King’s College Hospital Council of Governors

Time of meeting	10.30am – 12.30pm
Date of meeting	Thursday 01 December 2011
Venue	Bill Whimster Suite, Weston Education Centre, King’s College Hospital, Denmark Hill, London SE5 9RS

	Prof Sir George Alberti	Chair
Elected Governors	Michael Robinson Godwin Ubiaro Fiona Clark Chris North Nanda Ratnavel Alam Zabit Jan Thomas Tom Duffy Christine Klaasen Derek Cookson Patti Kachidza David Sullivan Andy Alatise Barbara Pattinson John Henley Andrew McCall Stuart Owen Michelle Pearce	Lambeth Central Lambeth Central Lambeth North Lambeth North Lambeth South Lambeth South Patient Patient Patient Patient Patient Patient Southwark Central Southwark Central Southwark North Southwark North Southwark South Southwark South
	Nicky Hayes Carolyn Campbell-Cole Rachel Burman Phyllis Barnett Ahmad Toumadj Brady Pohle	Staff – Nurses and Midwives Staff – Nurses and Midwives Staff – Medical and Dentistry Staff – Allied Health Professionals Staff – Support Staff Staff – Admin, Clerical & Managerial
Nominated/Partnership Organisations	*tbc* *tbc* Caroline Hewitt Richard Gibbs Carol Bell Chris Mottershead Anne Garvey *tbc* Diane Summers	Lambeth Council Southwark Council Lambeth PCT Southwark PCT Joint Staff Committee King’s College London London South Bank University South London and Maudsley NHS FT Guy’s & St Thomas’ NHS FT
In attendance	Tim Smart Jane Walters Simon Taylor Jacob West Geraldine Walters Sally Lingard Tamara Cowan	Chief Executive Director of Corporate Affairs Chief Financial Officer Director of Strategy Director of Nursing & Midwifery Associate Director of Communications Assistant Board Secretary
Circulation to	Council of Governors Board of Directors	

	AGENDA	Enclosure	Lead	Time
1.	1.1. Welcome and Apologies		**G Alberti**	**10:30**
	1.2. Declarations of interest		**G Alberti**	
	1.3. Chair's action		**G Alberti**	
	1.4. To agree the minutes of the meeting held on 18 October 2011	**Enc 1.4**	**G Alberti**	**10.35**
	1.5. Matters Arising/Action Tracking	**Enc 1.5**	**G Alberti**	**10.40**
2.	**FOR DISCUSSION/DECISION**			
	2.1. New Council of Governors: forward planning and Governor committees	**Enc 2.1**	**G Alberti/ J Walters**	**10.45**
3.	**FOR REPORT/TO RECEIVE**			
	3.1. Chief Executive's Report	**Enc 3.1**	**T Smart**	**11.15**
	3.2. Health and Social Care Bill: an update	**Enc 3.2**	**J West**	**11.30**
	3.3. Report on New Governor Induction	**Enc 3.3**	**J Walters**	**11.50**
	3.4. Ward 20:20 Project	**Enc 3.4**	**G Walters**	**12:00**
4.	**FOR INFORMATION**			
	4.1. Trust Submission to Monitor – Q2 2011/12	**Enc 4.1**		
5.	**ANY OTHER BUSINESS**			**12:20**
6.	**FOR RESOLUTION**			
	To consider a motion that the remaining business is considered in a private session, and that the public are excluded from the meeting, due to the confidential nature of the business to be transacted.			
	DATE OF NEXT MEETING Date: Tuesday, 14 February 2012 Time: 14:00 Venue: to be confirmed			

ENC. 1.4

Board of Governors
Minutes of the Meeting held at 16.30 hrs on Tuesday 18 October 2011 in the Dulwich Room at King's College Hospital.

	Michael Parker CBE	Chair
Elected Governors:	Ann Mullins Christiana Okoli Timothy Mason Saleha Jaffer Andy Glyn Jan Thomas Tom Duffy Lisa Hayles Paul Corben Tom Hoffman Michelle Pearce	Lambeth North Lambeth North Lambeth South Lambeth South Patient Patient Patient Patient Patient Southwark North Southwark South
	Rowenna Hughes Brady Pohle Anthony Agosu	Staff – Support Staff Staff – Admin, Clerical & Managerial Staff – Nurses and Midwives
Nominated/Partnership Organisations:	Frank Wood Diane Summers Chris Mottershead Richard Gibbs	Joint Staff Committee Guy's & St Thomas' NHS FT King's College London Southwark PCT
In Attendance:	Tim Smart Prof Sir George Alberti Jane Walters Leonie Mallows	Chief Executive Non-Executive Director Director of Corporate Affairs Committee Assistant (minutes)
Apologies:	Rashmi Agrawal Andy Alatise Hedi Argent Cherry Forster Michael Mitchell Pida Ripley Nicky Hayes Mark Monaghan Caroline Hewitt Stuart Bell Anne Garvey	Lambeth Central Southwark Central Southwark Central Lambeth Central Southwark South Patient Staff – Nurses & Midwives Staff – Allied Health Professionals Lambeth PCT South London and Maudsley NHSFT London South Bank University

Item	Subject
011/52	**Welcome and apologies** The Chair welcomed Governors and attendees and thanked them for attending this extraordinary meeting.
011/53	**Declarations of interest** None.
011/54	**Chair's action** None.
011/55	**Minutes of the meeting held on 15 September 2011** The minutes of the meeting held on 15 September 2011 were approved with the following amendments: 011/42 Staff Survey 2010 Expand action to read: **Planned actions to address areas where the Trust has not scored well would be reported on to the Council of Governors.**
011/56	**Matters arising/action tracker** 011/24.2 Membership Committee This issue will be revisited with the new Council of Governors. Website biographies for all Governors, including nominated Governors, are to be added/ updated for 01 December. 11/38 Matters Arising Discussions around the issue of evaluating Governors' performance have begun and will continue with the new Council from 01 Dec. 11/46 Register of attendance at meetings Following the resolution at the previous meeting to remove 2 local authority governors for non attendance at meetings, MP had received a response from the leader of Southwark Council nominating the same individual to be their representative. The KCH constitution states that a Governor whose tenure of office is terminated shall not be eligible to stand again for a period of three years; MP to write to the council to clarify. A response from Lambeth Council is awaited.

Governors agreed that potential appointees should be able to demonstrate an interest and willingness to commit to the role of Governor.

011/57 **AOB**

None.

011/58 **FOR RESOLUTION**

To consider a motion that the remaining business is considered in a private session, and that the public are excluded from the meeting, due to the confidential nature of the business to be transacted.

The resolution was passed; it was agreed that TS, GA and JW should be invited to remain for the private session.

ENC. 1.5

Council of Governors – 01 December 2011
Action tracking list

Reference	Action	By whom	By when	Completed
	10 February 2011			
011/12 2011 – timetable and process	• Governor committees/working groups should consider succession planning at their next meetings.	Governors	October & November 2011	complete
	10 May 2011			
011/24.2 Membership Committee	• Website biographies for nominated governors will be added.	Comms	Ongoing	
	15 September 2011			
011/38 Matters Arising	Evaluating the Board of Governors' performance: George Alberti will take the issue forward with current Governors and the newly elected Council of Governors.	GA & Governors	ongoing	
011/42 Staff Survey 2010	• Planned actions to address areas where the Trust had not score well would be reported to Governors.	~~RC~~ TC	ongoing	
011/46 Register of attendance at meetings	MP to write to the councillors and Council Leaders requesting new representatives to sit on the Board of Governors.	MP	Oct 2011	

Enc. 2.1

Report to: **Council of Governors**

Date of meeting: **1 December 2011**

By: **Professor Sir George Alberti**

Subject: **Forward Planning for the new Council of Governors**

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1. Summary and welcome

Firstly, may I welcome all Governors to the first meeting of the new Council of Governors, and formally congratulate you all on your appointment of Governors of King's College Hospital NHS Foundation Trust for the next 3 years.

I hope that you have all had a useful induction period over the autumn, and as your new Chairman, I look forward to working with you at this exciting and challenging time for the Trust, to ensure that King's continues to provide the best possible services for our patients and the local community, as well as contributing in a major way to excellence in innovation and research.

In this report, I would like to outline my initial thoughts on priorities for the Council of Governors, and for the way we work together, and to hear your views. In line with the draft Health and Social Care Bill, I am also suggesting formally that as a new group of Governors, we should call ourselves the ' Council of Governors' rather than Board of Governors. Many Foundation Trusts already use the term 'Council', which I feel better reflects the role of Governors, and helps distinguish between the respective roles and responsibilities of Governors and Directors, which are complementary, but distinct.

2. Council of Governors' Forward Plan and Priorities

2012 will be an important year for King's College Hospital, and for the other partners in King's Health Partners Academic Health Sciences Centre, as we explore options for how we work together in the future, and how Clinical Academic Groups will develop, in order to deliver ever better services to our patients. As I see it, there will be 4 key priorities for the Council of Governors as we go forward into 2012 and beyond:

1) The challenges for King's College Hospital as an organisation in the light of the prevailing economic climate , and in particular, the role of Governors in monitoring the experience of our patients

2) Ensuring the trust continues to meet high standards of quality of service and performance, which includes discharging our statutory duties to regulators, including Monitor and the Care Quality Commission

3) Engaging with members and the wider community that King's serves, and acting as a force for good in the local area.

4) Governors' engagement in King's Health Partners

Much of the work in these priorities link to important areas of work covered by Council of Governor Committees, discussed in paragraph 3 below.

The Council of Governors forward plan for 2012 is attached for your information as Appendix 1 to this report.

As well as standing items – such as reports back from Governor Committees and groups and from the Chief Executive, the plan shows the statutory items Governors need to consider at different times of the year , including regulatory submissions, such as the Annual Plan and the Annual Report and Accounts.

I would also welcome suggestions from you on items that you would find of interest for the Council or its Committees to consider over the course of the year.

3. Committees of the Council of Governors

I was pleased that many of you took the opportunity to attend some of the Governor Committees and Working Groups during your induction period and hope that you found them informative. As well as the Nominations Committee, which oversees the nomination of Non Executive Directors, their remuneration and terms of service, to date there have been four other Governor Committees and Working Groups –:

- Strategy
- Membership
- Patient Safety and Experience
- Transport.

