

AGENDA

Meeting	Council of Governors
Date	Tuesday 28 January 2025
Time	16:30 – 18:00
Location	The Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill

No.	Item	Purpose	Format	Lead & Presenter	Time
1.	STANDING ITEMS				
	1.1. Welcome and Apologies	FI	Verbal	Chairman	16:30
	1.2. Declarations of Interest				
	1.3. Chair's Action				
	1.4. Minutes of Previous Meeting – 5 November 2024	FA	Enc.		
	1.5. Action Tracker	FD	Enc.		
	1.6. Matters Arising	FI	Verbal		
QUALITY, PERFORMANCE, FINANCE AND PEOPLE					
2.	Quality Account Priorities	FD	Enc	Chief Nursing Officer and Director of Midwifery	16:35
3.	Winter Update	FD	Presentation	Site CEOs Chief Nursing Officer and Director of Midwifery/	16:55
4.	Managing the business of the Council of Governors 2025	FD	Enc.	Director of Corporate Affairs	17:10
GOVERNANCE					
5.	Governor Involvement and Engagement				
	5.1. Governor Questions – Open session	FI	Verbal	Chairman	17:25
FOR INFORMATION					
6.	6.1. Recovery Support Programme update	FI	Enc.	CEO	17:50
	6.2. Trust Strategy Delivery Update	FI	Enc.	CEO	17:55
7.	Any Other Business				
	Any Other Business				18:00
8.	Date of the next meeting: Tuesday 29 April 2025, 16:30 – 18:00 The Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill				

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

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

Council of Governors Meeting – Public Session

Draft Minutes of the Council of Governors (Public Session) meeting held on
 Tuesday 5 November 2024 at 16:30 – 18:00
 Hybrid meeting: PRUH, Lecture Theatre 2 Education Centre & MS Teams

Present:

Chair

Sir David Behan

Chair

Elected Governors

Ibtisam Adem

Lambeth Public Governor

Toni Benfield

Bromley Public Governor

Michael Bartley

Staff Governor

Lindsey Batty-Smith

Southwark Public Governor

Jacqueline Best-Vassell

SEL System Governor

Angela Buckingham

Southwark Public Governor

Hilary Entwistle

Southwark Public Governor

Deborah Johnston

Patient Governor

Tunde Jokosenumi

Staff Governor

Prof Daniel Kelly

Lambeth Public Governor / Lead Governor

Jane Lyons

Southwark Public Governor

Pauline Manning

Patient Governor

Billie McPartlan

Patient Governor

Victoria O'Connor

Bromley Public Governor

Christy Oziegbe

Staff Governor

Anne Marie Rafferty

Nominated (Governor?) King's College London

Katie Smith

Bromley Public Governor

Chris Symonds

Patient Governor

Yogesh Tanna

Nominated King's College Hospital NHS Foundation Trust

Temitayo Taiwo

Lambeth Public Governor

David Tyler

Patient Governor

In Attendance:

Rantimi Ayodele

Acting Chief Medical Officer

Tracy Carter MBE

Chief Nurse and Executive Director of Midwifery

Roy Clarke

Chief Financial Officer

Siobhan Coldwell

Director of Corporate Affairs

Simon Friend

Non-Executive Director

Angela Helleur

Site Chief Executive– Princess Royal University Hospital and

South Sites

Prof Clive Kay

Chief Executive Officer

Zowie Loizou

Corporate Governance Officer

Mark Preston

Chief People Officer

Benedette Thompson

Director of Equality, Diversity and Inclusion (EDI)

Nicholas Campbell-Watts

Non-Executive Director

Members of the Public

Apologies:

Rashmi Agrawal

Lambeth Public Governor

Christine Beasley

Non-Executive Director

Aisling Considine

Staff Governor

Yvonne Doyle

Non-Executive Director

Graham Lord

Non-Executive Director

Julie Lowe

Site Chief Executive – Denmark Hill

Devon Masarati

Patient Governor

Akhter Mateen

Non-Executive Director

Item	Subject
Standing Items	
24/34	Welcome and Apologies
	The Chair welcomed governors/attendees, apologies for absence were noted as above.
24/35	Declarations of Interest
	There were no declarations of interest.
24/36	Chair's Action
	There had been no Chair's actions since the last meeting.
24/37	Minutes of the Previous Meeting
	The minutes of the meeting held on 2 July 2024 were agreed as an accurate record of the meeting, pending the Director of Corporate Affairs, Siobhan Coldwell (SC) to address the wording of a paragraph on NED disability champions.
24/38	Matters Arising/Action Tracker
	The Council noted the progress being made to implement actions from previous meetings.
QUALITY, PERFORMANCE, FINANCE AND PEOPLE	
24/39	Chairman's Update
	<p>The Chair explained that King's had been placed in the Recovery Support Programme, largely as a consequence of financial overspends in the previous financial year. He acknowledged that the Chief Financial officer, Roy Clarke (RC), and his finance colleagues had been working with the executive team since March 2024 on a financial recovery strategy. This included a financial diagnostic identifying the drivers of the deficit, examining the outcomes if no action was taken, and determining what was required to return the organisation to financial stability. The outcome of this was a five-year plan that the Board had signed off. Plans were now needed to determine how the required savings could be secured. The Trust would also need to present their progress to the National Executive and Non-Executive Leadership of the Recovery Support Programme at regular intervals.</p>
	<p>The Chair also identified the cultural and organisational development aspect of the situation, highlighting critical issues to be addressed, including staff engagement - particularly for care group triumvirates and Band 6 to 8 service managers. He highlighted the activities of Chief Executive officer, Clive Kay (CK), and his team, which included putting an organisational development programme in place, with Board development sessions and an external facilitator. Additionally, he noted the collaboration with Management Consultant, Mike Farrar and the Executive Leadership team to develop a leadership programme for care groups. The Chair also highlighted work with three other organisations in the NHS as part of a programme by NHS Impact to invest in Bands 6 to 8 looking at effective working.</p>
	<p>The Chair stated that a key issue at the upcoming meeting would be asking for help from NHS England (NHSE) to take the work forward, and emphasised that it would be a long and challenging process that they were only at the start of.</p>
	<p>It was challenged whether bringing in external experts would actually introduce more financial strain. It was clarified that the plan was to request additional funding from NHSE to bring those experts in, with the aim of upskilling and empowering internal staff to continue the process once started.</p>
	<p>Site CEO PRUH & SS, Angela Helleur (AH), noted that it had been a tough year for Kings' staff, which had impacted morale, but that she felt they were succeeding in including them in</p>

the decision-making process via the established triumvirates. It was emphasised that this needed to cascade further down, and hoped that the planned approach with Band 6 to 8s would help with this.

The Chair advised that there was a highly consistent sense of belonging and identity among staff, with a high number stating that the best part of working at King's was the people they were working with, but this was challenged in light of the staff survey results. It was suggested that, as well as people not necessarily responding to the survey, it was likely that many were happy with their immediate colleagues but less satisfied with overall communication. This observation was supported by the Chief People Officer, Mark Preston (MP)

The Council noted the Chairman's update.

24/40 Operational Update

AH highlighted that there were four key standards that the hospital needed to meet. Regarding cancer standards, she acknowledged that King's had broadly been meeting these prior to EPIC's implementation, which had introduced challenges in delivering and recording the same level of activity. leading to them being put into National Tiering.

Performance was now consistently meeting the 28-day standard, and was reaching the agreed target of 85% against the 31-day standard, and was almost meeting the agreed target of 70% against the 62-day standard, concluding that they were expecting confirmation that they were being taken out of cancer tiering.

Regarding DM01 standards, AH stated that there were 50 modalities, with the national standard indicating that 95% of people should have their diagnostic within six weeks of referral, of which their current performance was 53% compared to an end-of-year target of 62%, but this was in light of a backlog that had built up, as well as EPIC's introduction creating challenges such as communication between internal systems, emphasising that the five modalities causing the most problems, non-obstetric ultrasound, cardiology, MRI, neurophysiology, and computer tomography, all had very detailed action plans to get back into compliance.

Regarding ED standards, she noted that the national standard was for all patients to be seen, treated and discharged, or admitted, within four hours, which had been heavily impacted by COVID, and that King's target this year of 70%, compared to 77% nationally, was already being reached thanks to consistent improvement at both sites and now needed to be maintained through winter.

In relation to RTT, AH explained that this had also been severely impacted by COVID, but the target this year was to have no 78-weekers by the end of June 2024, and only 80 65-weekers by the end of September 2024, although they had been set back by Synnovis, increasing the trajectory to get as close to zero by December 2024 as possible.

It was wondered if EPIC's implementation had helped with RTT. AH admitted that it had not, as a lot of activities had been stood down to focus on the implementation, and then there had been issues around recording, but emphasised that activity levels were back to normal, and it was now mainly an issue of clearing the backlog.

The Chair highlighted the importance of celebrating things such as coming out of cancer tiering, which was a result of teams collaborating to achieve a common goal, as part of the culture changes in the organisation.

The Council noted the Trust Operational update.

24/41 Financial Position M6

RC explained that the plan at the start of the financial year had been to deliver a £141m deficit, which would require around £50m in cost improvement ideas to be generated, along with delivering 110% of the work carried out in 2019/20. He stated that, at the half-year point, they had posted around a £71m deficit and were almost £2m ahead of plan,

which was both concerning and impressive considering the challenges they had faced, such as the PTS provider going into administration, and impact from Synnovis.

RC confirmed that the cash position was stable, with £10m more in the bank than expected, guaranteeing continuity of service going into the second half of the year, and that while they were slightly behind the CIP trajectory they had reached £50m of clinically signed-off plans, meeting the bare minimum requirement, which they would continue to try and stretch towards £65m to impact the underlying deficit.

He acknowledged that there had been an increase in pressures around pay, as well as additional costs around PTS and drugs, some of which had been reimbursed and some which had not, with both being monitored. RC stated that high inflation would continue to have an impact, but was a product of the financial position, and likely to continue into the next year. He suggested that, all things being equal, the forecast was for successful delivery to plan of the £141m deficit but highlighted a change in month six where, rather than giving out stress funding, they had been awarded £100m of non-recurring support to help the hospital through the year, which would mean a planned deficit at year-end of £40m. RC emphasised that this additional funding was a short-term patch for a long-term problem, and the underlying issues still needed to be addressed, with planning for next year now starting.

It was wondered how 'strictly confidential' information, such as the hospital's financial problems, was becoming known more widely before even the CoG was aware of it. RC explained that he could not comment on events prior to his employment, but that some elements were a result of NHS planning infrastructure changes, still occurring at M6, and often with very short notice, such as the £100m non-recurring support, which had been awarded with only 24 hours warning.

Lead Governor, Daniel Kelly (DK), asked whether the new government's announcement about NHS investment would make any difference. RC confirmed that the budget release had provided some clear indications of what would be happening to the overall health portfolio, but they still needed to understand how that would play into planning guidance, as NHS England were still finalising their issues with the Department of Health.

RC clarified that King's was operating beyond its means and had built a set of services that were not clinically sustainable, as they could not be underpinned financially, so the task ahead was to bring these things back into balance, ensuring the people of Southeast London received consistent, sustainable healthcare, emphasising the need to increase efficiency and improve services to achieve this. It was suggested that the positivity of 'improvement' needed to be spread, versus the perceived negativity of 'transformation', which was associated with cost-cutting, job losses etc. The Chair agreed that there was work being done around messaging.

Governor, Yogesh Tanna (YT), asked if the £100m had come with any conditions. RC stated that it had come from the National Team via the ICB, and Southeast London would have to pay it back over the next four to five years by taking the top slice out of its allocation going forward, adding that although details had not yet been arranged across the System, the longer King's remained in deficit, the more Southeast London would need to pay back at a later stage to offset the 'fair shares' received.

RC confirmed that £50m had been signed off as in-year delivery, with £48m actually forecast due to slippage, although the full-year effect was closer to £59m.

It was highlighted that integrated care had been meant to contribute to the reduction of length of stay by ensuring people had places to go. AH agreed that the hospital was working very well with other organisations in social care and community services, but acknowledged there was more work to be done internally, with some pathways having a number of opportunities to improve this, such as orthopaedics, where they were currently working with the National Team. The Chair emphasised the benchmarking against other

organisations that was being done, and the learning they were seeking from organisations who were having positive impacts on the same issues.

The Council noted the M6 Financial update.

24/42 End of Life Care and Chaplaincy

Governor, Lindsay Batty-Smith (LBS), noted that the End of Life Stakeholder Committee had met a couple of times, and now had the scorecard up and running around CQC measuring systems, explaining that work was ongoing around the chaplaincy issue, and emphasising that it was an excellent example of using the Governors' Protocol to get matters discussed in a broad and measured way, with accountability.

LBS added that they had also received reports about outstanding care, the Learning Disability & Autism Programme (LDA) Programme, around recording deaths of people with LD or LDA, and the first draft of the LEAP modules. LBS stated that the Bereavement Steering Committee had only met once, which was captured in the EoLC, and identified that the breast screening health promotion video with Francesca Fiennes was doing very well on YouTube, having around 10,000 hits, as well as praising the recent inclusion awards

LBS highlighted the innovative work done with the queer community around breast screening training, and that a more detailed presentation was planned for the next CoG meeting, as well as identifying her supporting work with a trans patient badly treated at another hospital as an example of how governors can support and provide advocacy for patients across different Trusts.

