CQC maternity survey action plan. Overall, this provides assurance of strong frontline care, with targeted work underway to address system and environment-related improvements.

**11.2 Infant Feeding Walk the Patch :** Feedback (Appendix 10) highlights consistently compassionate care, particularly from the infant feeding team, though inconsistencies in advice, communication and limited overnight support continue to affect experience. Overall care remains positive, with targeted improvements required in consistency, coordination and timely access to feeding support. The Trust is preparing for the Baby Friendly Initiative (BFI) Stage 2 Assessment on 15–16 April. UNICEF assessors will meet with BFI Leads, MNVP representatives and leaders from maternity and neonatal services to review how BFI standards are embedded. Key improvement actions include the daily ward talk for all families, an additional session for women with babies in NICU, and the introduction of community 1:1 clinic to improve access and equity. Further development of antenatal education is underway following changes to external provision.

**11.3 Southwark Commissioning Report:** Southwark Council's commissioning report highlighted that Black women continue to report poorer experiences of maternity care, including feeling unheard, experiencing bias, and facing barriers in communication and continuity. In response, King's College Hospital and Guy's & St Thomas' have been meeting with Southwark Council to agree a joint improvement approach focused on equity, trust, and culturally competent care. Both trusts have developed a shared action plan that strengthens anti-racist and culturally competent practice, improves communication and real-time feedback, expands continuity of care, and engagement with local Black communities through the MNVP and a new Black Maternity Advisory Group. Work is also underway to improve monitoring of outcomes by ethnicity and ensure transparent reporting to commissioners. A cross-site stakeholder session is arranged, ensuring that there is ongoing review of the lived experiences of Black women that can directly shape service improvement.

**12.0 Overall Summary:** Maternity and neonatal services at KCH continue to demonstrate good clinical outcomes, effective governance and a sustained focus on safety and improvement. Perinatal mortality remains stable across both sites, and the Trust has achieved full compliance with MIS Year 7 while preparing for Year 8 from April 2026. Following the March 2026 CQC Maternity Report, the service has shown clear progress, with training compliance above 90%, over 86% ward-safety-check completion, 95% of guidelines in date, and a full equipment review completed, including PAT testing and replacements now monitored centrally. Strengthened staff engagement, MNVP partnership working, visible leadership, expanding PMA capacity, and ongoing EDI, wellbeing and culture programmes provide strong assurance that CQC priorities are being addressed and sustained improvement is being embedded. Workforce pressures and wellbeing remain key priorities, supported by the perinatal culture programme, EDI initiatives and enhanced staff engagement. External assurance from the London regional team has been positive, and continuous learning from incidents, PMRT, PSIRF and MNSI reviews continues to drive improvement. Overall, the evidence demonstrates that services remain safe, responsive and aligned with the Perinatal Quality Oversight Model and national maternity priorities.

### 13.0 Appendices

Appendix No.	Title
Appendix 1	MBRRACE-UK perinatal mortality report: 2024 births
Appendix 2	MNSI update to Trusts
Appendix 3	Digital update: outcome indicators
Appendix 4	ATAIN update
Appendix 5a	MI-046061
Appendix 5b	MI-044718
Appendix 6a	KCH PMRT - Perinatal Mortality Reviews Summary Report 1/4/2024 to 31/3/2025
Appendix 6b	KCH PMRT - Perinatal Mortality Reviews Summary Report 1/4/2025 to 31/3/2026
Appendix 7	CQC maternity action plan
Appendix 8	Maternity (Perinatal) Incentive Scheme Year 8 v1.0
Appendix 9	HWB maternity report
Appendix 10	Walk the patch infant feeding

**All appendix other than 1,3 & 4 are in the reading room on diligent.**

## King's College Hospital NHS Foundation Trust

### MBRRACE-UK perinatal mortality report: 2024 births

This report concerns stillbirths and neonatal deaths among the 7,484 babies born within your Trust in 2024. It includes details of the stillbirths and neonatal deaths for births that occurred in your Trust in 2024, as well as background information on all births.

- Birth numbers are obtained from routine data sources and may not match locally recorded numbers.
- Births before 24 completed weeks gestational age and all terminations of pregnancy are EXCLUDED.
- Neonatal deaths are reported by place of birth, irrespective of where the death occurred, as denominator data on the place of care is not available for all births.

#### Key messages

##### All deaths

1. Your stabilised & adjusted stillbirth rate is **3.46 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.
2. Your stabilised & adjusted neonatal mortality rate is **1.88 per 1,000 live births**. This is more than 15% lower than the average for similar Trusts & Health Boards.
3. Your stabilised & adjusted extended perinatal mortality rate is **5.35 per 1,000 total births**. This is lower than the average for similar Trusts & Health Boards.

##### Excluding deaths due to congenital anomalies

1. Your stabilised & adjusted stillbirth rate excluding deaths due to congenital anomalies is **3.09 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.
2. Your stabilised & adjusted neonatal mortality rate excluding deaths due to congenital anomalies is **1.18 per 1,000 live births**. This is lower than the average for similar Trusts & Health Boards.
3. Your stabilised & adjusted extended perinatal mortality rate excluding deaths due to congenital anomalies is **4.27 per 1,000 total births**. This is around the average for similar Trusts & Health Boards.

Full details of your perinatal mortality rates can be found on page 2.

#### Recommended actions

The stabilised & adjusted mortality rates for your Trust were similar to, or lower than, those seen across similar Trusts and Health Boards. However, if the aspiration of your Trust is to seek rates comparable with the best performing countries, for example those in Scandinavia, ensure that a review using the Perinatal Mortality Review Tool (PMRT) has been carried out for all the deaths in this report to assess care, identify and implement service improvements to prevent future similar deaths.

#### Definitions

<i>Late fetal loss:</i>	A baby born between 22 and 23 completed weeks gestational age showing no signs of life, irrespective of when the death occurred.
<i>Stillbirth:</i>	A baby born at or after 24 completed weeks gestational age showing no signs of life, irrespective of when the death occurred.
<i>Neonatal death:</i>	A live born baby who died up to 28 completed days after birth.
<i>Extended perinatal death:</i>	A stillbirth or neonatal death.

# 1. Your perinatal mortality rates

The mortality rates are reported for babies born within your Trust at 24 completed weeks gestational age or later, excluding terminations of pregnancy. The **crude mortality rate** is the number of deaths for every 1,000 births (or 1,000 live births for neonatal mortality) and is a snapshot of mortality for babies born within your Trust in 2024. However, this can be misleading as a measure of the underlying (or long-term) mortality rate due to chance variation and differences between Trusts and Health Boards in the proportion of high risk pregnancies. The **stabilised & adjusted mortality rate** provides a more reliable estimate of the underlying mortality rate, accounting for mother's age, socio-economic deprivation, baby's sex and ethnicity, multiplicity, and (for neonatal deaths only) gestational age at birth. While it is not possible to adjust for all potential risk factors, these measures do provide an important insight into the perinatal mortality for births within your Trust in 2024.

A more detailed explanation of the different types of mortality rates can be found in the [guide to our methods](#).

To account for the wide variation in case-mix, all Trusts and Health Boards have been classified hierarchically into five comparator groups: (i) Level 3 Neonatal Intensive Care Unit (NICU) and surgical provision; (ii) Level 3 NICU; (iii) 4,000 or more births per annum at 22 weeks or later; (iv) 2,000-3,999 births per annum at 22 weeks or later; (v) under 2,000 births per annum at 22 weeks or later.

**Your Trust has been included in the comparator group with a Level 3 NICU and neonatal surgical provision.**

## Perinatal mortality (all deaths)

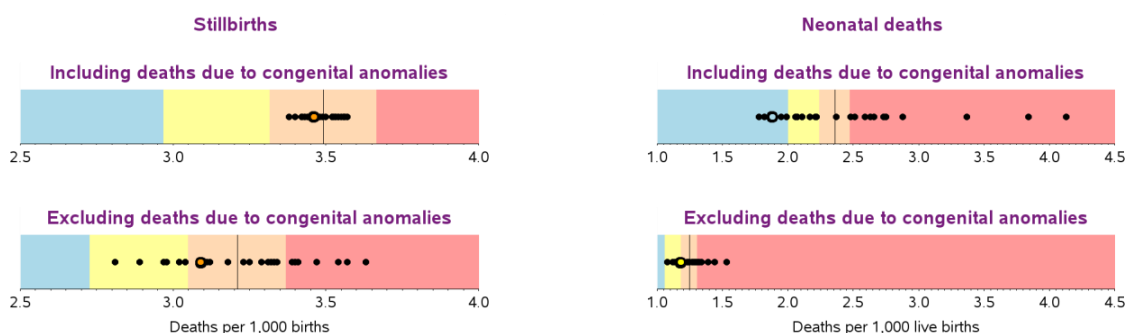
Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	22	2.94	3.46 (2.81 to 4.06)	● Up to 5% higher or up to 5% lower
Neonatal	9	1.21	1.88 (1.25 to 2.79)	● More than 15% lower
Extended perinatal	31	4.14	5.35 (4.57 to 6.68)	● More than 5% and up to 15% lower

## Perinatal mortality (excluding deaths due to congenital anomalies)

Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	21	2.81	3.09 (2.39 to 3.97)	● Up to 5% higher or up to 5% lower
Neonatal	6	0.80	1.18 (0.85 to 1.63)	● More than 5% and up to 15% lower
Extended perinatal	27	3.61	4.27 (3.53 to 5.35)	● Up to 5% higher or up to 5% lower

## Comparisons with similar Trusts and Health Boards

Your estimated stabilised & adjusted mortality rate for each type of death has been compared with the average mortality rate for Trusts and Health Boards in the same comparator group and is shown below as a coloured circle:



- more than 15% lower than the average for the group
- more than 5% and up to 15% lower than the average for the group
- up to 5% higher or up to 5% lower than the average for the group
- more than 5% higher than the average for the group

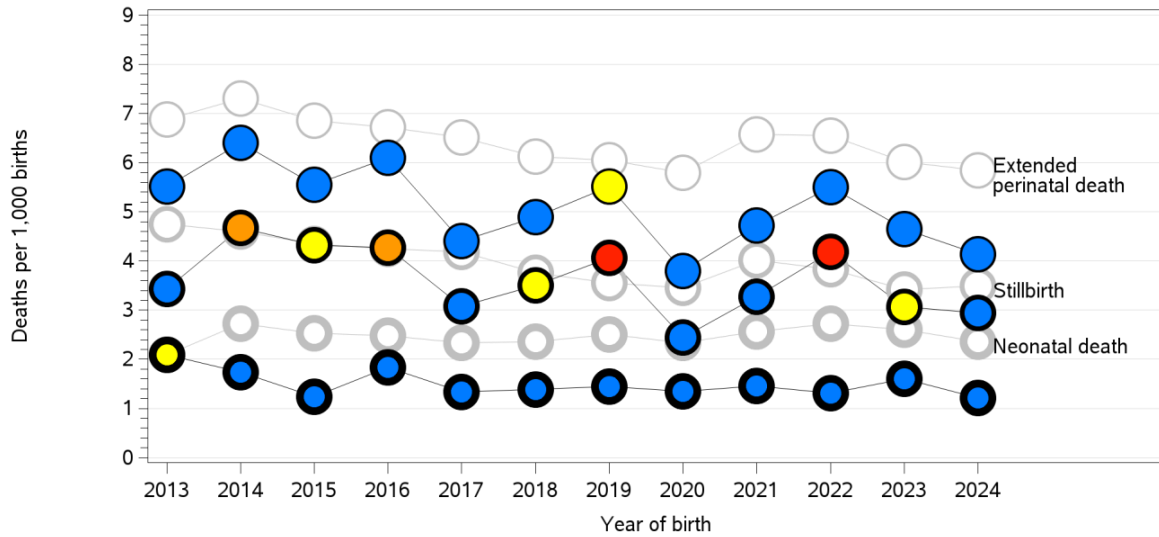
Trusts and Health Boards whose mortality rates are marked ● or ● should carry out an initial investigation of their data quality and possible contributing local factors that might explain the high rate. Irrespective of where they fall in the spectrum of national performance all Trusts and Health Boards should use the national PMRT to review all their stillbirths and neonatal deaths.

## 2. Mortality rates over time

### Crude mortality by year of birth (all deaths)

Crude mortality rates for each type of death compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth.

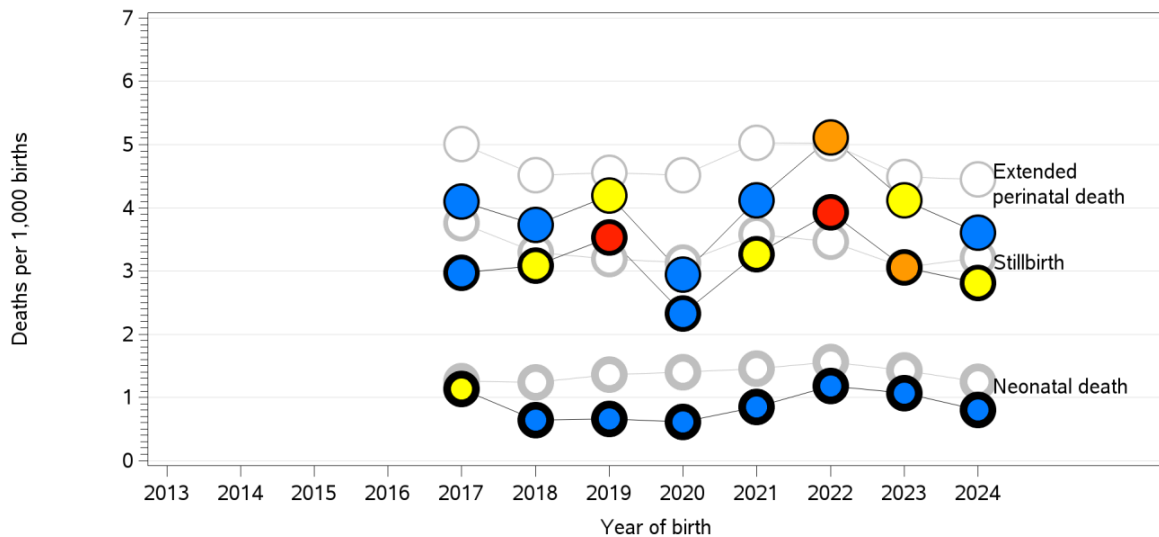
Due to updates to the data, these results might differ slightly from those in previous reports.



### Crude mortality by year of birth (excluding deaths due to congenital anomalies)

Crude mortality rates for each type of death, excluding deaths due to congenital anomalies, compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth. Rates are reported from 2017 onwards.

Due to updates to the data, these results might differ slightly from those in previous reports.

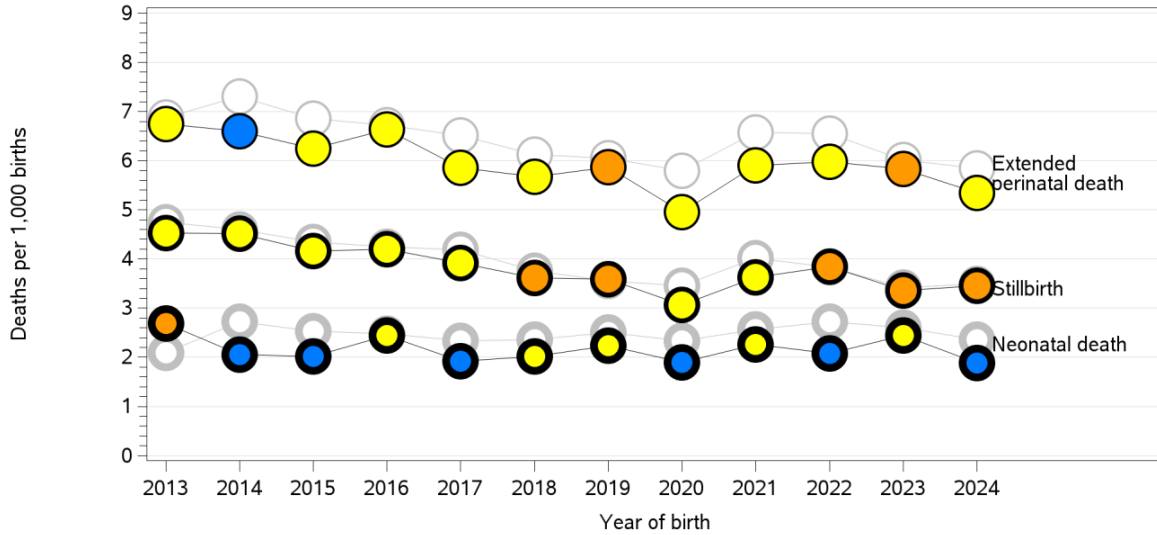


## Mortality rates over time *continued*

### Stabilised & adjusted mortality by year of birth (all deaths)

Stabilised & adjusted mortality rates for each type of death compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth.

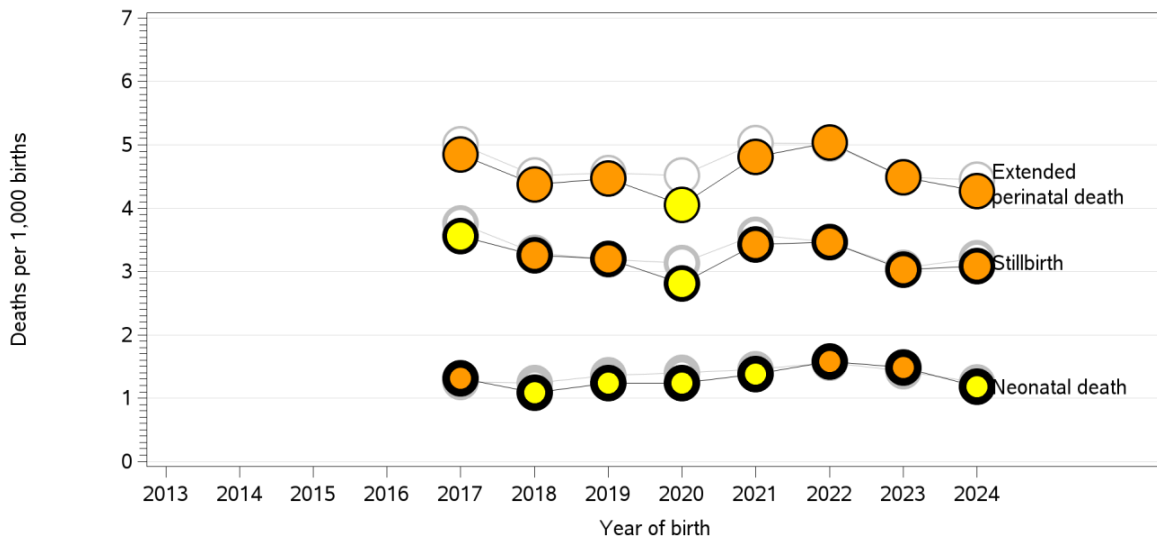
Due to updates to the data and improvements to the statistical methodology used, these results might differ slightly from those in previous reports.



