King's College Hospital NHS
NHS Foundation Trust

King's College Hospital Council of Governors
PUBLIC AGENDA

Time of meeting	**14:00**
Date of meeting	**Tuesday, 14 February 2012**
Venue	**Board Room, King's College Hospital**

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

		Enclosure	Lead	Time
1.	**STANDING ITEMS**		**G Alberti**	**14:00**
	1.1. Apologies			
	1.2. Declarations of interest			
	1.3. Chair's action			
	1.4. Minutes of previous meeting – 01/12/2011	**Enc 1.4**		
	1.5. Matters Arising/Action Tracking	**Enc 1.5**		
2.	**FOR REPORT**			
	2.1. Sub-Committees Reports & Terms of Reference			
	2.1.1. Membership & Community Engagement	**Enc 2.1.1**	**B. Pohle**	**14:15**
	2.1.2. Terms of Reference	**Enc 2.1.2**		
	2.1.3. Strategy	**Enc 2.1.3**	**C. North**	**14:25**
	2.1.4. Terms of Reference	**Enc 2.1.4**		
	2.1.5. Patient Experience & Safety	**Enc 2.1.5**	**T. Duffy**	**14:35**
	2.1.6. Terms of Reference	**Enc 2.1.6**		
	2.1.7. Future of Transport & Environment Committee	**Verbal**	**G. Alberti**	**14:45**
3.	**FOR DECISION**			
	3.1. Quality Priorities 2011/2012	**Enc 3.1**	**G. Walters/ J. Walters**	**14:50**
4.	**FOR REPORT/DISCUSSION**			
	4.1. Chief Executive's Report	**Enc 4.1**	**S. Taylor**	**15:05**
	4.2. Annual Plan Process 2012/2013	**Enc 4.2**	**J. West**	**15:10**
	4.3. Planning Community Events	**Enc 4.3**	**S. Lingard**	**15:25**
	4.4. King's Volunteering Programme	**Presentation**	**S. Block**	**15:35**
5.	**FOR INFORMATION**			**15:45**
	5.1. Lead Governor	**Enc 5.1**		
	5.2. Quarter 3 - Monitor Submission	**Enc 5.2**		
	5.3. Register of Governor Attendance	**Enc 5.3**		
6.	**ANY OTHER BUSINESS**			**15:50**
7.	**DATE OF NEXT MEETING** **Wednesday, 9 May 2012. 18:00 – King's College Hospital, venue to be confirmed.**			

King's College Hospital NHS
NHS Foundation Trust

Council of Governors – Public Session

Minutes of the meeting of the meeting held on Thursday, 01 December 2011 at 10:30 in the Bill Whimster Suite, Weston Education Centre, King's College Hospital.

Prof. Sir George Alberti (GA)	Chair

Patient/Public:

Derek Cookson (DC)	Patient
Tom Duffy (TD)	Patient
Patti Kachidza (PK)	Patient
Christine Klaassen (CK)	Patient
David Sullivan (DS)	Patient
Jan Thomas (JT)	Patient
Michael Robinson (MR)	Lambeth Central
Godwin Ubiaro (GU)	Lambeth Central
Fiona Clark (FC)	Lambeth North
Chris North (CN)	Lambeth North
Nanda Ratnavel (NR)	Lambeth South
Alam Zabit (AZ)	Lambeth South
Barbara Pattinson (BP)	Southwark Central
John Henley (JH)	Southwark North
Andrew McCall (AM)	Southwark North
Stuart Owen (SO)	Southwark South
Michelle Pearce (MP)	Southwark South
Phyllis Barnett (PB)	Staff – Allied Health Professionals
Rachel Burman (RB)	Staff – Medical and Dentistry
Nicky Hayes (NH)	Staff – Nurses and Midwives
Brady Pohle (BP)	Staff – Admin, Clerical & Managerial
Ahmad Toumadj (AT)	Staff – Support Staff

Stakeholders:

Carol Bell (CB)	Joint Staff Committee
Anne Garvey (AG)	London South Bank University
Richard Gibbs (RG)	Southwark PCT
Caroline Hewitt (CH)	Lambeth PCT
Madeleine Long (ML)	South London and Maudsley NHS FT
Diane Summers (DS)	Guy's & St Thomas' NHS FT