DK suggested that reporting of governor engagement to the COG needed to be improved to better represent the amount of work going on.

Action: FTO

The Council noted the EoLC & Chaplaincy update.

GOVERNANCE

24/43 Governor Involvement and Engagement

▪ **Governor Engagement and Involvement Activities**

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

▪ **Observation of Board Committees**

There were no specific comments regarding the Quality Committee.

Governor, David Tyler (DT), confirmed that he had attended a couple of Finance Committee meetings, and circulated his observations, but raised concerns around benchmarking and whether using the national average was sufficiently aspirational. The Chair suggested this be raised at the next Finance Committee meeting.

Additional clarity around committee observers was requested. The Chair agreed the topic could be addressed at a later date.

Action: David Behan/Siobhan Coldwell.

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

Any Other Business

24/44 Governor Jane Lyon's (JL), raised three questions for consideration:

- (1) what progress and updates there had been on staff at the nursery and support for parents and carers of the children
- (2) whether the Foundation Trust was responding to the DHSC requirement to submit thoughts on change within the NHS, and if so, who was involved and responsible
- (3) whether a councillor could be added to the COG to represent Southwark.

The Chair requested that MP provide a response to the first question rather than it being broadly circulated, with the other questions to be addressed outside the meeting. CK suggested that the CoG also discuss clinical outcomes at a future date, and it was highlighted that the Q2 Patient Outcomes paper would be going to the Patient Experience Committee at the end of the month.

Action:

MP to provide JL with an update on the nursery staff and parent support.

Action:

The Chair to assist in the development of a 'forward planner' for COG meetings, where members can suggest and prioritise agenda topics.

24/45

Date of the next meeting:
TBC

DRAFT

CoG ACTION TRACKER - Updated 28 January 2025					
Date / Item Ref	Action	Lead	Due Date	Status	Update
ACTIONS - DUE					
05/11/24 24/44	AOB MP to provide Public Governor, Jane Lyons, with an update on the nursery staff and parent support.	Mark Preston	TBC	DUE	Update: The formal staff consultation process has ended. The Trust is working with the affected staff in the nursery to identify suitable alternative employment for them. Parents/carers who have yet to confirm alternative childcare provision have been provided with details of local nurseries who have spaces. Complete.
05/11/24 24/44	AOB The Chair to assist in the development of a 'forward planner' for COG meetings, where members can suggest and prioritise agenda topics.	David Behan	TBC	DUE	Update: DB, DK, SC have agreed that themes will be agreed with Governors in advance and items for discussion will be sought, based on the theme for the meeting and aligning with Trust priorities. A hospital tour for Governors took place in 2024 and will be repeated for Governors at DH & The PRUH in 2025.
05/11/2024 24/42	End of Life Care and Chaplaincy DK suggested that reporting of governor engagement to the COG needed to be improved to better represent the amount of work going on.	FTO	Nov-24	DUE	Update: Report template emailed to all governors Complete.
AOB					
Date / Item Ref	Action	Lead	Due Date	Status	Update
28/03/23 6	Election of new governors The Committee suggested photos of all governors to be displayed within King's Hospital.	Siobhan Coldwell	TBC	PENDING	Update: Screens within Demark Hill site will display governors, to explore PRUH and Orpington options.
27/02/24 24/03	Ways of working – code of conduct Further input and added value to be provided by the governors, with the possibility of future governor walkarounds to be explored.	David Behan/Daniel Kelly/Siobhan Coldwell	TBC	PENDING	Update: DB, SC and DK agreed to do work over the summer to look at how the council and subcommittees were operating and an update to be presented.
18/10/22 22/19	Integrated Care Board/Integrated Care System Consideration needs to be given as to how the Governors can engage with the ICB/ICS.	Siobhan Coldwell/Chris Rolfe	TBC	PENDING	Update: To invite the ICB Chair/CEO to a future CoG meeting for governor engagement.
TBC	NED appointments Graham Lord be invited to meet the governors for role involvement discussion	Siobhan Coldwell	TBC	PENDING	Update: We will schedule this as a Meet the NED session in the new year.
05/11/2024 24/43	Governor Involvement and Engagement Additional clarity around committee observers was requested. The Chair agreed the topic could be addressed at a later date .	David Behan/Siobhan Coldwell	TBC	PENDING	Update:



Council of Governors

Report to:	Council of Governors
Date of meeting:	28 th January 2025
Presented by:	Tracey Carter, Chief Nurse and Executive Director of Midwifery
Prepared by:	Quality Governance Team
Subject:	Quality Account Priorities 2025/26
Action Required:	FOR APPROVAL

Summary

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

The Trust Quality Account priorities are a fundamental part of the report. These are focused areas of improvement for the following reporting year and are developed through a co-production process with key stakeholders including staff, patients and governors.

The Council of Governors being asked to put forward ideas that could become priorities for 2025/26.

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Action Required

The Council of Governors is asked to discuss and agree potential areas to be considered as priorities within the 2025/26 Quality Account.

MAIN REPORT

Each year, the Trust is required to agree a set of quality account priorities. Progress is reported through the year and summarised in the Quality Account at the end of the year. Attached at appendix 1 is a slide deck outlining the process for selecting priorities.]

In 2024/25, the Trust has the following as Quality Priorities:

- Workforce and Patient Safety
- Acutely unwell patients: measuring outcomes to drive improvement
- Embedding and enhancing MyChart.
- Use of health data to improve patient safety, outcomes and experience.

A more detailed summary can be found at appendix 2. Progress is monitored on a quarterly basis and assurance is provided to the Board via Quality Committee.

In developing the priorities for 2025/26, Governors are invited to identify priorities in the three key quality domains – experience, safety and outcomes. These will then be fed through to the prioritisation process as outlined in the attached paper.

Quality Account Priorities

To review and agree the proposed approach for selecting quality account priorities for 2025/26

**Jane Brown, Quality Governance Manager
Quality Governance Team**



Executive Summary

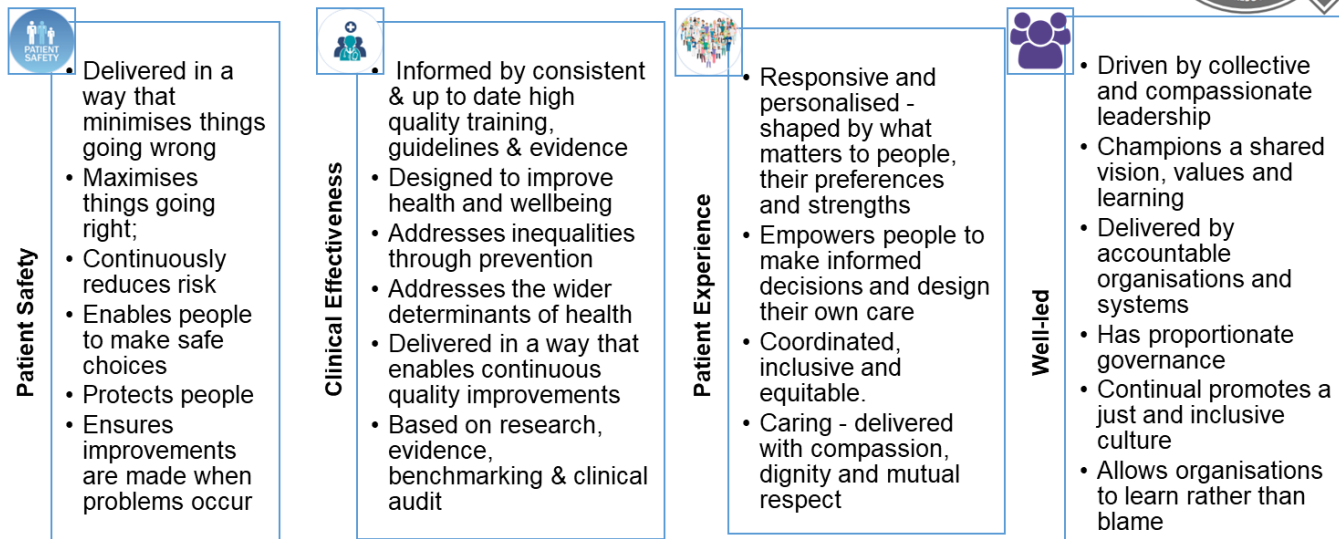
The Quality Account is a written report and an important way to report on quality and show improvements in the services the Trust delivers to local communities, our patients, public and stakeholders. The report is published annually with a mandated publication date of 30 June.

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

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

What is Quality?

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



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

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



Rationale for selection King's Quality Account Priorities

Stakeholder Engagement

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

Alignment with Strategic Goals

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

Focus on High Quality, Personalised and Equitable Care

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

Data-Driven Decision Making

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

Setting clear and structured improvement plans

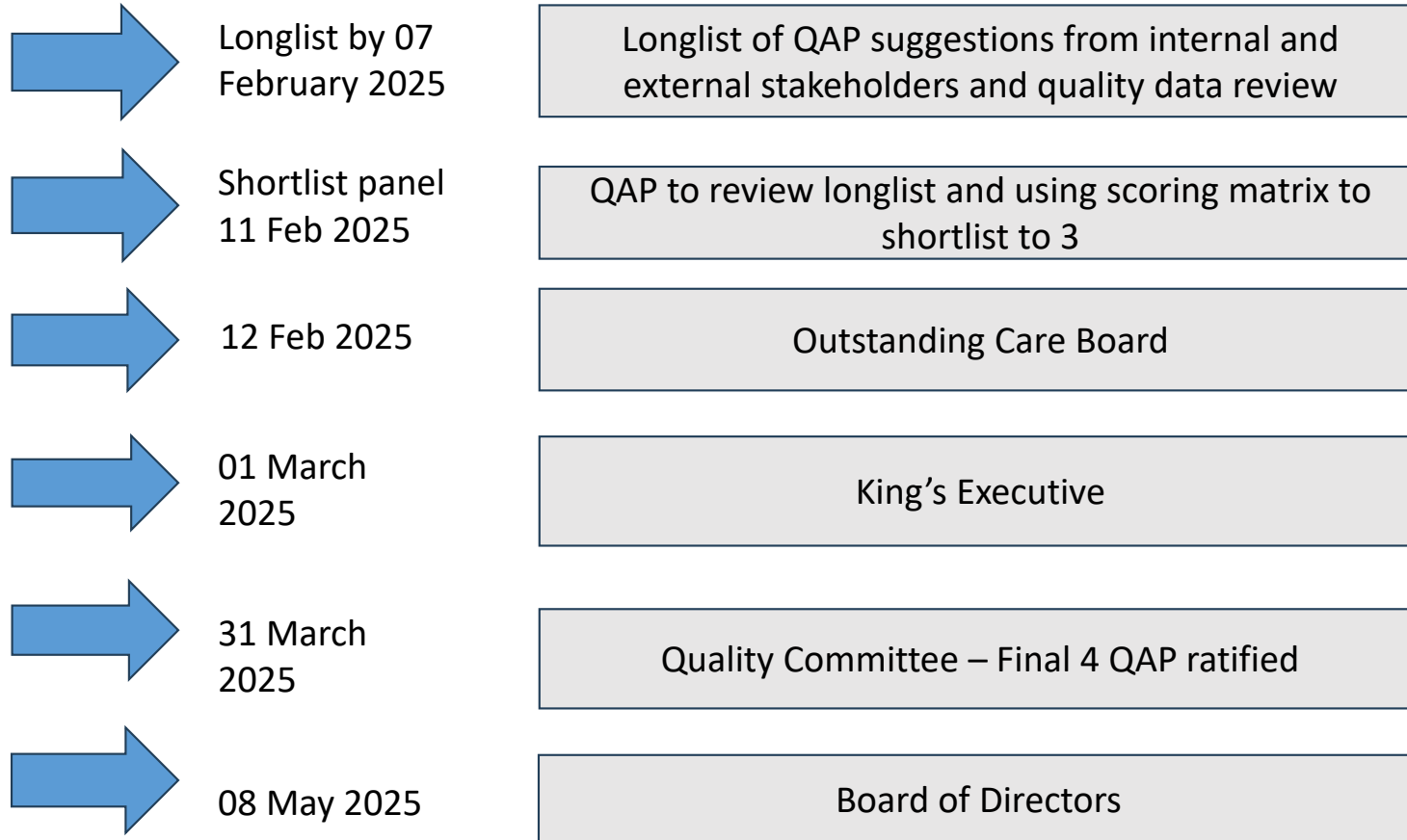
- Clear and structured improvement plans will be developed using the Trust A3 and/ D5 methodologies with support from the Quality Improvement (QI) Team.