While these Governor Committees have fulfilled important roles, it is an opportune time for us as a new Council of Governors to consider whether we wish the Committees to continue in their current form, or whether any changes are necessary, in the light of the priorities for 2012 and beyond.

I would be very interested to hear your views.

My own view is that the Committees fulfil an important function of facilitating wider Governor involvement and engagement than attendance at the Council of Governor meetings alone enables, and they also provide useful fora to focus particular areas of work in which Governors are actively engaged – for example, the Ward 20/20 work, focussed through the Governors' Patient Experience and Safety Committee. I would like to thank the Chairs of the Committees for their roles in steering the work of the 4 groups over the last three years.

My suggestions are as follows:

- **Strategy –** the role of the Committee will continue to be important , both in terms of Governor engagement in King's Health Partners, but also as the forum which oversees input into the Trust's overall strategic plans, including the Annual Plan to Monitor. I propose no change.

- **Membership –** this Committee has historically focussed on member recruitment, and membership engagement, but not wider community engagement. A core responsibility of Governors is to represent the interests of members, which means that Governors need to engage actively with their communities. I would like this Committee to have a stronger 'engagement' focus going forward, and I would like to

suggest it is renamed **'Membership and Community Engagement'**, and its terms of reference amended accordingly.

- **Patient Experience and Safety Committee –** this Committee fulfils a very useful role in monitoring the Trust's patient experience and safety initiatives, many of which have Governor involvement, such as Ward 20/20. I propose no change.

- **Transport –** the Transport Committee has had a key role and much success in achieving environmental improvements to Denmark Hill station, and in lobbying for improvements to rail and bus access to the hospital. However, I feel the focus of this group could be broadened to encompass other areas of the environment, including planning issues, car parking and general environmental issues that impact on the hospital, its patients and the wider community. I would like to propose that the Committee is re-named the **Transport and Environment Committee,** and its terms of reference amended.

The dates for the 2012 meetings of the new Committees are attached as Appendix 2. Any Governor can join these 4 groups, and I very much hope that many of you will do so. It will for each Committee to appoint their Chair, and agree their draft terms of reference, for submission to the Council for approval at the next meeting in February 2012.

For completeness, the action notes from the last round of Governor Committees held in September and October 2011 are also attached for information (Appendix 3).

4. Lead Governor

In late 2009, Monitor asked all Foundation trusts to nominate a Lead Governor by 31 March 2010, to fulfil the role described below. Most, but not all Foundation trusts complied with this request, including KCH, where in February 2010 Governors appointed Andy Glynn, Patient Governor, to fulfil the role described below to act as a conduit from Monitor to the Governors in the following sets of circumstances:

- In rare cases where it would be inappropriate for Monitor to communicate directly with the Trust Chair or Company Secretary

- Where there are serious concerns about Board Leadership, which could lead to Monitor removing the Chair or Non Executive Directors

- Where there is a real risk that the Trust may be in significant breach of its Authorisation (which also calls into question the leadership of the Board)

In some other Trusts, a wider role for Lead Governor has been established than the role described by Monitor – for example, in agenda setting, dispute resolution etc. The previous Board of Governors did not agree any wider role for the KCH Lead Governor.

The changes proposed to the role of Monitor in the Health and Social Care Bill will mean that the role of Lead Governor as described above will become superfluous in due course. However, these changes will not take effect until circa 2016. The Care Quality Commission has also recently asked Foundation Trusts to provide details of their Lead Governor.

While I agree the Council should have a new Lead Governor in due course, I think the first meeting of the new Council is too early to make a decision about the remit of the role and start an appointment process. I therefore propose that the Council revisits this issue at a future meeting.

5. Governor Development and Evaluation

I am keen that all Governors have opportunities for ongoing development and training, and some of the plans for this are outlined in the report on Governor induction elsewhere on this agenda.

In addition to opportunities for individual development, it is important that the Council develops a constructive working relationship with the Board of Directors. I will encourage reciprocal attendance at each others meetings, and I also propose that the Council and Board have an annual joint Council/Board meeting or seminar during the Spring.

It is clearly also very important that the new Council has time for its own collective development, and I propose that Governors have an annual Development Day , to be held sometime during the Autumn. The Council will also need to consider evaluation of its performance, and I suggest that this is also considered at the Development Day.

Dates for both these meetings in 2012 will be circulated.

6. Recommendation

The Council of Governors is asked to note this report and offer any comments.

Appendix 1

COUNCIL OF GOVERNORS FORWARD PLAN 2012

Standing Items

- Minutes
- Chief Executive's Report
- Feedback from Council of Governors' Committees & Working Groups
- Register of Governor Attendance

14 February 2012
• Monitor Q3 2011/12 submission • Annual and Strategic Planning Process 2012/13 • Quality Priorities 2011/12 (part of Quality Account) • Appointment of Non Executive Directors (NEDs) • King's Health Partners • Planning/Feedback for Community Meetings, Open Day & Annual Public Meeting
09 May 2012
• Monitor Q4 2011/12 submission • Annual Plan 2012/13 - Final Draft • Quality Priorities 2011/12 (part of Quality Account) • Quality Account 2011/12 - Final Draft • Membership Report 2011/12 (part of Annual Plan) • Planning/Feedback for Community Meetings, Open Day & Annual Public Meeting
13 September 2012
• Monitor Q1 2012/13 submission • Receive Trust Annual Report and Accounts 2011/12 • Annual Governance Report 2011/12 • Appointment of Non Executive Directors • Report from Nominations Committee on NED/Chair appraisal • Update on External Auditor Performance • Infection Control Annual Report
05 December 2012
• Monitor Q2 2012/13 submission • Governor Development/Evaluation

Appendix 2

DATES FOR THE 2012 MEETINGS OF THE NEW COMMITTEES

Meeting	Time	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Council of Governors (CoG)	*2.5 hours*		**14 (14:00)**			**9 (18:00)**				**13 (14:00)**			**5 (14:00)**
Membership and Community Engagement Committee	*09:30-11:30*	**18**		**14**			**13**				**10**		
Transport and Environment Working Group	*09:30-11:30*	**25**		**29**			**14**				**11**		
Strategy Committee	*09:30-11:30*	**19**			**26**		**21**				**25**		
Patient Experience and Safety Committee	*09:30-11:30*	**24**			**18**		**20**				**24**		
CoG away days/seminars	*09:00-17:00*												
Annual Public Meeting	*18:00-20:30*									**13**			
Open Day								**1**					

APPENDIX 3

Membership Committee
Key discussion points & actions arising from the meeting on 11 October 2011

Issue	Discussion Point/Action	Lead
Matters Arising	The Governor forum was discussed. It was agreed that the issue would be revisited when the new Board of Governors is constituted. **Secretariat team to revisit this issue with new Board of Governors and the Comms team**	**Secretariat/JK**
November Edition of Members' News	Suggested content for the Winter 2011 edition of Members' News was discussed. JK explained biographies of each Governor would appear in the Spring 2012 edition. Door to door collecting to be discussed by a representative of the relevant charity at the Governor Committees in November.	
Engagement and Experience Strategy	Strategies were considered to make membership more representative. It was noted that there was a problem recruiting younger members (between the ages of 16 and 35). Discussion included methods of engaging younger potential members, including promoting membership through volunteers. **The Committee agreed that the optimal total membership should comprise of 15,000-17,000 members of which 8,000-10,000 should be public and patient members.** **The Committee agreed the strategy should include giving particular attention to the recruitment of younger members.**	**JB/JW**
Membership Engagement & Membership Report	It was noted that membership numbers had increased slightly, but below targets. It was explained that the emphasis was not just on building membership numbers, but building relationships and engaging members. JB explained the work done with Lambeth College which offered volunteering and work experience. PC, a member of King's, spoke about a member program which aimed to improve the patient food service. Two volunteers from Lambeth College spoke to the Committee about their involvement with a volunteering food programme.	

Issue	Discussion Point/Action	Lead
Support Staff & other Governor Constituencies	It was noted that the turnout of support staff had been poor at the Governor elections. Strategies for increasing the number of members of the applicable groups were considered. **The Committee agreed to note this issue and keep it on the agenda.**	**JW**
Evaluations of New Governor Induction Programme	It was noted that induction of the new Governors had occurred. Feedback was very good, although there were some comments that the second day could have been less intensive. JW explained she would give a report on governor feedback on induction, at the first meeting of the new Council of Governors.	**JW**
Succession Planning: suggestions for the new term	BP suggested changing the name of the Committee to the "Governors' Membership and Engagement Committee", noting the emphasis the Committee has on engagement. It was noted that the first meeting of the new Governors would decide what groups are most important. It was explained that the Governors would have to constitute a new Nominations Committee. JW will circulate terms of reference.	**JW**

Patient Experience & Safety Committee
Key discussion points & actions arising from the meeting on 08 November 2011

Issue	Discussion Point/Action	Lead
08 November 2011:		
Patient Safety & Risk Management	Richard Hinckley, Head of Risk, gave a presentation on 2 important systems for identifying risk and improving safety: Adverse Incident (AI) reporting and Risk Assessment. The Patient Safety Cycle is based on the theory that having a robust and proactive system which identifies issues, captures and reports incidents and near misses, will avoid patient harm. The notion of a 'culture of safety' was discussed and how the CQC and National Patient Safety Agency consider the reporting levels of Trusts.	
Ward 20:20 and the Safety Express Project	Helen Young gave the committee an overview of the Safety Express project run by Deputy Director of Nursing, Paula Townsend. Safety Express is a UK wide pilot scheme from the DH; KCH is one of 33 participating Trusts. It looks at the specific nursing interventions, metrics and practices affecting safety. **PT to return to the committee with an update and demonstration of the assessment tool.** Ward 20:20 is a central part of the 'Transforming Patient Experience' project; sitting in line with other work streams it focuses on patient safety, patient experience and staff experience and aims to make the wards involved beacons of best practice. At the 6 month review stage early indications show that there are improvements on Ward 20:20 wards e.g. the incidence of hospital acquired harm have decreased by 50%.	**PT**
Trust CQC Quality Risk Profile	JS presented the Care Quality Commission's QRP for KCH as at October 2011. This month an adverse movement has been recorded against Outcome 8: cleanliness and infection control. This is a reflection of the PEAT data coming on-stream. The inspection was conducted between January and March 2011.	