### Stabilised & adjusted mortality by year of birth (excluding deaths due to congenital anomalies)

Stabilised & adjusted mortality rates for each type of death, excluding deaths due to congenital anomalies, compared to the average mortality rate for Trusts and Health Boards in the same comparator group (shown in grey) by year of birth. Rates are reported from 2017 onwards.

Due to updates to the data and improvements to the statistical methodology used, these results might differ slightly from those in previous reports.



### 3. Your perinatal deaths

#### Deaths of babies born within your Trust

The crude mortality rates reported here are for babies born within your Trust, excluding births before 24 weeks gestational age and all terminations of pregnancy, together with the equivalent UK-wide rates.

These rates are subject to random variation, especially when the number of deaths is small. Stabilised & adjusted mortality rates are presented on page 2 which provide more reliable estimates of the underlying (long-term) mortality rates for your Trust.

Rates per 1,000 births		Stillbirths						Neonatal Deaths				Extended perinatal deaths	
		Antepartum		Intrapartum		Unknown		Early		Late			
Your Trust	Rate (N)	2.7	(20)	0.1	(1)	0.1	(1)	0.8	(6)	0.4	(3)	4.1	(31)
UK-wide	Rate	2.9		0.2		0.1		1.0		0.6		4.8	

The rates of extended perinatal death for your Trust, by gestational age at delivery, are shown below. Equivalent UK-wide rates are also shown for comparison.

Rates per 1,000 births		Extended perinatal deaths by gestational age									
		24 <sup>+0</sup> – 27 <sup>+6</sup>		28 <sup>+0</sup> – 31 <sup>+6</sup>		32 <sup>+0</sup> – 36 <sup>+6</sup>		37 <sup>+0</sup> – 41 <sup>+6</sup>		≥ 42 <sup>+0</sup>	
Your Trust	Rate (N)	128.2	(5)	80.6	(5)	17.0	(9)	1.6	(11)	0.0	(0)
UK-wide	Rate	323.7		90.9		17.0		1.7		2.4	

#### Place of neonatal death by gestational age

In the table below, information is shown that differentiates between the neonatal deaths of live born babies who were born and subsequently died within your Trust and those who were born within your Trust but died elsewhere. The percentage and number of babies in each group is shown by gestational age at birth.

Place of Death		Gestational group									
		24 <sup>+0</sup> – 27 <sup>+6</sup>		28 <sup>+0</sup> – 31 <sup>+6</sup>		32 <sup>+0</sup> – 36 <sup>+6</sup>		37 <sup>+0</sup> – 41 <sup>+6</sup>		≥ 42 <sup>+0</sup>	
Within your Trust	% (N)	100%	(2)		(0)	100%	(2)	100%	(4)		(0)
Outside your Trust	% (N)	0%	(0)		(0)	0%	(0)	0%	(0)		(0)

#### Post-mortem

The percentage of stillbirths and neonatal deaths for which parents were offered a post-mortem examination is given below, differentiating between those who were born and subsequently died within your Trust and those who were born within your Trust but died elsewhere.

For births within your Trust, a post-mortem was offered for 91% of stillbirths and 67% of neonatal deaths, compared with 97% and 90% UK-wide.

Place of Death		Post-mortem offered (as % of deaths)					
		Stillbirths			Neonatal Deaths		
Within your Trust	% (n/N)	91%	(20/22)	67%	(6/9)		
Outside your Trust	% (n/N)	Not applicable			(0/0)		
UK-wide	%	97%		90%			

The percentage of post-mortems offered or for which consent was obtained and where the cause of death was reported to MBRRACE-UK as Unknown is shown below. You should ensure that the cause of death on the MBRRACE-UK data reporting system is updated once the post-mortem results are known.

Cause of death		Post-mortem			
		Offered		Consent obtained	
Unknown	% (N)	100%	(12/12)	25%	(3/12)

## Your perinatal deaths *continued*

### Cause of death

The tables below describe the cause of death reported to MBRRACE-UK for stillbirths which occurred in your Trust and for neonatal deaths of babies who were born in your Trust. They are listed by the primary categories of the [‘Cause Of Death & Associated Conditions’ \(CODAC\)](#) system of death classification.

Congenital anomaly is reported as the cause of death for all deaths where a congenital anomaly is coded as either the primary cause of death or an associated condition.

In order to ensure accurate, consistent reporting using the CODAC system of death classification, Trust and Health Board Perinatal Review groups should focus on the quality of cause of death coding.

			Infection		Neonatal		Intrapartum		Congenital anomaly		Fetal	
Stillbirths	Your Trust	% (N)	13.6%	(3)	0.0%	(0)	0.0%	(0)	4.5%	(1)	0.0%	(0)
	UK-wide	%	4.7%		1.6%		1.3%		7.2%		4.4%	
Neonatal Deaths	Your Trust	% (N)	22.2%	(2)	11.1%	(1)	0.0%	(0)	33.3%	(3)	22.2%	(2)
	UK-wide	%	7.5%		41.0%		1.2%		34.9%		3.5%	

			Cord		Placental		Maternal		Unknown		Missing	
Stillbirths	Your Trust	% (N)	0.0%	(0)	22.7%	(5)	0.0%	(0)	54.5%	(12)	4.5%	(1)
	UK-wide	%	4.6%		34.5%		3.4%		35.6%		2.6%	
Neonatal Deaths	Your Trust	% (N)	0.0%	(0)	11.1%	(1)	0.0%	(0)	0.0%	(0)	0.0%	(0)
	UK-wide	%	0.0%		3.2%		0.5%		7.0%		0.9%	

### Babies born at 22 to 23 weeks gestational age

It is vital for MBRRACE-UK to be able to present perinatal mortality rates from 22 weeks gestational age onwards, as recommended by the World Health Organization, in order that UK rates can be compared internationally. As there is no statutory registration of late fetal losses at 22 and 23 weeks gestational age, it is essential that your Trust ensures that there is a rigorous system for reporting these deaths to MBRRACE-UK.

The number of late fetal losses at 22 and 23 weeks gestational age reported by your Trust for babies born in 2024 was 8. Please continue to review this information in order to ensure that all late fetal losses are reported to MBRRACE-UK.

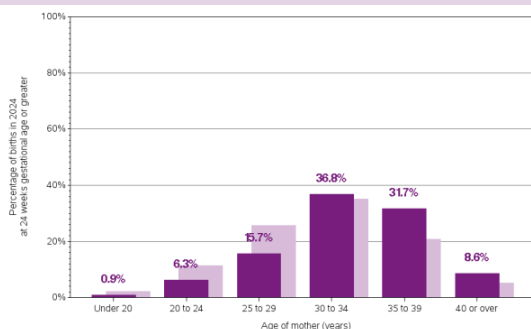
		Deaths of babies born at 22 to 23 weeks gestational age	
		Late fetal losses	Neonatal deaths
Your Trust	N	8	2

## 4. Your births

### Age of mother

The proportion of mothers aged 35 years old or older was considerably higher than that of the UK as a whole: 40.3% versus 25.9%.

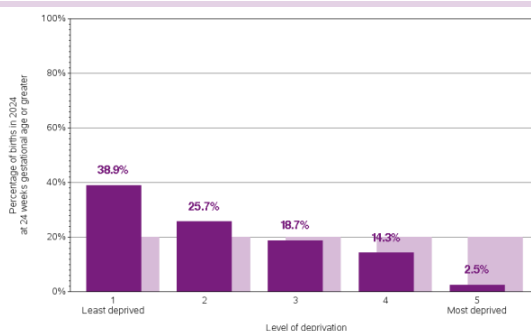
Across the UK the mothers were: 2.3% under 20; 11.3% 20 to 24; 25.6% 25 to 29; 35.0% 30 to 34; 20.8% 35 to 39; 5.1% 40 and over.



### Socio-economic deprivation

This graph shows the distribution of births by level of deprivation, based on the postcode of the mother's residence and using the [Children in low income families: local area statistics](#).

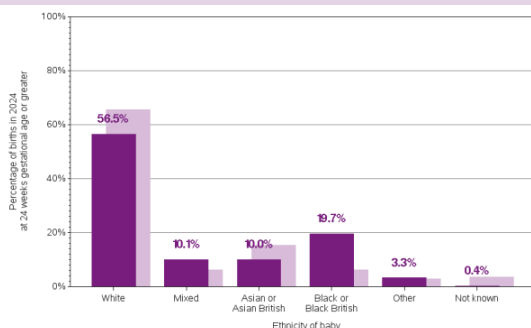
The mothers giving birth in your Trust were considerably less likely to live in areas of high deprivation than those giving birth across the UK as a whole.



### Ethnicity of baby

The proportion of babies of non-White ethnicity was considerably higher than that of the UK as a whole: 43.2% versus 30.9%.

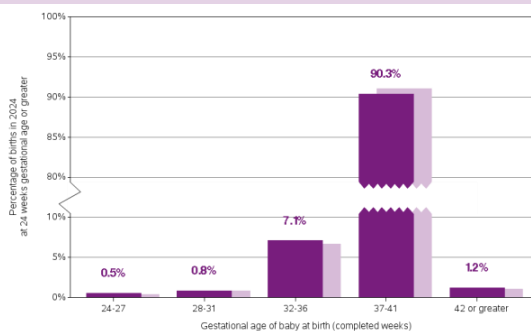
In the national MBRRACE-UK Perinatal Mortality Surveillance Report it was shown that mortality rates were higher for babies of Asian, Asian British, Black and Black British ethnicity compared with babies of White ethnicity.



### Gestational age

In your Trust, 39 babies (0.5%) were born at 24 to 27 weeks gestational age, similar to the 0.4% seen in the UK as a whole. The percentage of babies born at 28 to 31 weeks was also similar to the national average: 0.8% versus 0.8%.

In addition, 89 babies (1.2%) were born post-term (42 weeks or greater), a lower percentage than the UK average of 1.1%.

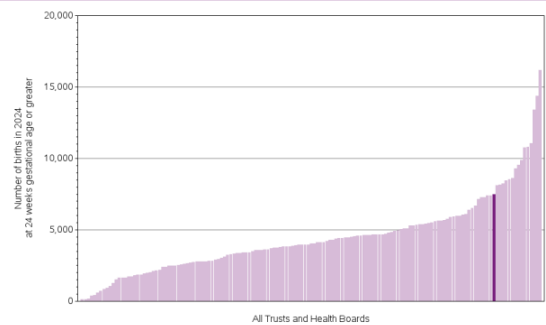


## Your births *continued*

### Number of births

There were 7,484 births in your Trust at 24 weeks gestational age or later, excluding terminations of pregnancy.

The purple line in the graph opposite shows that the number of births in your Trust puts you in the highest third of all Trusts and Health Boards in the UK.



### Percentage of births taking place in your Trust by commissioning organisation

The table below provides the percentage and number of births in your Trust at 24 weeks gestational age or later from each of the commissioning organisations for which over 1% of their births at 24 weeks gestational age or later occurred within your Trust. These organisations are Sub-Integrated Care Boards (Sub-ICBs) in England, Health Boards in Scotland and Wales and Local Commissioning Groups (LCGs) in Northern Ireland.

In total, the births from these organisations accounted for 95.5% of your births at 24 weeks gestational age or later in 2024.

Commissioning organisation	% Births (N)	Commissioning organisation	% Births (N)
1. NHS South East London ICB - 72Q	32.5% (6473)	2. NHS South West London ICB - 36L	4.0% (671)

## 5. Data reporting

### Completeness of key data items for DEATHS AT YOUR TRUST

It is vital that complete, accurate data is reported to MBRRACE-UK. For births in 2024, we received 97% of information on key data items for the deaths which occurred within your Trust.

The tables below provide details of completeness for key items in the data collection form. While the rest of this report concerns babies born within your Trust, these tables show the overall completeness of data for **deaths at your Trust no matter where they were born**. The percentage of data reported is given for each item, together with a coloured diamond denoting the level of completeness:

- ◆ less than 70.0% complete
  - ◆ 70.0% to 84.9% complete
  - ◆ 85.0% to 96.9% complete
- ◆ 97.0% to 99.9% complete
  - ◆ 100% complete

These data items have been assessed as they are all readily available and essential to the accurate reporting of extended perinatal mortality for your Trust. For those items scoring red, orange or yellow it is essential that completeness is improved. Achieving this may well require collaboration with receiving and referring units.

Mother's details	Completeness
Name	100.0% ◆
UK-wide	100.0% ◆
Postcode of residence	100.0% ◆
UK-wide	96.8%
Ethnicity	100.0% ◆
UK-wide	97.7%
Age	100.0% ◆
UK-wide	96.8%

Birth	Completeness
Type of onset of labour	96.9% ◆
UK-wide	99.0%
Actual place of birth	96.9% ◆
UK-wide	99.4%
Date and time of birth	100.0% ◆
UK-wide	99.5%
Final mode of birth	96.9% ◆
UK-wide	99.7%

Booking and antenatal care [note 1]	Completeness
Smoking	90.9% ◆
UK-wide	97.9%
Body mass index	100.0% ◆
UK-wide	100.0%
Intended type of care at booking	93.9% ◆
UK-wide	96.3%
Estimated date of delivery	87.8% ◆
UK-wide	97.4%

Baby's outcome	Completeness
Date death confirmed [note 2]	100.0% ◆
UK-wide	100.0%
Whether alive at onset of care [note 2]	95.4% ◆
UK-wide	96.2%
Whether admitted to NNU [note 3]	100.0% ◆
UK-wide	100.0%
Main cause of death	96.9% ◆
UK-wide	97.9%

Baby's characteristics	Completeness
Birth weight	100.0% ◆
UK-wide	98.7%
Gestational age at birth	96.9% ◆
UK-wide	99.1%

Note 1: Excluding mothers reported as never booked.  
 Note 2: This data item is collected for stillbirths only.  
 Note 3: This data item is collected for neonatal deaths only.

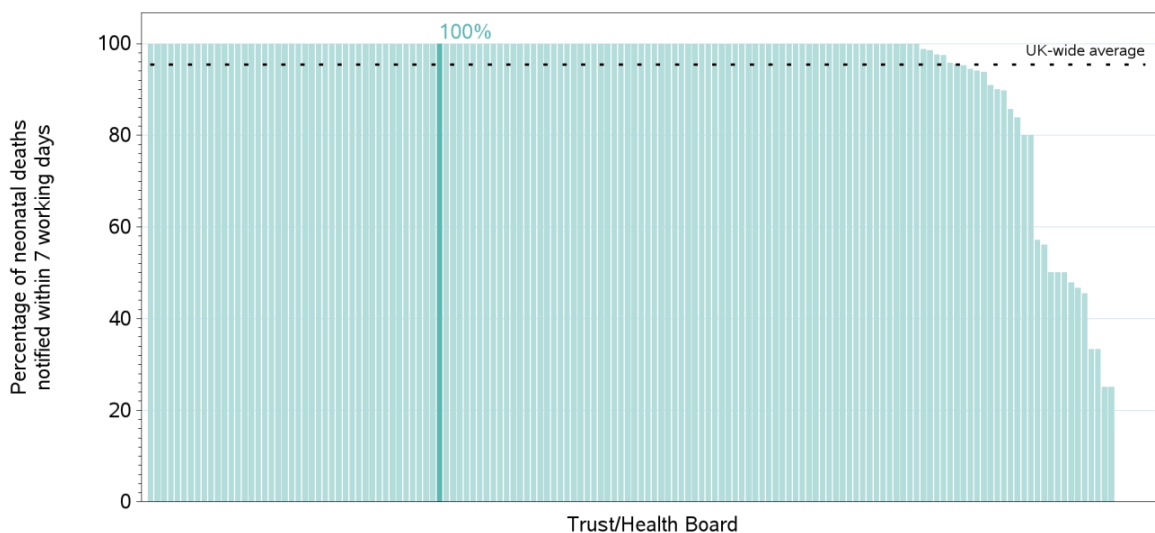
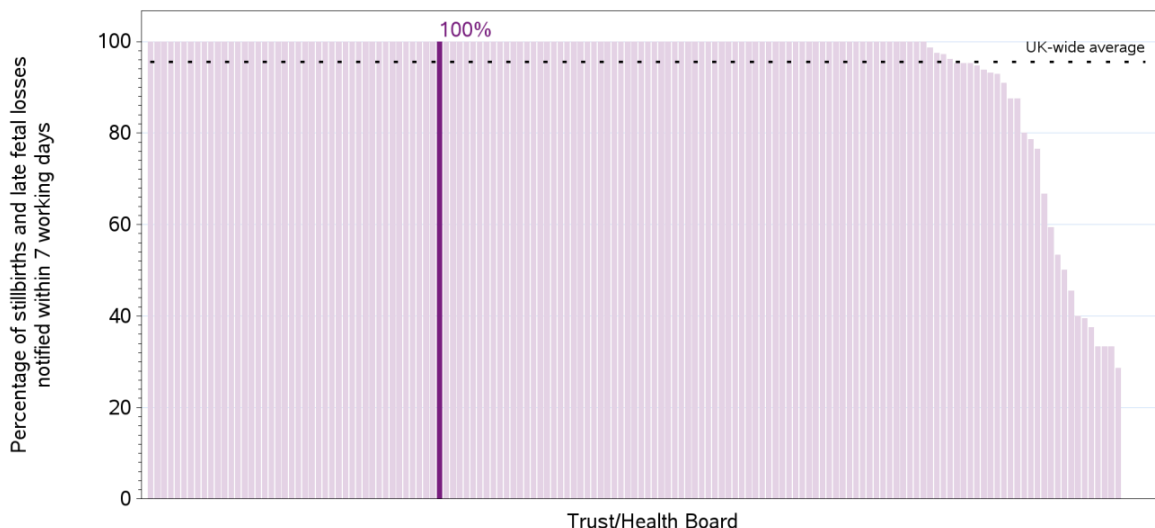
## Data reporting *continued*

### Percentage of deaths notified by your Trust within 7 working days

The MBRRACE-UK timeliness benchmarks for the notification of deaths and completion of surveillance data are:

- 1) All deaths should be **notified** to MBRRACE-UK within 7 working days of the death occurring. The full surveillance data does not have to be complete at this point.
- 2) Trusts and Health Boards should aim to **complete** surveillance data entry for each death within 90 days of the death occurring. The final cause of death can be updated at a later date, if necessary.