Continuous Review and Governance Oversight

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



Proposed approach stages



Process – Stage 1

Concurrent approach to engaging with internal and external stakeholders for a long list of priorities. More details on further slides. Engagement to start 14 January 2025 for long list due by 07 February 2025 which will go to the Quality Account Priorities Approval Panel on 11 February 2025

**Longlist due
07 February
2025**



Executive team	External stakeholders	SROs, Care Groups and Staff	Data-Driven Decision Making
<ul style="list-style-type: none"> Executive Directors and Deputies DH and PRUH site Leadership Team 	<ul style="list-style-type: none"> ICB Council of Governors PCNs Healthwatch Patient Representatives Overview and Scrutiny Committees 	<ul style="list-style-type: none"> SROs of Patient Safety, Patient Experience and Patient Outcomes Care Group Leads Staff Transformation and new programme office. Communications Team – Head of Stakeholder Relations - Sarah Middleton 	<ul style="list-style-type: none"> Triangulation of multiple data source to advice key areas for improvement in patient safety, patient experience and patient outcomes.



Senior Leadership Engagement

Director of Quality, Roisin Mulvaney to e-mail the following from the Executive Team for what they believe the priorities look like and what are they currently working on. Executive team to respond via the Quality Governance email inbox with their suggestions. Due by 07 February 2025

EXECUTIVE DIRECTORS


Julie Lowe
Deputy Chief Executive


Tracey Carter
Chief Nurse & Executive Director of Midwifery


Roy Clarke
Chief Financial Officer


Anna Clough
Site Chief Executive Denmark Hill


Angela Helleur
Site Chief Executive PRUH and South Sites


Mark Preston
Chief People Officer


Dr Mamta Shetty Vaidya
Chief Medical Officer

PRINCESS ROYAL UNIVERSITY HOSPITAL & SOUTH SITES LEADERSHIP TEAM


Ms Rantimi Ayodola
Site Medical Director / Deputy Chief Medical Officer


Debbie Hutchinson
Site Director of Nursing


Graham Sherlock
Site Director of Estates and Facilities


James Watts
Site Director of Operations

CORPORATE EXECUTIVE OFFICE


Siobhan Coldwell
Director of Corporate Affairs


Katrina Hughes
Chief of Staff


Chris Rolfe
Director of Communications


Bernadette Thompson
Director of Equality, Diversity and Inclusion

DENMARK HILL SITE LEADERSHIP TEAM


Gerry Askew
Site Director of Estates and Facilities


James Eales
Site Director of Operations


Dr Caroline Elston
Site Medical Director


Helen Fletcher
Site Director of Nursing


Dr Oliver Long
Site Medical Director


Lesley Powis
Site Director of Operations


Ben Rosling
Site Director of Operations

Deputy Chief Nurse
Clare Williams

Deputy Chief Nurse
Joe Hague

Director of Infection Prevention & Control
Ashley Flores

Director of Nursing – Vulnerable People
Joanne Gajadhar

Director of Performance & Planning
Steve Coakley

Director of Transformation
Barbara Cramond

Chief Digital Information Officer
Denis Lafitte

Director of Improvement Programme Delivery Unit (IPDU)
Tolu Akande

Director of Strategy
Liz Shutler

Deputy Chief People Officer
Norman Blissett

Site Director of People (PRUH and South Sites)
Michael Pichamuthu

Site Director of People (Denmark Hill)
Nigel Redmond

Associate Medical Director – Risk & Governance
Dr Paul Donohoe

Associate Medical Director – Patient Outcomes
Professor Will Bernal

Associate Medical Director – Patient and Staff Experience
Dr Lalarukh Asim



External Stakeholder Consultation

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

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

External stakeholders include the following partner organisations:

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



Care Groups, Staff and Patient Consultation and Data Triangulation

Care Groups

Quality Governance team to e-mail all Care Group Triumvirates asking for their suggestions on Quality Priorities. Responses to be sent via Quality Governance email inbox. Email to be sent 16-17 January 2025 for final responses by 06 February 2025.

Staff

Proposal to link a questionnaire form on InPhase where staff can provide their suggestions on what they think the Quality Priorities should be – linking to Patient Safety, Patient Experience and Patient Outcomes. Form to be included in InPhase 16 January 2025 with results collected by 03 February 2025.

Proposal to engage with staff at DH and PRUH sites for half a day each via a stand at staff canteens. Staff to complete form with their suggestions for the Quality Priorities week commencing 27 January 2025.

Patients

- Co-ordination with the Patient Experience team:
- A survey will be shared with our patients via the Trust website.
- A patient representative will be part of the shortlisting panel.
- A patient governor will be involved in the project group of the selected priorities.

Data triangulation

The SROs for patient safety, patient outcomes and patient experience will conduct a data triangulation exercise to identify the areas with highest need for improvement.



Process – Stage 2

QAP shortlisting panel

Meeting to be held on 11 February 2025, with facilitation support by the QI Team . Review of QAP longlist of recommendations from the internal and external stakeholders using the scoring matrix (further slides) to get

- X1 Patient Safety
- X1 Patient Experience
- X1 Patient Outcomes

As well as the priorities the meeting will identify who will be the main lead for each priority, their team, process and support they require to ensure delivery. (Please see slide 11 for the governance and oversight of the three quality priorities)

Panel:

Associate Medical Directors for Quality: Dr Paul Donohoe (Risk & Governance), Professor Will Bernal (patient Outcomes), Dr Lala Asim (Patient and Staff Experience)

Deputy Chief Nurse: Clare Williams

Director of Quality: Roisin Mulvaney

Deputy Director of Quality Improvement: Andrea Cortes

Director of Strategy, Liz Shutler

Director of Equality, Diversity and Inclusion: Bernadette Thompson

X1 Site Leadership representative – Deepak Rao – Consultant (on behalf of Rantimi Ayodele DH

X 2 Care Group Lead representative – Sian Williams, General Manager for Womens Health (PRU), Victor Sanchez-Castrillion Senior head of Nursing STAE -PRU/SS, Oliver Long Consultant anaesthetist

Governor representative – Jane Lyons – Southwark

Staff side representative – TBC

Patient representative - TBC



Process - Stage 3 & 4

Stage 3:

The 4 shortlisted Quality Priorities to be sent to the Kings Executive on 01 March 2025 – Board meeting 15 March 2025

Includes aims and objectives and monitoring measures for the final 3 Quality Account priorities.

The Executive team will be asked to sign off the approval of the Leads for each Quality Priority.

Stage 4:

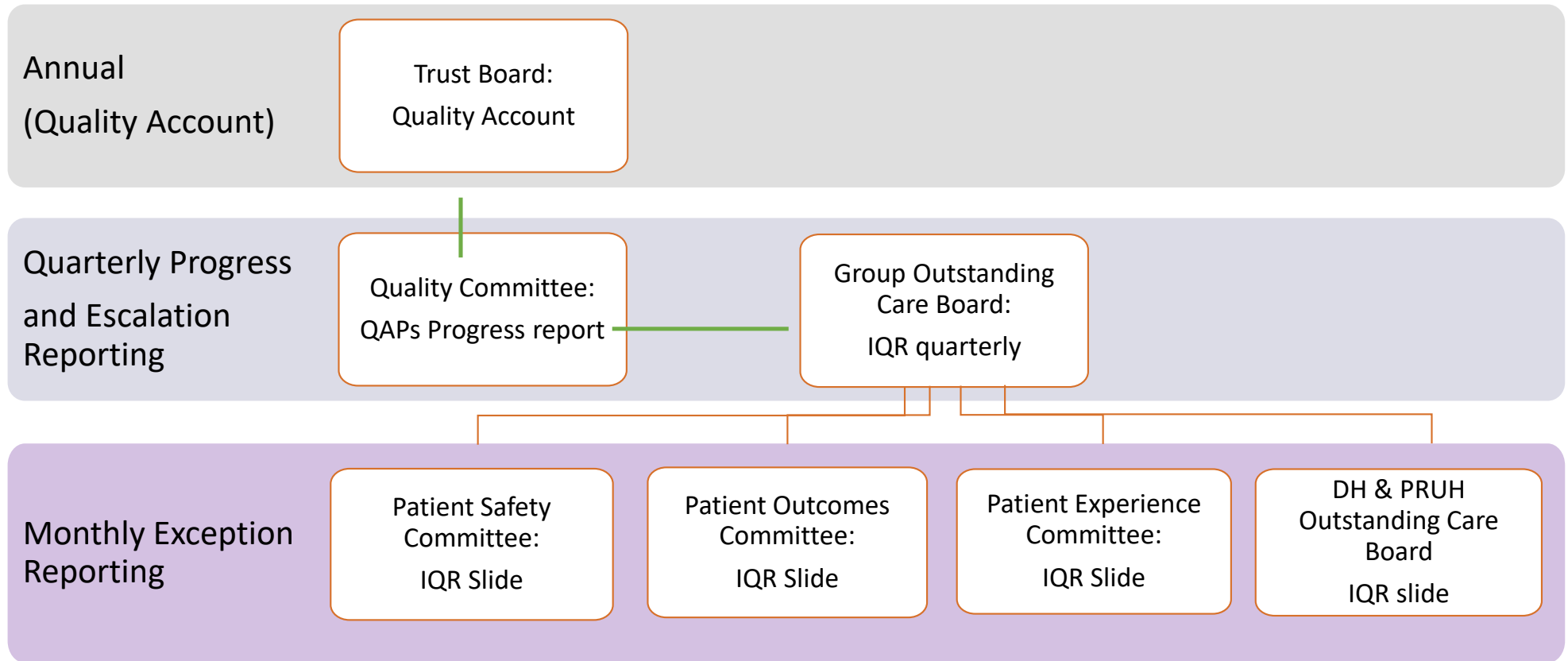
The 4 shortlisted Quality Priorities to be sent to Quality Committee for final ratification and sign off on 31 March 2025 – Meeting 17 April 2025

Board of Directors meeting 08 May 2025

Awaiting confirmation of preference for sign off from Director of Corporate Affairs – Siobhan Coldwell



Quality Account Priority – Reporting structure



Quality Account prioritisation Matrix Decision Matrix. This may have to be revised to ensure it is relatable and includes financial benefit and how this benefit our people.

This is a scoring matrix which will help guide the panel of experts with narrowing down the longlist of recommended quality priorities. For each proposed topic a score is given under each criterion and the total score is used to guide the decision-making process.

	Decision Scoring Matrix: 0 – Not included 1 – Included													
	BAF	Trust BOLD Strategy				CQC Area of Improvement	High level risks (Corporate & Care Group)	Patient Safety (PSIRF)	Patient Outcomes / Clinical Effectiveness	Patient Experience	Patient & public priority	SEL ICB priority	Site Priority	Total
		Brilliant people	Outstanding Care	Leaders in research, innovation & education	Diversity, equality & inclusion									
Topic 1														
Topic 2														
Topic 3														
Topic 4														
Topic 5														
Topic 6														
Topic 7														
Topic 8														
Topic 9														
Topic 10														
Topic 11														
Topic 12														
Topic 13														
Topic 14														
Topic 15														



Quality Priorities scoring definition

Area	Criteria	Scoring definitions				
		Please note the description associated to the score is only informative and not prescriptive. It aims to help the scoring process, providing a basis for thinking and considerations associated to the single criteria but it should not be considered as a rigid definition behind the score.				
		1	2	3	4	5
BOLD Strategy:	Brilliant people	Out of scope: Does not meet any of the five actions to achieve our ambition for brilliant people	This specific topic can be linked to one of the five actions to achieve our ambition for brilliant people	This specific topic meets 2 or 3 of the five actions to achieve our ambition for brilliant people	This specific topic meets 4 of the five actions to achieve our ambition for brilliant people	Topic meets all five actions to achieve our ambition for brilliant people
	Outstanding Care	Out of scope: Does not meet any of the five actions to achieve our ambition for outstanding care	This specific topic can be linked to one of the five actions to achieve our ambition for outstanding care	This specific topic meets 2 or 3 of the five actions to achieve our ambition for outstanding care	This specific topic meets 4 of the five actions to achieve our ambition for outstanding care	Topic meets all five actions to achieve our ambition for outstanding care
	Leaders in research, innovation & education	Out of scope: Does not meet any of the five actions to achieve our ambition to be leaders in research, innovation and education	This specific topic can be linked to one of the five actions to achieve our ambition to be leaders in research, innovation and education	This specific topic meets 2 or 3 of the five actions to achieve our ambition to be leaders in research, innovation and education	This specific topic meets 4 of the five actions to achieve our ambition to be leaders in research, innovation and education	Topic meets all five actions to achieve our ambition to be leaders in research, innovation and education
	Diversity, equality & inclusion	Out of scope: Does not meet any of the four actions to achieve our ambition to put diversity, equality and inclusion at the heart of everything we do	This specific topic can be linked to one of the four actions to achieve our ambition to put diversity, equality and inclusion at the heart of everything we do	This specific topic meets 2 or 3 of the four actions to achieve our ambition to put diversity, equality and inclusion at the heart of everything we do	This specific topic meets 4 of the four actions to achieve our ambition to put diversity, equality and inclusion at the heart of everything we do	Topic meets all four actions to achieve our ambition to put diversity, equality and inclusion at the heart of everything we do
Trust Strategic Fit	Sustainability: King's green plan	Out of scope: Does not meet any of the 10 areas of focus outlined in the Green Plan for King's, Sustainable Healthcare for All 2021-2026	This specific topic can be linked to one of 10 areas of focus outlined in the Green Plan for King's, Sustainable Healthcare for All 2021-2026	This specific topic does not meet enough of the 10 areas of focus outlined in the Green Plan for King's, Sustainable Healthcare for All 2021-2026	This specific topic meets some of the 10 areas of focus outlined in the Green Plan for King's, Sustainable Healthcare for All 2021-2026	Topic meets all 10 areas of focus outlined in the Green Plan for King's, Sustainable Healthcare for All 2021-2026
	Regulatory concerns (CQC Area of Improvement)	Out of scope: Does not address any of the CQC regulatory legal requirements that were not being met, must dos, or the other areas of improvement, should dos	Topic will enable the Trust to comply one of the CQC should dos that were not being met	Topic will enable the Trust to comply some of the CQC should dos that were not being met	Topic will enable the Trust to comply at least one of the CQC regulatory requirements that were not being met, must dos, and at least one of the should dos	Topic will enable the Trust to comply with more than one of the CQC regulatory requirements that were not being met, must dos, and more than one of the should dos
	High level risks	Out of scope: Topic does not address any of the high level risks	Topic will reduce the likelihood of a risk scored 1 to 6 occurring or its impact	Topic will reduce the likelihood of a risk scored 8, 9, 10, or 12 occurring or its impact	Topic will reduce the likelihood of a risk scored 15 or 16 occurring or its impact	Topic will reduce the likelihood of a risk scored 20 or 25 occurring or its impact
	Potential to deliver savings / increase income	there is no likelihood to increase savings/income / no need to increase savings/income	Offers a remote opportunity for a very little improvement to deliver savings/increase income	Offers a small opportunity for some improvement to deliver savings/increase income	Offers opportunity for a good improvement to deliver savings/increase income	Offers opportunity for a significant improvement/significant better scores on financial savings/income for this condition
Overall Strategic Fit (Total)		There is no consistency with King's and wider system strategy and goals and highly conflicting drivers	There is a small degree of alignment with the King's and wider system strategy, but major conflicting drivers for short-term goals	There is a chance of alignment with the King's and wider system strategy and the goals, with some minor conflicting drivers	There is clear alignment with King's and wider system strategy and goals, with only minimal conflicting drivers that could be mitigated	The option is fully aligned with the King's and wider system strategy and goals