Issue	Discussion Point/Action	Lead
Review of PESC Activity	It was generally agreed that significant progress had been made since 2008 in the area of patient experience and safety. The development of King's Values, the appointment of a Director of Nursing and the continuing focus on monitoring patient experience had helped to bring about important improvements in care but the results from new developments such as Safety Express and the reduction in MRSA cases showed that yet further significant improvements could still be made. MP added that it was important that a relationship of trust was established between Governors and ward staff so that it was understood that Governors are a positive force and can provide added value by participating in ward initiatives.	

Suggestions for an Ongoing Work Plan

PEAT Inspections
Participating in an inspection by the Patient Environment Action Team provides the opportunity to observe quality issues and promote a good understanding of the environment and cleanliness issues faced by KCH.

Dignity
Dignity Month is planned for February 2012 and participants will be looked for from among the governing body.

A comment card for use with inpatients to collect real time feedback is in development. Volunteers from PESC will be needed to help facilitate.

PROMS
With increasing emphasis within the NHS on patient outcomes, the expansion and re-launch of Patient Recorded Outcome Measures (PROMS) is likely to impact patient safety and experience issues.

Patient Journeys
New Governors are encouraged to pursue patient journeys, from admission to discharge as they provide the 'full picture' rather than a 'snapshot' of the patient experience.

In the same way, whole day observations from handover to handover provide better qualitative information than short observations.

Referrals and diagnosis
The Chair observed that the committee had not received a presentation from a member of the medical staff. A future topic might lay in the link between GPs and the referral management system and hospital diagnoses.

Transport Working Group meeting
Key discussion points & actions arising from the meeting on 18 October 2011

Issue	Action	Lead
Matters Arising/Action Tracking	• Bakerloo Line Extension: **AG to follow up to Councillors with a further letter asking for a time frame for their response.** • **SL to check the progress of work on the new pedestrian crossing in Coldharbour Lane.** • **Actions for Tania Palk were deferred until she is present at the next meeting.** • Traffic Lights at Denmark Hill: The swift turning of the traffic light to green at Denmark Hill had discussed this issue in the past and **suggested that the issue needs re-visiting with greater consideration.**	AG SL TP New Gov.
Transport Maps – demo and discussion	• Andrew Sutton, presented various map movie demos and whether the Trust would also be interested and benefit in simplifying its local transport map for their local visitors. • Reasons for missed appointments should be identified to clarify whether DNAs are as result of poor transport links. **SL to identify reasons for DNA and feed back to the committee.** • **It was agreed for SL and JW to have further discussions on its suitability and financial implications on implementing such application.**	SL SL
Denmark Hill Development Update	• It is now anticipated that the works will be completed before the Olympics should the station require closing only twice as oppose to 3 times.	
Bakerloo Line Extension	• Jonathan Burns views two possible route extension after 2016 cross rails: Route1 (Northerly): Following Elephant & Castle, Old Kent Road, New Cross and then to Lewisham Route2 (Southerly): Following Queens Road to include Camberwell, Peckham Rye to New Cross • **The new Council of Governors should work with Jonathan Burns and keep the debate alive on this project. The future Transport Working Group should invite John Stewart for further discussions.**	New Gov.
Bus Route 227 Extension Update	• **SL to write to local schools asking if they would engage with the Trust to support the proposal of bus extension.** • **SL to check if PB put forward an expression of interest to TFL for 227 extension.**	SL SL
South London Line Alternatives Update	• Geoff Hobbs, Head of Planning at TFL has informed us that the Mayor has requested the Department of Transport to consider more trains stopping at Denmark Hill.	
AOB	• **AG highlighted that there have been developments on car parking, which should be discussed at a future Transport Working Group.**	New Gov.

Strategy Working Group

Key discussion and action points arising from meeting on 08 November 2011

Issue	Action	Lead
Horizon Scan	TJ provided a verbal update and highlighted the following key areas: • The Health and Social Care Bill has now passed its first and second readings in the House of Lord • An Integrated Cancer System is now being established – referred to as 'The London Cancer Alliance', consisting of cancer services spanning South East, South West and North West London. This includes the cancer services of KHP, St Georges, Imperial and the Marsden	
KCH Strategic Matrix Q2	The committee noted the Q2 matrix and the following was suggested: • Shadow Governors should take the opportunity and participate in the 'ward 2020' initiatives. • The format of the matrix will be review with governors in the first quarter of 2011/12 when the format and content of the annual plan will be known.	
Integrated Care Pilot	• Jim Lusby gave a presentation on the ICP, which reflected on the comments and suggestions received from the Governor Strategy Committee in February 2011. • A sequential approach for the redesign of services and care pathways for priority groups is being adopted. The area of focus in the first instance is to services for Older People. • The ICP budget was provided to the committee. It was highlighted that the pilot is funded through NHS Regional Innovation Fund and the GSTT Charity.	
Workforce Redesign Programme	• Mary Currie presented the workforce redesign programme, which included the Agenda for Change band distribution profiles for the departments within the Trust. • A number of projects are currently being undertaken to determine the appropriate skill and competency mix of staff to deliver services in specific areas. The aim is to ensure all staff are effectively deployed fully utilising their skills and competencies.	
KHP Update	TJ provided the update on developments within KHP. • Most CAGs have submitted and had approved modules 1 and 2 of the CAG accreditation process. • The progress on submission and approval of module 3 and subsequent accreditation of CAG's has been put on hold due to the ongoing work for the KHP partners arising from the McKee Review. In response to recommendations from this review the KHP partners have commissioned an options review of potential future governance arrangements for KHP. Module 3 required CAG's to describe their own governance arrangements and the current lack of clarity regarding the future governance arrangements of KHP is limiting their ability to do this.	

Issue	Action	Lead
KCL Fundraising: Door to Door Campaign	Michelle Quittenden and Kathrin Ostermann, responsible for fundraising across the KHP were invited to provide an update. • In February 2011, the fundraising team of all the charities associated with the partners were centralised and integrated into one team • The '24-hours in A&E' opportunity was used and the 'Door to Door' campaign was implemented. • The committee raised concern over the cost of the campaign to the Trust. It was highlighted that the scheme breaks-even after about 16 months and it is one of the most cost-effective schemes. • There have been 1423 pledges of support for the hospital. An income pledge of £176K is expected to be raised from 'Door 2 Door' programme.	

Enc. 3.1

Report to: **Council of Governors**

Date of meeting: **01 December 2011**

Presented By: **Tim Smart, Chief Executive**

Subject: **Chief Executive's Report to the Council of Governors**

Purpose of the Report:

To provide the Council of Governors with an overview of the key strategic, operational and performance issues facing the Trust.

Action required:

The Council of Governors is asked to receive the report and is invited to ask questions or to discuss the issues raised in the report.

Chief Executive's Report to the Council of Governors

01 December 2011

| Introduction

I would like to begin by welcoming you as you begin your term as King's College Hospital NHS Foundation Trust Council of Governors. We have important work to do and I look forward to energetic input and a positive relationship between the Trust and its Governors. The 01 December also marks Prof. Sir George Alberti's inaugural meeting as Trust Chairman and on behalf of the Board of Directors I would like to welcome him and wish him well.

| Key Strategic Issues

1. Overview

KCH has been doing well on many fronts. However, we cannot afford to be complacent and we will respond to all signals and inputs to avoid failure. The uncertainty and financial issues in the NHS are of particular concern and will be for some time.

2. King's Health Partners Feasibility Study

Following publication of the McKee Review, Peter Goldsbrough of The Boston Consulting Group has been appointed by the Partners' Board to undertake a feasibility study of the options to develop King's Health Partners as an organisation. Draft Findings and Recommendations will be received in early January 2012. There will be extensive consultation, including with the Council of Governors, before decisions are made.

3. Quality Account and Quality Priorities 2012/13

The process to develop the Quality Account, including selecting the Trust's Quality Priorities for 2012/13, has begun. A stakeholder event is to be held on 07 December to provide an update on progress against our current quality priorities and an opportunity to discuss with staff in more detail some of the work we are doing in key priority areas.

4. Health & Social Care Bill

The Bill proposing significant reforms to the NHS is now approximately two-thirds of the way through the full legislative process. The anticipated date for Royal Assent is Spring 2012. It undoubtedly will impact the way that we deliver services. We have been monitoring progress of the Bill, contributing to the debate where appropriate and responding to changes that are already being implemented, for example, to local commissioning groups. We are also continuing to develop our approach to integrated care, which will be a focus within the new legislation.

5. A New Healthcare Agreement with the King Fahad Medical City Hospital (KFMC) in Saudi Arabia

In April 2011 Secretary of State Andrew Lansley and His Excellency Dr Abdullah A Al Rabeeah of Saudi Arabia, in a move to increase collaboration between our two countries, entered into a Memorandum of Understanding and KCH has now signed a contract to provide nurse training. In practice, our agreement with KFMC will mean using the considerable clinical and managerial expertise we have here to help create world-class healthcare systems in Saudi Arabia. This will generate additional income for us to invest in our own staff and the services we provide for NHS patients.

6. KHP Bone Marrow Transplant Services

In October KHP launched its single integrated bone marrow transplant service, which is now provided at King's in newly refurbished ward accommodation. This is in response to commissioning plans, initiatives to improve the quality of the service and to enhance academic opportunities.

7. Eliminating Mixed Sex Accommodation

Work continues to ensure we remain compliant with requirements and national guidance for Eliminating Mixed Sex Accommodation (EMSA). Breaches are monitored daily and part of our action plan includes the redevelopment and reconfiguration in areas of non-compliance. Three questions have been added to the 'How Are We Doing' (HRWD) survey to monitor the corresponding improvements in patient perception.

8. Progress with Capital Projects

There are a number of projects in progress to improve existing facilities at King's. This investment is important for improving the experience of patients and for meeting requirements such as infection control and single sex accommodation.

A particularly important area for EMSA is Endoscopy. Enabling works have commenced and main contract works are anticipated to start in January 2012.