In attendance:

Jessica Bush (JB)	Head of Patient and Public Involvement
Angela Huxham (AH)	Director of Workforce
Robert Lee (RL)	King's College London
Sally Lingard (SL)	Associate Director of Communications
Mike Marrinan (MM)	Medical Director
Roland Sinker (RS)	Director of Operations

King's College Hospital NHS
NHS Foundation Trust

Tim Smart (TS)	Chief Executive
Simon Taylor (ST)	Chief Financial Officer
Geraldine Walters (GW)	Director of Nursing & Midwifery
Jane Walters (JW)	Director of Corporate Affairs
Jacob West (JW1)	Director of Strategy
Tamara Cowan (TC)	Assistant Board Secretary (minutes)

Apologies:

Andy Alatise	Southwark Central - Public
Chris Mottershead	King's College London - Stakeholder
Carolyn Campbell-Cole	Staff – Nurses and Midwives

Item	Subject	Action
011/59	**Apologies**	
	The Chair welcomed the new Governors to their first meeting.	
	The apologies for absence were noted.	
011/60	**Declarations of Interest**	
	There were no declarations of interests raised.	
011/61	**Chair's action**	
	There was no Chair's action.	
011/62	**Approval of previous meeting minutes**	
	The minutes of the meeting held on 18 October 2011 were approved as a correct record.	
011/63	**Matters Arising/Action Tracker** The progress made on completing actions on the tracker was noted.	
	011/24.2 – Governors were reminded, if they had not already done so, to send their biographies to the foundation trust office team so they may be uploaded to the Trust website;	**All Governors**
	011/42 – It was noted that the Patient Experience and Safety Committee would take forward this action;	
	011/46 – This action would be discussed in the private session of the meeting.	

King's College Hospital NHS
NHS Foundation Trust

011/64 New Council of Governors: Forward planning and Governor Committees

GA congratulated the Governors on their appointment and wished them every success over the next 3 years.

Group name

Governors agreed to a proposal to change the name of the Board of Governors to Council of Governors. This change reflects both the change of name mooted in the Health and Social Care Bill and also is felt would avoid potential confusion between the respective roles and responsibilities of the Board of Directors and Council of Governors.

Priorities and Committees

GA advised there were four priorities in 2012 and beyond which he would like the Council to focus on:

- Monitoring the experience of our patients;
- Ensuring high standards of quality of service and performance are met;
- Reaching out to members and the wider community and acting as a force for good in the local area; and
- Engaging with King's Health Partners (KHP).

He advised that these priorities would primarily be taken forward by the Council's four Committees and all Governors were encouraged to join these Committees.

The Council approved the remit for the Committees.

- Strategy Committee
- Membership and Community Engagement Committee
- Patient Safety and Experience Committee
- Transport and Environment Committee

The Council noted and commended the good work completed by the outgoing Governors through these Committees.

Lead Governor

The Council agreed to defer consideration of the role and process for appointing a Lead Governor, to enable Council members to get to know one another first.

Governor Engagement

Governors were encouraged to attend the Joint Governors' meeting with Guy's & St Thomas' FT (GSTT) and South London and Maudsley FT (SLaM) on the 14 December. The meeting would provide an insight and update on KHP activities including the feasibility study currently underway.

011/65 Chief Executive's Report

The Council received the Chief Executive's report.

The Council noted that although the Trust was doing reasonably well, economic factors and higher activity levels were impacting on delivering its financial plans on target. Proactive measures have been taken to control expenditures. All discretionary activities/expenditures have been ceased. Amongst all these challenges however patient care and safety remain top priority for the Trusts.

The KHP Board had appointed Peter Goldsbrough of The Boston Consulting Group to review the feasibility of the following five options for King's Health Partners:

1) Do nothing

2) Programmatic approach - The partners would continue to work together but in a more programmatic manner as is the case with the Integrated Care Pilot (ICP).

3) Group Chief Executive - A Chief Executive would be engaged to manage CAGs and integrated functions and report to the Boards of the four organisations. This it was hoped would closer align the strategies for the individual Trusts.