		Scoring definitions				
		Please note the description associated to the score is only informative and not prescriptive. It aims to help the scoring process, providing a basis for thinking and considerations associated to the single criteria but it should not be considered as a rigid definition behind the score.				
Area	Criteria	1	2	3	4	5
9 10 11 12 13	Potential to increase clinical effectiveness / patient outcomes	There is no likelihood to increase clinical effectiveness / no need to increase clinical effectiveness on this topic	Offers a remote opportunity for very little improvement in clinical effectiveness	Offers a small opportunity for some improvement in clinical effectiveness	Offers opportunity for a good improvement in clinical effectiveness	Offers opportunity for a significant improvement/significant better scores on clinical effectiveness
	Potential to increase patient safety	There is no likelihood to increase patient outcomes & safety / no need to increase patient outcomes and safety on this topic	Offers a remote opportunity for very little improvement in patient outcomes/patient safety	Offers a small opportunity for some improvement in patient outcomes/patient safety	Offers opportunity for a good improvement in patient outcomes/patient safety	Offers opportunity for a significant improvement/significant better scores on outcomes for this condition
	Potential to improve patients experience	There is no likelihood to improve patient experience / no need to increase patient experience on this topic	Offers a remote opportunity for very little improvement in patient experience	Offers a small opportunity for some improvement in patient experience	Offers opportunity for a good improvement in patient experience	Offers opportunity for a significant improvement/significant better scores on patient experience for this condition
	Potential to improve staff experience	There is no likelihood to improve staff experience / no need to improve staff experience on this topic	Offers a remote opportunity for a very little improvement in staff experience	Offers a small opportunity for some improvement in staff experience	Offers opportunity for a good improvement in staff experience	Offers opportunity for a significant improvement/significant better scores on staff experience for this condition
	Previous / existing Quality Account Priority (QAP)	Currently running/run in the past QAP with tangible results and clear benefits as expected	Currently running/run in the past QAP with some valuable results and skills	Not a previous QAP but there is/has been dedicated quality improvement support	Currently running/run in the past QAP but encountered some bottle necks / failure / not progressing as expected	Not a previous/current QAP
Quality (Total)		There is no consistency with King's goal to provide high-quality, personalised and equitable care for all and highly conflicting drivers	There is a small degree of alignment with King's goal to provide high-quality, personalised and equitable care for all, but major conflicting drivers for short-term goals	There is a chance of alignment with King's goal to provide high-quality, personalised and equitable care for all, with some minor conflicting drivers	There is clear alignment with King's goal to provide high-quality, personalised and equitable care for all, with only minimal conflicting drivers that could be mitigated	The topic is fully aligned with King's goal to provide high-quality, personalised and equitable care for all



THANK YOU

Our vision is to be **BOLD**



King's College Hospital
NHS Foundation Trust

Brilliant People



**Leaders in Research,
Innovation and Education**



Outstanding Care



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



APPENDIX 2 - EXTRACT FROM THE 2023/24 QUALITY ACCOUNT

The following improvement schemes have been agreed by the King's Executive and the Trust Board for 2024-25. These will be reported in full in the 2024-25 Quality Account with quarterly reporting to the Quality Committee.

At King's, our purpose is to deliver the very best care for all of our patients, their families and carers. We want to empower our patients, to focus on the outcomes that matter most to them, and deliver safe, effective, and responsive care. This is aligned to our Trust strategy, [Strong Roots, Global Reach](#), which was developed through an extensive consultation process took place including workshops, surveys and discussions with 4,500 staff, patients, public and partners. The priorities identified during the strategy consultation process formed the basis of the proposed quality account priority topics. Using our data insight, the Patient Safety Committee, Patient Outcomes Committee and Patient Experience Committee, proposed the long list for consultation in line our vision in our strategy to be BOLD, supporting and delivering:

- **B**rilliant People
- **O**utstanding care
- **L**eaders in research, innovation, and education
- **D**iversity, equality, and inclusion at the heart of everything we do.

We obtained feedback from our Trust stakeholders and partners. Feedback was received from:

- The Council of Governors
- Healthwatch Southwark and Bromley
- The public from an online survey
- Bromley Health Overview and Scrutiny Committee.

The Trust's Outstanding Care Board narrowed down the longlist taking into account all feedback and

recommendations from our stakeholders and partners. Based on the intelligence, insight and expertise from the Outstanding Care Board, the priorities were chosen for 2024-25

- Patient Safety and workforce
- Acutely unwell patients: measuring outcomes to drive improvement
- Embedding and enhancing MyChart
- Use of health data to improve patient safety, patient experience, and patient outcomes.

To support the delivery of the Trust strategy and vision, all priorities will include objectives on health inequalities, sustainability, and mental health.

In 2023, the Trust migrated to Epic giving clinicians a complete overview of a patients' care, allowing them to work more efficiently; InPhase, the Trust local risk management system (LRMS), supporting governance oversight; and MEG, medical e-governance system for quality assurance and audit. This means that the Trust is in a better position to revisit and refresh its processes for measuring for quality improvement providing ease and efficiency for quality audits and quality improvement. Having robust and up to date data is a key component of each of our quality account priorities, and therefore, a fourth cross-cutting quality account priority with organisational focus to improve patient safety, patient experience and patient outcomes with health information was selected.

Priority 1:

Workforce and Patient Safety

Why is this a priority?

The topic of safety culture has been a rolling point of discussion with the Integrated Care Board (ICB) within the Serious Incident Committee, prior to the Patient Safety Incident Response Framework (PSIRF) implementation. Professor Sydney Dekker, an international expert in safety culture, visited King’s pre-COVID-19 and a piece of subsequent work on safety culture was planned, but not delivered.

Workforce challenges faced by the NHS present a significant risk to patient safety and staff wellbeing. This includes skills and experience shortages, poor morale and a significant gap between demand for hospital care and the supply of staff to meet that demand safely. The Healthcare Services Safety Investigations Body are prioritising workforce and patient safety as a key national priority in 2024, with three national investigations planned.

What are our aims for the coming year?

Our aims and objectives for 2024-25 are outlined below:

Aim	To explore how workforce as a system based contributory factor impacts patient safety.
Objectives	<ul style="list-style-type: none"> • To review and develop the evidence base of workforce issues as a system based contributory factor and to embed this within incident response and risk management. • To develop system-level interventions to improve working conditions for staff, to improve morale and improve recruitment and retention.
Trust Strategy contribution	<ul style="list-style-type: none"> • Brilliant People <ul style="list-style-type: none"> ○ ‘We attract, retain and develop passionate and talented people, creating an environment where they can thrive.’ • Outstanding Care: <ul style="list-style-type: none"> ○ ‘We deliver excellent health outcomes for our patients, and they always feel safe, cared for and listened to • Leaders in Research, Innovation and Education <ul style="list-style-type: none"> ○ ‘Teaching the leaders of tomorrow and supporting lifelong learning: We will deliver high quality education and training throughout our people’s careers. • Diversity, Equality and Inclusion at the heart of everything we do <ul style="list-style-type: none"> ○ Leading the way by developing our culture and skill ○ ‘We will build a culture that champions diversity, equality and inclusion. Supporting and developing our people to provide compassionate and culturally competent care to our patients and each other.’ ○ Tackling health inequalities - We will be proactive in anticipating the diversity of our patient needs and will respond to them to ensure we achieve the best outcomes.
Health Inequalities Contributions	<ul style="list-style-type: none"> • To consider health inequalities through the above – looking for groups disproportionately affected by contributory factors.
Sustainability contributions	<ul style="list-style-type: none"> • To develop insight and recommendations to develop a sustainable workforce who can work in a system which supported the delivery of high quality safe care.
Mental Health	<ul style="list-style-type: none"> • To consider staff emotional, psychological, and social well-being as contributory factors to workforce challenges.
Deliverables	<ul style="list-style-type: none"> • To undertake a thematic review into workforce and patient safety triangulating multiple qualitative and quantitative insight sources to gain a thorough system based understanding of the challenges faced, level of risk and contributory factors. • Devise and implement the means for monitoring workforce related patient safety issues, both proactively and reactively. • To undertake assessments of the of organizational safety culture and identify areas for improvement.

How will we monitor and measure our progress?

Progress against these aims will be reported to and monitored on a monthly basis by the Trust Patient Safety Committee, with quarterly reports to the Trust Outstanding Care Board and the Quality Committee.

Outcome and process measures will be developed through the project in alignment with the above outlined deliverables.

Priority 2:

Acutely unwell patients: measuring outcomes to drive improvement

Why is this a priority?

King’s BOLD Strategy ‘Outstanding Care’ vision sets out the ambition to ‘deliver excellent health outcomes for our patients’ and identifies the key steps being to understand and prioritise the outcomes that matter most to our patients.

Improving the care of deteriorating patients has been a Trust Quality Account Priority in 2022-23 and 2023-24, and significant improvement actions have been taken over the years.

Intensive Care National Audit and Research Centre (ICNARC) results have identified recent issues with High-Risk Admissions from the Wards. Patient feedback has identified issues

with confidence to raise concerns, feeling included in decision-making and having access to information.

At the end of 2023, a new Deteriorating Patient Improvement Group was established, to provide leadership, ensure that improvement actions are embedded and ensure that these actions really do improve the outcomes for King’s patients.

To enable us to measure the effectiveness of our improvement interventions, we are developing a new measurement approach.

What are our aims for the coming year?

Our aims and objectives for 2024-25 are outlined below:

Aim	To improve the care of acutely unwell and deteriorating patients
Objectives	To bring together diverse data on the health outcomes of acutely unwell patients at KCH and to create a dashboard that provides the Deteriorating Patients Committee with a means to identify quickly and easily any potential care issues, enabling them to act quickly to improve.
Trust Strategy contribution	Outstanding Care: ‘At King’s, our purpose is to deliver the very best care for all of our patients, their families and carers.’ ‘We will provide effective, person-centred care – improving patient outcomes.’ Leaders in research, innovation and education: ‘Investing in digital transformation... to improve patient care.’
Health Inequalities Contributions	The dashboard will capture demographic data so that we can understand any variation in health outcomes, enabling us to understand any health inequalities and take action to ensure best outcomes for all of our patients.
Mental Health	Relevant mental health outcomes data will be incorporated into the dashboard where available.
Sustainability contributions	The Deteriorating Patients Committee is a substantive component of the Trust’s governance structures and will ensure that the dashboard is used routinely to drive the identification of improvement opportunities.
Deliverables	Dashboard providing ‘signals not noise’ in relation to the care and outcomes of acutely unwell patients, to enable: <ul style="list-style-type: none"> Monitoring of ward compliance with documentation and escalation protocol to optimize clinical performance in the digital clinical environment. Developing a methodology that integrates historical data from systems that allows for predicting anticipated events and identifying patients at higher risk of deteriorating.

How will we monitor and measure our progress?

Progress against these aims will be reported to, and monitored on a monthly basis by the Trust Patient Outcomes Committee, with quarterly reports to the Trust Outstanding Care Board and

the Quality Committee.

Measures of success will include:

- A dashboard that is available for use that integrates data from EPIC, InPhase and Patient Experience systems.