The new 10-bedded Resuscitation Department, situated within the Emergency Department, will open at the end of November. It will be the largest Resus facility in the country.

| Current Operational Challenges

9. Operational Performance

In the past three months we have continued to achieve against all of the referral to treatment and cancer wait access standards. We have struggled a bit with A&E performance because of pressures across the SE Sector, although the emergency 4 hour wait target for the 95th percentile has been consistently achieved. Pressure on these targets is starting to intensify as we head into the winter months; planning is underway to manage this, but we will undoubtedly be challenged.

Infection control remains our most significant concern. We have had a total of 3 MRSA post 48 hour bacteraemias this year, against our quota of 6. C-difficile is above trajectory with 64 cases reported in the first seven months of the year compared to our quota of 46. Our Director of Nursing introduced additional measures in September; some improvement has been shown. An independent review of antibiotic usage within the Trust has been scheduled for 22 November in order to provide further insight into improvements we can make in that area.

10. Financial Performance

The Trust remained in surplus during months 5 and 6; however this month we have slipped to a deficit position of £304k. This is a variance of £1.76m from the planned surplus position set out in the Annual Plan and means that there is considerable work to be done to ensure that we meet our financial targets in the second half of the year.

Progress in implementing the cost improvement plans (CIPs) has been satisfactory to date. Our plan for this year included an acceleration of savings plans in the second half of the year in order to meet the required £50m of savings and we are now putting in place steps to underpin CIP delivery in the coming months. This will require

uncomfortable decisions as we must balance the books; but patient safety will not be compromised.

In line with our Annual Plan the Trust's Monitor Financial Risk Rating remains at 3.

11. Medirest: Cleaning and Catering

Earlier in the year a revised cleaning monitoring regime was implemented and the Trust and Medirest held an in-depth review of all cleaning services. As part of these discussions an agreement was reached that additional payments will be directly linked to patient perception and satisfaction, as determined by the How Are We Doing survey. Since the revised contractual agreement, cleaning performance has improved and is meeting NHS National Standards of Cleanliness.

Levels of patient satisfaction with the catering service continue to improve. A new menu with wider choices was successfully launched this autumn, devised in response to feedback from patients.

12. Ward Initiatives for Directors and Governors

Introduced two years ago, the 'Go and See' programme is an opportunity for all Board members to visit wards, observe the environment and to understand the experience of patients on a day to day basis. It is an evolving piece of work and its effectiveness as a tool for senior staff to become engaged with the front line is monitored. There are plans to expand the programme to include night visits.

Governors are encouraged to become actively involved in ward initiatives, such as Dignity Month (February 2012) and the Ward 20:20 programme.

| Review of the last Quarter

Throughout the year I am delighted to attend the various events which we hold here to engage members and staff with our work. We also spread the word through the wider media. I am pleased to report on a few of the highlights of the past 3 months:

The Annual Public Meeting in September is an important fixture in the Trust calendar. It enables members and staff to bring personal experience and interest in their local hospital and to engage directly with senior staff.

We hosted the Macmillan Coffee Morning for the second year running. Hundreds of staff, patients and other visitors dropped in, including the Mayors of Lambeth and Southwark and London assembly member, Val Shawcross. £1900 was raised for Macmillan Cancer Support.

October is Black History Month and we at King's celebrated our diversity by holding a special event recognising the contribution people from different faiths and backgrounds make to the Trust. Sonia Clarke Swaby was key note speaker. Sonia has recently been presented with a Mary Seacole award for her work examining the attitudes of black and ethnic minorities to organ donation.

Organ donation is a topical issue and our liver team featured on the BBC One documentary 'Transplant' as it followed the organs from a single donor to recipients at four different transplant centres, including King's. NHS Blood and Transplant (NHSBT) reported that on a normal day, approximately 400-500 people sign up to the organ donor register. In the 24 hour period following the broadcast, 3638 people registered via the NHSBT website.

Enc. 3.2

Report to:	**Council of Governors**
Date of meeting:	**1 December 2011**
By:	**Jacob West**
Subject:	**Health and Social Care Bill: an update**

Health and Social Care Bill – Update for Council of Governors

1. The Health and Social Care Bill was introduced to Parliament in January 2011. Against a backdrop of strong opposition to the reforms, the legislative process was temporarily paused while the Government initiated a 'Listening Exercise' in April 2011.

2. The NHS Future Forum led this process, and published its initial recommendations in June, which led to a number of changes to the Bill, described below. It has recently published a series of interim findings. Its final report will be completed by December, and will focus on four questions:

    - How to make information improve health, care and wellbeing
    - How to develop the healthcare workforce to deliver world-class healthcare
    - How to ensure the modernisation programme leads to better integration of services around people's needs
    - How to ensure the public's health remains at the heart of the NHS.

3. The Bill recently passed its second reading at the Lords. It is now in committee stage in the Lords, where the legislation is reviewed in detail. This is about two-thirds of the way through the full legislative process. Assuming the process runs as expected, the Bill is likely to receive Royal Assent in Spring 2012.

4. The main changes to the Bill so far include:

    Commissioning

    - National Commissioning Board and CCGs will have a duty to promote integrated care
    - GP consortia will be known as "clinical commissioning groups" (CCGs). CCGs will have to have two lay members and a nurse and a hospital doctor. Will also take advice from clinical senates and networks.

- CCGs to be established either in full or in shadow form by April 2013, but take on their new responsibilities only when they are ‘ready and willing’.
- Boundaries of clinical commissioning groups should not normally cross those of local authorities
- The National Commissioning Board will have regional outposts - building on the PCT clusters that have formed. They will have with responsibility for overseeing commissioning groups from April 2013.

Providers

- Monitor’s oversight of foundation trusts will be extended to 2016
- 2014 deadline for all NHS trusts to become FTs has been relaxed - but most still be expected to meet this deadline
- Foundation trusts will be required to hold board meetings in public.
- All providers are to be placed under a ‘duty of candour’ to encourage transparency
- Foundation trusts will be required to produce separate accounts for their NHS and privately funded activities.

Competition

- Monitor to focus on patients’ interests, not on competition as an end in itself
- "Any Qualified Provider" will be delayed - only starting from April 2012
- Amendments made to outlaw price competition.
- Amendment has led to a requirement for the VAT regime for charities to be reviewed to promote “equality for provision”
- Failure regime to be introduced for providers

Public accountability

- Health and Wellbeing Boards to have a stronger role in promoting joint commissioning and integrated services between health, public health and social care
- Health and Wellbeing boards will have a formal role in the authorisation of clinical commissioning groups and will lead on local public involvement

Public Health

- Public Health England now to be an executive agency of the Department of Health.

Transition

- SHAs to remain until April 2013
- The NHS Commissioning Board will not take on its full responsibilities until April 2013.

5. It is likely that further changes to the Bill could be introduced once the Future Forum makes its final report in December. Some of these recommendations may influence the implementation of the reforms (for example through the NHS Operating Framework which will be published in December) even if they do not alter the legislation itself.

6. Of course, many of the changes set out in the Bill are already being implemented by the NHS in anticipation of the legislation being finalised. For example, Clinical Commissioning Groups are already in place in shadow form in most areas (including Lambeth and Southwark) and influencing decision-making.

7. King's has and will continue to monitor the progress of the Bill, contribute to the Future Forum and other national policy debates, and support the local implementation of the reforms.

Enc. 3.3

Report to: **Council of Governors**

Date of meeting: **1 December 2011**

By: **Jane Walters, Director of Corporate Affairs**

Subject: **Report on New Governor Induction**

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1. Summary

Following the Governor elections in summer 2011, a new Governor induction programme was planned and delivered during September, October and November 2011. The programme was overseen by the Membership Committee, and involved wide Governor input from serving Governors, drawing on their previous experience of induction and training. This report gives details of the programme, evaluation by Governors, and plans for ongoing training and development of Governors. In planning for future training, the Trust will continue to be mindful of the wider role for Governors envisaged in the Health and Social Care Bill, currently timetabled to take effect from 2016.

2. Induction Programme

New Governors were offered an induction programme, which included:

- Two full day induction sessions in September and October 2011;
- Meetings with the Chair, Chair elect and Chief Executive
- Invitation to participate in the Trust's Corporate Induction;
- Invitation to observe Board of Directors and Council of Governors meetings;
- Invitation to observe the Council of Governor Committee meetings;
- Networking opportunities with serving and new Governors;
- Invitation to the Annual Public Meeting of the Trust;
- Access to a buddying system with serving governors;
- A Governor Induction Pack: and
- Access to a Governors Extranet containing a wide variety of information relevant to Governors (including the Governor induction Pack)

2.1. Induction sessions

The Trust held the two Governor induction days on 08 September 2011 and 04 October 2011. Governors were also invited to participate in the Trust's Corporate Induction attended by all new staff. Of the 18 new Governors, 14 Governors attended Day 1, 12 attended Day 2 and 12 have participated in the Trust's Corporate Induction, which runs weekly. Separate mini induction sessions have also been held with 2 Governors who were unable to attend either of the full induction days. Copies of presentations given at the induction days have also been sent to Governors who were unable to attend, and they have also been posted on the Governor extranet.

The agenda for Induction Day 1, 08 September 2011 included:
1. Introduction to the Role of Governors and FT Governance;
2. Finance and Regulatory Framework of Foundation Trusts;
3. Lunch with current Governors
4. Welcome from the Chief Executive
5. Tour of KCH site
6. Welcome from the Chairman and Chair Elect

The agenda for Induction Day 2, 04 October 2011, included:
1. Organisational Structure & Foundation Trust status;
2. Trust Strategic Priorities and King's Health Partners;
3. Operations & Performance;
4. Workforce Strategy;
5. Infection Prevention and Control;
6. Quality Priorities and Patient Experience; and
7. Nursing & Midwifery.

Governors were asked to complete a feedback form at the end of each induction day. The information collected at the end of Induction Day 1 helped with formulating the agenda for Induction Day 2 and in planning how the sessions ran. Governors rated the overall inductions an average score of 4 (with 1 being poor and 5 being excellent). Governors were also asked to rate their most informative and relevant sessions on Day 2. Nursing & Midwifery obtained the highest rating of 5 and the other sessions were rated an average of 4.