The graphs below show the percentage of stillbirths & late fetal losses and neonatal deaths notified by your Trust within the 7 working days benchmark period.



## About this report

### MBRRACE-UK

This report presents one element of the work of MBRRACE-UK, a collaboration led from the National Perinatal Epidemiology Unit at the University of Oxford, with members from the University of Leicester (who lead the perinatal aspects of the work), Chelsea and Westminster Hospital NHS Foundation Trust, The Newcastle upon Tyne Hospitals NHS Foundation Trust, National Maternity Voices and Sands.

MBRRACE-UK is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Governments of Scotland, Wales, Northern Ireland, Jersey, Guernsey and the Isle of Man.

### Data sources

Deaths were reported to MBRRACE-UK by the Trust or Health Board where the death occurred. The information about births was obtained from routine sources – the Office for National Statistics, Personal Demographics Service, National Records of Scotland, Public Health Scotland, Northern Ireland Maternal and Child Health, States of Guernsey Health and Social Services Department, and States of Jersey Health Intelligence Unit. Home births are reported where the birth was registered via a Trust or Health Board. Births and deaths are attributed according to the configuration of Trusts and Health Boards on 1 September 2025.

Deaths from all causes except termination of pregnancy are reported, including those resulting from congenital anomalies. The information in this report may not match other locally or nationally reported rates, as births before 24 weeks gestational age have been excluded from most tables due to differences in reporting by Trusts and Health Boards. Further details on the methods we have used are included in the [guide to our methods](#).

### Deaths included in this report

The MBRRACE-UK real-time data monitoring (RTDM) can be used to identify the deaths included in this report by selecting “Born within your trust/HB” as the trust/health board of birth. RTDM uses live surveillance data on perinatal deaths where the baby was born at, or died at your Health Board, and is available to anyone registered to use the MBRRACE-UK reporting system.

### Data viewer

The MBRRACE-UK [Data Viewer](#) can be used to view perinatal mortality rates on a map and compare rates for the organisations responsible for the commissioning and provision of care.

**MBRRACE-UK**, School of Healthcare, University of Leicester, George Davies Centre, Leicester, LE1 7RH.

**Tel:** +44 (0)116 252 5425

**Email:** [mbrracele@npeu.ox.ac.uk](mailto:mbrracele@npeu.ox.ac.uk)

**Web:** <http://www.npeu.ox.ac.uk/mbrrace-uk>



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust



Chelsea and Westminster Hospital  
NHS Foundation Trust



© 2026 TIMMS, School of Healthcare, University of Leicester

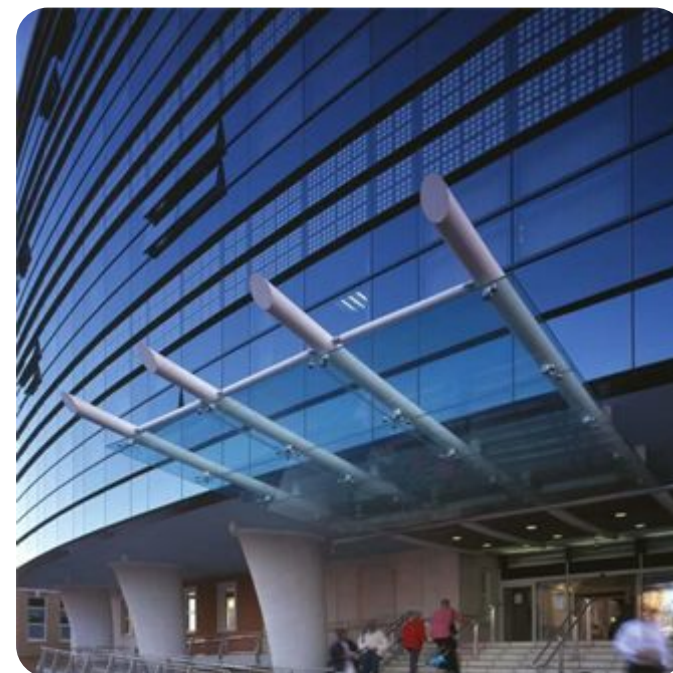


King's College Hospital NHS Foundation Trust  
MBRRACE-UK Perinatal Mortality Report, March 2026 (MB104) v1.0  
Page 11 of 11

Hermione Jackson  
and Kate Greenlees  
DH & PRUH Digital Midwives

Digital Update:  
Governance 14<sup>th</sup> April 2026  
**BIU Data: February 2026**

King's





## Maternity Scorecard

v.2.01 | January 2025

Domain / Metric      2025-02   2025-03   2025-04   2025-05   2025-06   2025-07   2025-08   2025-09   2025-10   2025-11   2025-12   2026-01   2026-02

Domain / Metric	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02
<b>Performance</b>													
<b>Activity</b>													
Registerable Births	544	568	577	648	618	624	604	611	656	608	579	628	600
C-Section Births	276	256	253	306	310	309	296	307	333	277	297	307	296
C-Section Births - Total Rate %	50.7%	45.1%	43.9%	47.2%	50.2%	49.5%	49.0%	50.3%	50.8%	45.6%	51.3%	48.9%	49.3%
C-Section Births - Elective Rate %	22.8%	20.1%	20.6%	22.7%	24.8%	23.7%	21.2%	26.5%	25.6%	20.7%	24.2%	23.4%	24.8%
C-Section Births - Emergency Rate %	27.9%	25.0%	23.2%	24.5%	25.4%	25.8%	27.8%	23.7%	25.2%	24.8%	27.1%	25.5%	24.5%
Spontaneous Vaginal Births	208	239	258	264	238	250	231	237	259	250	228	248	239
Spontaneous Vaginal Births %	38.2%	42.1%	44.7%	40.7%	38.5%	40.1%	38.3%	38.8%	39.5%	41.1%	39.4%	39.5%	39.8%
Assisted Vaginal Births	60	73	66	78	69	65	77	67	64	81	54	73	65
Assisted Vaginal Births %	11.0%	12.9%	11.4%	12.0%	11.2%	10.4%	12.8%	11.0%	9.8%	13.3%	9.3%	11.6%	10.8%
Preterm Births	59	43	48	67	44	43	66	51	56	50	62	52	42
Extreme Preterm Births	0	0	4	3	2	1	0	4	2	6	4	3	2
Home Births %	1.8%	1.2%	0.9%	1.4%	1.6%	1.1%	1.3%	1.6%	1.4%	2.0%	1.2%	1.6%	1.8%
Births in water %	5.2%	4.4%	5.2%	5.4%	5.3%	4.2%	2.5%	5.9%	4.3%	6.1%	3.3%	4.0%	6.2%
<b>Birth Outcomes</b>													
Total Stillbirths >=24 weeks	0	0	0	5	4	1	0	4	4	4	5	3	1
% Stillbirths >=24 weeks				0.8%	0.7%	0.2%		0.7%	0.6%	0.7%	0.9%	0.5%	0.2%
3rd & 4th Degree Tears %	2.6%	3.9%	2.8%	2.1%	2.9%	2.2%	2.0%	2.6%	0.9%	1.5%	1.1%	1.6%	2.3%
3rd & 4th Degree Tears of Assisted Vaginal Births %	5.0%	6.9%	4.6%	1.3%	4.4%	4.6%	3.9%		3.1%	2.5%	3.7%	2.7%	4.6%
3rd & 4th Degree Tears of Spontaneous Vaginal Births %	3.4%	5.0%	3.5%	2.7%	3.8%	2.8%	2.6%	3.4%	1.2%	2.0%	1.3%	2.0%	2.9%
PPH >=1.5L Caesarean Births	12	9	11	7	13	4	13	9	7	10	11	7	12
PPH >=1.5L - Vaginal Births	8	7	7	9	10	4	6	20	8	6	6	4	9
PPH >=1.5L - Caesarean Births %	4.5%	3.6%	4.5%	2.4%	4.3%	1.3%	4.6%	3.1%	2.2%	3.7%	3.9%	2.4%	4.2%
PPH >=1.5L - Vaginal Births %	3.0%	2.2%	2.2%	2.7%	3.3%	1.3%	2.0%	6.6%	2.5%	1.8%	2.1%	1.3%	3.0%
<b>Neonatal Clinical Indicators</b>													
Baby readmission w/in 28 days of birth %													
Postnatal Maternal Readmissions Within 42 Days													
Apgar Score <7 at 5 mins (Term)	9	9	12	10	13	4	8	13	7	13	8	11	11

## Maternity Scorecard

v.2.01 | January 2025

Domain / Metric	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02
<b>Performance</b>													
<b>Activity</b>													
Registerable Births	279	334	319	352	323	336	326	345	361	331	331	346	330
C-Section Births	134	157	147	169	169	161	171	176	177	152	170	184	175
C-Section Births - Total Rate %	48.0%	47.0%	46.1%	48.0%	52.3%	47.9%	52.5%	51.0%	49.0%	45.9%	51.4%	53.2%	53.0%
C-Section Births - Elective Rate %	23.3%	20.7%	22.6%	23.6%	25.1%	24.1%	23.6%	24.4%	22.7%	22.1%	22.1%	26.9%	26.1%
C-Section Births - Emergency Rate %	24.7%	26.4%	23.5%	24.4%	27.2%	23.8%	28.8%	26.7%	26.3%	23.9%	29.3%	26.3%	27.0%
Spontaneous Vaginal Births	108	137	140	141	121	143	112	136	141	133	131	127	125
Spontaneous Vaginal Births %	38.7%	41.0%	43.9%	40.1%	37.5%	42.6%	34.4%	39.4%	39.1%	40.2%	39.6%	36.7%	37.9%
Assisted Vaginal Births	37	40	32	42	33	32	43	33	43	46	30	35	30
Assisted Vaginal Births %	13.3%	12.0%	10.0%	11.9%	10.2%	9.5%	13.2%	9.6%	11.9%	13.9%	9.1%	10.1%	9.1%
Preterm Births	31	25	27	37	23	23	37	36	37	28	36	37	29
Extreme Preterm Births	0	0	3	3	2	1	0	3	2	4	4	3	1
Home Births %	3.6%	1.2%	1.6%	1.4%	3.1%	2.1%	2.5%	2.6%	2.2%	3.3%	2.1%	2.3%	3.0%
Births in water %	2.9%	3.3%	2.8%	3.1%	3.4%	3.3%	2.2%	5.5%	3.9%	5.4%	2.4%	2.9%	6.1%
<b>Birth Outcomes</b>													
Total Stillbirths >=24 weeks	0	0	0	4	2	0	0	2	4	2	3	3	1
% Stillbirths >=24 weeks				1.1%	0.6%			0.6%	1.1%	0.6%	0.9%	0.9%	0.3%
3rd & 4th Degree Tears %	3.5%	5.1%	2.3%	1.6%	3.3%	3.4%	2.6%	3.6%	0.5%	2.2%	1.9%	0.6%	4.5%
3rd & 4th Degree Tears of Assisted Vaginal Births %	5.4%	12.5%	6.3%	6.1%	6.3%	4.7%		2.3%	2.2%	6.7%		10.0%	
3rd & 4th Degree Tears of Spontaneous Vaginal Births %	4.6%	6.6%	2.9%	2.1%	4.1%	4.2%	3.6%	4.4%	0.7%	3.0%	2.3%	0.8%	5.6%
PPH >=1.5L Caesarean Births	6	8	6	4	12	2	7	5	3	5	9	6	9
PPH >=1.5L - Vaginal Births	6	3	4	7	5	2	3	12	5	3	4	2	5
PPH >=1.5L - Caesarean Births %	4.7%	5.2%	4.3%	2.5%	7.2%	1.3%	4.2%	3.0%	1.7%	3.3%	5.5%	3.4%	5.4%
PPH >=1.5L - Vaginal Births %	4.1%	1.7%	2.3%	3.9%	3.3%	1.1%	2.0%	7.1%	2.8%	1.7%	2.5%	1.2%	3.2%
<b>Neonatal Clinical Indicators</b>													
Baby readmission w/in 28 days of birth %													
Postnatal Maternal Readmissions Within 42 Days													
Apgar Score <7 at 5 mins (Term)	7	7	6	7	10	2	7	10	6	9	6	10	5

## Maternity Scorecard

v.2.01 | January 2025

Domain / Metric	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02
<input type="checkbox"/> <b>Performance</b>													
<input type="checkbox"/> <b>Activity</b>													
Registerable Births	265	234	258	296	295	288	278	266	295	277	248	282	270
C-Section Births	142	99	106	137	141	148	125	131	156	125	127	123	121
C-Section Births - Total Rate %	53.6%	42.3%	41.1%	46.3%	47.8%	51.4%	45.0%	49.3%	52.9%	45.1%	51.2%	43.6%	44.8%
C-Section Births - Elective Rate %	22.3%	19.2%	18.2%	21.6%	24.4%	23.3%	18.4%	29.3%	29.2%	19.1%	27.0%	19.2%	23.3%
C-Section Births - Emergency Rate %	31.3%	23.1%	22.9%	24.7%	23.4%	28.1%	26.6%	19.9%	23.7%	26.0%	24.2%	24.5%	21.5%
Spontaneous Vaginal Births	100	102	118	123	117	107	119	101	118	117	97	121	114
Spontaneous Vaginal Births %	37.7%	43.6%	45.7%	41.6%	39.7%	37.2%	42.8%	38.0%	40.0%	42.2%	39.1%	42.9%	42.2%
Assisted Vaginal Births	23	33	34	36	36	33	34	34	21	35	24	38	35
Assisted Vaginal Births %	8.7%	14.1%	13.2%	12.2%	12.2%	11.5%	12.2%	12.8%	7.1%	12.6%	9.7%	13.5%	13.0%
Preterm Births	28	18	21	30	21	20	29	15	19	22	26	15	13
Extreme Preterm Births	0	0	1	0	0	0	0	1	0	2	0	0	1
Home Births %		1.3%		1.4%				0.4%	0.3%	0.4%		0.7%	0.4%
Births in water %	7.6%	6.0%	8.1%	8.1%	7.5%	5.2%	2.9%	6.4%	4.8%	6.9%	4.4%	5.3%	6.3%
<input type="checkbox"/> <b>Birth Outcomes</b>													
Total Stillbirths >=24 weeks	0	0	0	1	2	1	0	2	0	2	2	0	0
% Stillbirths >=24 weeks				0.3%	0.7%	0.4%		0.8%		0.7%	0.8%		
3rd & 4th Degree Tears %	1.6%	2.2%	3.3%	2.5%	2.6%	0.7%	1.3%	1.5%	1.4%	0.7%		2.5%	
3rd & 4th Degree Tears of Assisted Vaginal Births %	4.4%		2.9%	2.8%	2.8%	3.0%	2.9%		4.8%	2.9%		5.3%	
3rd & 4th Degree Tears of Spontaneous Vaginal Births %	2.0%	2.9%	4.2%	3.3%	3.4%	0.9%	1.7%	2.0%	1.7%	0.9%		3.3%	
PPH >=1.5L Caesarean Births	6	1	5	3	1	2	6	4	4	5	2	1	3
PPH >=1.5L - Vaginal Births	2	4	3	2	5	2	3	8	3	3	2	2	4
PPH >=1.5L - Caesarean Births %	4.4%	1.0%	4.8%	2.3%	0.7%	1.4%	5.2%	3.1%	2.6%	4.1%	1.7%	0.8%	2.5%
PPH >=1.5L - Vaginal Births %	1.6%	3.0%	2.0%	1.3%	3.3%	1.4%	2.0%	6.0%	2.2%	2.0%	1.7%	1.3%	2.7%
<input type="checkbox"/> <b>Neonatal Clinical Indicators</b>													
Baby readmission w/in 28 days of birth %													
Postnatal Maternal Readmissions Within 42 Days													
Apgar Score <7 at 5 mins (Term)	2	2	6	3	3	2	1	3	1	4	2	1	6