- The Deteriorating Patients Improvement Group using insights from the dashboard to inform on interventions that improve the identification and management of deteriorating patients.
- Successful participation in the Worry and Concern improvement work
- Agreed methodology in piloting a dashboard that can predict anticipated events.

Priority 3:

Embedding and enhancing MyChart

Why is this a priority?

In 2022-23 and 2023-24, as part of our improving patient experience through effective communication, we set out to explore new ways for patients to contact King’s as part of digital transformation. In October 2023, the Trust launched Epic, a new clinical records system, which includes a patient interface, MyChart. MyChart enables patients to communicate with the Trust via a webpage or an app with patients for the first time having instantaneous access to information about their care. Since launch, more than 329,471 patients have benefitted from features of MyChart. Our data and insight tell us that patients not being aware of appointment changes or cancellations, results in poor experiences and time wasted to travel to

appointments. MyChart offers a unique digital solution that will allow patients to access more appointments and better scheduling opportunities.

Disparities in patient experience are well documented and worrisome part of our health care system. These disparities persist despite, and are occasionally exacerbated by, new technologies that are intended to improve patient experience. Therefore, as we move to a enhance effective patient communication through MyChart, a digital solution, it is essential we explore ways to reduce the “digital divide”.

What are our aims for the coming year?

Our aims and objectives for 2024-25 are outlined below:

Aim	Embedding and enhancing MyChart
Objectives	To increase the number of patients signed up to MyChart
Trust Strategy contribution	Brilliant people: Ensuring our people thrive – we will provide training, information, and resources to our staff to ensure that they are better equipped to support our patients with accessing and using MyChart. Outstanding care: Putting patients first – we will ensure that more patients have access to MyChart, giving them opportunity to be more meaningfully engaged in their own care. Leaders in Research, Innovation and Education: Investing in digital transformation: for the first time in King’s history, clinicians have access to a single records system whilst patient benefit from access to clinical information and the ability to interact with clinicians at a click of a button. Diversity, Equality, and Inclusion at the heart of everything we do: Building community Partnerships – through our outreach activities, we will engage with seldom heard communities to facilitate their access to MyChart.
Health Inequalities Contributions	Through outreach and in-reach activities we will engage with seldom heard communities and patients’ groups to enable them access to their healthcare information, positively contributing to tackling health inequalities by ensuring that patients have information about and do not miss their appointments.
Sustainability contributions	MyChart offers patients digital means of accessing appointment information, test results and clinic letters, reducing reliance on paper, therefore contributing to the sustainability agenda.
Mental Health	MyChart enables patients to access their information 24/7. This eliminates anxiety for patients waiting to better understand what is happening with their care and enables them to play a more active role in their care, overall contributing to their health and wellbeing.

How will we monitor and measure our progress?

Progress against these aims will be reported to and monitored on a monthly basis by the Trust Patient Experience Committee, with quarterly reports to the Trust Outstanding Care Board and the Quality Committee.

Measures of success will include:

- Continued increase month on month in the number of patients signed up to MyChart through in-reach and outreach activities.
- Number of patients in contact with Patient Advice and Liaison Service who are supported to sign up to MyChart.
- Co-designed MyChart manual exists.
- Proxy access guide exists and has been distributed to clinical teams with support from

- MyChart helpdesk for troubleshooting.
- Rollout of MyChart's patient scheduling tools to appropriate services (e.g. FastPass – Epic's automatic short notice cancellation appointment booking function; and patient self-rescheduling functions to enable self-service)
 - o Number of offers made to patients to attend earlier appointments via FastPass.
 - o Number of FastPass offers accepted by patients.
 - o Number of patients that have rescheduled their own appointments through MyChart.

Priority 4:

Health data to improve patient safety, patient experience, and patient outcomes.

Why is this a priority?

In 2023, the Trust migrated to Epic giving clinicians a complete overview of a patients’ care, allowing them to work more efficiently; InPhase, the Trust local risk management system (LRMS), supporting governance oversight; and MEG, medical e-governance system for quality assurance and audit and a range of other quality management systems in use across the Trust. This means that the Trust is a better position to revisit and refresh its processes for measuring for quality improvement providing ease and efficiency for

quality audits and quality improvement. Having robust and up to date data is a key component of the sustainability of any improvements implemented during the course of the quality account priorities. Therefore, a fourth cross-cutting quality account priority with organisational focus to improve patient safety, patient experience and patient outcomes with health information is proposed with leadership from the Business Intelligence Unit.

What are our aims for the coming year?

Our aims and objectives for 2024-25 are outlined below:

Aim	To improve the use of health data to improve patient safety, patient experience and patient outcomes.
Objectives	To harness the data held in Epic and our Quality Management Systems to develop robust tools to gain insight into the quality of our care and identify areas for improvement.
Trust Strategy contribution	Outstanding Care: ‘At King’s, our purpose is to deliver the very best care for all of our patients, their families and carers.’ ‘We will provide effective, person-centred care – improving patient outcomes.’ Leaders in research, innovation and education: ‘Investing in digital transformation... to improve patient care.’
Health Inequalities Contributions	Through enhancing our collection and validation of health demographic data we will be able to use the data to identify groups disproportionately affected by health inequalities. This will help us to take action to make targeted improvements.
Mental Health	We will develop ways of including Mental Health data in our Epic Quality dashboards to enable much greater oversight of patients with mental health and physical health needs within the Trust.
Sustainability contributions	Automation of reporting and benchmarking will free up operational time to focus on improvement.
Deliverables	Launch an automated Integrated Quality Report at Trust, Site and Care Group level which includes statistical analysis of trends and benchmarked parameters. Embedding and refining the use of the Epic Quality Dashboards within the quality governance structures in the Trust. Refresh and relaunch ward level reporting dashboards using Epic, Quality and Workforce data. Devise and implement the means for enhancing and validating our demographic data input to ensure that it is a reliable means for analysing the drivers of health outcomes. Develop and launch Safety Improvement dashboards for each priority identified within our Patient Safety and Improvement Plan (using data within InPhase and other sources as required).

How will we monitor and measure our progress?

Progress against these aims will be reported to and monitored on a monthly basis by the Outstanding Care Board through the Integrated Quality Report (IQR), with quarterly reports to

the Quality Committee.

A project plan will be agreed jointly between the Quality Governance Team and the Performance and Planning team. Exception reports on the

progress of the project plan will be included within the IQR on a monthly basis to ensure that all relevant stakeholders are sighted on progress and escalations, with oversight at the Trust Outstanding Care Board.

Measures of success within 2024/25 will include:

- Revised Integrated Quality Report with performance data provided through Business Intelligence Unit at Trust and Site level, with progress made towards specialty level IQR development.
- Jointly agreed Quality Dashboards in Epic which can be used within local quality governance processes.
- Development and launch of agreed ward level dashboards (in line with Quality Assurance Framework).
- Baseline survey of the quality of demographic data with an identified plan to address areas of improvement.
- Safety Improvement dashboards in place for all agreed safety priorities set out in the Trust's Patient Safety Incident Response Plan (PSIRP).

Quality Priorities for the annual Quality Account 2025 – 2026

A [Quality Account](#) is a report which is published annually about the quality of services offered by the Trust. The Trust look for 3 Quality Priorities for the year and they come under the following:

- Patient Safety
- Patient Experience
- Patient Outcomes

We engage with internal and external stakeholders to provide us with suggestions of what they think the Trusts Quality Priorities should be.

We really would like your feedback and suggestions on what you believe the Trust should prioritise. Please list below your suggestions on what the Quality Priorities should be for:

Closing date 04/02/2025

	Suggestions
Patient Safety	
Patient Experience	
Patient Outcomes	

Thank you

Quality Governance Team



Council of Governors

Report to:	Council of Governors
Date of meeting:	28 th January 2025
Presented by:	Siobhan Coldwell, Director of Corporate Affairs
Prepared by:	Siobhan Coldwell, Director of Corporate Affairs
Subject:	Managing the business of the Council of Governors 2025
Action Required:	FOR APPROVAL

Summary

This report proposals to ensure Council of Governors is able to fulfil its remit during 2025.

Action Required

The Council of Governors is asked to agree the following approach:

- Discuss and approve the proposal for ensuring governor observers are allocated to each of the Board of Director's assurance committees.
- Discuss and note the draft plan for the COG Workplan 2025.
- Consider the Governor protocol and confirm whether it remains fit for purpose.

MAIN REPORT

Governor Roles

One of the core functions of the Council of Governors is to hold the Board to account for its performance, through the non-executive directors. In order to facilitate this, Governors are invited to observe board meetings, including some board assurance committees. Currently Billie McPartlan and Hilary Entwistle attend Quality Committee and David Tyler observes Finance and Commercial Committee. There is no allocated observer for the People, Education, Inclusion and Research Committee.

As part of a wider governance refresh it is proposed that governors a formal appointment process is held to allocate governors to committees, and that this is refreshed on an annual basis. In considering whether to put themselves forward, governors are asked to consider the time commitment and those that are selected will be asked to provide a formal (short) summary for the wider council (FTO will support if needed). It is proposed that 2 governors are identified for each committee, to allow for sickness/holiday absence etc.

Interested Governors will be asked after the meeting to put themselves forward, identifying which committee they would like to observe. If there are more volunteers than places, we will run a short vote to ensure all places are filled.

Council of Governor Workplan

In order to ensure the Board of Director is making best use of the time available to it, the Chair is working with the Foundation Trust Office to develop a forward plan for the year. The focus will be ensuring the Board of Director is focused on driving the development and deliver of the Trust strategy and culture, as well as ensuring the Trust is meeting its operational plan. The Chair is also keen that the Board Separately, the Chair and the Lead Governor met in early January to consider the agenda for the Council of Governors for the coming year. The Council of Governors is asked to note the draft workplan for the rest of 2025 attached at appendix 1, and suggest any areas of interest that could be included.

Governors are asked to note that similar plans will be established for the two governor sub-committees – Strategy and Patient Experience and Safety.

Governor Protocol

In 2023, the Council agreed a Protocol for ensuring that issues of concern to them were raised, address and feedback to them in a timely manner. The Protocol has been in operation for c18 months and Governors are asked to consider whether it remains fit for purpose. It is appended to this report for information/comment.

It is worth noting that the FTO has a spreadsheet in place to track issues and nothing has been raised through the FTO in that time.

Appendix 1

29 April 2025	2 September 2025	2 nd December 2025
<ul style="list-style-type: none"> • 2025/26 BOLD Delivery Plan • 2025/26 Operational Plan* • Overview of the Trust Improvement Plan • Clinical presentation 	<ul style="list-style-type: none"> • Annual Report and Accounts* • Update from the External Auditor* • Clinical Presentation 	<ul style="list-style-type: none"> • ½ year update on Performance and Finance • Update on the delivery of the Trust Improvement Programme

NB *Denotes a core requirement

PROTOCOL FOR GOVERNORS WHO WISH TO RAISE ISSUES WITH THE TRUST

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

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

Patient Advice and Liaison Service (PALS)

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

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

Complaints

Whilst the Trust aspires to provide treatment of the highest standard, there may be circumstances where patients or their relatives are unhappy with the treatment and want to let us know. Any complaint will be investigated in line with the Trust's complaints policy.

Meeting:	Council of Governors	Date of meeting:	28 January 2025
Report title:	Recovery Support Programme	Item:	6.1.
Author:	Siobhan Coldwell, Director of Corporate Affairs	Enclosure:	-
Executive sponsor:	Prof Clive Kay, Chief Executive Officer		
Report history:	Recovery Support Programme and the Trust Improvement Programme		

Purpose of the report							
The Recovery Support Programme was considered at the 5 December 2024 Board meeting and included for information – Governors are asked to note progress.							
Board/ Committee action required (please tick)							
Decision/ Approval		Discussion		Assurance		Information	✓
Note the working being undertaken to address the issues that led to the Trust being placed into NOF4 and the NHS RSP.							
Executive summary							
<p>Following a failure of financial governance in 2023/24, the Trust was formally placed in National Oversight Framework segment 4 and into the Recovery Support Programme. Since then, the Trust has implemented a wide-ranging Improvement Programme aimed at addressing both the weaknesses that led to the Trust missing its financial plan in 2023/24, but also wider aspects to ensure King’s is a sustainable high performing organisation moving forward. The details of this are summarised below.</p> <p>The purpose of the Improvement Programme is to transform the way the Trust uses the resources available to deliver high quality care to patients, in a financially sustainable way; to drive and embed effective distributed leadership in the large multi-sited organisation and embed a culture of continuous improvement for the benefit of our patient and local population. It will also allow the Trust to meet the transition criteria as agreed, by December 2025.</p> <p>The Trust is making progress. Programme workstreams have been developed and plans are being agreed; delivery is underway. Workstreams have been mapped against the required Transition Criteria (set by NHSE England) to ensure that once delivered, the Trust will meet the statutory required improvements set out both in the NHSE Operating Model Transition criteria and enforcement undertakings linked to its Foundation Trust Licence.</p> <p>Governance has been established and a Programme Management Office (PMO) is in place. The Trust’s NHSE Improvement Director is supporting the development of the Programme and there has been regular Board engagement in the development of the programme, and a new Improvement Committee established to oversee progress in meeting the transition criteria and delivery of the improvement programme.</p>							

The Trust will be subject to quarterly review meetings with National NHSE Leads, where progress against the Transition criteria and Enforcement undertakings will be monitored with compliance certificates issued once sufficient assurance has been provided.