Generally, the feedback from both days was very positive but some Governors felt that there was too much information to absorb on Day 2, and that there could have been a better balance of information between the 2 days.

Quote: "I think I have already voiced my approval of the induction courses, I found them very informative. I must admit there is a awful lot to absorb and I only hope that we will be as effective as the outgoing Governors?"

A summary of the feedback from Governors is attached in Appendix 1.

2.2. Observation/Participation in Meetings

In addition, to attending the Annual Public Meeting, approximately 23 Shadow Governors have taken up the opportunity to observe the September Board of Directors and Board of Governors meetings and the October Board of Directors meeting. In addition, a number of Shadow Governors have attended some of the Council of Governor working groups and sub-committees.

2.3. Buddying System

Four new Governors have taken up the opportunity to be paired with a re-elected Governor who can provide support and guidance at the onset of their role. The system is still open to other Governors if they would find that helpful.

2.4. Access to a Governors' Extranet

The Governors' Extranet is a useful resource filled with reference documentation, meeting papers and general guidance documents. It is password protected and all Governors have been provided with their access details.

Presently the following information is available on the Extranet:

- Governors' Information Pack (list of contents attached in Appendix 2);
- Board of Governors Meetings;
- Board of Directors Meetings;
- Working Groups and Committees;
- External Organisations – Monitor, Care Quality Commission etc;
- Supporting Documents – Governors' administrative information.

3. Going Forward

Induction is clearly only the starting point for new Governor development, and there will need to be an ongoing programme of training and support going forward. Governors will be kept informed of relevant and appropriate training activities which will support ongoing development. These will include both internal events, and access to a range of external support.

Monitor and the Foundation Trust Network have already signalled the need for specific training to be developed and made available to all Foundation Trust Governors, as they prepare for their new roles with effect from 2016 onwards. The Trust will of course facilitate attendance at such external events, and also at those run by the Foundation Trust Governors' Association, of which the Trust is a member.

Over the last 2-3 years, the Trust has run a series of 'Directors' Surgeries' for Governors three times a year. These are full day events, where Directors and other senior staff and clinicians provide a programme of informal 'surgeries' on topics of interest chosen by Governors. Examples from previous events include sessions on Quality Accounts, the Annual Report and Annual Plan, Workforce issues, Research and Development, King's Health Partners' etc. If Governors feel this would be a

useful format going forward, the Trust will be pleased to run these sessions from Spring 2012, and will circulate dates and ask for suggested topics of interest.

During the induction period, Governors have also been invited to become involved in other aspects of the Trust, such as membership of working groups and committees; participation in ward initiatives and visits; involvement in the review and re-development of patient services; membership development, and representation at external events. Some of these activities link to the work of Committees, which is covered in the paper elsewhere on this agenda.

4. Recommendation

4.1. The Council of Governors is asked to note this report, offer any comments on the induction programme, and offer suggestions for future training and development.

APPENDIX 1 – CONSOLIDATED SUMMARY OF GOVERNOR FEEDBACK

INDUCTION DAY 1 - FEEDBACK QUESTIONS	CONSOLIDATED SUMMARY RESPONSES
How informative and relevant was the day to you role as a Shadow Governor, (with 1 being poor and 5 being excellent)?	• 7 = 4 • 5 = 5 • 1 = 3 • 1 = 2
Was there too much/not enough information in the time?	• 5 = Enough • 2 = Just Right • 2 = Sufficient • 2 = No Comment • 1 = About Right • 1 = Reasonable • 1 = Not Enough
Were the handouts useful (if applicable)?	• 14 = Yes
What changes, if, any would you suggest in relation to questions (1)-(3) above?	• Air Conditioning • Shorter sessions • Receive hard copies of introduction pack instead of electronic versions • Receive slide packs before meeting • Improve delivery of finance presentation and papers • Closer co-ordination of information
Were there other areas you would like to be covered at induction?	• 10 = No • 4 = Yes
If yes which areas would you suggest?	• KHP • Trust Structure • Risk Framework • Update on Health Bill • Board Balanced Scorecards/Performance Metrics • Current Strategy • Current Challenges

APPENDIX 1 – CONSOLIDATED SUMMARY OF GOVERNOR FEEDBACK

INDUCTION DAY 1 - FEEDBACK QUESTIONS	CONSOLIDATED SUMMARY RESPONSES
What did you gain from attending	• Understanding of the role of Governor • Understanding of the requirements • Getting to know other Governors • Knowledge of KCH and site • Meeting KCH personnel
Were your objectives and aims met?	• 8 = Yes • 3 = No Comment • 1 = Not Quite • 1 = No • 1 = Mainly
How would you rate the induction overall, on a scale of 1-5 (with 1 being poor and 5 being excellent)	• 5 = 5 • 7 = 4 • 1 = No Comment • 1 = No
Additional Comments	• Compress into half day • Good taster • Looking forward to second one • Access to extranet before induction day would have been useful • Need time to digest and consider information • Comprehensive and thought provoking day re: role • Some repetition by successive speakers

APPENDIX 1 – CONSOLIDATED SUMMARY OF GOVERNOR FEEDBACK

INDUCTION DAY 2 - FEEDBACK QUESTIONS	CONSOLIDATED SUMMARY RESPONSES
How informative and relevant were the following sessions to you in your role as a Governor, (with 1 being poor and 5 being excellent)? *Average results*	
Structure & FTs	• 3 = 4 • 3 = 5 • 1 = No comment
Strategy & KHP	• 2 = 4 • 4 = 4 • 1 = No comment
Operations & Performance	• 1 = 3 • 2 = 4 • 3 = 4 • 1 = No comment
Work Force	• 3 = 4 • 3 = 5 • 1 = No comment
Infection Control	• 2 = 4 • 4 = 5 • 1 = No comment
Quality Priorities & Patient Experiences	• 2 = 4 • 4 = 5 • 1 = No comment
Nursing & Midwifery	• 1 = 4 • 6 = 5
Was the sequence and timing of the sessions appropriate?	• 1 = No • 6 = Yes
Was there too much/not enough information in the time?	• 1 = Too Much • 2 = Adequate • 1 = No Comment • 2 = Enough • 1 = A lot to take in

APPENDIX 1 – CONSOLIDATED SUMMARY OF GOVERNOR FEEDBACK

INDUCTION DAY 2 - FEEDBACK QUESTIONS	CONSOLIDATED SUMMARY RESPONSES
Were the handouts useful (if applicable)?	• 7 = Yes
What changes, if, any would you suggest in relation to questions (1)-(3) above?	• Less information • Less repetition of information across speakers • Move Structure & FT section to 1st Induction Day • Clear paths for following-up or posing questions
Were there other areas you would like to be covered at induction?	• 5 = No • 2 = No comment
If yes which areas would you suggest?	• N/A
Which session did you enjoy most?	• *3 = Structure & FTs* • *4 = Strategy & KHP* • *3 = Operations & Performance* • *4 = Work Force* • *4 = Infection Control* • *3 = Quality Priorities & Patient Experiences* • *5 = Nursing & Midwifery*
What did you gain from attending?	• Lot of useful information • Knowledge • Good insight of main issues • Deeper understanding of the overall structure KCH
Were your objectives and aims met?	• 5 = Yes • 2 = No comment
How would you rate the induction overall, on a scale of 1-5 (with 1 being poor and 5 being excellent)	• 4 = 4 • 3 = 5 • 1 = No comment
Additional Comments	• No comment

APPENDIX 2 - Governors' Information Pack – Contents

1. Role of Governor
   – Monitor Code of Governance
   – Monitor: Reference Guide for NHS Foundation Trust Governors
   – Foundation Trust Governors' Association (FTGA): Role of the Governor
   – Governors' Role and Responsibilities (Trust document)
   – Terms of Authorisation
   – An introduction to KCH and the Role of Governor (presentation by Jane Walters 08 September 2011)

2. About King's College Hospital
   – King's College Hospital Constitution
   – Annual Review 2010/11
   – Annual Plan 2011/12
   – King's Values
   – Who's Who at King's
   – Denmark Hill site map

3. Meeting Dates
   – Council of Governors meetings 2011 & 2012
   – Board of Directors meetings 2011 & 2012

4. Policies and Procedures
   – Working Together
   – Dealing with Member Queries
   – Media Policy
   – Travelling Expenses Claims Policy
   – Dispute Procedures: Governors and Members
   – KCH Confidentiality Code of Conduct

5. Useful Documents
   – Governors Contact List
   – Key Trust Personnel Contact List
   – Expense Claim Form
   – Acronyms
   – Declaration Form for Governors' Interests
   – Constitution Excerpt Governors' Interests

6. Members' News
   – Summer 2011

Ward 20:20 is a central part of the "Transforming Patient Experience" project – focussing on improving ward care

Addressing operational barriers

1 Ward 20:20
- Deliver modern hospital care that puts the patient at the centre at all times
- Remove key obstacles to delivering excellent quality care

Key Focus Areas:
1. Well-organised environments
2. Local improvement focus
3. Teamwork & leadership
4. Workforce and capacity

Ward 20:20 Objectives
- Instil pride in fundamental care for patients as cornerstone of "Team King's"
- Promote best practice and foster positive staff experience and high morale
- Transform the quality of care we deliver to our patients in wards: safety, outcomes and experience
- Transform the ward environment to support timely, efficient care and be a pleasant place to be for patients and staff
- Energise and build great communications and team work

Cultural shift

2 Create a Culture of Care
- Staff conversations
- Customer-care training
- "In your shoes" Values in HRM

Focused transformation

3 Energising Volunteering
- Expand opportunities
- Training, development and support
- Actively grow and organise expansion

4 Transforming Nutritional Care
- Measure, manage and improve
- Empower ward teams
- Food service coordination
- Assistance with eating

Measures we look at in Ward 2020

- Patient Safety Measures
- Number of
    - pressure ulcers
    - falls
    - drug errors
    - hospital acquired infections
      (All above, target=0)
    - Average % VTE compliance (Target 85%)
- Patient Satisfaction How are We Doing Scores and measures
    - Overall HRWD score (Target 90)
    - Red or amber scorecards in the HRWD survey
    - Complaints this month (Target 0)
    - Compliments this month
- Staff Development and Satisfaction Measures
    - Appraisal completed (YTD)
    - Sickness and absence
    - Bank and agency use
    - Vacancy rate
    - What is the average staff job satisfaction score (baseline, project-end)