4) Merger of the two acute trusts - Create one large Acute Trust with reconfiguration of clinical functions, alongside closer integration with the University and collaboration with SLaM as a separate entity.

5) Merger of the three Foundation Trusts - Create one Trust with the merger of SLaM, KCH and GSTT along with close integration of the University.

It was noted that most Governors have had some input/engagement from the onset and would continue to be consulted. No decisions can be made without appropriate stakeholder consultation and approval

from the Boards of Directors and - depending on the passage of the Health and Social Care Bill – the approval of a majority of Governors. In addition, approval of external stakeholders, such as Monitor, Care Quality Commission and the Department of Health would be required.

It was agreed that Governors would receive regular newsletters/information sheets on KHP Developments, as well as regular engagement via the Governors' Strategy Committee, the Council and other opportunities, such as Joint Governor events. **GA/SL**

It was noted that although the Trust had not received funding for the renewal of the Patient Safety and Service Quality Research Centre from the National Institute of Health Research, KHP Partners were committed to the initiative and would continue to provide funding.

011/66 Health and Social Care Bill: An Update

The Council noted the update on the Health and Social Care Bill (the Bill).

The Bill was two thirds of the way through the legislative process and likely to receive Royal Assent in Spring 2012.

The Bill will reform the commissioning structure, promote integrated working within the health and social care sector, increase competition and bring in changes to Monitor, the independent regulator, for Foundation Trusts.

The NHS is already implementing some of the changes in the Bill but the direct implications for the Trust are still not definitive and only once the Bill is in force will there be clarity. The Trust's priority above all else remains to provide the highest standard of care to patients.

It was agreed that once the Bill is passed Governors would receive detailed guidance on the implications for the Council and the Trust. **JW1**

011/67 Report on New Governors Induction

The Council noted the report on the induction of new Governors.

Governors indicated that they would like to continue with the previous tradition of holding ' Directors Surgeries', to be held three times a year, on topics chosen by Governors. Finance and healthcare acquired infections were highlighted as initial areas of interest and Governors were invited to suggest other topics for discussion.

It was agreed that 2012 dates for Directors Surgeries would be identified and Governors notified accordingly. **JW**

The Council commended JW on the induction programme and thanked her for taking forward the comments of the outgoing Council members.

011/68 Ward 20:20 Project

The Council received and discussed the report on the Ward 20:20 project.

The project objectives are to:

- Instil pride in fundamental care for patients as a 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; and
- Energise and build great communication and team work.

Executives are asked to sponsor a ward and their role is to both support and challenge the ward and staff. Governors and non-executive directors also sponsor wards and they help the Trust garner valuable patient feedback.

It was noted that in addition to the Ward 20:20 project there was a whole spectrum of activities undertaken by the Trust aimed at continued improvement of service quality and patient care.

The Council noted that the project had reaped tangible benefits and improvements in service quality and patient safety and care. It had also helped to build a good rapport with staff, executives, non-executive and Governors.

The Council commended the initiative.

011/69 Trust Submission to Monitor – Q2 2011/12

The Trust Quarter 2 submission to Monitor was noted.

011/70 Any other business

Stakeholder Event
It was noted that the Quality Accounts Stakeholder Meeting would be held on 07 December 2011 between 15:00-17:00 in the Institute of Psychiatry. Additional Governors to those who had confirmed their attendance were welcome to participate.

Arrangements with Saudi Arabia
It was noted that there were staff concerns about the reputational implications of the agreement to provide training to Saudi nurses.

It was agreed that the matter would be reviewed with the Board of Directors and, although commercially sensitive, every attempt would be made to provide more transparency about the contract. **GA**

Feedback on Meeting
It was noted that Governors were welcome to provide any feedback on how the meeting went to either JW or GA. **All Governors**

011/71 Resolutions

It was resolved 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.