Progress to date includes the completion of the full Financial Governance Review, and recommendations are being implemented. Financial grip and control has improved and the Trust is on track to deliver its financial plan for 2024/25. The work to develop a medium-term financial strategy is ongoing. Four-tiered leadership development programmes are in development and in the early stages of delivery to empower and build collective leadership in our senior managers, site leadership teams, and executives. Board development has also begun, with a clear focus on embedding an improvement culture in the organisation with an ambition to create the 'King's Way' to improvement as has work to further mature the Trust's approach to risk.

Regular updates on progress will be provided to the Board of Directors following the quarterly RSP meetings.

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

Key implications	
Strategic risk - Link to Board Assurance Framework (BAF)	Principally BAF 3 – Financial Sustainability. However, a full refresh of the BAF is also being undertaken.
Legal/ regulatory compliance	The Trust is subject to regulatory oversight as a result of non-compliance with its licence conditions. It is likely the Trust will be issued with enforcement undertakings against its licence.
Quality impact	A full quality impact assessment is in place for the improvement programme.
Equality impact	A full equality impact assessment is in place for the improvement programme.
Financial	Key elements of the improvement programme include addressing the findings of a financial governance review, improving financial grip and control and developing a medium-term strategy to re-establish financial stability.
Comms & Engagement	
Committee that will provide relevant oversight	
Trust Improvement Committee.	

Main Report

Introduction

1. In early 2024, it became clear that the Trust was not going to deliver the financial plan it had agreed at the start of the financial year. The Trust re-entered segment 4 of the NHS Oversight Framework (NOF 4) and the Recovery Support Programme (RSP) in April 2024 based on financial governance concerns. This included failure to meet its 2023/24 re-stated financial plan (£78.7m expected deficit vs £41.5m initial deficit plan and £17.5m restated deficit plan in November 2023).
2. NHSE's London Region carried out an initial financial governance review for the Trust, which identified an initial set of recommendations for improvement in a number of areas including leadership, use of resources, culture, risk and governance. In response to both entry to NOF4, and the external review, the Trust has set out an eleven step Improvement Programme which has developed and iterated as further diagnostic work has been undertaken with the regional and RSP teams; and the transition criteria developed and finalised to allow exit of recovery support.
3. In order to streamline the process for the Trust, the corresponding breaches in Foundation Trust Licence caused by the financial governance concerns have been developed to align to the transition criteria, allowing the Trust to be issued with compliance certificates as they provide assurance of progress against the workstreams through the quarterly RSP meetings. The formal enforcement undertakings, alongside any relevant compliance certificates from the historic 2018 undertakings are expected to be issued and published early December.
4. The corresponding Improvement Programme is therefore designed to fully diagnose the issues underpinning the Trust's financial governance and performance, respond to NHSE's initial financial governance review, strengthen and develop leadership capacity and capabilities, and to set the groundwork for financial improvement in the short, medium and longer term. This will include a refresh of the Trust's corporate strategy to define high quality, sustainable service provision moving forward.
5. The Trust has been assigned an Improvement Director from NHSE's National Recovery Support Team (NRST) to support our improvement approach.

Financial grip and control

6. Thanks to the hard work and engagement of colleagues across the organisation, King's is currently on track to deliver in line with its financial plan this financial year. This is a significantly different and improved position compared to this time last year.
7. At the end of month six, the Trust is c.£10.1m favourable to plan and continues to forecast out-turn in line with plan.
8. We have a strong pipeline against the £50 million Cost Improvement Programme (CIP) target, with the vast majority of identified CIPs being recurrent.

9. We are on track to deliver a CIP full year effect of £52.6m as well as the planned whole time equivalents (WTE) reduction.
10. This is evidence that our enhanced grip and control measures are working as expected at this stage.
11. These measures were implemented in line with the 115 actions generated following our completed Financial Governance Review. More than two thirds of these actions are already completed, and we are on track to discharge the remaining actions appropriately.
12. We have completed our full financial diagnostic and counterfactual, providing a depth of understanding about our current financial situation that we have not previously had at King's.
13. We have now developed the first draft of our financial strategy, an extensive document which aims to address the key drivers of our continued deficit, and modelled options for eliminating the deficit over a number of timeframes. The Board agreed to support the fastest option, and thus a pace of change that is faster than any seen previously in Model Hospital.
14. We are in the process of an extensive piece of clinical and operational engagement with this document, its diagnosis, and its proposals, and in doing so are dispelling some of the prevalent misunderstandings around the reasons for King's financial difficulties, while also engaging teams in some clinically led solutions to the key drivers.
15. Our next step will be to embed delivery of the key actions from the financial strategy in the relevant improvement workstreams.

Culture of clinically led quality improvement and accountability

16. We have been clear from the start that engagement with, and ownership from, our clinical and operational teams will be critical to a truly improved King's. We will not achieve a sustainable future for the organisation until those in it understand their role in delivering it.
17. Clinical and operational ownership of our plans for a sustainable future are key. A key tenet of our Improvement Programme is the need to embed a culture of improvement at King's, where clinical and non-clinical colleagues alike engage with, commit to, and understand their role in, improving King's.
18. Staff engaging and driving forward our agenda of financial sustainability and quality improvement is critical to its success. This is what will be different from that which has gone before.
19. We will lead the transformation of our organisation, and the Board and Executive will create a positive future for King's. This improvement must involve everyone, regardless of role, grade, profession, or hospital site. Collectively, our teams need to drive

improvements across our organisation, creating a culture where we all want to do better every single day.

20. We want to be an organisation that is constantly improving; constantly challenging established ways of doing things; and constantly working as one organisation to get better. This is how King's can and will earn a new reputation for **being the best at getting better**.
21. In parallel with the financial strategy and our delivery strategy, there is extensive work already underway to build this momentum and embed a culture of quality improvement at King's.
22. This approach will equip senior leaders and executives to better understand the current challenges in the local system and determine our key priority areas helping staff navigate and reconcile competing priorities. We are undertaking a multi-tiered approach to leadership development. We believe investing in all tiers of the organisation is a critical step to embedding a culture of improvement, supporting delivery of our improvement programme and achievement of the transition criteria. To date, we have:
 - Launched our externally facilitated Board Development Programme. The first Board session focused on agreeing our strategy and improvement approach, with a targeted discussion on the role of Governance at King's. Further sessions will focus on culture, and embedding improvement in a systematic way, with the programme due for completion by Spring '25.
 - We also have an ongoing development programme for the Executives. The goal of the programme is to enable the executive team to operate more effectively and strategically, providing development opportunities for each member with a focus on developing high performance overall.
 - We are delivering a Leadership Development Programme which we have co-created with our senior leaders in the organisation - this is for Care Group Triumvirates and Site Leadership teams, to improve working between these two critical layers of the organisation and ensure our leaders are equipped to navigate the financial and productivity challenges ahead.
 - Finally, we have also agreed to be one of four NHS partners with the newly launched Modern Productive Series. The programme is predominantly aimed at band 6-8a clinical and non-clinical leadership roles. Colleagues will go through a five-phase programme (Discover, Define, Develop, Deliver, Scale), with significant leadership development for this cohort of staff throughout.
 - We are working to mirror aspects of the development programmes across all four-tiers so that there is a golden thread running through the levels.

Transformation: Delivering high quality services in a financially sustainable way

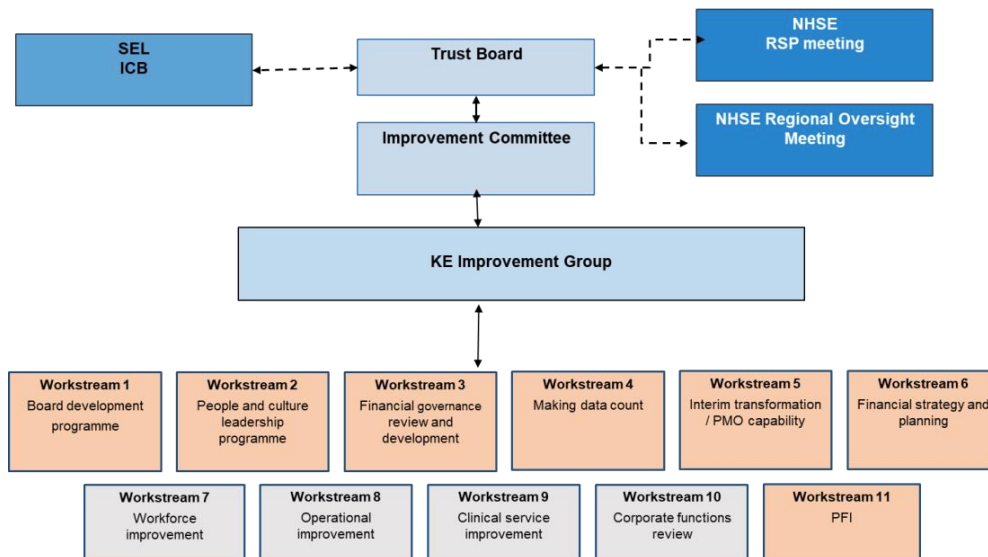
- 23. We want to be an organisation that is constantly improving; constantly challenging established ways of doing things; and constantly working as one organisation to get better.
- 24. In order to do this, and to address the challenges that surfaced earlier in 2024, we have established an Improvement Programme. This will allow us to transform in a planned and structured way and will provide some additional focused resource in key areas to manage transition.
- 25. The aim of the programme is to transform the way the Trust uses the resources available to deliver high quality care to patients in a financially sustainable way. It will also allow us to meet the transition criteria, agreed with NHS London, by the end of 2025.
- 26. The programme has 11 workstreams as summarised below:

Workstream	Purpose	Enabling/ Transformative
Board Development	To ensure the Board can demonstrate effective leadership and governance processes to deliver its strategy, non-financial challenges and improvement plans and to prevent any worsening of the Trust's position and its longer-term recovery	Enabling
People and Culture Leadership	A five stage approach has been proposed that encompasses; management structural review, senior leaders development programme, delivery of the Trust's new Talent Management Strategy, use of feedback to support staff experience and full implementation of the Inspiring Leadership section of the Trust's People and Culture Plan (2022-26). By taking this approach it provides the Trust with a leadership model and culture that is based on support for personal and professional development, use of feedback, and future planning within a supportive structure.	Enabling
Financial Governance Review	To ensure the Trust has robust financial grip and control.	Enabling
Making Data Count	To improve the Trust's approach to using data to support decision making and operational management following the implementation of EPIC	Enabling

Workstream	Purpose	Enabling/ Transformative
Transformation/PMO capability/System sustainability	<p>The Trust has undertaken a review of its PMO and developed a defined work programme to support transformational change, including supporting progress against RSP Transition criteria, which is operating effectively.</p> <p>To ensure Trust is actively engaged in system wide collaboration.</p>	Enabling
Financial Strategy and Planning	<ul style="list-style-type: none"> • Diagnosis of the key issues driving the Trust's financial position at a granular level • Roadmap to move to a sustainable financial position and beyond to best practice, owned by the whole organisation • Suite of tools, including Long Term Financial Model (LFTM) to support move into sustainable new ways of working 	Transformative
Workforce	The primary focus of the workforce information/improvement programme is to produce better workforce information and analysis to support the Trust's cost improvement agenda; utilise e-rostering to fully support workforce transformation, drive productivity through activity focused team job planning; diagnostics of rotas and processes to find efficiencies without compromising safe patient safety and quality	Transformative
Operational Improvement	Outpatients and Theatres transformation, Getting It Right First Time (GIRFT) and Integrated Patient Flow.	Transformative
Clinical Services Transformation	Implementation of initial opportunities in six Care Groups with the greatest potential to improve productivity, by doing more for the same as identified within model hospital 'cost per WAU' benchmarks. The 'starting 6' are Orthopaedics, Ophthalmology, Neurosurgery, Paediatrics, Cardiology and General Surgery.	Transformative
Corporate Services	To ensure "best in class" services	Transformative
PFI	Trust review of its two site PFI arrangements is commissioned, a specialist provider that developed the Centre of Best Practice Survey approach with the DHSC:	Transformative

27. The scale of the Programme is considerable, and a governance structure has been established to ensure there is full oversight of the delivery of the Programme and that all interdependencies between workstreams are carefully managed. This is outlined below.

Programme Governance Structure



Risks to Delivery

The following risks to delivery have been identified and are being mitigated.