4 modules implemented aim to improve patient safety, patient experience and staff experience

	1 Well-organised Environments	2 Local Improvement Focus	3 Teamwork & Leadership	4 Workforce & Capacity	MEASURES
Patient Safety	▪ **Dedicated handyman** ▪ Clean, well-organised ward areas	▪ **Monthly review and focus for improving quality** ▪ Peer audits and action plans	▪ Safer, structured handovers ▪ Improved communication	▪ Skill mix review: staffing aligned to clinical need ▪ New roles: ward housekeeper and manager assistant	▪ Number of ▪pressure ulcers ▪falls ▪drug errors ▪hospital acquired infections (All above, target=0) ▪ Average % VTE compliance (Target 85%)
Patient Experience	▪ **Clean, comfortable day rooms** ▪ **Available food service information** ▪ Reduced noise at night and disruptions	▪ Transformation in 3 "red" areas of HRWD ▪ "Table mat" information about ward, roles, and routines ▪ Structured discussion with every pt re: care, medicines, discharge	▪ Better care plans, better communicated ▪ Nursing and medical leaders identified as to "go to people"	▪ **Patient stories and observance of care e.g. "In your shoes"** ▪ Customer care training ▪ Increased volunteer presence and input	▪ Overall HRWD score (Target 90) ▪ Red or amber scoreds in the HRWD survey ▪ Complaints this month (Target 0) ▪ Compliments this month
Staff Experience	▪ Improved work environment for staff ▪ Appropriate and accessible equipment	▪ **More opportunities to share compliments** ▪ Recognition of performance to improve morale	▪ Clear roles, responsibilities and expectations ▪ Senior sponsors to lead, inspire and support	▪ **New development opportunities** (formal/ informal) ▪ **Action learning sets** for ward managers	▪ Appraisal completed (YTD) ▪ Sickness and absence ▪ Bank and agency use ▪ Vacancy rate ▪ What is the average staff job satisfaction score (baseline, project-end)

Ward 20:20

Results at six month stage for all 2020 area – Patient Safety

- After the initial set-up month (May 2011), the incidence of hospital-acquired harm (pressure ulcers, falls, infections) have decreased by 50% in the Ward 20:20 wards

Hospital-aquired harm incidence April - July 2011 (Target=0)

16
14
12
10
8
6
4
2
0

Apr-11
May-11
Jun-11
Jul-11

PE2
MRAY3
MONK2
LIST2
LION2
DAWS3

Ward 20:20

Results at six months stage all 2020 areaa – Patient Experience

- There are 3 trends in the HRWD feedback from patients in Ward 20:20 wards: steady improvement, static/variable, and declining. Overall, there is a static position in the overall HRWD scores.

HRWD Overall Scores per ward April - July 2011 (Target=90)

92
90
88
86
84
82
80
78
76
74
72

Dawson
Lion
Lister
K Monk
M Ray
P Eliz
20:20

Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11

Ward 20:20

Results – Staff Experience

- Ward teams report varying levels of job satisfaction – from 82% to 96%. Dawson and Mary Ray wards reported less than 90% satisfied staff. This will be used as a baseline to compare with the project-end evaluation.

Staff Job Satisfaction Overall Score (Baseline Survey)

100%
95%
90%
85%
80%
75%

(12) (14) (12) (11) (21) (14) (84)

Jul-11

Dawson
Lion
Lister
K Monk
M Ray
P Eliz
20:20

NB. (#) = Number of responses

King's

Ward 20:20

Results – Environmental Improvements

With the support of Estates, significant progress has been made in ward environments.

What we did:

1. Listened to **patient and staff feedback**
2. Identified **quick wins**: workplace organisation solutions (e.g. 5S)
3. Formed **environmental teams** to implement cost-neutral/ saving solutions
4. Scoped and costed further **(structural) changes**
5. Implemented structural changes and **sustained improvement**

What we achieved:

Lister Ward

Key successes:
- 5 S in the stock room has saved £6,000 ytd
- Structural changes:
- Reception desk opened to make the area more welcoming
- New floor throughout the ward
- Repainted entire ward with accent walls
- Mended the ceiling, bumper rails
- Reorganised and created:
  - New patients/visitors day room
  - New changing area and toilet for staff
  - New shower room
  - New fluid storage capacity

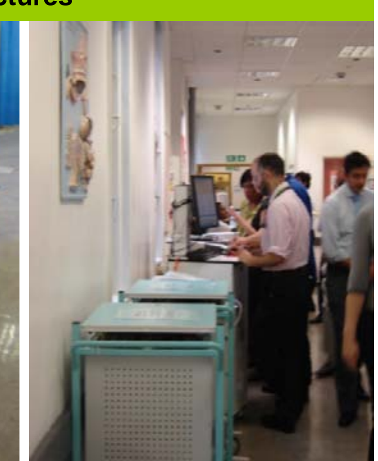
Katherine Monk

Key successes:
- Reorganised and creating a
  - New kitchen area
  - Dining environment in the dayroom
- Reception area to be opened out

Lion and Princess Elizabeth

Key progress:
- Scoped and costed works to create joint facilities on the two wards, including:
  - New medicine room
  - Parents room/play room
  - New ward managers office
  - New clinical store room

Lister Ward – Before Pictures



Lister Ward – After Picture

King's

- **For more information of to be part of the Ward 2020 programme as a sponsor please contact:**

- **Helen Young Project Director Project 2020**

  helenyoung1@nhs.net
  Tel: 07778047298

- **Current wards involved:**

  Lister
  Katherine Monk
  Mary Rae
  Dawson
  Princess Elizabeth
  Lion

Report to: Council of Governors

Date of meeting: 01 December 2011

Subject: Monitor Submission Quarter 2, 2011/2012

Author: Assistant Board Secretary

Presented by: Tim Smart, Chief Executive

Status: **For Information**

Report approved by the Board of Directors on 25 October 2011

1. Background/Purpose

Under Monitor's reporting regime, the Trust is required to submit the following documents each quarter:

1. Finance declaration (with supporting information)
2. Governance declaration (with supporting information)
3. Quality Board statement (with supporting information)
4. Changes to Boards of Governors and Directors (and any other changes to published data)

For Quarter 2 (01 July – 30 September 2011) the Trust can confirm the following:

1. Financial risk rating: **3** (forecast 3)
2. Mandatory services rating: **green**
3. Governance rating: **amber**-**green**
4. Self Certification on the Quality Board Statement: **Declaration1** (full compliance)

The Chairman or Chief Executive may sign the declarations on behalf of the Board.

The Governance Declaration provides confirmation from the Board of Directors that all targets, except C.difficile, have been met under the Trust's Terms of Authorisation after the application of relevant thresholds.

This quarter, the Trust has not met all healthcare targets and indicators; therefore the Board of Directors is asked to approve the signing of Governance Declaration 2.

Self Certification on the Quality Board Statement The Board of Directors is also required to self certify against a quality statement, having regard to Monitor's Quality Governance Framework. A detailed self assessment of performance against Monitor's Framework was undertaken by the Trust in July 2011 for the quarter 1 submission, and the Board approved the signing of declaration 1.
KPMG has undertaken an internal audit of both our process for self certification of Quality Governance, and the sufficiency of the information that was presented to the Board in order to make this assessment.

The evidence of systems and controls in support of the self assessment were subject to internal audit from late July to September 2011. KPMG gave an overall assurance rating of adequate with no significant concerns over compliance with the Quality Governance Framework which accords with the Trust's self assessment. A schedule comparing the self assessment and KPMG findings is attached. KPMG identified 7 low priority recommendations which have been accepted and acted upon. The audit report was received in draft by the Quality & Governance Committee on 8 September and the final report and management response was considered by the Audit Committee on 20 September 2011.

There have been no material changes to the Trust's sources of assurance during quarter 2, and the Board of Directors is therefore asked to approve the signing of Quality Board statement 1. The supporting information is included to give the Board assurance that the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

2. Changes to Board of Directors & Board of Governors

Board of Directors

The search for two new Non-executive Directors is almost complete. Recommendations from the Nominations Committee will be presented to the Board of Governors for approval, subject to satisfactory references. It is anticipated that the successful candidates will join the Board of Directors before the end of 2011.

Board of Governors

At its meeting held on 15 September 2011, the Board of Governors voted to remove Stakeholder Governors representing Southwark Council (Cllr Dora Dixon Fyle) and Lambeth Council (Cllr Jane Edbrooke) for non-attendance at meetings. The Chairman has written to both organisations requesting the selection of new representatives.

Governor Elections
During the summer the Trust undertook elections for Governors in the following

constituencies: Public (12 Vacancies), Patient (6 Vacancies), Staff (6 Vacancies).

The results were announced at the end of July and, following a period of induction and familiarisation in the autumn, the newly elected Governors will begin their terms of office on 1 December 2011 for a period of 3 years.

1. Public Constituency

Lambeth Central - ROBINSON, Michael; Lambeth Central - UBIARO, Godwin; Lambeth North - CLARK, Fiona McKenzie; Lambeth North - NORTH Christopher; Lambeth South - RATNAVEL, Nandakumar*; Lambeth South - ZABIT, Alam Khatoon*; Southwark Central - MEEK, Edwin Graham; Southwark Central - ALATISE, Andy; Southwark North - HENLEY, John William Christopher; Southwark North - McCALL, Andrew John; Southwark South - PEARCE, Michelle; Southwark South - OWEN, Stuart.

* The Lambeth South constituency was uncontested; Nandakumar Ratnavel and Alam Khatoon Zabit are elected unopposed.

2. Patient constituency

THOMAS, Jan; DUFFY, Thomas; KLAASSEN, Christine Lesley; COOKSON, Derek; MAZHUDE, Patti; SULLIVAN, David

3. Staff constituency

Nursing and Midwifery - HAYES, Nicky
Nursing and Midwifery - CAMPBELL-COLE, Carolyn
Medical and Dental - BURMAN, Rachel Elizabeth
Allied Health Professionals - BARNETT, Phyllis
Admin, Clerical and Managerial - POHLE, Brady
Support Staff - TOUMADJ, Ahmad

3. Change to External Auditor

Following a recommendation to the Board of Governors, and their approval in May 2011, Deloitte LLP was appointed as the Trust's external auditor for a period of 3 years with effect from 01 July 2011.