Council of Governors Action Tracker

Enc 1.5

Meeting Date	Item	Action	Who	Due Date	Notes
Completed					
01/12/2011	**011/67**	2012 Dates for Directors Surgeries would be identified and notified to Governors.	JW/TC	31/01/2012	Following dates identified and publicised. - 11 April 2012 - 02 August 2012 - 13 December 2012
Due					
01/12/2011	**011/63**	Governors were reminded, if they had not already done so, to send their biographies to the foundation trust office team so they may be uploaded to the Trust website.	All Govs	14/02/2012	Only two Governors Biographies outstanding.
01/12/2011	**011/70**	More information on the contract to train Saudi nurses would be provided to Governors.	GA	14/02/2012	Verbal Update will be provided at the meeting.
Not Due					
23/01/2012	**011/66**	Once the Health and Social Care Bill is enacted Governors would receive detailed guidance on the implications for the Council and the Trust.	JW1	Spring-2012	
Ongoing					
23/01/2012	**011/65**	Governors would receive regular newsletters/information sheets on KHP Developments.	JW/SL	Ongoing	
30/01/2012	**011/70**	All Governors were invited to provide feedback on the meeting to George Alberti and/or Jane Walters.	**All Govs**	Ongoing	

Membership & Community Engagement Committee
Key discussion points & actions arising from the meeting on 18 January 2012

Issue	Discussion Point/Action	Lead
Election of a Committee Chair & Committee ToR	Brady Pohle, Staff Governor for Admin and Clerical Staff, was unanimously elected to become Committee Chair. Draft Committee terms of reference were considered and, following some small amendments, adopted by the Committee.	
Transport & Environment Committee	There has been a low expression of interest in this Committee. In order to not lose the opportunities afforded through the work of this Committee, one option would be to merge the remit of the Transport & Environment Committee with that of the Membership & Community Engagement Committee. **It was decided that this suggestion would be put to the Council of Governors on 14 February for wider discussion and decision.**	**JW**
Opportunities for Community Engagement	The Committee discussed opportunities for raising the profile of the Trust within the community and making links with the numerous residents' associations, local societies, campaigners and community groups.	
Mapping Governor Contacts	The Committee considered a draft form for use in collecting information about the skills and contacts of individual Governors. **It was agreed that the form should be simplified and presented to all Governors for completion.** **SL and the new Head of Stakeholder Relations, Carolyn Ruston, would then set about mapping these contacts and developing a 'tool kit' for Governors visiting community groups to give presentations.** **SL and JB to pull together a list of other areas where linkages could be made e.g. youth groups.**	**LM/JW** **SL/CR** **SL/JB**

Volunteers' Programme: a review	The Committee noted the positive progress made by the programme to date and agreed that links made through Volunteers' Services e.g. Freshers' Fairs would be included in the map of links and contacts as they represented several opportunities for recruiting members and raising the profile of KCH.	**SL/CR/JB**
Community Events	This year's Community Events will be held on 13 and 26 March. **Suggested discussion topics will be circulated to the Committee for comment; then a recommendation put to the Council of Governors on 14 February.**	**SL/LM**
Members' News	It was noted that Members' News is a vehicle for Governors to communicate with members. Following the February edition, the Committee is invited to re-think how they wish to use the newsletter and make suggestions for content. The virtual tour of the Maternity unit is available on You Tube and has also featured on Mumsnet. Feedback is welcomed; **JK to circulate the link.**	**JK**
Communication between members and Governors	There is a wider communications issue around how Governors are contacted by members. This should be raised as a discussion item at a future Council of Governors meeting.	**JW**

GOVERNOR SUB-COMMITTEE TERMS OF REFERENCE
MEMBERSHIP AND COMMUNITY ENGAGEMENT COMMITTEE

1 MAIN PURPOSE

The main purpose of the Committee is to assist the Council of Governors in carrying out its functions.

The Committee will focus on i) monitoring implementation of the Trust's Engagement and Experience Strategy; and ii) engaging with members of the Trust and the local community and identifying ways in which the Trust can make a contribution to the local community.

It will also report to the Council of Governors and act as a reference group for the Trust planned activity around engaging Trust members and the local community.

2 COMMITTEE REMIT

The remit of the Committee is to:

2.1 Review, contribute to and monitor the implementation of the Trust's Engagement and Experience Strategy, and to consider implementation in relation to King's Health Partners and other stakeholders.

2.2 Monitor and review the Engagement and Experience Strategy Work Plan.

2.3 Monitor and consider periodically the size and representativeness of membership.

2.4 Develop, participate in and support Trust wide initiatives to grow membership.

2.5 Identify ways in which members and the wider community could be more actively involved and contribute to King's activities.