	Latest Reporting Period	Metric Value	Target	Assurance	Mean	LCL	UCL
<b>Activity</b>							
Registerable Births	Feb 2026	600			616	539	692
C-Section Births	Feb 2026	296			285	227	343
C-Section Births - Total Rate %	Feb 2026	49.3%			46.3%	37.9%	54.8%
C-Section Births - Elective Rate %	Feb 2026	24.8%			20.7%	13.3%	28.0%
C-Section Births - Emergency Rate %	Feb 2026	24.5%			25.7%	19.8%	31.5%
Spontaneous Vaginal Births	Feb 2026	239			255	198	311
Spontaneous Vaginal Births %	Feb 2026	39.8%			41.4%	33.9%	48.8%
Assisted Vaginal Births	Feb 2026	65			76	59	93
Assisted Vaginal Births %	Feb 2026	10.8%			12.3%	10.6%	14.0%
Preterm Births	Feb 2026	42			52	28	76
Extreme Preterm Births	Feb 2026	2			3	-3	9
Home Births %	Feb 2026	1.8%			1.7%	-0.4%	3.8%
Births in water %	Feb 2026	6.2%			4.5%	1.8%	7.2%
<b>Birth Outcomes</b>							
Total Stillbirths >=24 weeks	Feb 2026	1			2	-1	6
% Stillbirths >=24 weeks	Feb 2026	0.2%			0.5%	-0.1%	1.0%
3rd & 4th Degree Tears %	Feb 2026	2.3%			1.8%	-0.1%	3.8%
3rd & 4th Degree Tears of Assisted Vaginal Births %	Feb 2026	4.6%			2.5%	-2.1%	7.0%
3rd & 4th Degree Tears of Spontaneous Vaginal Births %	Feb 2026	2.9%			2.4%	-0.2%	5.0%
PPH >=1.5L Caesarean Births	Feb 2026	12			9	-4	22
PPH >=1.5L - Vaginal Births	Feb 2026	9			11	-2	23
PPH >=1.5L - Caesarean Births %	Feb 2026	4.2%			3.2%	-1.6%	8.0%
PPH >=1.5L - Vaginal Births %	Feb 2026	3.0%			3.2%	-0.1%	6.5%
<b>Neonatal Clinical Indicators</b>							
Apgar Score <7 at 5 mins (Term)	Feb 2026	11			11	2	20

	Latest Reporting Period	Metric Value	Target	Assurance	Mean	LCL	UCL
<b>Activity</b>							
Registerable Births	Feb 2026	330			331	275	386
C-Section Births	Feb 2026	175			156	125	188
C-Section Births - Total Rate %	Feb 2026	53.0%			47.3%	37.4%	57.2%
C-Section Births - Elective Rate %	Feb 2026	26.1%			21.5%	10.0%	33.0%
C-Section Births - Emergency Rate %	Feb 2026	27.0%			25.8%	18.4%	33.2%
Spontaneous Vaginal Births	Feb 2026	125			135	86	184
Spontaneous Vaginal Births %	Feb 2026	37.9%			40.8%	29.2%	52.3%
Assisted Vaginal Births	Feb 2026	30			39	22	56
Assisted Vaginal Births %	Feb 2026	9.1%			11.9%	7.8%	15.9%
Preterm Births	Feb 2026	29			33	12	54
Extreme Preterm Births	Feb 2026	1			3	-4	9
Home Births %	Feb 2026	3.0%			2.7%	0.0%	5.4%
Births in water %	Feb 2026	6.1%			3.3%	0.3%	6.3%
<b>Birth Outcomes</b>							
Total Stillbirths >=24 weeks	Feb 2026	1			1	-2	4
% Stillbirths >=24 weeks	Feb 2026	0.3%			0.8%	-0.2%	1.7%
3rd & 4th Degree Tears %	Feb 2026	4.5%			2.0%	-0.5%	4.4%
3rd & 4th Degree Tears of Assisted Vaginal Births %	Feb 2026	10.0%			4.1%	-1.1%	9.3%
3rd & 4th Degree Tears of Spontaneous Vaginal Births %	Feb 2026	5.6%			2.5%	-0.8%	5.8%
PPH >=1.5L Caesarean Births	Feb 2026	9			5	-5	14
PPH >=1.5L - Vaginal Births	Feb 2026	5			6	-6	18
PPH >=1.5L - Caesarean Births %	Feb 2026	5.4%			3.0%	-3.1%	9.1%
PPH >=1.5L - Vaginal Births %	Feb 2026	3.2%			3.5%	-3.1%	10.1%
<b>Neonatal Clinical Indicators</b>							
Apgar Score <7 at 5 mins (Term)	Feb 2026	5			7	2	12

	Latest Reporting Period	Metric Value	Target	Assurance	Mean	LCL	UCL
Registerable Births	Feb 2026	270			285	251	319
C-Section Births	Feb 2026	121			129	94	163
C-Section Births - Total Rate %	Feb 2026	44.8%			45.2%	36.1%	54.2%
C-Section Births - Elective Rate %	Feb 2026	23.3%			19.7%	13.9%	25.5%
C-Section Births - Emergency Rate %	Feb 2026	21.5%			25.5%	18.9%	32.0%
Spontaneous Vaginal Births	Feb 2026	114			120	92	147
Spontaneous Vaginal Births %	Feb 2026	42.2%			42.0%	34.0%	50.1%
Assisted Vaginal Births	Feb 2026	35			37	24	50
Assisted Vaginal Births %	Feb 2026	13.0%			12.8%	8.3%	17.4%
Preterm Births	Feb 2026	13			19	9	28
Extreme Preterm Births	Feb 2026	1			0	-1	2
Home Births %	Feb 2026	0.4%			0.8%	-0.7%	2.3%
Births in water %	Feb 2026	6.3%			6.0%	1.4%	10.5%
<b>Birth Outcomes</b>							
Total Stillbirths >=24 weeks	Feb 2026	0			1	-3	5
% Stillbirths >=24 weeks	Feb 2026	0.0%			0.4%	-1.0%	1.8%
3rd & 4th Degree Tears %	Feb 2026	0.0%			1.7%	-0.8%	4.3%
3rd & 4th Degree Tears of Assisted Vaginal Births %	Feb 2026	0.0%			1.8%	-4.0%	7.7%
3rd & 4th Degree Tears of Spontaneous Vaginal Births %	Feb 2026	0.0%			2.3%	-1.1%	5.7%
PPH >=1.5L Caesarean Births	Feb 2026	3			4	-1	10
PPH >=1.5L - Vaginal Births	Feb 2026	4			4	-2	11
PPH >=1.5L - Caesarean Births %	Feb 2026	2.5%			3.4%	-0.9%	7.7%
PPH >=1.5L - Vaginal Births %	Feb 2026	2.7%			2.8%	-0.9%	6.5%
<b>Neonatal Clinical Indicators</b>							
Apgar Score <7 at 5 mins (Term)	Feb 2026	6			4	-1	9

# Appendix 6 KCH Elective CS



## Maternity Scorecard

v.2.01 | January 2025

[SPC Guide](#)



Metric

C-Section Births - Elective Rate %

Daily

Monthly

Weekly

Organisational Unit

Trust

⚠ Please note that there has been recent consistency in special variation. You may need to consid...

C-Section Births - Elective Rate %: Neither Higher or Lower Better



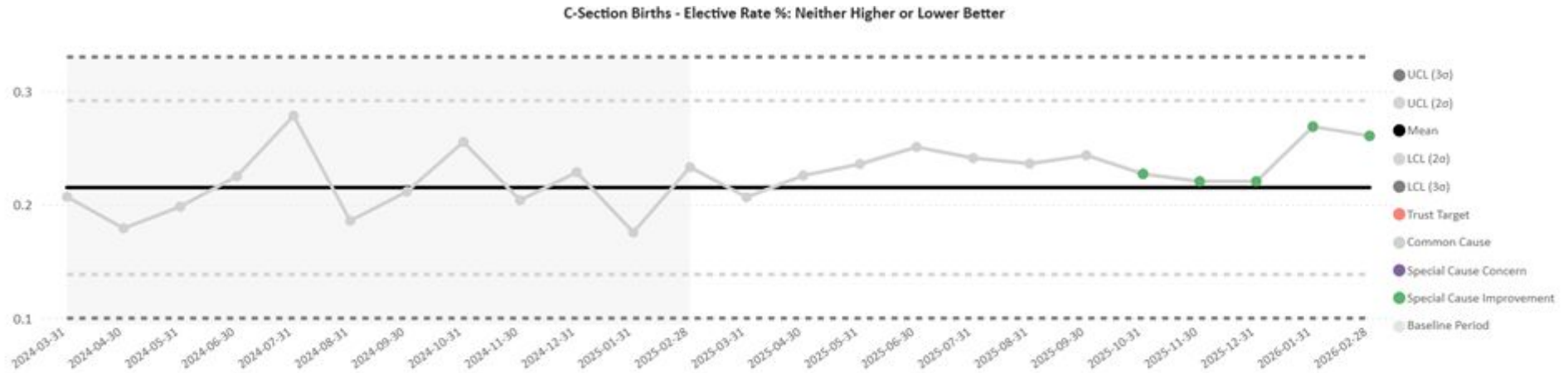
Special Cause Improvement/Increase



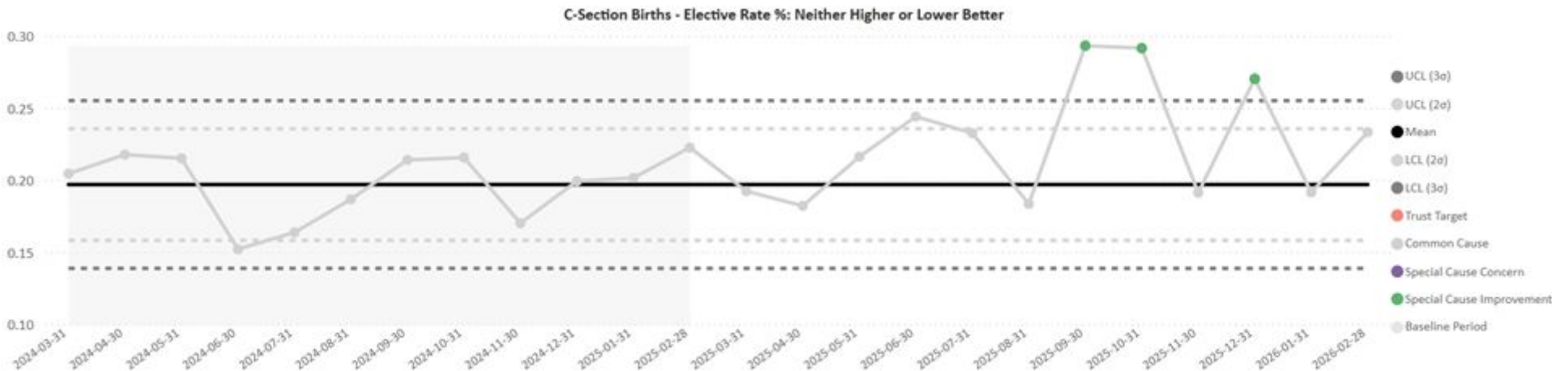
Special Cause Concern/Decrease

31 October 2025	Two out of the last three points have been above the Upper 2 sigma limit
30 November 2025	There has been a run of 7 points above the mean
31 December 2025	There has been a run of 7 points above the mean
31 January 2026	There has been a run of 7 points above the mean
28 February 2026	There has been a run of 7 points above the mean

## Denmark Hill



## PRUH



# Appendix 3

## KCH Total Spontaneous Vaginal Births %



Metric

Assisted Vaginal Births %

Daily

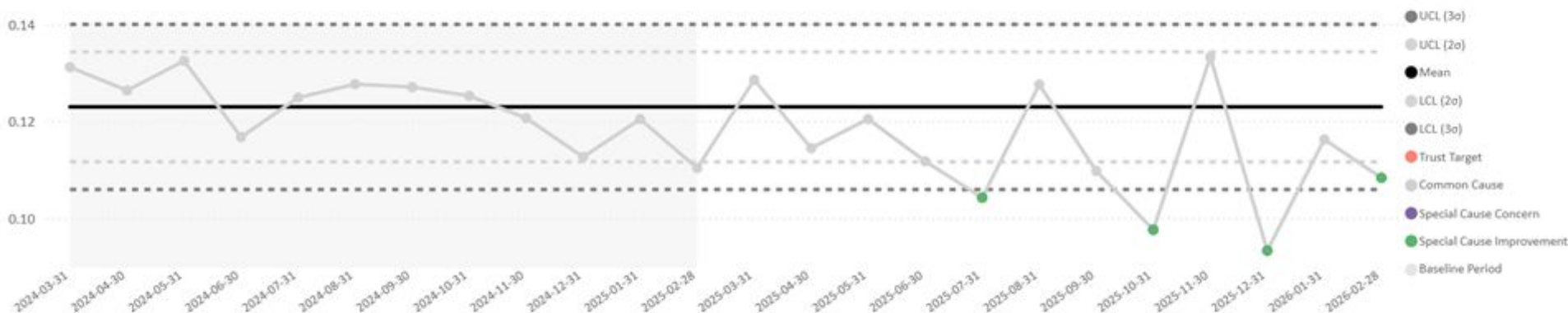
Monthly

Weekly

Organisational Unit

Trust

Assisted Vaginal Births %: Lower the Better



Special Cause Improvement/Increase



31 July 2025	This point is outside of the 3 sigma control limits
31 October 2025	This point is outside of the 3 sigma control limits
31 December 2025	This point is outside of the 3 sigma control limits
28 February 2026	Two out of the last three points have been below the Lower 2 sigma limit

Special Cause Concern/Decrease



## Maternity Scorecard

v.2.01 | January 2025

[SPC Guide](#)



Metric

3rd & 4th Degree Tears %

Daily

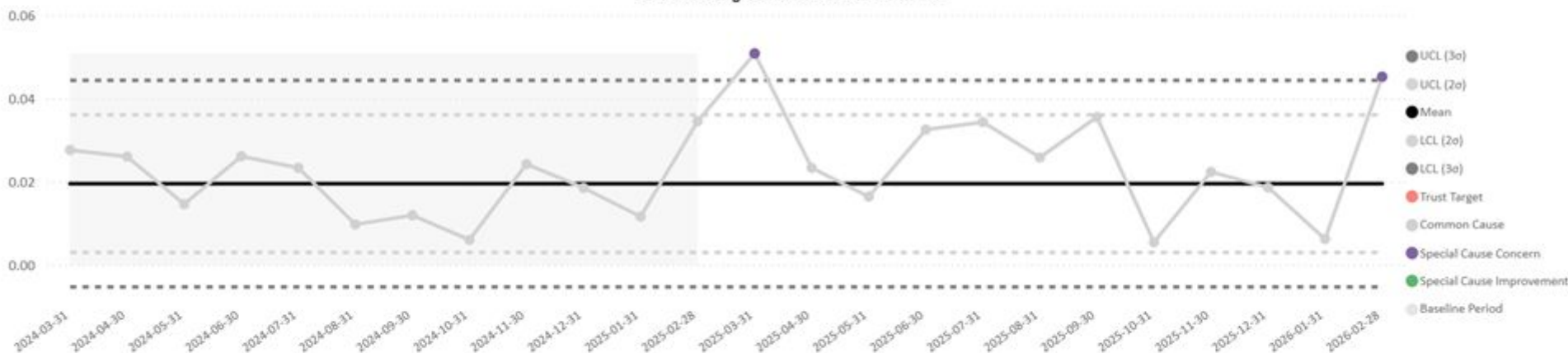
Monthly

Weekly

Organisational Unit

DH

3rd & 4th Degree Tears %: Lower the Better



Special Cause Improvement/Increase

Special Cause Concern/Decrease

31 March 2025 This point is outside of the 3 sigma control limits  
 28 February 2026 This point is outside of the 3 sigma control limits

1. Scorecard SPC chart explanation
2. Total Registerable births SPC
3. % vaginal births SPC
4. Assisted Vaginal Births
5. % CS Births SPC
6. % ELCS Births SPC
7. % EMCS Births SPC
8. Extreme preterm births SPC
9. Preterm Births SPC
10. % Stillbirths SPC
11. Apgar Score <7 at 5mins
12. % 3<sup>rd</sup> & 4<sup>th</sup> degree tears
13. MOH >1.5L CS Births
14. MOH > 1.5L Vaginal Births
15. Water Births %

# Appendix 1: SPC Explanation

## Maternity Scorecard

v.2.01 | January 2025

### Statistical Process Control

An SPC chart is a plot of data over time. It allows you to distinguish between common and special cause variation.