4. Action Required

The Council is asked to note the content of this report which was approved by the Board of Directors on 25 October 2011.

4. Key implications

Legal:	Statutory reporting to Monitor.
Financial:	Trust reports financial performance against published plan.
Assurance:	The summary and appendices provide assurance that the Trust has met all targets and is compliant with its terms of authorisation.
Clinical:	There is no direct impact on clinical issues.
Equality & Diversity:	There is no direct impact on E&D.
Performance:	Quarterly performance against national targets.
Strategy:	Performance against the trust's annual plan forecasts.
Workforce	None.
Estates:	There is no direct impact on Estates.
Reputation:	Trust's quarterly results will be published by Monitor.
Other (specify):	None.

The following appendices are attached:
Appendix A - Governance declaration
Appendix B – Quality Board Statement
Appendix C - Financial declaration
Appendix D – Year to date financial risk rating
Appendix E – Self Assessment Quality Governance Framework Q2
Appendix F – Compliance with the Terms of Authorisation

King's College Hospital NHS Foundation Trust
In Year Finance Declaration
Quarter 2 2011-12 (01 Jul 2011 to 30 Sep 2011)

NHS foundation trusts must certify future financial risk ratings as set out in paragraph 89 of the *Compliance Framework* issued by Monitor in March 2011.

Please sign **one** of the two declarations below.

DECLARATION 1

The Board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.

Signed: ______________________________

On behalf of the Board of Directors

Acting in Capacity as: ______________________________

DECLARATION 2

The Board cannot make Declaration 1 and has provided relevant details on documents accompanying this return.

Signed: ______________________________

On behalf of the Board of Directors

Acting in Capacity as: ______________________________

Monitor will accept either a submission with an image of a signature inserted above or a submission without such an image so long as a print-out of this page with a real ink signature is posted to Monitor.

King's College Hospital NHS Foundation Trust
In Year Quality Board Statement
Quarter 2 2011-12 (01 Jul 2011 to 30 Sep 2011)

NHS foundation trusts must make a quality board statement as set out in Appendix D2 of the 2011-12 *Compliance Framework* issued by Monitor in March 2011.

Please sign **one and only one** of the two declarations below.

DECLARATION 1

The board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients

Signed: ______________________________

On behalf of the Board of Directors

Acting in Capacity as: ______________________________

DECLARATION 2

The Board cannot make Declaration 1 and has provided relevant details on documents accompanying this return.

Signed: ______________________________

On behalf of the Board of Directors

Acting in Capacity as: ______________________________

Monitor will accept either a submission with an image of a signature inserted above or a submission without such an image so long as a print-out of this page with a real ink signature is posted to Monitor.

King's College Hospital NHS Foundation Trust
In Year Governance Declaration
Quarter 2 2011-12 (01 Jul 2011 to 30 Sep 2011)

NHS foundation trusts must confirm compliance with their Authorisation in relation to all healthcare targets and indicators listed in Appendix B of Monitor's '*Compliance Framework 2011-12*' issued in March 2011.
No supporting detail is required unless compliance cannot be confirmed.

The Board's declaration of its Governance Risk Rating at this time is AMBER-GREEN

*(calculated on sheet **Targets and Indicators**)*

*Please sign **one** of the two declarations below. If you sign declaration 2 please ensure you provide supporting details and explanations on the 'Targets and Indicators' worksheet, or if the space available is insufficient, on documents accompanying this return.*

DECLARATION 1

The Board confirms that all targets and indicators have been met (after application of thresholds) over the period and that sufficient plans are in place to ensure that all known targets and indicators which will come into force during 2011-12 will also be met.

Details of any elections held (including turnout rates) and any changes in the Board or board of Governors are included in this return.

Signed: ____________________

On behalf of the Board of Directors

Acting in Capacity as: ____________________

DECLARATION 2

For one or more targets the Board cannot make Declaration 1 and has provided relevant details on worksheet "**Targets and Indicators**" in this return. The Board confirms that all other targets and indicators have been met over the period (after application of thresholds) and that sufficient plans are in place to ensure that all known targets and indicator which that will come into force during 2011-12 will also be met.

Details of any elections held (including turnout rates) and any changes in the Board or board of Governors are included in this return.

Signed: ____________________

On behalf of the Board of Directors

Acting in Capacity as: ____________________

NB no additional pages are required

Monitor will accept either a submission with an image of a signature inserted above or a submission without such an image so long as a print-out of this page with a real ink signature is posted to Monitor.

Worksheet "RiskRating"

Financial Risk Rating for KINGS as at Q2 2011/12

	weighting in FRR calculation	Plan for YE 31-Mar-12	Reported YTD to 30-Jun-11	Current YTD to 30-Sep-11
Underlying performance				
EBITDA YTD from IS		37.959	8.906	17.581
Operating Income YTD from IS		583.304	145.822	301.306
EBITDA Margin metric		6.5%	6.1%	5.8%
EBITDA Margin rating	25%	3	3	3
Achievement of plan				
EBITDA YTD from IS actual		Prior Year achievement	8.906	17.581
EBITDA YTD from IS plan		from your APR	9.490	18.980
EBITDA % of plan achived metric		83.4%	93.8%	92.6%
EBITDA % of plan achived rating	10%	3	4	4
Financial Efficiency				
EBITDA YTD from IS		37.959	8.906	17.581
Depreciation & Amortisation YTD from IS		-16.640	-4.156	-7.554
EBIT YTD		21.319	4.750	10.027
Opening Assets (current and non-current)		425.066	425.066	425.066
Opening Liabilities (current)		-65.476	-65.476	-65.476
Closing Assets (current and non-current)		416.637	422.705	431.803
Closing Liabilities (current)		-60.579	-60.344	-71.437
Return on Capital Employed metric		6.0%	5.3%	5.6%
Return on Capital Employed rating	20%	4	4	4
Surplus YTD from IS		1.800	2.415	0.698
Profit (loss) on asset disposals		1.000	0.025	-0.250
Impairments & restructuring costs YTD		-2.700	0.000	0.000
Operating Income YTD from IS		583.304	145.822	301.306
IS Surplus margin metric		0.6%	1.6%	0.3%
IS Surplus margin rating	20%	2	3	2
Financial Efficiency rating		3	4	3
Liquidity				
Cash for liquidity purposes (IFRS)		24.623	31.398	27.412
Operating expenditure YTD from IS		-545.345	-136.916	-283.725
WCF in terms of Operating Expenditure YTD		23.1	23.0	22.2
Liquidity days metric (WCF limited to 30 days)		16.3	20.6	17.4
Liquidity rating	25%	3	3	3
Weighted Average Rating		3.0	3.3	3.1

Overriding rules		Applicable	Plan for YE 31-Mar-12	Reported YTD to 30-Jun-11	Current YTD to 30-Sep-11
3	Return submitted on time		YES	YES	YES
3	Return submitted complete and correct		YES	YES	YES
2	PDC dividend payment planned/made in Q2, Q4		YES		YES
3	Plan has Year 2 OR Year 3 deficit	NO			
2	Plan has Year 2 AND Year 3 deficit	NO			
2	Lowest ranked metric a '1'?		FALSE	FALSE	FALSE
3	One financial criteria '1' or '2'		FALSE	FALSE	FALSE
2	Two financial criteria '1' or '2'		FALSE	FALSE	FALSE
1	Two financial criteria at '1'		FALSE	FALSE	FALSE
2	Unplanned breach of PBC	NO			
4	Less than 1 year as an Foundation Trust		FALSE	FALSE	FALSE
Limit due to overriding rules			0	0	0
Financial Risk Rating (unrounded)			3	3	3

scoring

Underlying performance				
5	4	3	2	1
11%	9%	5%	1%	<1%

Achievement of plan				
5	4	3	2	1
100%	85%	70%	50%	<50%

Return on Capital Employed				
5	4	3	2	1
6%	5%	3%	-2%	< -2%

IS surplus margin				
5	4	3	2	1
3%	2%	1%	-2%	< -2%

Liquidity metric				
5	4	3	2	1
60	25	15	10	<10

Worksheet "Summary"

Financial summary for KINGS as at Q2 2011/12

Financial Summary £m	Current Quarter Plan	Current Quarter Actual	Current Quarter Variance	YTD Plan	YTD Actual	YTD Variance	FY Plan	FY Forecast
Revenue (Total)	145.8	155.5	9.7	291.7	301.3	9.7	583.3	593.0
Employee Expenses	(81.8)	(87.3)	(5.5)	(163.7)	(173.6)	(9.9)	(327.3)	(337.3)
Drugs	(13.8)	(14.7)	(0.9)	(27.7)	(28.8)	(1.1)	(55.3)	(56.4)
PFI operating expenses	(5.7)	(5.8)	(0.0)	(11.4)	(11.8)	(0.3)	(22.9)	(23.2)
Other costs	(35.0)	(39.1)	(4.1)	(69.9)	(69.5)	0.4	(139.8)	(139.5)
EBITDA	**9.5**	**8.7**	**(0.8)**	**19.0**	**17.6**	**(1.4)**	**38.0**	**36.6**
Depreciation and amortisation	(4.2)	(3.4)	0.8	(8.3)	(7.6)	0.8	(16.6)	(15.9)
Net interest	(2.0)	(2.2)	(0.2)	(4.1)	(4.2)	(0.1)	(8.2)	(8.3)
Other	(4.5)	(4.8)	(0.3)	(4.8)	(5.1)	(0.3)	(11.3)	(11.6)
Net Surplus / (Deficit)	**(1.2)**	**(1.7)**	**(0.5)**	**1.8**	**0.7**	**(1.1)**	**1.8**	**0.7**
EBITDA as % Total Revenue	6.5%	5.6%	-0.9%	6.5%	5.8%	-0.7%	6.5%	6.2%
CIP as % OpEx less PFI costs	6.3%	0.0%	-6.3%	6.3%	1.7%	-4.6%	6.3%	4.0%
Net Surplus / (Deficit)	(1.2)	(1.7)	(0.5)	1.8	0.7	(1.1)	1.8	0.7
Change in working capital	1.2	3.9	2.7	(8.2)	(9.6)	(1.4)	(6.1)	(7.5)
Non cash I&E items	8.2	9.7	1.5	16.4	15.8	(0.6)	34.4	33.8
Cashflow from operations	**8.2**	**11.9**	**3.8**	**9.9**	**6.9**	**(3.1)**	**30.1**	**27.0**
Cashflow from investing activities	(6.7)	(5.9)	0.8	(13.6)	(9.8)	3.8	(21.4)	(17.6)
Cashflow before financing	**1.5**	**6.0**	**4.5**	**(3.7)**	**(2.9)**	**0.8**	**8.7**	**9.4**
Cashflow from financing activities	(6.4)	(6.3)	0.1	(9.1)	(9.0)	0.1	(18.4)	(18.3)
Net increase/(decrease) in cash	**(4.9)**	**(0.3)**	**4.6**	**(12.8)**	**(11.9)**	**0.9**	**(9.7)**	**(8.9)**
Cash at period end	**9.9**	**10.8**	0.9	**9.9**	**10.8**	0.9	**13.0**	**13.9**
Cash and Cash equivalents at PE	9.9	10.8	0.9	9.9	10.8	0.9	13.0	13.9