2.6 Identify and consider wider community issues and how King's, as the largest employer in the local area, can develop its outreach and engagement in the local community.

2.7 Facilitate effective regular communication between Governors and members, for example, through the Trust website and Members' News.

2.8 Ensure a joined-up, efficient and cost effective approach to further communication with members, including facilitating the lobbying activities or campaigns of other committees by acting as a point of communication for members.

2.9 Link to and complement the work of other Governor sub-committees where appropriate.

2.10 Contribute to the development of the Annual Membership Report which is submitted to Monitor.

2.11 Contribute to the planning of Community Events, the Trust Annual Public Meeting and Open Day.

GOVERNOR SUB-COMMITTEE TERMS OF REFERENCE

MEMBERSHIP AND COMMUNITY ENGAGEMENT COMMITTEE

3 CHAIR

The Chair of the Committee shall be elected from amongst the members of the Committee. The Chair will serve for a term of three years. The role of the Chair is to run the meetings, approving the agenda in advance and subsequently approving the minutes of the meeting. In the absence of the Chair, a deputy will be nominated from amongst the membership.

4 STAFF LEAD

4.1 The staff lead and liaison will be the Head of Public and Patient Involvement, with input from the Associate Director of Communications on Community Engagement and Communications issues.

4.2 The staff lead, with the assistance of the Committee facilitator, will ensure that actions are recorded and followed up and that the progress of the Committee is reported at Council of Governors meetings.

4.3 The Corporate Governance Officer will act as facilitator for the Committee.

5 MEMBERSHIP & ATTENDEES

5.1 The Committee is open to all Governors, although it is advisable that the membership does not exceed 15 members.

5.2 In addition to the staff leads, the following key Trust personnel may be invited to attend Committee meetings:

- Director of Corporate Affairs
- Head of Stakeholder Relations
- Assistant Board Secretary
- Non-executive Director (to be confirmed)

5.3 The Committee may invite further attendees as required from time to time.

6 QUORUM

6.1 The quorum of any meeting shall be three Governors.

7 FREQUENCY OF MEETINGS

7.1 The Committee shall meet quarterly in advance of the meeting of the Council of Governors'.

Key discussion and action points arising from Strategy Working Group meeting on 19 January 2011

Issue	Action	Lead
Elcetion of a Committee Chair	The Committee unanimously elected Chris North (CN) as Chair.	
Matters Arising	The Committee noted and disccussed the following matters arising from the outgoing Committee discussions: • **Patient Safety and Service Quality (PSSQ)** The Trust and KHP Partners acknowledge the significant benefits of the PSSQ centre and have agreed to continue to support the work in this area and there will be further discussions at the KHP Board away day in February. • **Ward 20:20** The ward 20:20 initiatives are under active consideration. **It was agreed that the Committee would receive an update on Ward 20:20 at a future meeting** • **Workforce Redesign Programme** A query was raised on the progress of workforce re-design programme**. It was agreed that Angela Huxham, Director of Workforce would be asked to provide and update to the Committee in June.** • **Integrated Care Pilot (ICP)** **It was agreed that Jim Lusby would be invited to provide an update on ICP at the next Committee meeting.**	**GW** **AH** **JL**
Committee Terms of Reference	The Committee noted and approved the ToR subject to some amendments. • **The revised ToR would be circulated for information at the next Committee meeting;**	**TC/TA**
KHP Update	GA provided the Committee with a comprehensive verbal update on the developments within KHP to date, the background to the McKee Review and Peter Goldsbrough feasibility study. **It was agreed that the Committee would receive regular updates on developments of KHP.**	**TA/ZL**
Annual Plan Process	ZL presented a summary of the annual plan timetable with some key dates. **It was agreed that the:** **1. In the immediate-term Committee members could provide headline comments via e-mail;** **2. Further opportunities for Governor input into the Annual Plan and Strategic Priorities will be made available at the Council of Governors meeting on 14 February 2012 and the Community Events schedules for 13 and 26 March 2012;** **3. Annual Plan would be placed on the agenda for discussion at the Director's Surgery on 11 April 2012;** **4. TC would circulate all key dates to Governors.**	**All** **All** **TC/ZL** **TC**
Committee Work Plan	The Committee received and considered the draft workplan. It also included some suggested topics for the Committee to consider and incorporate into the workplan. **It was agreed that the revised Workplan incorporating the above would be provided at the next meeting for information.**	**TA**

Governors' Strategy Committee

1 MAIN PURPOSES

The main purpose of the Committee is to assist the Council of Governors in carrying out its functions.