#### Glossary of Terms

- Baseline Period - The first 12 periods of each metric/metric frequency
- Mean - The average metric value calculated in the baseline period
- UCL (3σ) - Three standard deviations above the mean
- UCL (2σ) - Two standard deviations above the mean
- LCL (3σ) - Three standard deviations below the mean
- LCL (2σ) - Two standard deviations below the mean
- Trust Target - The fixed target set either locally by the Trust or nationally
- Common Cause - Variation that is not seen as significant
- Special Cause Concern - Variation that is likely to indicate a significant decrease in performance
- Special Cause Improvement - Variation that is likely to indicate a significant increase in performance
- Special Cause Decrease - Variation that is likely to indicate a significant decrease (where neither high or low is considered good or bad)
- Special Cause Increase - Variation that is likely to indicate a significant increase (where neither high or low is considered good or bad)

#### SPC Rules

To help interpret the data for each metric, each data point is either highlighted as Special Cause Concern/Decrease, Special Cause Improvement/Increase or Common Cause as based on the following rules:

1. A run of 7 points or more that are consecutively ascending or descending
2. A run of 7 points or more that are above or below the mean
3. Two out of the last three data points are above or below the 2σ control limits (but not crossing the mean)
4. A single point falls outside of the process limits

Should a data point satisfy more than one of the above rules, each rule is applied in the above order

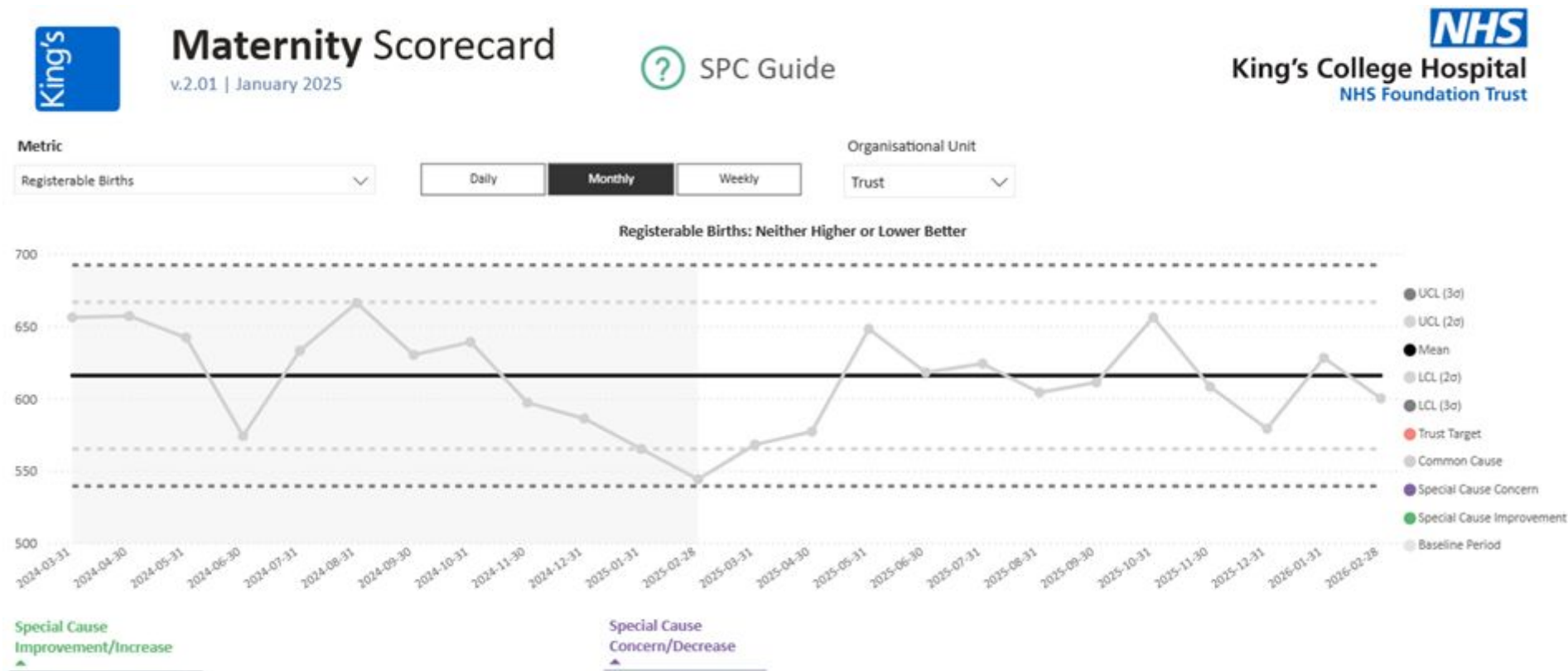
#### Icon Key

Variation			Assurance		
Special Cause Improving Variation	Special Cause Increase/Decrease	Special Cause Concerning Variation	Consistently hits target	Hits and misses target subject to random variation	Consistently fails target

Variation	Assurance
<ul style="list-style-type: none"> <li>• Variation is calculated from the first 12 periods of each metric (highlighted in SPC chart as the baseline period)</li> <li>• All these rules are aids to interpretation but still require further examination of the data</li> <li>• This SPC tool highlights when a rule has been broken and highlights whether this is improvement or deterioration</li> </ul>	<ul style="list-style-type: none"> <li>• Assurance is comparing the variance to the fixed target for the Trust</li> <li>• If the target is outside of the 3σ control limits of the whole range of data (ie. not restricted to the baseline cohort), it is deemed a pass or fail (depending on whether high or low is positive)</li> <li>• If the target is between the 3σ control limits, it is deemed to be "Hit and miss"</li> </ul>

# Appendix 2: King's College Hospital KCH Total Registerable Births



# Appendix 3

## KCH Total Spontaneous Vaginal Births %



### Maternity Scorecard

v.2.01 | January 2025

[SPC Guide](#)



Metric

Spontaneous Vaginal Births %

Daily

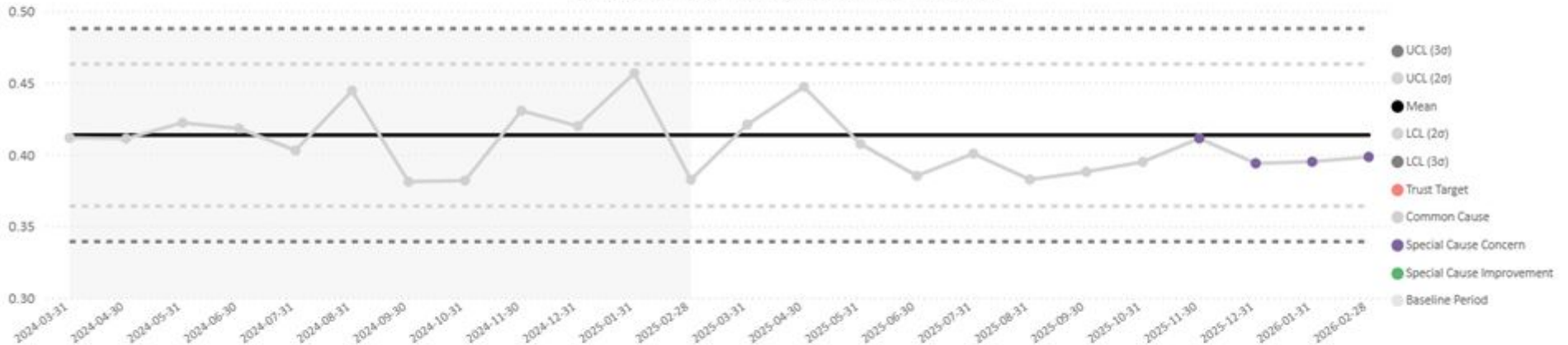
Monthly

Weekly

Organisational Unit

Trust

Spontaneous Vaginal Births %: Neither Higher or Lower Better



Special Cause Improvement/Increase

Special Cause Concern/Decrease

30 November 2025	There has been a run of 7 points below the mean
31 December 2025	There has been a run of 7 points below the mean
31 January 2026	There has been a run of 7 points below the mean
28 February 2026	There has been a run of 7 points below the mean

# Appendix 4

## KCH Assisted Vaginal Births %



### Maternity Scorecard

v.2.01 | January 2025

[SPC Guide](#)



Metric

Assisted Vaginal Births %

Daily

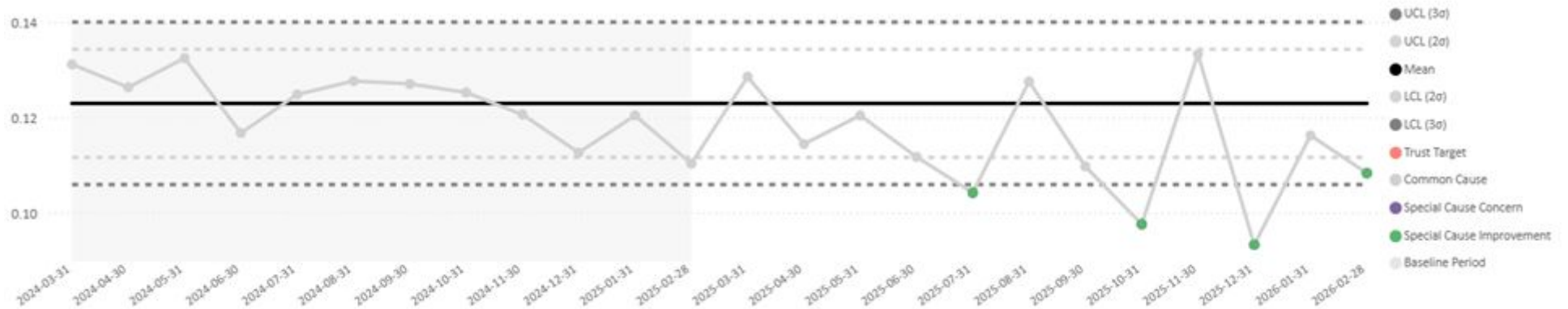
**Monthly**

Weekly

Organisational Unit

Trust

Assisted Vaginal Births %: Lower the Better



**Special Cause Improvement/Increase**



31 July 2025	This point is outside of the 3 sigma control limits
31 October 2025	This point is outside of the 3 sigma control limits
31 December 2025	This point is outside of the 3 sigma control limits
28 February 2026	Two out of the last three points have been below the Lower 2 sigma limit

**Special Cause Concern/Decrease**

# Appendix 5 KCH Caesarean Births %



## Maternity Scorecard

v.2.01 | January 2025

? SPC Guide

Metric

C-Section Births - Total Rate %

Daily

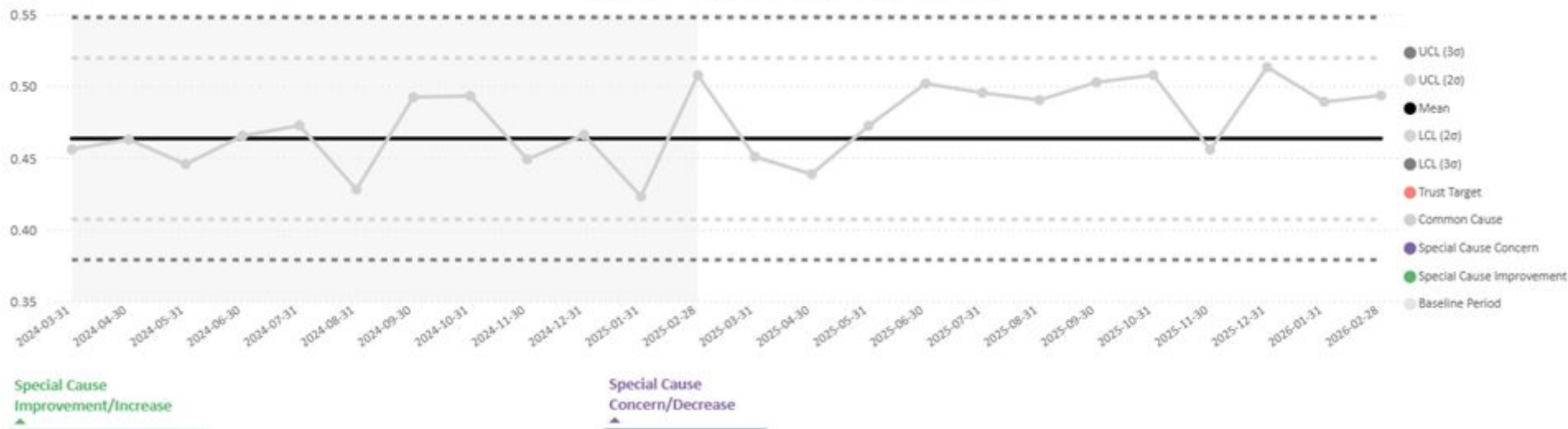
Monthly

Weekly

Organisational Unit

Trust

C-Section Births - Total Rate %: Neither Higher or Lower Better



# Appendix 6 KCH Elective CS



## Maternity Scorecard

v.2.01 | January 2025

[SPC Guide](#)



King's College Hospital  
NHS Foundation Trust

Metric

C-Section Births - Elective Rate %

Daily

Monthly

Weekly

Organisational Unit

Trust

⚠ Please note that there has been recent consistency in special variation. You may need to consid...

C-Section Births - Elective Rate %: Neither Higher or Lower Better



Special Cause Improvement/Increase



Special Cause Concern/Decrease

31 October 2025	Two out of the last three points have been above the Upper 2 sigma limit
30 November 2025	There has been a run of 7 points above the mean
31 December 2025	There has been a run of 7 points above the mean
31 January 2026	There has been a run of 7 points above the mean
28 February 2026	There has been a run of 7 points above the mean

# Appendix 7 KCH Emergency CS



## Maternity Scorecard

v.2.01 | January 2025

[SPC Guide](#)



Metric

C-Section Births - Emergency Rate %

Daily

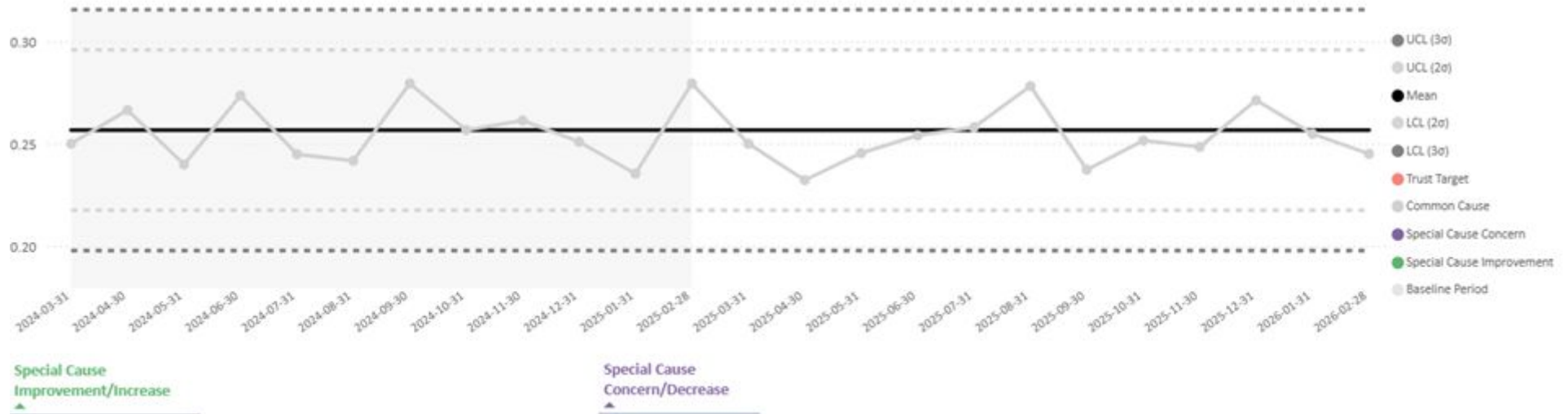
Monthly

Weekly

Organisational Unit

Trust

C-Section Births - Emergency Rate %: Neither Higher or Lower Better



# Appendix 8 KCH Extreme Preterm



## Maternity Scorecard

v.2.01 | January 2025

[SPC Guide](#)