Risk	Mitigation	RAG Rating
<p>If the current improvement programme workstreams are unable to robustly consider the financial strategy strategic option assumptions and align delivery to the assumptions within the financial strategy by 31 October 2024, there is a risk that Trust Board will not be able to agree principles for alignment by 31 December 2024. There is also then a risk to delivery of the final financial strategy by 28 February 2025, in line with timetable agreed with NHSE, and delivery of the financial strategy.</p>	<p>Detail of the transformation and improvement workstreams is being worked upon, including financial implications and KPIs. Finance will review assumptions in the Improvement workstreams once in place against the financial strategy assumptions.</p>	

Risk	Mitigation	RAG Rating
Risk to the successful delivery of the financial and CIP plans because of any in year operational and financial pressures (e.g. winter).	Weekly operational and efficiency meetings with Care Groups (Wasteful Wednesdays / Thrifty Thursdays) to monitor progress, identify further schemes as mitigation of non-delivery. Identification of non-recurrent schemes.	Yellow
Risk to timely creation and delivery of detailed improvement plans due to lack of suitable resources, ongoing operational pressures impacting on senior and clinical leadership capacity, and capability to develop skills and drive sustainable transformation.	Undertaking detailed gap analysis against all workstreams, submitting bids for additional resources and wider organisation support (see support slides). Phased Prioritisation: Set clear, phased priorities for focused implementation. Maintain active collaboration with Care Groups for insights and alignment and supporting leadership and capacity building via development programmes. Governance: Provide oversight and accountability through regular reviews and adjustments.	Red
Risk that without wider SEL Integrated Care Board engagement, alignment and phasing of both Trust and system strategic improvement work, any required structural and strategic sustainable change may not be achieved.	Robust engagement through the System Sustainability Group and the Acute Provider Collaborative. Escalation of issues via system risk forum and system quality groups. Agreement of key strategic priorities with system partners and consideration of a phasing plan given likely burden on key leaders.	Yellow

Conclusions:

King’s is building the momentum required to deliver truly sustainable change through its Improvement Programme. Significant improvement can be seen in the Trust’s financial grip and control, and we are beginning to see the benefits of a multi-tiered leadership development investment in the wider engagement and culture of the organisation.

The Executive is committed to delivering the programme but recognises the scale of the challenge and the need for the investment of time and expertise from all layers in the organisation. This will need to happen quickly in order to achieve at the pace required for King’s to deliver in line with its financial strategy.

We are grateful for the support the Board of Directors and NHSE have provided to date, and we continue to work with our Improvement Director to ensure this is used effectively to develop the granular delivery plans required to underpin our financial strategy. This, along with support developing the King’s way, will provide us with the architecture to embed a continuous cycle of improvement at King’s, finally achieving a sustainable balance between high quality care and financial sustainability permanently, whilst always putting our patients at the centre of everything we do.

Meeting:	Council of Governors	Date of meeting:	28 January 2025
Report title:	Trust Strategy Delivery Update	Item:	6.2.
Author:	Liz Shutler - Acting Director of Strategy and Planning	Enclosure:	-
Executive sponsor:	Julie Lowe - Deputy Chief Executive		
Report history:	King's Executive - 23rd December 2024		

Purpose of the report						
Trust Strategy Delivery Update was considered at the 16 January 2025 Board meeting and included for information – Governors are asked to note progress.						
Board/ Committee action required (please tick)						
Decision/ Approval		Discussion		Assurance		Information ✓
The Trust Board is asked to agree to the approach described.						
Executive summary						
<p>The Trust's strategy, BOLD, was developed as the NHS emerged from the COVID 19 pandemic and established a road map for the organisation for 2021-26. Much has been achieved in that time, including the implementation of the EPIC EHR and a range of capital projects, such as the PRUH endoscopy building. However, the Trust has experienced significant financial difficulties which have led to re-entry into the National Oversight Framework (NOF 4). The Trust has also struggled to recover its elective performance in the wake of industrial action, EPIC implementation and, most recently, the Cyber-attack on Synnovis, our pathology provider.</p> <p>One of the criteria that needs to be met in order that the Trust can successfully exit NOF 4 is that a refreshed corporate strategy for 2024/25 to 2025/26 is produced. This paper describes the process and project plan that is being developed to deliver this criterion. The approach will be to refresh the BOLD strategy to a point where it can be 'retired' in April 2026. Work on a new 5-year strategy, to take the Trust from April 2026 to 2031, will commence at the start of the 2025/26 financial year.</p> <p>A large amount of work has already been undertaken to deliver this programme of work. A draft project plan has been enclosed at Appendix One that details the work already completed; the proposed programme of work going forward that links the 'Improvement Programme Plan – Workstream 1' and the 'NOF 4 Improvement Map – Transition Criteria'. The Care Groups have established 2024/25 action plans for inclusion in the BOLD refresh and have also had a focussed session, led by the Deputy Chief Executive, to look at deliverables for outstanding care for the next two years. A set of meetings with corporate leads (including estates, sustainability and digital) are underway to review their original objectives and gain a position statement, as well as to begin to align the work they are undertaking on their own two year 'road maps'.</p> <p>Some further work to finalise the Project Plan actions, timelines and leads is required to ensure complete alignment with the 'Improvement Programme Plan – Workstream 1' and the 'NOF4 Improvement Map – Transition Criteria'.</p>						

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

Key implications	
Strategic risk - Link to Board Assurance Framework	Please include BAF strategic risk references
Legal/ regulatory compliance	NOF 4 Transition Criteria
Quality impact	Outstanding Care
Equality impact	Diversity Equality and Inclusion at the heart of everything we do
Financial	Links to Improvement Plan and workstream 6 financial strategy
Comms & Engagement	A communication plan will be developed to share the updated strategy
Committee that will provide relevant oversight	
Regular reporting to KE for onward review by:	

- Improvement Committee (re: links to NOF 4 transition)
- People Committee re Brilliant People and Diversity and Inclusion and Research
- Quality Committee re Outstanding Care

BOLD Refresh - Update

1. Introduction

- 1.1 One of the criteria that needs to be met in order that the Trust can successfully exit NOF 4 is that a refreshed corporate strategy for 2024/25 to 2025/26 is produced.
- 1.2 Within this the Trust must evidence that it has:
- developed a refreshed strategy that supports a sustainable financial position, owned by the whole organisation and underpinned by clinical, operational, finance, workforce and estates strategies;
 - core plans in place to deliver its underpinning strategies (e.g. operational, clinical finance and workforce plans), with clear lines of accountability, annual delivery plans and measurable objectives; and
 - begun to demonstrate the delivery of this strategy.
- 1.3 This paper describes the process and project plan that is being developed to deliver this criterion.

2. Project Plan

- 2.1 A large amount of work has already been undertaken to deliver this programme of work. A draft project plan has been enclosed at Appendix One that details the work already completed; the proposed programme of work going forward that links to both the 'Improvement Programme Plan – Workstream 1' and the 'NOF4 Improvement Map – Transition Criteria'.
- 2.2 The Project Plan describes the work required to achieve this, which broadly aims to:
- review and RAG rate progress on all the original objectives included within the BOLD Strategy with the identified owners. In addition to the four BOLD strands, this work will be undertaken with all cross-cutting service areas such as digital, estates and sustainability;
 - identify original objectives that carry forward into the new two-year refreshed BOLD strategy;
 - establish detailed two-year 'road maps' for brilliant people; outstanding care; leaders in research, innovation and education; and diversity, equality and inclusion at the heart of everything we do.

- describe and align the road maps that will be developed for sustainability (in progress), digital (see a draft in Appendix Two) and estates (in progress). Brilliant People and Leaders in Research, Innovation and Education already had their own plans for delivery to 2026. These are included in Appendix Three and Four respectively (noting that the Brilliant People work is being significantly updated as part of workstream 2 of the Trust's Improvement Plan).
- revisit the Trust's commitment to partnership working with system partners including neighbouring Trusts, the ICB, King's Health Partners and local authorities; and
- undertake a partnership segmentation with a view to proposing an internal system to share and formalise partners plans, priorities and strategies.

3. Progress to Date

3.1 Significant progress has already been made on delivering the project plan:

- a. The original BOLD objectives have been sent out to the relevant Care Groups and corporate leads for review and update.
- b. Care Groups have established 2024/25 action plans for inclusion in the BOLD refresh. Part of the attached Project Plan is to develop action plans with the Care Groups for 2025/26.
- c. Care Groups have also had a focussed session, led by the Deputy Chief Executive, to look at deliverables for outstanding care for the next two years. The main themes arising from this have been included in 3.2 and 3.3 below.
- d. A set of meetings with corporate leads (including estates, sustainability and digital) are underway to review their original objectives and gain a position statement, as well as to begin to align the work they are undertaking on their own two year 'road maps'. Final versions of these will be incorporated into the refresh.
- e. The Apollo programme has moved into optimisation phase and there is a detailed 'road map' to take forward the programme jointly with GSTT alongside the wider digital strategy. This is included at Appendix Two.
- f. Finally, a stakeholder mapping event has been completed in order that an influence-interest matrix and stakeholder heat map can be developed. This will be useful for the Trust in determining levels of engagement and routes for feedback including how best to share the priorities and strategies of stakeholders with the Trust Board.

3.2 The work to date on an Outstanding Care delivery plan to 2026 is already taking shape. Key themes that are emerging from the work so far with the Care Groups and corporate teams include:

- a. **Productivity and efficiency.** Increased theatre productivity, a continued focus on improving day case activity and specialist flow, activity and optimisation reviews.
- b. **Patient flow, waiting times and length of stay.** Dedicated consultant ownership, addressing specific specialty backlogs, streamlining assessment processes across specialties and increasing capacity to support flow e.g. critical care for elective services.
- c. **Enhancing safety and quality.** Continuous safety improvement, increasing safety job plans and networking, collaboration and shared learning.
- d. **Cross disciplinary collaboration.** Cross care group collaboration to tackle shared goals e.g. streamlining pathways (SDEC) and reducing LoS (PRUH medicine and trauma).
- e. **Enhancing service delivery and infrastructure.** Service optimisation and resource alignment (pathology, renal and urology services), estate and space utilisation reviews and additional facilities (e.g. catheter labs)
- f. **Integration of care and strategic service expansion.** Developing assessment units, expanding outpatients and telemedicine, strengthening partnerships externally, expanding pathways (diabetes, cancer and cardiac disease), increasing outreach to marginalised communities and boosting IVF / fertility treatments.
- g. **Expansion of specialised treatments.** Address service gaps and health inequalities with SEL partners (cardiovascular, major trauma, renal and urology), becoming exemplars (cardiovascular), expanding therapy (CAR-T) and non-surgical treatments and leveraging genomics.

3.3 In addition, some important cross cutting themes that already dovetail with the developing road maps from the corporate functions are also emerging such as:

- a. **Adoption of advanced technology.** Exploring AI technology to improve diagnostics, robotic assisted surgical programmes, adoption of 3D scanning and introduction of digital care and advice / guidance systems.
- b. **Technological integration.** Optimisation of EPIC and utilising existing technology to reduce unnecessary referrals.
- c. **Building capacity and infrastructure.** Developing a new dental hospital, addressing accepted space constraints, expanding services for private patients and expanding patient transport services.
- d. **Expansion of research and innovation.** Amplifying research profiles to secure funding, establishing clinical academic posts to enhance research output and developing clinical trials and in house research.

- 3.4 It will be important that strong reporting links, opportunities for scrutiny and clear governance are established through the Quality Committee to evidence delivery of the Outstanding Care delivery plan.
- 3.5 The draft Project Plan included in Appendix One will be used to continue to develop the BOLD Refresh for 2024/5 to 2025/6 and ensure it aligns to the 'Improvement Programme Plan – Workstream 1' and the 'NOF 4 Improvement Map – Transition Criteria'.

4. Conclusion

- 4.1 Significant work has already been progressed for this workstream. Some further work to finalise the Project Plan actions, timelines and leads is required to ensure complete alignment with the 'Improvement Programme Plan – Workstream 1' and the 'NOF4 Improvement Map – Transition Criteria'.