FRR Metrics by quarter all on YTD basis	Reported YTD 30-Jun-11	Reported YTD 30-Sep-11
EBITDA margin	6.1%	5.8%
EBITDA % of plan	93.8%	92.6%
ROCE	5.3%	5.6%
I&E surplus margin	1.6%	0.3%
Liquidity	20.6	17.4
Financial Risk Rating	**3**	**3**

Detailed Financial Summary £m	Current Quarter Plan	Current Quarter Actual	Current Quarter Variance	YTD Plan	YTD Actual	YTD Variance	FY Plan	FY Forecast
Community operating rev.								
Comm Cost & Vol revenue	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Comm Block revenue	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Acute Revenue								
NHS Elective revenue	22.6	26.0	3.4	45.2	48.4	3.2	90.4	93.6
NHS Non-Elective revenue	27.1	30.1	3.0	54.2	57.3	3.1	108.5	111.6
NHS Outpatient revenue	20.5	20.3	(0.2)	41.0	40.2	(0.8)	82.0	81.2
NHS A&E revenue	3.6	3.8	0.2	7.2	7.4	0.2	14.4	14.6
NHS other revenue	49.8	51.1	1.3	99.6	101.7	2.1	199.2	201.3
Private patient revenue	3.5	4.5	1.0	6.9	8.2	1.2	13.8	15.1
Other operating income	18.7	19.7	1.0	37.5	38.1	0.6	75.0	75.6
Total Operating Revenue	**145.8**	**155.5**	**9.7**	**291.7**	**301.3**	**9.7**	**583.3**	**593.0**
Employee Expenses	(81.8)	(87.3)	(5.5)	(163.7)	(173.6)	(9.9)	(327.3)	(337.3)
Drugs	(13.8)	(14.7)	(0.9)	(27.7)	(28.8)	(1.1)	(55.3)	(56.4)
Supplies (clinical & non-clinical)	(20.7)	(23.3)	(2.6)	(41.4)	(44.8)	(3.4)	(82.7)	(86.1)
PFI operating expenses	(5.7)	(5.8)	(0.0)	(11.4)	(11.8)	(0.3)	(22.9)	(23.2)
Other Costs	(14.3)	(15.8)	(1.5)	(28.6)	(24.8)	3.8	(57.1)	(53.3)
Total Operating Expenses	**(136.3)**	**(146.8)**	**(10.5)**	**(272.7)**	**(283.7)**	**(11.1)**	**(545.3)**	**(556.4)**
EBITDA	**9.5**	**8.7**	**(0.8)**	**19.0**	**17.6**	**(1.4)**	**38.0**	**36.6**
Depreciation and amortisation	(4.2)	(3.4)	0.8	(8.3)	(7.6)	0.8	(16.6)	(15.9)
Profit (Loss) on asset disposal	0.0	(0.3)	(0.3)	0.0	(0.3)	(0.3)	1.0	0.8
Net interest	(2.0)	(2.2)	(0.2)	(4.1)	(4.2)	(0.1)	(8.2)	(8.3)
Taxation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC dividend	(4.2)	(4.2)	(0.0)	(4.2)	(4.2)	(0.0)	(8.3)	(8.3)
Charitable funds net I&E included	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Impairments & Restructuring	0.0	0.0	0.0	0.0	0.0	0.0	(2.7)	(2.7)
Other non-operating items	(0.3)	(0.4)	(0.0)	(0.7)	(0.7)	(0.0)	(1.3)	(1.4)
Net Surplus / (Deficit)	**(1.2)**	**(1.7)**	**(0.5)**	**1.8**	**0.7**	**(1.1)**	**1.8**	**0.7**
EBITDA as % Total revenue	6.5%	5.6%	-0.9%	6.5%	5.8%	-0.7%	6.5%	6.2%
EBITDA	**9.5**	**8.7**	**(0.8)**	**19.0**	**17.6**	**(1.4)**	**38.0**	**36.6**
Change in Current Receivables	(5.9)	(6.5)	(0.6)	(3.7)	(8.3)	(4.7)	0.3	(4.4)
Change in Current Payables	3.3	12.9	9.7	0.1	8.3	8.2	(1.7)	6.5
Other changes in WC	3.9	(2.5)	(6.4)	(4.6)	(9.5)	(5.0)	(4.7)	(9.7)
Other non-cash items	(2.5)	(0.7)	1.8	(0.9)	(1.1)	(0.2)	(1.8)	(2.0)
Cashflow from operating activities	8.2	11.9	3.8	**9.9**	**6.9**	**(3.1)**	**30.1**	**27.0**
Capital expenditure	(6.7)	(5.9)	0.7	(13.6)	(9.8)	3.8	(26.4)	(22.6)
Asset sale proceeds	0.0	0.0	0.0	0.0	0.0	0.0	5.0	5.0
other Investing cash flows	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cashflow before financing	1.5	6.0	4.5	**(3.7)**	**(2.9)**	0.8	**8.7**	**9.4**
Net interest	(2.2)	(1.9)	0.3	(4.1)	(4.1)	(0.0)	(8.2)	(8.2)
PDC dividends (paid)	(4.2)	(4.2)	0.1	(4.2)	(4.2)	0.1	(8.4)	(8.3)
Movement in loans	(0.0)	(0.0)	0.0	(0.6)	(0.5)	0.0	(1.1)	(1.1)
PDC received/(repaid)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.1	(0.2)	(0.3)	(0.2)	(0.2)	0.0	(0.8)	(0.7)
Net cash inflow/outflow	**(4.9)**	**(0.3)**	**4.6**	**(12.8)**	**(11.9)**	**0.9**	**(9.7)**	**(8.9)**
Period end cash	**9.9**	**10.8**	**0.9**	**9.9**	**10.8**	**0.9**	**13.0**	**13.9**
Period end cash and equivalents	**9.9**	**10.8**	**0.9**	**9.9**	**10.8**	**0.9**	**13.0**	**13.9**
CIPs & Revenue Generation								
Revenue generation schemes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CIPs (Total)	**8.7**	**0.0**	**(8.7)**	**17.4**	**4.6**	**(12.8)**	**34.8**	**22.1**
of which Pay CIPs	5.7	0.0	(5.7)	11.3	2.3	(9.0)	22.6	13.6
CIP as % OpEx less PFI costs	6.3%	0.0%	-6.3%	6.3%	1.7%	-4.6%	6.3%	4.0%
Pay CIPs as % Pay Costs	6.5%	0.0%	-6.5%	6.5%	1.3%	-5.2%	6.5%	3.9%

Quality Governance Framework Self Assessment – Quarter 2 2011/12

Quality Areas	Trust Assessment and RAG Rating agreed by BoD 28 July 2011	Internal Audit (KPMG) – August - September 2011 (Independent assurance)	
1. STRATEGY			
1a Does quality drive the trust's strategy?	**Green**	**System**	**Evidence**
	Minor issue identified in Trust self assessment being addressed	KPMG –Low Priority Recommendations Nos. 1, 2 & 3 which have been acted upon.	
1b Is the board sufficiently aware of potential risks to quality?	**Green**	**System**	**Evidence**
	No gaps identified	KPMG – Low Priority Recommendations Nos. 4 & 5 which has been acted upon.	
2. CAPABILITIES AND CULTURE			
2a Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?	**Green**	**System**	**Evidence**
	Minor issue identified in Trust self assessment being addressed. Referenced in BAF No 2009/03v2	KPMG – Low Priority Recommendation No. 6 which has been acted upon.	
2b Does the board promote a quality-focused culture throughout the trust?	**Green**	**System**	**Evidence**
	No gaps identified	KPMG – Low Priority Recommendation No. 3 which has been acted upon.	
3. PROCESS AND STRUCTURE			
3a Are there clear roles and accountabilities in relation to quality governance?	**Green**	**System**	**Evidence**
	No gaps identified	No recommendations	
3b Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance?	**Green**	**System**	**Evidence**
	No gaps identified	KPMG – Low Priority Recommendation No. 7 which has been acted upon.	
3c Does the board actively engage patients, staff and other key stakeholders on quality?	**Green**	**System**	**Evidence**
	No gaps identified	No recommendations	

Quality Areas	Trust Assessment and RAG Rating agreed by BoD 28 July 2011	Internal Audit (KPMG) – August /September 2011 (Independent assurance)	
4. MEASURMENT			
4a Is appropriate quality information being analysed and challenged?	**Green**	**System**	**Evidence**
	No gaps identified	No recommendations	
4b Is the board assured of the robustness of the quality information?	**Green**	**System**	**Evidence**
	Minor issue identified in Trust self assessment being addressed.	No recommendations	
4c Is quality information used effectively?	**Green**	**System**	**Evidence**
	Minor risk: need to achieve standardisation of patient documentation electronically. Amber rated but does not in isolation prevent compliance with QGF.	No recommendations	