Metric

Extreme Preterm Births

Daily

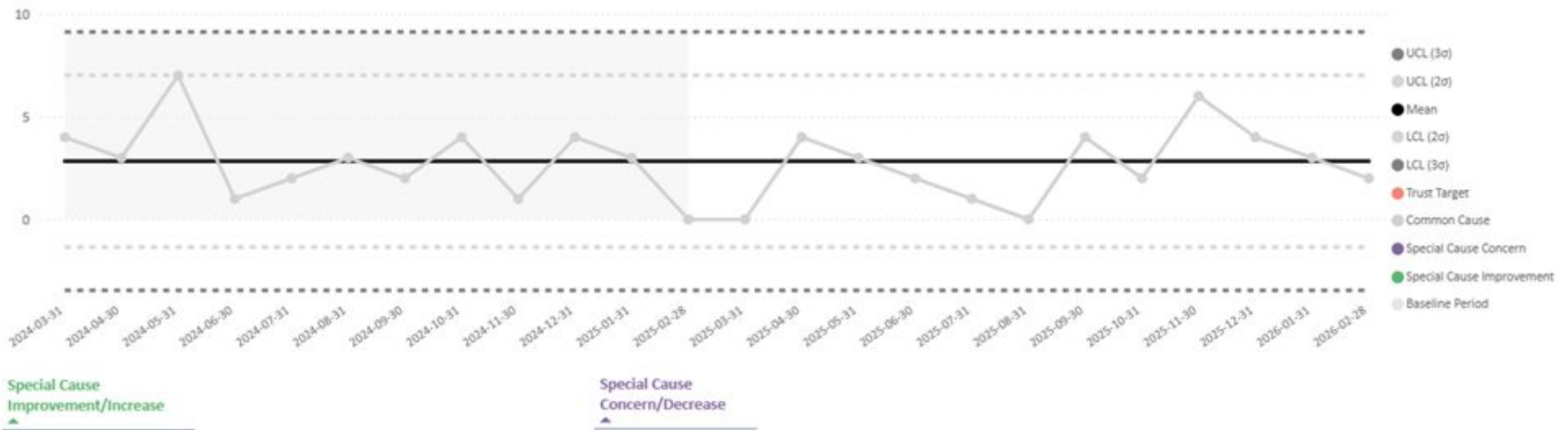
Monthly

Weekly

Organisational Unit

Trust

Extreme Preterm Births: Lower the Better



# Appendix 9 KCH Preterm Births



## Maternity Scorecard

v.2.01 | January 2025

SPC Guide

Metric

Preterm Births

Daily

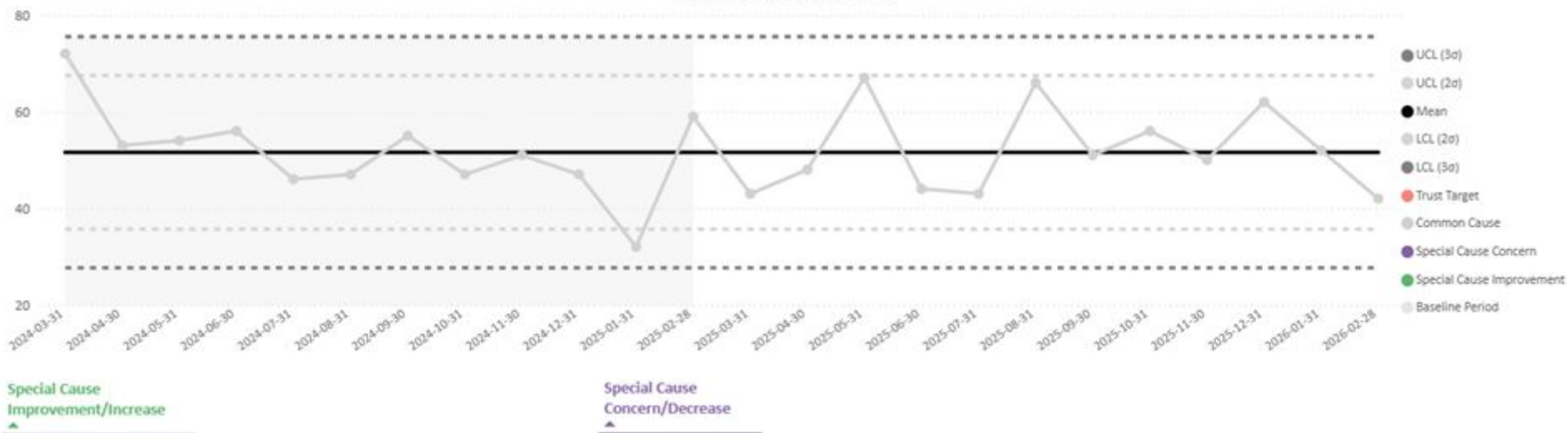
Monthly

Weekly

Organisational Unit

Trust

Preterm Births: Lower the Better



# Appendix 10

## KCH % Stillbirths $\geq 24$ wks



### Maternity Scorecard

v.2.01 | January 2025

SPC Guide



King's College Hospital  
NHS Foundation Trust

Metric

% Stillbirths  $\geq 24$  weeks

Daily

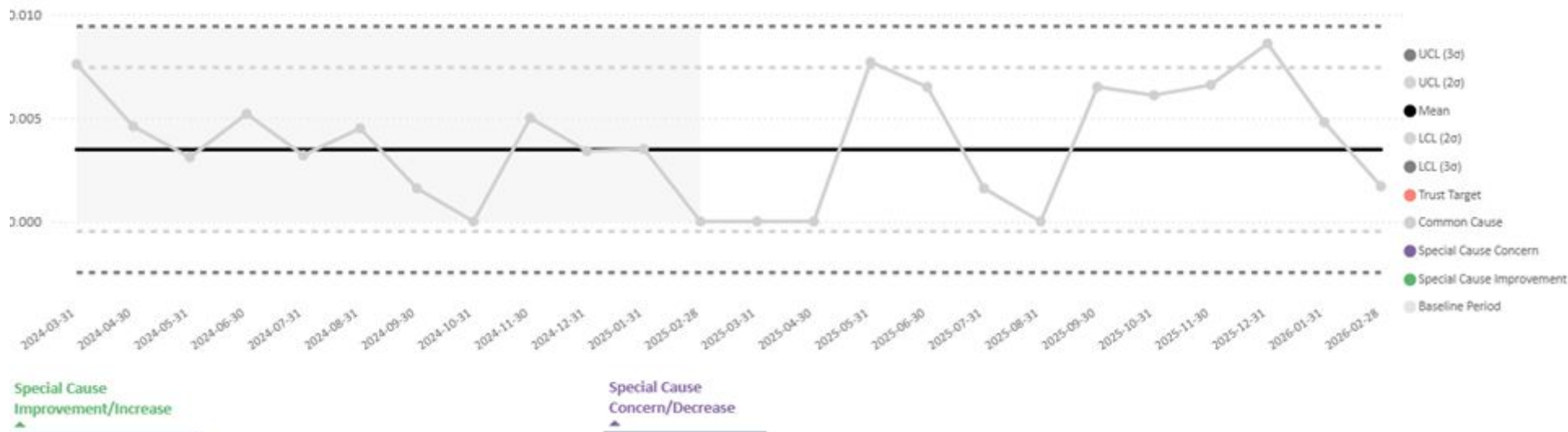
Monthly

Weekly

Organisational Unit

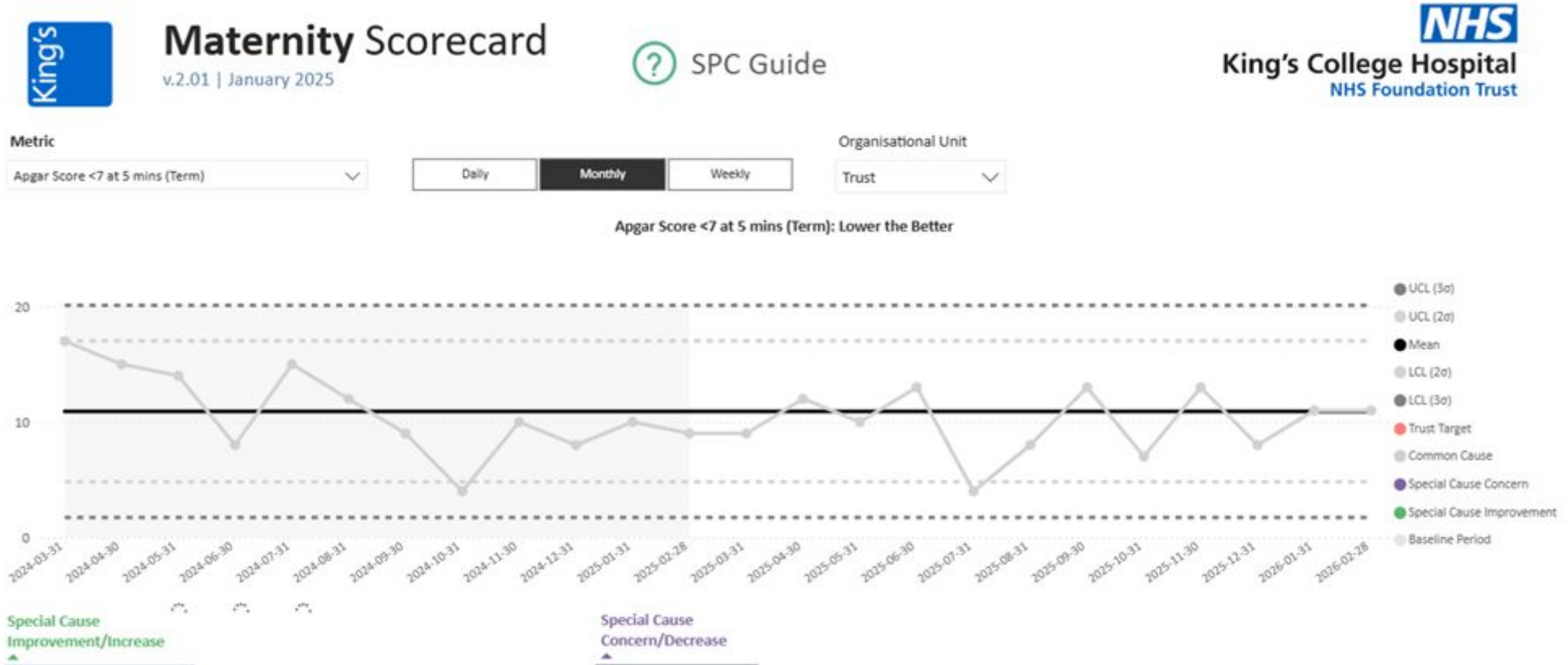
Trust

% Stillbirths  $\geq 24$  weeks: Lower the Better



# Appendix 11

## KCH Apgar Score <7 at 5 mins



# Appendix 12 KCH 3<sup>rd</sup> & 4<sup>th</sup> degree Tears



King's College Hospital  
NHS Foundation Trust



## Maternity Scorecard

v.2.01 | January 2025

? SPC Guide

Metric

3rd & 4th Degree Tears %

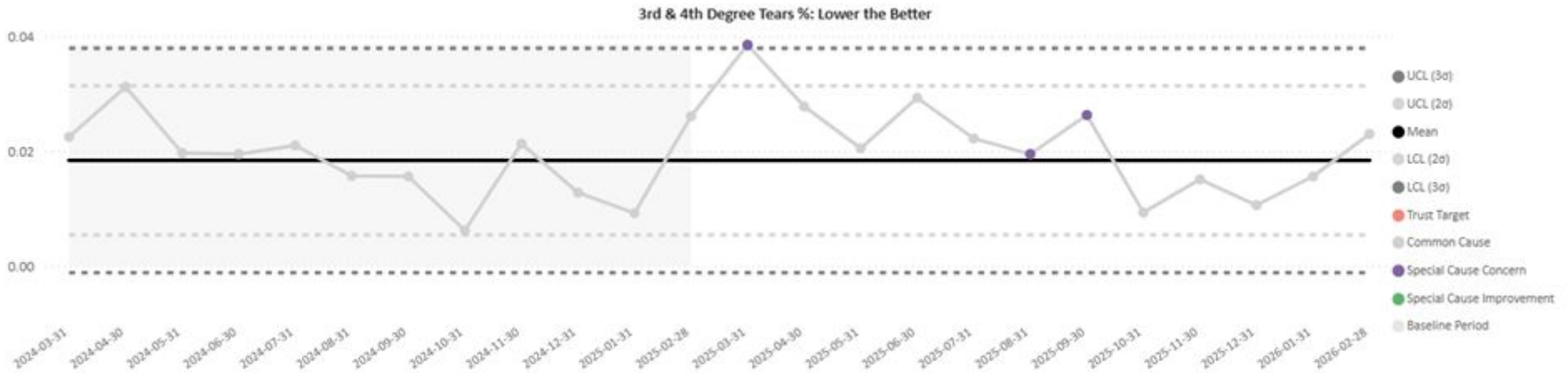
Daily

Monthly

Weekly

Organisational Unit

Trust



Special Cause Improvement/Increase

Special Cause Concern/Decrease

31 March 2025	This point is outside of the 3 sigma control limits
31 August 2025	There has been a run of 7 points above the mean
30 September 2025	There has been a run of 7 points above the mean

# Appendix 13 MOH >1.5L CS Births



## Maternity Scorecard

v.2.01 | January 2025

? SPC Guide

Metric

PPH >=1.5L - Caesarean Births %

Daily

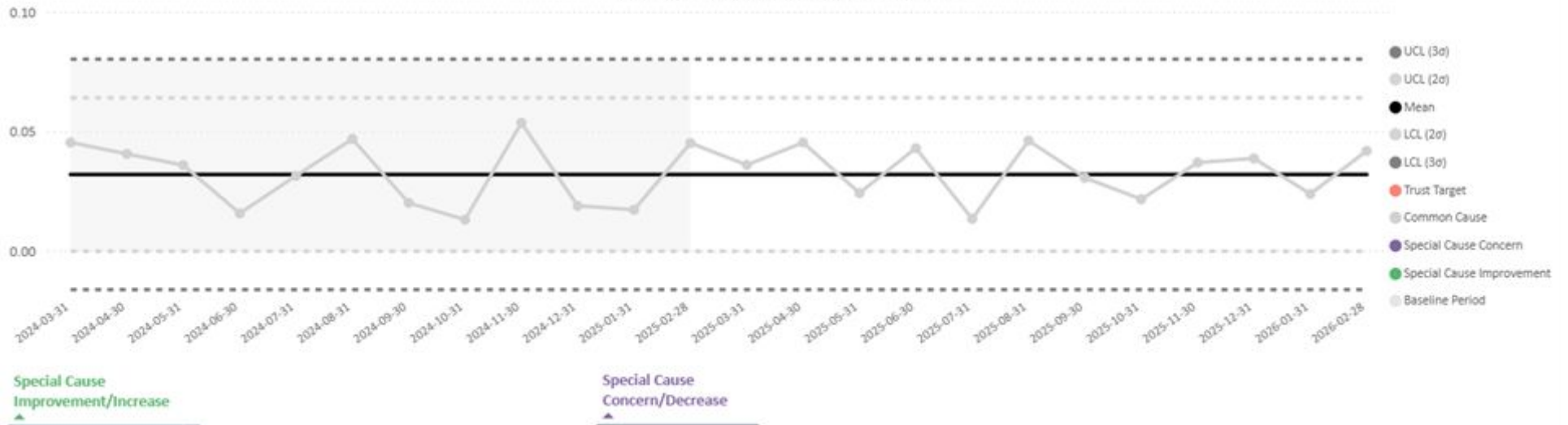
Monthly

Weekly

Organisational Unit

Trust

PPH >=1.5L - Caesarean Births %: Lower the Better



# Appendix 14 MOH >1.5L Vaginal Births



## Maternity Scorecard

v.2.01 | January 2025

SPC Guide

Metric

PPH >=1.5L - Vaginal Births %

Daily

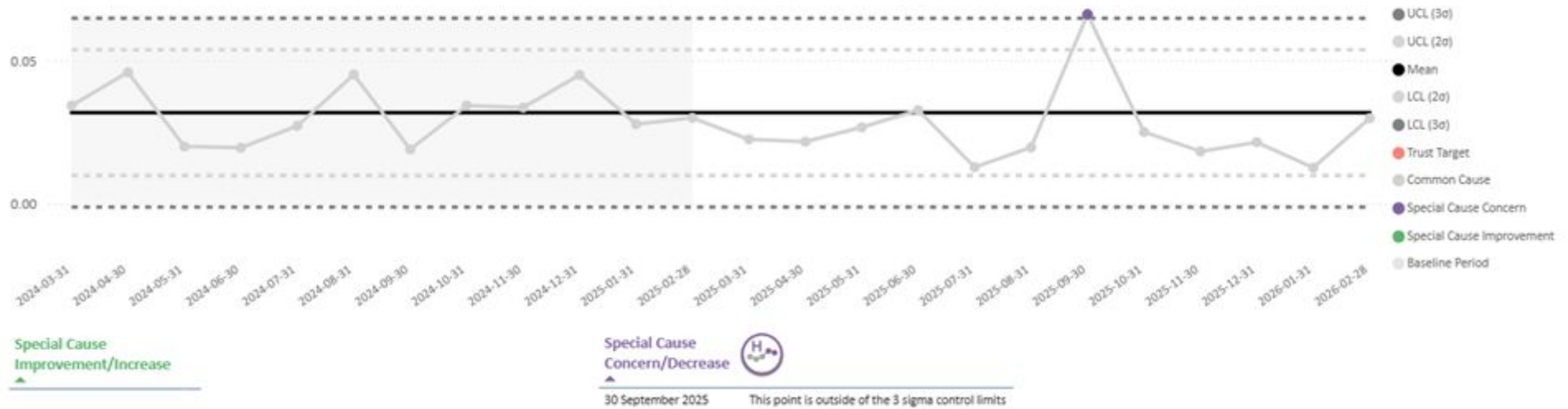
Monthly

Weekly

Organisational Unit

Trust

PPH >=1.5L - Vaginal Births %: Lower the Better





### Maternity Scorecard

v.2.01 | January 2025

[SPC Guide](#)



Metric

Births in water %

Daily

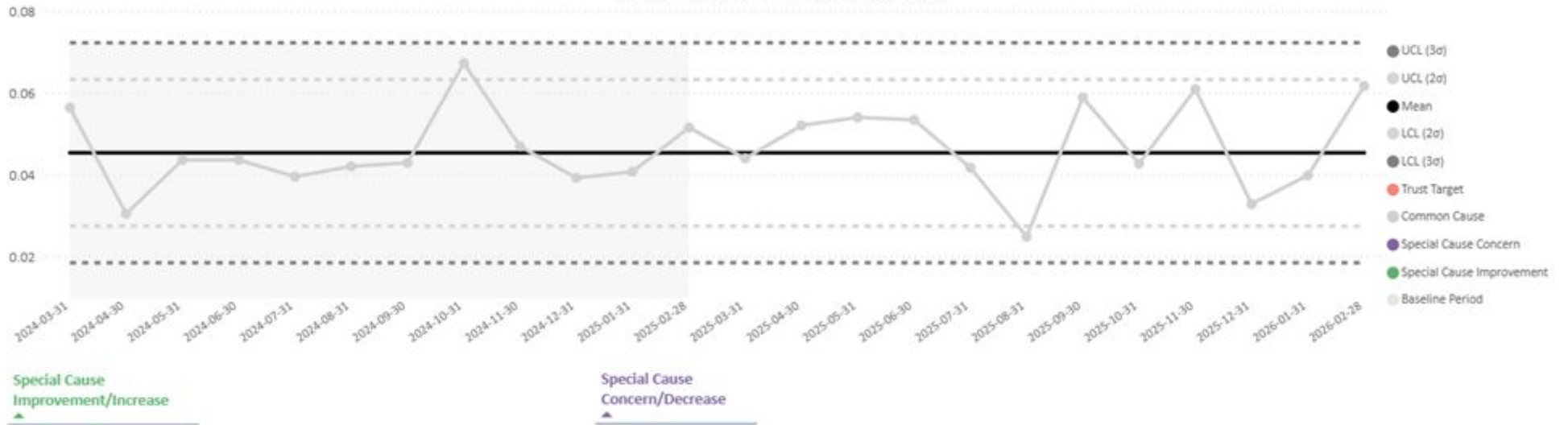
Monthly

Weekly

Organisational Unit

Trust

Births in water %: Neither Higher or Lower Better



## ATAIN Overview – February 2026

### Women’s Health Care Group

#### Division A

### ATAIN Monthly Report – February 2026

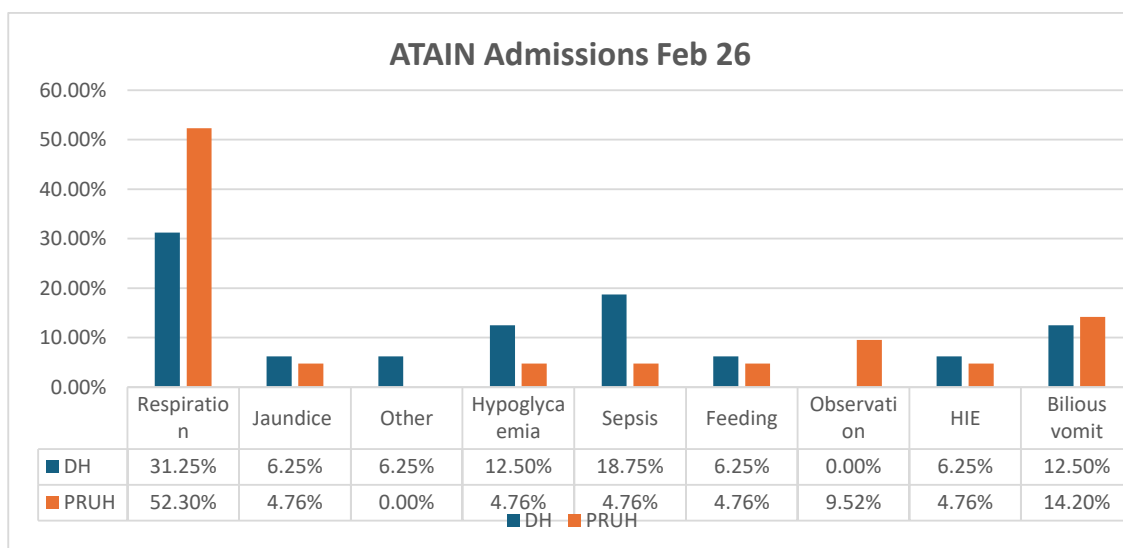
#### 1.0 Admission Rates

Site	Rate	Notes
DH	4.8%	Slight increase from previous 3.95%
PRUH	7.7%	Above national target; all admissions unavoidable

#### 1.1 Avoidable Admissions

- **DH:** One avoidable admission linked to delayed decision-making in the context of maternal sepsis and evolving fetal tachycardia.
- **PRUH:** No avoidable admissions.