Reporting to the Council of Governors the Committee will provide a Governor and member perspective on the Strategy of the Trust, in particular the Trust's Annual Plan, and to help ensure that the views of the Governors and members are represented to the Board of Directors. The Committee will also assist in facilitating the communication of the strategy to the members.

2 COMMITTEE REMIT

The objectives of the Committee are to:

2.1 On behalf of the Council of Governors provide a Governor and member perspective on the Strategy and the strategic priorities of the Trust.

2.2 To provide a Governor perspective on the further development of Kings Health Partners and in particular the impact of this on King's strategic priorities.

2.3 To comment on the draft Annual Plan to Monitor, ensuring that Governors and members views on the Trusts forward plans are represented.

2.4 To work with the Trust on the content of Community Involvement Meetings as opportunities for discussing the Trusts Strategy, strategic priorities and draft Annual Plan.

2.5 To link with the cross Trust King's Health Partners Governors' reference group on issues relating to the AHSC.

2.6 To report back to the Governors' meetings.

2.7 Where appropriate the Committee should regard for any impact of legislative/regulatory on the Council of Governors' roles and report back to the Council of Governors as appropriate.

3 CHAIR

3.1 The Chair of the Committee shall be elected from amongst the members of the Committee. The Chair shall be eligible for a term of three years.

3.2 The role of the Chair is to run the meetings, approving the agenda in advance and subsequently approving the draft minutes of the meeting.

In the absence of the Chair, a deputy will be nominated from amongst the membership.

4 STAFF LEAD & FACILITATOR

4.1 The staff lead and liaison will be the Director of Strategy. The staff lead, will in conjunction with the Chair build the agenda and ensure that all actions arising from meetings are completed and duly reported to the Committee.

4.2 The Corporate Governance Officer will act as facilitator to the Committee.

5 MEMBERSHIP & ATTENDEES

5.1 The Committee is open to all Governors, although it is advisable that the membership does not exceed 15 members.

5.2 In addition to the staff leads, the following key Trust personnel will attend the Committee on invitation by the Chair:

- Director of Corporate Affairs
- Deputy Director of Strategy and Research Management
- Head of Service Development & Intellectual Property Lead

5.3 The Committee may invite such attendees as required from time to time.

5.4 For the avoidance of doubt, the Corporate Governance Officer is not a member of the Committee.

6 QUORUM

6.1 The quorum of any meeting shall be four Governors.

7 FREQUENCY OF MEETINGS

7.1 The Committee shall meet quarterly in advance of the meeting of the Council of Governors'.

Patient Experience & Safety Committee
Key discussion points & actions arising from the meeting on 24 January 2012

Issue	Discussion Point/Action	Lead
Election of a Committee Chair & ToR	Tom Duffy, Patient Governor, was unanimously elected to become Committee Chair. The Committee agreed to adopt the proposed terms of reference.	
Safety Express	Progress of the Safety Express project was outlined. It is now in its second phase. Data from David Marsden ward indicates improvements in all of the 4 Safety Express areas, which are: Venous-thrombo embolism (VTE), falls, pressure ulcers and urinary tract infections associated with catheter use (CAUTI). Learning from Safety Express is already being rolled out more widely and in time it will be replicated across all wards. The Chair praised the work of KCH on Safety Express as a demonstration of the Trust's values being put into action and suggested that it might show the way that other significant improvements in care might be achieved.	
Patient Inspections	One of the Prime Minister's recommendations for nursing is that patients should be encouraged to carry out inspections. Discussion followed around the ways in which this might be facilitated and managed. Suggestions included something akin to the '15 Steps Challenge'. **It was agreed that given further thought would be given as to how this might be adopted and how Governors would be involved going forward.**	**GW/JW**
Trust monthly Performance and Patient Experience reports	These 2 monthly reports are presented to the Board of Directors and provide useful background information and context for all Governors. They will be standing items for discussion on the PESC agenda.	