Appendix One

Draft Summary Project Plan

		09- Dec	16- Dec	23- Dec	30- Dec	06- Jan	13- Jan	20- Jan	27- Jan
KE / CMG / TB papers	Strategy Lead	Completed Tasks							
KE paper detailing timetable and process	LS	Ⓢ	●◆	△					
Quarterly update on strategy refresh progress to trust board				Ⓢ		△			
1st draft refresh of 'B'									
1st draft refresh of 'O'									
1st draft refresh of 'L'									
1st draft refresh of 'D'									
1st draft estates road map									
1st draft green road map									
1st draft digital road map									
Updated Operational documents presented to Trust Board (Strategy, Finance, Workforce, Clinical, Estates)									
Updated Corporate Strategy Document presented to the Board									
BOLD refresh to 2026 started									
Post BOLD strategy project plan document									
Create quarterly report on workstreams actions completed to deadline									
Quarterly updates to Trust Board on progress against BOLD strategy									
General Tasks									
Agree refreshed BOLD format									
Align Improvement Programme Plan - Workstream 1 activities									
Align NOF4 Improvement Map - Transition Criteria									
Brilliant People									
17 original 'B' objectives summarised on to spreadsheet Ⓢ									
Obtain a copy of updated plan / road map Ⓢ									
Strategy team to review update against original objectives									
Where necessary, receive updates from leads on outstanding objectives									
Outstanding Care									
76 original 'O' objectives summarised on to spreadsheet Ⓢ									
Care Groups 24/25 action plans developed Ⓢ									
CMG 'post it' exercise to focus more on 'O' Ⓢ									
Care Groups to review original 'O' objectives									
Strategy team to review updated corporate plans / road maps against original objectives									
Where necessary, receive updates from corporate leads on outstanding objectives									
Leaders in research, innovation and education									
32 original 'L' objectives summarised on to spreadsheet Ⓢ									

Obtain a copy of updated plan / road map ©
 Strategy team to review update against original objectives
 Where necessary, receive updates from leads on outstanding objectives

Diversity, equality and inclusion

21 original 'D' objectives summarised on to spreadsheet ©
 Obtain a copy of updated plan / road map ©
 Strategy team to review update against original objectives
 Where necessary, receive updates from leads on outstanding objectives

Estates strategy

Original estate objectives summarised on to spreadsheet ©
 Obtain a copy of updated plan / road map
 Strategy team to review update against original objectives
 Where necessary, receive updates from leads on outstanding objectives

Green strategy

Original Green objectives summarised on to spreadsheet ©
 Obtain a copy of updated plan / road map
 Strategy team to review update against original objectives
 Where necessary, receive updates from leads on outstanding objectives

Digital strategy

Original digital objectives summarised on to spreadsheet ©
 Obtain a copy of updated plan / road map
 Strategy team to review update against original objectives
 Where necessary, receive updates from leads on outstanding objectives

Partnerships segmentation

Investigate models for network mapping
 Set up 'brainstorming' meeting with relevant internal leads
 System wide forums tracked, and Trust Representative agreed
 Attendance at forums tracked and reported
 Structure created to share system strategies with Trust Board
 System strategies shared with Board

Key

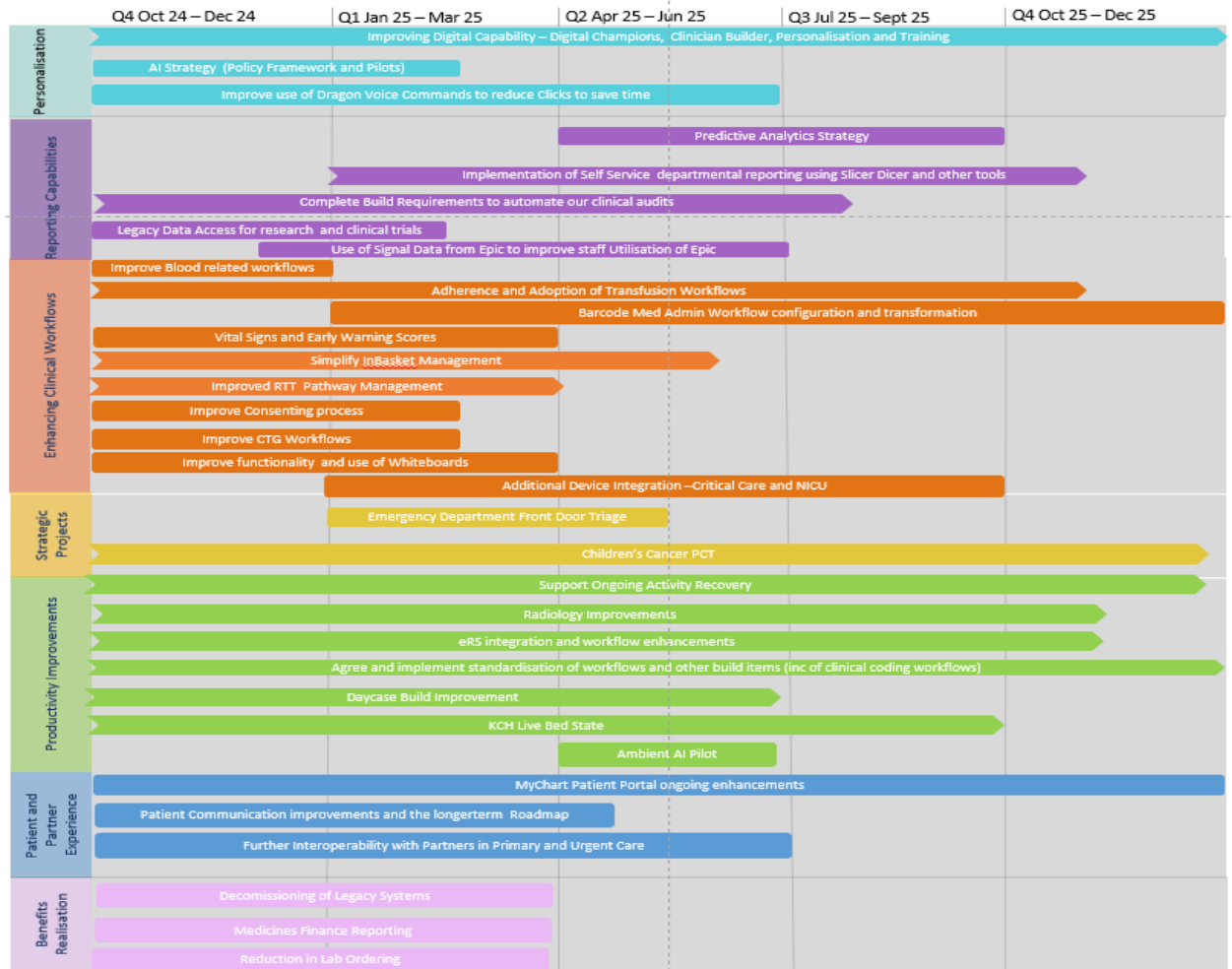
- Meeting date Δ
- Paper due ◇
- Delivery to JL ●
- Delivery to LS ①
- Task already completed ©

Task to be completed



Appendix Two

Digital Road Map



Appendix Three

Brilliant People



Appendix Four

Road map to delivering and developing world-class research 2024-2026

Action Plan - How we will get there		
Brilliant people		
Research project	How we will do it	Measure of Success
Supporting the training and development of research staff	Collaborate with King’s Health Partners, NIHR, Research Delivery Network (RDN) and the Trust apprenticeship team to identify learning opportunities	The number of Trust research staff completing research training courses
To provide support for new Principal Investigators (PI) in order to grow the portfolio and the next generation of research leaders	Dedicate proportion of R&D funding towards greenshoots initiatives for new PIs Supporting and mentoring nurses, midwives and AHPs to take on first time PI roles	Greenshoots funding competition each year At least 5 new PIs per annum Increase the number of studies with Associate PI (API) involvement from current baseline of four
Outstanding care		
Research project	How we will do it	Measure of Success
Increasing awareness around the value and importance of PPI input in research in order to drive future-focused growth and innovation	To identify and connect all the existing PPI groups at the Trust to subsequently form a centralised PPI initiative	Active PPI network at the Trust and awareness among research staff
To ensure research represents the diverse local population by improving representation on our public and patient involvement groups	Pilot with frailty to look into setting up 'ad hoc' drop-in sessions where older people and patients can attend and be consulted on research ideas	Drop-in sessions in place Recruitment to frailty studies increased
Increased research imaging capacity	Create an out-of-hours research service in the Radiology Care Group	Number of out-of-hours research slots created during the week, in the MRI and CT departments
Embed research as core Trust business	Regular meetings with key clinical leads to promote research and encourage clinical staff to be involved in research	One new clinical area actively in research per annum

Bridge dialogue between a range of specialties working on projects requiring interdisciplinary collaboration	Build on existing collaboration (e.g. CHIP study with Haematology, REBUILD with Psychiatry)	Delivery of cross disciplinary research four collaborative projects per annum
Leaders in research innovation and education		
Research project	How we will do it	Measure of Success
To remain in the top 10 NHS Trusts for recruitment into NIHR portfolio trials	<p>Fair and transparent funding model for distribution of Research Network funding within the Trust</p> <p>Quarterly Research Delivery Unit (RDU) portfolio reviews and active management of all studies</p>	We are benchmarked as one of the top 10 recruiting Trusts (as per NIHR Open Data Platform) in the UK each year
To work with colleagues in the national steering groups to develop new opportunities for commercial research in line with the government's published O'Shaughnessy report	<p>Explore ways to develop commercial research across all RDUs, harnessing the regional and national clinically specific networks</p> <p>Ensure swift set up and recruitment to time and target to further develop our reputation as an efficient and responsive Trust able to deliver commercial research at scale</p> <p>Build further strong relationships with pharma and the Clinical Trials Office (CTO) to ensure robust financial management of commercial funding - as this is essential for the ongoing employment of research delivery staff</p>	<p>Meet the NIHR annual target of 80% of all commercial studies recruiting to time and target Partner with a commercial company towards an innovation that can be tested in commercial research</p> <p>Commercial research income to be minimum of £6.5m annually</p>
To ensure we are able to meet the national KPI of 80% of all open studies recruiting to time and target	<p>Individual RDU portfolio reviews to identify studies not recruiting to time and target. Sponsored studies that are consistently underperforming to be closed as per the NIHR national guidelines</p> <p>Increased scrutiny on the deliverability of studies in set up phase</p>	Consistently achieving the 80% national target for recruiting to time and target as per the Open Data Platform benchmarking site for non-commercial studies sponsored or co sponsored by the Trust

	Review of Trust/KCL co sponsor arrangement	
Harnessing new technology	Increased artificial intelligence (AI) projects within the Radiology Care Group	<p>Delivery of an AI research project using AI for reporting of DATSCAN images</p> <p>Delivery of an AI research project to optimise post-therapy 177Lu-DOTATATE single time point imaging, to derive tumour and normal organ dosimetry.</p> <p>Delivery of an AI project aimed at using AI for fracture detection</p>
Harnessing new technology	Leverage in-house data analytic expertise, and new Apollo system to increase research participation and facilitate research in AI/big data projects	<p>Harness MyChart for consent to contact</p> <p>Communications plan aimed at encouraging patients to 'give consent to be contacted' actioned</p> <p>Apollo analyst support for research data initiatives</p>
Reducing the time from submitting expression of interest form (EOI) to first patient recruited	<p>Close collaboration of PIs and study teams with R&D/CTO</p> <p>Engage supporting departments - pharmacy and radiology</p> <p>Implement formal 'decline of set up' for non-responding research teams (three requests over a month)</p>	Increase the number of studies that take less than 90 days to set up by 10% from 2023/2024 baseline
Increase the proportion of experimental medicine and early phase studies carried out at the King's Clinical Research Facility (CRF)	<p>Encourage clinical investigators to undertake early phase research with the support of the CRF</p> <p>Prepare and submit a bid for the NIHR commercial research delivery centre funding call</p>	<p>Increase the proportion of experimental medicine and early phase studies by 10% from its 2019/2020 base</p> <p>Bid for NIHR commercial research delivery centre submitted by deadline</p>
Continue to develop Advanced Therapies that are based on cells, genes and small molecules	<p>Commence first in human liver cell therapy for acute liver failure in children</p> <p>Collaborate with KCL's diabetes group to develop cell transplantation</p>	<p>Recruit first patient to children's liver cell therapy trial by end of 2024</p> <p>Establish a collaborative project with KCL diabetes team by April 2025</p>

	<p>Develop in-house CAR-T therapies led by Dr Reuben Benjamin (UK cancer research and Pharma)</p> <p>Continue to develop the Advanced Therapies Academy</p>	<p>Set up CAR-T study by December 2024 and recruit first patient by April 2025</p> <p>To hold one workshop and one annual meeting to showcase our Advanced Therapy investigational Medicinal Products (ATIMP)</p>
Diversity equality and inclusion at the heart of everything we do		
Research project	How we will do it	Measure of Success
A key priority for research at the Trust is ensuring our research is inclusive and includes under-served communities	<p>Diversity and Protected Characteristics Audit: A Trust-wide audit of research studies recruits statistics based on gender, ethnicity, sexual orientation, and disability status</p> <p>Information will be collected as to how each Research Delivery Unit (RDU) monitors and evaluates this information, and acts on any evidence that recruitment is not inclusive</p>	<p>Completed audit questionnaire to act as baseline further improvements in inclusivity within research</p>
Increasing collaborations with primary care and community to deliver a truly representative research reflecting the needs of the community we serve	<p>Creating relationships with primary care providers and local community groups to increase awareness and accessibility</p> <p>Obtain community input in the design of patient facing materials, efforts to reaching out and engage these populations in research, and address logistic barriers including financial constraints</p>	<p>Two new collaborations with primary care or the community established each year</p> <p>Increase participation of marginalised/under represented populations in research - 5 studies per annum</p>
To pilot strategies for reporting on diversity and under-served population enrolment in Clinical Research Facility (CRF) Studies	<p>Engage with the CRF PPI and EDI groups</p> <p>Increase understanding of how we can better engage with underserved groups</p> <p>Support teaching sessions on diversity and cultural intelligence</p>	<p>Measure the increases in recruitment numbers of ethnic/diverse participants taking part in CRF studies and trials on an annual basis</p> <p>Regular feedback sessions from PPI and EDI groups to inform the work of the CRF</p>

		Enabling staff to attend training around diversity and cultural intelligence
Putting 'the King's Model' for diversity in research and recruitment on the map	A systematic review of the breakdown of gender and ethnicity among clinical trial recruits from 2017-2023 is ongoing	Peer reviewed publication in high impact journal
Review the set up process for commercial and non commercial studies to include discussion around health inequalities	Change feasibility and costing processes to ensure there is a conversation regarding reimbursement of time and this is included in the relevant study contracts.	10 non-commercial contracts to have participants costs included in the contracts thus removing a barrier to taking part in research All commercial studies to fully reimburse patients travel and time costs