#### 1.2 Reasons for admission



#### 2.0 PRUH Key Findings

#### 2.1 Respiratory Admissions

- 52.3% of admissions; continued downward trend.
- Ongoing QI work on planned LSCS gestation.

- Increase in operative births may be contributing.

## **2.2 Jaundice**

- Only one unavoidable admission.
- High-risk early-onset case.
- Proposed 6-month pilot for targeted screening (DAT+/high cord bilirubin).
- Plans for national benchmarking survey.

**2.3 HIE:** One case; baby recovered well post-cooling; referred to MNSI.

## **3.0 DH Key Findings**

### **3.1 Respiratory**

- Reduced from 44% to 31.25%.
- Remains the most common admission reason.

### **3.2 Sepsis**

- Three admissions (18.75%).
- One avoidable case; learning shared.
- Two cases associated with maternal sepsis.
- Further review of maternal sepsis cases planned.

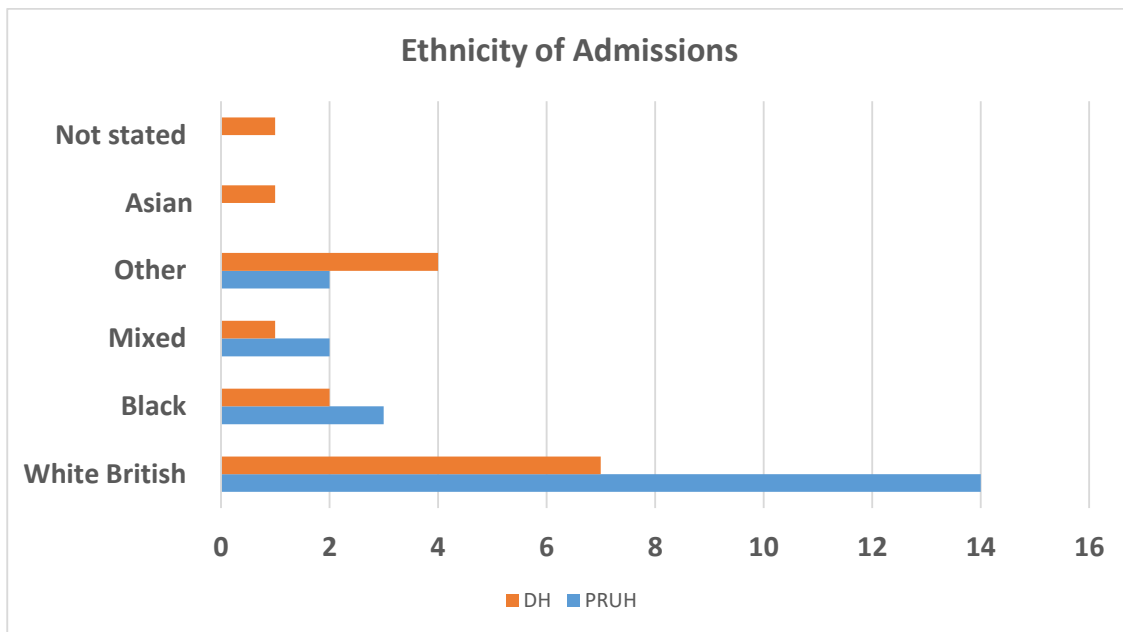
**3.3 HIE:** One complex case following failed instrumental delivery and difficult caesarean.

- Baby required full resuscitation and cooling; referred to MNSI.

## **4.0 Quality Improvement Priorities**

- LSCS gestation optimisation.
- Jaundice screening pilot implementation.
- Maternal sepsis review at DH.
- Continued LMNS data sharing and weekly multidisciplinary reviews.

### 5.0 outcome by ethnicity



### 6.0 Summary

This data reflects a one-month reporting period, separate from the routine ATAIN quarterly reviews. During this period, PRUH recorded an admission rate above the national 6% target, whereas the previous report had shown a rate below target. All PRUH admissions were unavoidable, and the reasons for admission were varied with no identifiable pattern or trend.

At DH, the admission rate for February was 4.8%, compared with 3.95% in the December–January report. Across both sites, there has been a marked improvement in admissions related to respiratory distress syndrome.

The rise above the 6% ATAIN threshold was primarily driven by higher respiratory admission rates associated with increased operative births, alongside complex clinical presentations such as maternal sepsis, early-onset jaundice, and HIE. Importantly, the increase was **not** due to avoidable care issues.

<b>Meeting:</b>	Board of Directors' meeting - Public	<b>Date of meeting:</b>	14 May 2026
<b>Report title:</b>	<b>King's BOLD – Q4 update and End of Year Report 2025-26</b>	<b>Item:</b>	12.1
<b>Author:</b>	Muktai Panchal - Senior Strategy Advisor	<b>Enclosure:</b>	
<b>Executive sponsor:</b>	Julie Lowe - Deputy Chief Executive		
<b>Report history:</b>	Q3 Update - 5 <sup>th</sup> January 2026; Q2 Update – 3 <sup>rd</sup> November 2025; Q1 Update – 17 <sup>th</sup> July 2025		

**Purpose of the report**

The BOLD strategy was refreshed for 2024-25 and 2025-26 as part of the Trust’s NOF4 exit criteria and approved by the Board in March 2025. It set out the Trust’s priorities across eight areas: Brilliant People, Outstanding Care, Leaders in Research, Innovation and Education, Diversity, Equality and Inclusion, Finance and Organisational Transformation, Estates, Digital and Sustainability.

This paper provides a final end-of-year account of delivery against the BOLD refresh for 2025-26, summarising progress across the year and marking the close of BOLD. It also references the transition to the Trust’s new strategy for 2026-31, into which remaining actions will be incorporated.

The purpose of this report is for the Board to receive and note the final update on delivery of the BOLD strategy for 2025-26, mark its close and note the transition to the Trust’s new strategy for 2026-31.

**Board/ Committee action required (please tick)**

<b>Decision/ Approval</b>		<b>Discussion</b>		<b>Assurance</b>	✓	<b>Information</b>	✓
---------------------------	--	-------------------	--	------------------	---	--------------------	---

**Executive Summary**

**Overall Progress**

As the final year of the BOLD strategy, 2025-26 has seen strong delivery across clinical, operational and enabling priorities. The position across 102 actions is as follows:

- 59 actions have been completed
- 17 actions are on track
- 10 actions will continue into 2026-27
- 10 actions are off track, with mitigation in place or in development
- 6 actions are no longer progressing, reflecting external factors and changes in delivery

**Areas of Continued Focus**

- While overall progress has been strong, a small number of areas require continued attention. Sustainability remains an area of challenge, with several actions subject to external dependencies and infrastructure constraints.
  - Selected actions across Brilliant People, Digital and Outstanding Care will continue into 2026-27, supported by mitigation and ongoing delivery plans.
- Looking Forward**
- BOLD provides a strong foundation for the Trust’s new strategy, with improvements in patient access and outcomes, a modernised digital infrastructure, a world-class research portfolio and continued investment in the workforce.
  - Remaining actions will be incorporated into the new strategy for 2026–31 and taken forward as part of future delivery.
- The Board is asked to:**
- Note the strong overall delivery of the BOLD strategy in 2025-26, with the majority of actions completed or on track;
  - Note the areas requiring continued focus, particularly Sustainability and selected actions across Brilliant People, Digital and Outstanding Care;
  - Note the close of the BOLD strategy and the transition to the Trust’s new strategy for 2026–31; and
  - Recognise the contribution of colleagues across King’s in delivering the BOLD ambitions.

Strategy			
Link to the Trust’s BOLD strategy		Link to Well-Led criteria	
✓	<b>Brilliant People:</b> <i>We attract, retain and develop passionate and talented people, creating an environment where they can thrive</i>		<b>Leadership, capacity and capability</b>
✓	<b>Outstanding Care:</b> <i>We deliver excellent health outcomes for our patients and they always feel safe, cared for and listened to</i>	✓	<b>Vision and strategy</b>
✓	<b>Leaders in Research, Innovation and Education:</b> <i>We continue to develop and deliver world-class research, innovation and education</i>	✓	<b>Culture of high quality, sustainable care</b>
✓	<b>Diversity, Equality and Inclusion at the heart of everything we do:</b> <i>We proudly champion diversity and inclusion and act decisively to deliver more equitable experience and outcomes for patients and our people</i>	✓	<b>Clear responsibilities, roles and accountability</b>
✓	<b>Person- centred</b>	✓	<b>Effective processes, managing risk and performance</b>
✓	<b>Digitally-enabled</b>	✓	<b>Accurate data/ information</b>
	<b>Sustainability</b>		<b>Engagement of public, staff, external partners</b>
	<b>Team King’s</b>		<b>Robust systems for learning, continuous improvement and innovation</b>

<b>Key implications</b>	
<b>Strategic risk - Link to Board Assurance Framework</b>	Please include BAF strategic risk references
<b>Legal/ regulatory compliance</b>	
<b>Quality impact</b>	No adverse quality impacts identified from delayed actions at this stage. Mitigation measures and recovery plans are in place.
<b>Equality impact</b>	EDI is addressed as part of BOLD and will form part of the Feedback to the Board
<b>Financial</b>	A Financial section is included within the BOLD and aligns with the Financial Strategy
<b>Comms &amp; Engagement</b>	Communications and Engagement are involved.
<b>Committee that will provide relevant oversight</b>	
The Trust Board	

## King’s BOLD Strategy: End of Year Report 2025-26

### 1. Introduction

- 1.1 As part of the Trust’s recovery plan and exit from NOF4, the BOLD strategy was refreshed and presented to the Board in March 2025. This is the fourth and final quarterly update on BOLD, bringing together progress across the year and marking the close of the current strategy ahead of the transition to the new strategy for 2026-31.
- 1.2 Overall, BOLD has delivered strong progress across clinical, operational and enabling priorities, with the majority of actions completed or on track by year-end.
- 1.3 The report also references the Trust’s forthcoming five-year strategy (2026–31), which will build on the progress delivered through BOLD and provide the framework for the next phase of the Trust’s strategic direction.

### 2. Overview of progress

- 2.1 Delivery of the BOLD strategy in 2025-26 reflects a strong overall position, with most actions completed or on track at year-end.
- 2.2 Of the 102 actions set out, 76 (74%) have been completed or are on track. A further 10 (10%) actions are off track, with mitigation in place or in development. The remaining 16 (16%) have either been moved into 2026-27 or are no longer being progressed, reflecting a combination of external factors and changes in delivery over the course of the strategy.
- 2.3 The full position across all 102 actions is set out in the table below:

Area	Completed	On Track	Off Track (Mitigated)	Off Track (Mitigation in progress)	2026-27 delivery	Closed / Not progressing	Total
Brilliant People	6	2	4	-	2	-	14
Outstanding Care	17	3	2	1	-	-	23
Leaders in Research, Innovation and Education	10	2	-	-	-	2	14
Finance and Organisational Transformation	1	-	-	-	-	-	1
Estates	5	2	-	-	-	-	7
Digital	12	-	1	-	1	4	18
Sustainability	7	-	-	2	5	-	14
Diversity, Equality and Inclusion	1	8	-	-	2	-	11
<b>Total</b>	<b>59</b>	<b>17</b>	<b>7</b>	<b>3</b>	<b>10</b>	<b>6</b>	<b>102</b>

### **3. Brilliant People**

- 3.1 Overall progress in Brilliant People has been steady, with 6 actions completed, 2 on track, 4 actions with mitigation in place and 2 actions to be delivered in 2026-27. Key achievements include:
- Completion of the Corporate Review and Benchmarking and the Corporate Service Review;
  - Targeted support to line managers in priority areas, contributing to improved staff survey results across all nine people domains, with compliance reaching 46%;
  - Completion of diversity analysis in senior leadership, now being taken forward through the WRES Action Plan;
  - Introduction of a violence and aggression reduction plan to improve staff safety and experience; and
  - Rollout of cultural diagnostic programmes across care groups, informing a Trust-wide cultural transformation plan for 2026-27.
- 3.2 A number of actions remain in progress or will continue into 2026-27, including publication of the Trust Workforce Strategy and development of a leadership behaviours framework aligned to the refreshed Trust vision and values, pending Board approval in May.
- 3.3 Further activity is being progressed through existing programmes, including incorporation of diversity lens into senior leadership and talent management approaches via the WRES Action Plan, continued delivery of the Anchor Programme with local communities and oversight of the Health and Wellbeing Plan through the WS2 Programme Board.

### **4. Outstanding Care**

- 4.1 Outstanding Care has been the strongest performing area, with 17 actions completed and 3 on track, driving measurable improvements in patient access, experience and clinical outcomes. Key achievements include:
- Significant elective recovery milestones, with a 77% reduction in patients waiting over 65 weeks for treatment and only 1% of patients on the waiting list waiting over 52 weeks by March 2026;
  - Reduction in DNA rates to 8%, releasing over 20,000 appointments annually, alongside sustained delivery of 25% of outpatient activity virtually;
  - Strong progress in digital patient access, with over 270,000 patients using MyChart and more than half of patients seen in the past year actively registered (51.3%), representing top five performance versus EPIC peers;
  - Implementation of pathway redesigns, including #NoF and Stroke LAS pathways, alongside commissioning of Neuro Rehab services and the opening of the Mental Health Assessment Unit in partnership with SLAM;

- Sustained reductions in late theatre starts, dropped lists and on-the-day cancellations to the 8% target through delivery of the Theatre Transformation Programme;
  - King's ranking among the top three organisations in the Shelford Group for productive growth; and
  - Self-scheduling piloted across three clinical services, enabling 468 patients per month to self-schedule, with Trust-wide rollout now underway.
- 4.2 Further programmes remain in progress or will continue into 2026-27, including the Harm Free Care Programme, development of a Trust-wide Falls Strategy for launch in Spring 2026 and continued rollout of the Fundamentals of Care Programme, with early progress focused on staff voice, wellbeing and psychological safety.
- 4.3 A small number of areas require continued focus to support full delivery, with targeted actions in place to drive improvement:
- Patient-initiated follow-up (PIFU): Progress slightly below plan (3.9% achieved as of March 2026 against a target of 5%), with refreshed processes in place and further targeted rollout underway to increase uptake;
  - Urgent and emergency care performance: ED four-hour performance reached 72.12% at year-end, a 2.12% improvement from March 2025 against a target of 74.6%. Continued improvement is expected, supported by patient flow and bed capacity initiatives; and
  - 7-day clinical standards: In development, with implementation and monitoring progressing into 2026-27.

## 5. Leaders in Research, Innovation and Education

- 5.1 Overall progress has been strong, with 10 actions completed, 2 on track and several actions that go well beyond what was targeted at the outset of the year. Key achievements include:
- Commercial research income of £11.6m received from trials by the end of March 2026, significantly exceeding the £6.5 million target;
  - Recruitment of over 20k patients into NIHR portfolio trials, placing King's 3rd nationally and 2nd across South London NHS Trusts;
  - Delivery of seven cross-disciplinary collaborative studies, exceeding the target of four, including work across CAR-T, autoimmune disease, liver, renal and rheumatology;
  - Increase in studies with Associate PI involvement from four to eleven, expanding across a wider range of clinical specialties;
  - Implementation of large-scale AI-enabled radiology studies, including MIDI, GRASP, APPMAD and TRIAGE, with MIDI spanning more than 37,000 patients;
  - Completion of clinical leadership programmes by 169 colleagues across Bands 6 to 8b;

- Establishment of out-of-hours research imaging capacity within the Radiology Care Group, supported by an approved standard operating procedure; and
  - Introduction of diversity reporting frameworks in CRF studies, with baseline data established and ongoing engagement with PPI and EDI groups.
- 5.2 Further activity remains in progress and will continue into 2026-27, including delivery of KHP research programmes focused on improving pregnancy and neonatal outcomes and research into cardiovascular risk in high-risk women, supported by advanced data analytics and AI-enabled tools.
- 5.3 A small number of actions are no longer progressing, reflecting changes in external funding and delivery scope. These include research scholarships for nurses and AHPs and the development of remote digital blood monitoring, where external dependencies have impacted delivery.

## **6. Diversity, Equality and Inclusion**

- 6.1 Overall progress has been strong, with 1 action completed and 8 on track and key programmes delivered or embedded across the Trust. Key achievements include:
- Completion of the Workplace Adjustments Programme, with a second phase in development aligned to the new People and Culture strategy;
  - Continued rollout of inclusive recruitment and EDI training, embedded within the leadership and development framework;
  - Progression of youth-focused initiatives, including delivery of 45 placements through the Staff Referral Programme and strong engagement in the Core Programme;
  - Staff networks developing annual delivery plans to ensure key national diversity dates are recognised and resourced;
  - Launch of the Talent Management Strategy, supported by targeted positive action plans; and
  - Updates to the Sickness Policy to strengthen inclusion of disability definitions, reasonable adjustments and the recording of disability-related absence.
- 6.2 All statutory reporting requirements (including WRES, WDES, Gender Pay Gap, Ethnicity Pay Gap and Disability Pay Gap) are in progress for publication in 2026-27 as required. The Workforce Sexual Orientation Equality Standard report was presented to PIERC in January 2026.
- 6.3 A small number of actions will continue into 2026-27, including further development of staff networks, supported by a refreshed governance framework, and progression of EDI objectives through the new leadership and development framework.

## **7. Finance and Organisational Transformation**

- 7.1 Delivery within Finance and Organisational Transformation has been strong, with the single action completed as planned.

- 7.2 The final financial strategy was approved by the Trust Board on 8 May 2025 and shared with NHS England on 7 May 2025.

## 8. Estates

- 8.1 Overall progress in Estates has been strong, with 5 actions completed and 2 on track, including some of the most significant capital milestones in the Trust's recent history. Key achievements include:

- Completion of the PRUH Endoscopy Expansion (£24m), now live with patients admitted from April 2026;
- Completion of a new sub-station at PRUH (£2.7m), now operational and supplying power to the site;
- Delivery of the Radiology Replacement Programme, including Interventional Radiology Lab 3, with building works complete and equipment installed, achieving cost efficiencies through design improvements (forecast spend £2m);
- Completion of the CCU Outdoor / Roof Garden (£2m), with landscaping and facilities now in place; and
- Completion of Orpington Hospital refurbishment and essential maintenance phase 2 (£555k).

- 8.2 Further activity remains in progress, including the Pendant Replacement Programme (£2m), a three-year programme with year one completed and year two planning underway, and the VIE Oxygen Replacement Scheme (£250k), with installation in progress and completion expected in June 2026.

## 9. Digital

- 9.1 Overall progress in Digital has been strong, with 12 actions completed and significant advancements made in infrastructure and digital capability across the Trust, supporting improved clinical operations and patient care. Key achievements include:

- Achievement of HIMSS INFRAM Level 6 validation, with the Trust recognised for outstanding digital maturity by the Healthcare Information and Management Systems Society (HIMSS), placing it among a select group of leading hospitals in Europe;
- Implementation of BD Pump Integration with EPIC across all adult ICU areas, with further enhancements underway, including development of an enhanced drug library to support patient safety;
- Delivery of digital readiness for the PRUH Endoscopy unit and completion of the CompuCare upgrade;
- Initiation of the Patient Monitoring Central Infrastructure upgrade, with pilot deployments completed and wider rollout underway;
- Decommissioning of legacy systems, with remaining activity transitioned to business-as-usual teams;

- Delivery of key system integrations, including Colposcopy Build, CTG Integration and MJM/Fotoware interface with EPIC;
  - Upgrade of the Mitel telephone system and implementation of RFID/RTLS for ED Theatre at Denmark Hill;
  - Implementation of King's Live Bed State and rollout of the Service Desk Tool across GSTT, King's and Lewisham; and
  - Progression of network infrastructure improvements, including edge switch replacement (year one completed).
- 9.2 Further activity remains in progress or will continue into 2026-27, including finalisation of the Trust's AI Strategy (expected release in May 2026) and introduction of new devices to connect into Capsule (ECMO), subject to programme prioritisation.
- 9.3 A small number of actions are no longer progressing, reflecting changes in scope and funding decisions. These include elements of virtual care redesign, firewall replacement at remote sites and planned migration to cloud-based systems, which are being reviewed as part of the Trust's wider digital and data strategy.

## **10. Sustainability**

- 10.1 Progress in Sustainability has been steady, with 7 actions delivered and further work continuing, including activity with external dependencies that will progress into 2026-27. Key achievements include:
- Retention of BSI ISO 14001:2015 certification for the Environmental Management System, with the strongest audit feedback received to date;
  - Achievement of waste segregation targets across acute sites, exceeding the 40:30:30 benchmark;
  - Expansion of the offensive waste stream at Denmark Hill, increasing tonnage and reducing waste-related carbon emissions;
  - Delivery of a walking aid return scheme at Denmark Hill, achieving over 20% return rates;
  - Establishment of a climate adaptation working group, with agreed governance and KPIs;
  - Enrolment of three sustainability apprentices through the LDN Sustainable Healthcare Academy; and
  - Completion of the staff travel survey, with a revised approach to annual delivery.
- 10.2 Further activity remains in progress or will continue into 2026-27, including the decommissioning of nitrous oxide and Entonox systems, expansion of the walking aid return scheme across additional sites, development of new approaches to sustainable theatre textiles and waste contracts, and delivery of the EMG management review report.

- 10.3 A small number of areas require continued focus, including the rollout of telematics across the Trust vehicle fleet and wider engagement with the Gloves Off campaign, where uptake beyond pilot areas remains variable.

## **11. Looking Forward – Planning for 2026-31**

- 11.1 2025-26 marks the closing chapter of the Trust's BOLD 2021–26 strategy, which has guided King's through a period of significant challenge and recovery. As this phase concludes, the Trust can reflect on the progress achieved, including reduced waiting times and improved access for patients, strengthened support and development for staff, and expanded benefits for communities through world-class research and new facilities.
- 11.2 Subject to Board approval in May 2026, King's will publish its new five-year strategy for 2026–31, building on the progress delivered through BOLD and setting a clear and ambitious direction for the future. The strategy will be underpinned by a refreshed set of values and strategic objectives, guiding continued improvement in outcomes, experience and value for patients and communities. Remaining actions from BOLD will be incorporated into the new strategy and taken forward as part of delivery for 2026–31.

**BOLD Roadmaps**

**Brilliant People Roadmap**



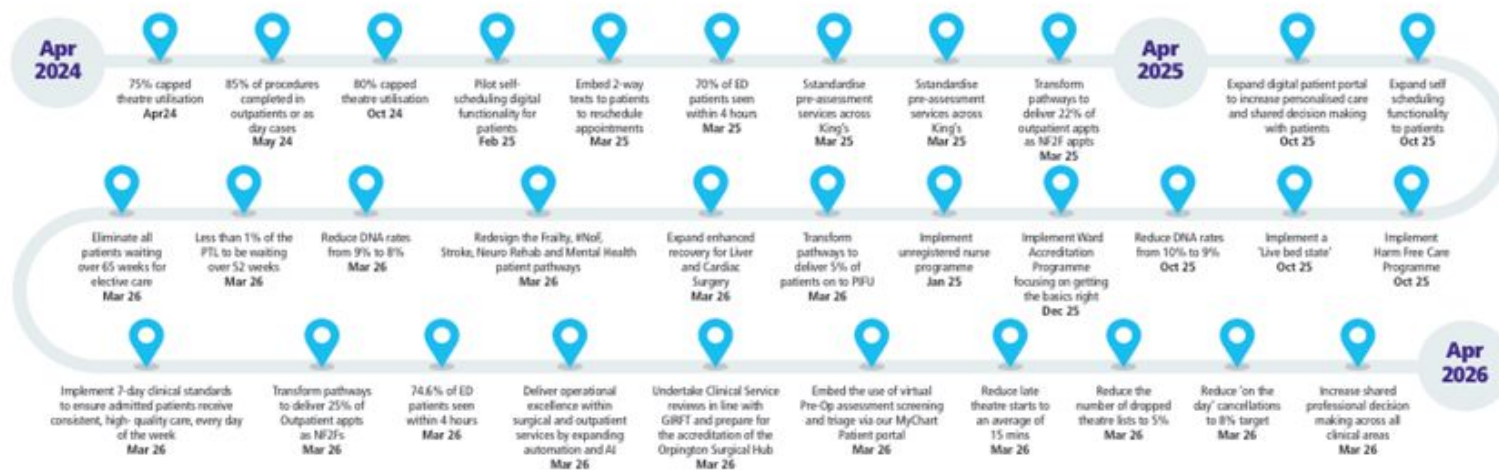
**Our key achievements over the last three years have been:**

- ✓ Embedding our values throughout Team King's.
- ✓ Establishing purpose-built wellbeing hubs across Trust sites and providing extra support for those affected by the cost-of-living crisis.
- ✓ Creating new and more diverse routes into employment through the expansion of Project SEARCH and the delivery of our apprenticeship programme.
- ✓ Responding to staff feedback by reviewing our approach to flexible working and taking further action to reduce incidents of violence and aggression.
- ✓ Supporting careers at King's by enhancing work-based learning; increasing the availability of coaching; and upskilling our brilliant people.

**Our aspirations to 2026**

To focus on responding to people's feedback, improving their experience at King's and creating a positive and engaged culture where every voice counts. We will be developing, rolling out and delivering a compassionate and inclusive leadership programme for the Care Group triumvirates to support this aim. We will do this through our Kings Senior Leadership Programme and introducing our new People and Culture Plan and Talent Management Strategy. We will also publish a long-term Workforce Strategy that will ensure we can continue to recruit and retain a workforce for the future.

## Outstanding Care RoadMap



### Our key achievements over the last three years have been:

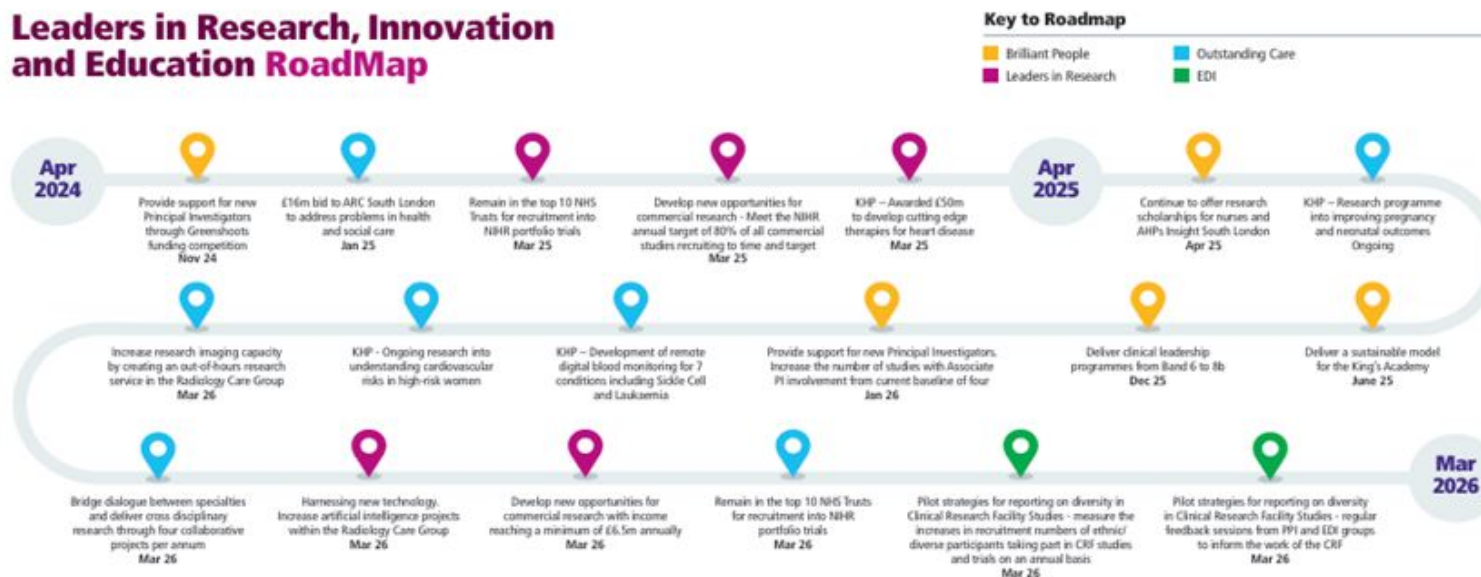
- Improving patient experience and outcomes by delivering protected mealtimes and new ward-based champions to improve patient nutrition and hydration.
- Investing in the future of clinical care by delivering major capital projects across all sites such as NICU; Child Health; Haematology; Critical Care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

### Our aspirations to 2026

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

Please note that the ward accreditation programme has been reviewed and replaced with the Fundamentals of Care Programme.

## Leaders in Research, Innovation and Education RoadMap



### Our key achievements over the last three years have been:

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

### Our aspirations to 2026

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

## Diversity, Equality and Inclusion RoadMap



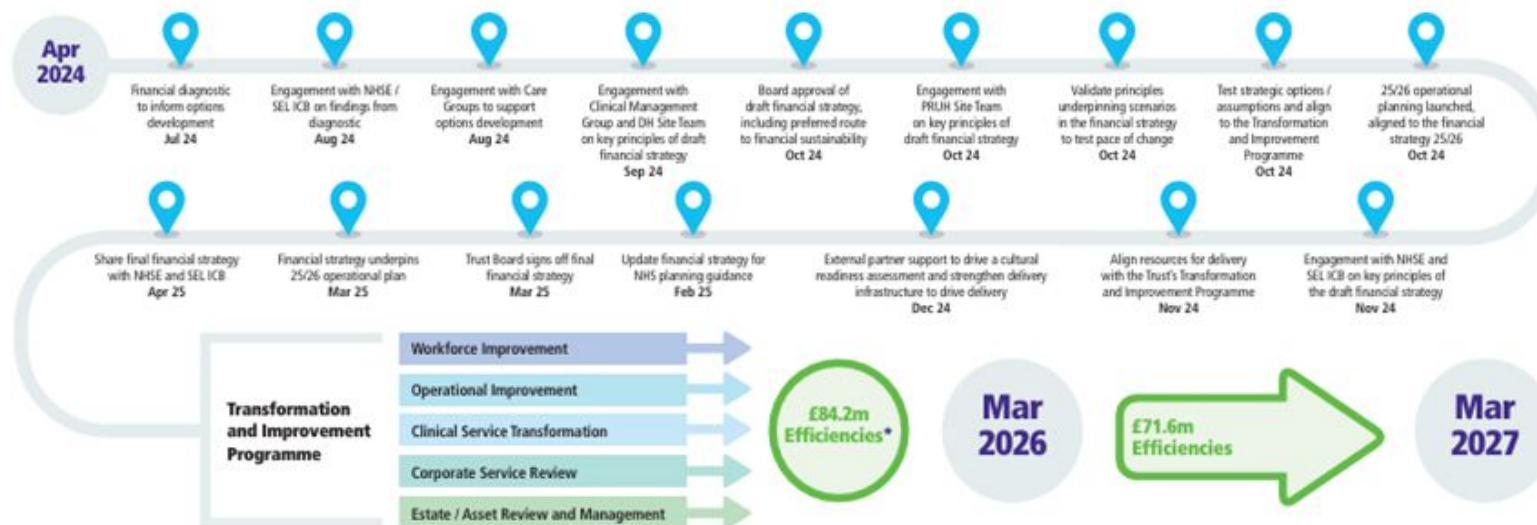
### Our key achievements over the last three years have been:

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

### Our aspirations to 2026

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

## Finance and Organisational Transformation RoadMap



### Our key achievements over the last three years have been:

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

### Our aspirations to 2026

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

## Estates RoadMap



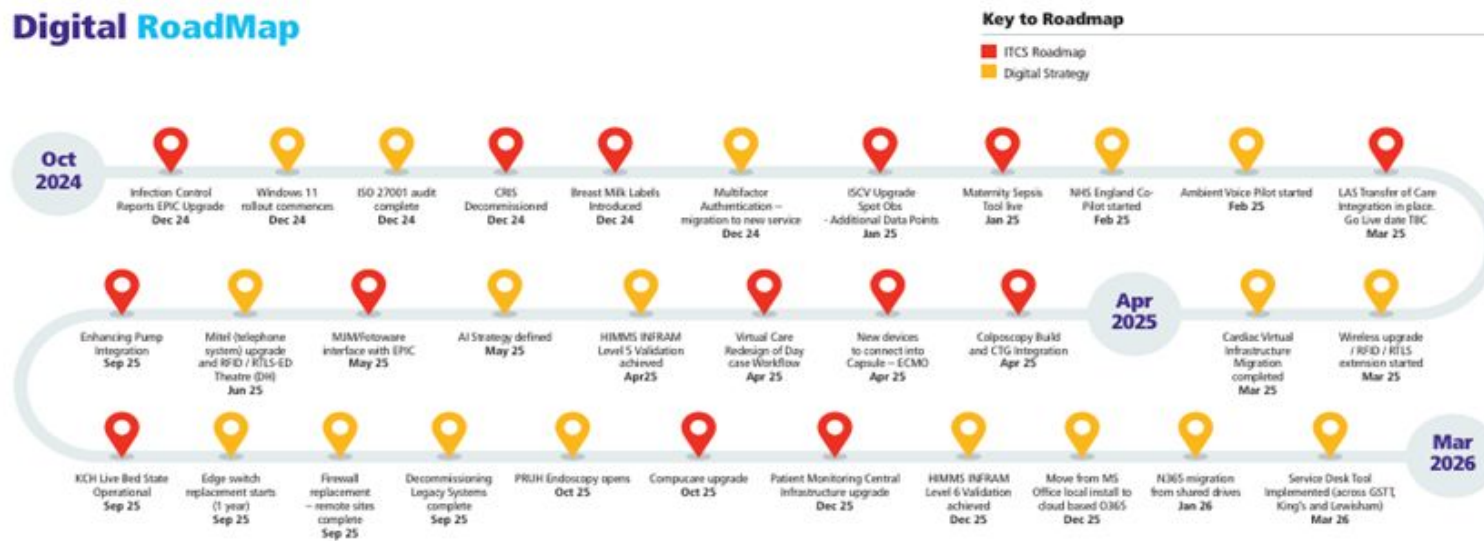
### Our key achievements over the last three years have been:

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

### Our aspirations to 2026

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

## Digital RoadMap



### Our key achievements over the last three years have been:

- ✔ Implementing our new digital transformation project, EPIC that has supported our staff to transform the way we work, interact with partners and provide care to our patients.
- ✔ Transforming patient access to our outpatient services by using new digital tools.
- ✔ Implementing Single Sign-On enabling staff to access faster PC logins.
- ✔ Upgrading our printers has enhanced staff experience and increased confidentiality by restricting inappropriate access to sensitive information.
- ✔ The establishment of the co-located Acute Medical Unit and Ambulatory Assessment Unit supported by ICT will significantly enhance patient safety and experience by reducing the time to first clinician.

### Our aspirations to 2026

Maximise the functionality of deployed technology, in particular EPIC and continue to promote innovative and new technologies to enhance patient and staff experience and support the Trust's ongoing Transformation and Improvement Programme through the wider adoption of digital knowledge and expertise.

## Sustainability RoadMap



### Our key achievements over the last three years have been:

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

### Our aspirations to 2026

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