	NH suggested inviting a former patient to attend a meeting, or have a video interview, to describe their hospital experience and thereby bringing focus to the meeting and triggering other discussion areas. **It was agreed that a patient story would be brought to the next meeting and that the possibilities for taking this idea forward would be a discussion item.**	**JB/LM**
Quality Accounts & Priorities: selection of an indicator	It is a requirement that Governors select one of the quality indicators for the Quality Priorities. The indicator should be auditable and measureable. **A recommendation would be put to the Council of Governors on 14 February.**	**JW/SLour**

GOVERNOR SUB-COMMITTEE TERMS OF REFERENCE
PATIENT EXPERIENCE AND SAFETY COMMITTEE

1 MAIN PURPOSE

The main purpose of the Committee is to assist the Council of Governors in carrying out its functions.

The Committee will focus on improving patient experience and safety and on monitoring the Trust's patient experience and safety initiatives.

It will report to the Council of Governors and act as a reference group for the Trust's planned activity around patient experience and safety.

2 COMMITTEE REMIT

The remit of the Committee is to:

2.1 Work collaboratively with the Trust to gain an overview of the work at King's to ensure the safety of patients and a positive patient experience. This will include reviewing key information and reports, such as national and local survey data and internal Trust reports.

2.2 Receive information about and get involved with a range of patient experience and safety initiatives within the Trust e.g. Ward 20:20; Patient, Public and Member involvement programmes; the selection of the Trust's quality indicators within the Quality Account; and to contribute to other projects to provide a patient perspective.

2.3 Review and provide input into materials, communications and publications for patients and members.

2.4 Review information received from the Care Quality Commission (CQC), including and reports (responsive reviews and inspections) and the regular Quality Risk Profile (QRP), and consider any response the Committee wishes to recommend to the Council of Governors.

2.5 With the approval of the Council of Governors, to share information and reports with the CQC about the quality or safety of care at King's as necessary.

2.6 Link to and complement the work of other Governor sub-committees where appropriate.

3 CHAIR

The Chair of the Committee shall be elected from amongst the members of the Committee. The Chair will serve for a term of three years. The role of the Chair is to run the meetings, approving the agenda in advance and subsequently approving the draft minutes of the meeting. In the absence of the Chair, a deputy will be nominated from amongst the membership.

GOVERNOR SUB-COMMITTEE TERMS OF REFERENCE
PATIENT EXPERIENCE AND SAFETY COMMITTEE

4 STAFF LEAD

4.1 The staff lead and liaison will be the Associate Director of Governance.

4.2 The staff lead, with the assistance of the Committee facilitator, will ensure that actions are recorded and followed up and that the progress of the Committee is reported at Council of Governors meetings.

4.3 The Corporate Governance Officer will act as facilitator for the Committee.

5 MEMBERSHIP & ATTENDEES

5.1 The Committee is open to all Governors, although it is advisable that the membership does not exceed 15 members.

5.2 In addition to the staff lead, the following key Trust personnel may be invited to attend Committee meetings:

- Director of Corporate Affairs
- Director or Deputy Director of Nursing
- Head of Patient & Public Involvement
- Non-executive Director (to be confirmed)

5.3 The Committee may invite further attendees as required from time to time.

6 QUORUM

6.1 The quorum of any meeting shall be four Governors.

7 FREQUENCY OF MEETINGS

7.1 The Committee shall meet quarterly in advance of the meeting of the Council of Governors'.

Quality Account 2011/12:

Sharing ideas to develop quality improvement priorities for 2012/13.

Council of Governors

14 February 2011

What is the Quality Account?

- A Quality Account is an annual report about the quality of services provided by an NHS healthcare service..

- Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda

Purpose of today's discussion:

•Review where we are in process terms

•Following initial discussion at Governors' Patient Safety and Experience Committee, ask Governors to select one of this year's (2011/12) indicators for audit

•Understand the views of Governors on proposed quality priorities for 2012/13

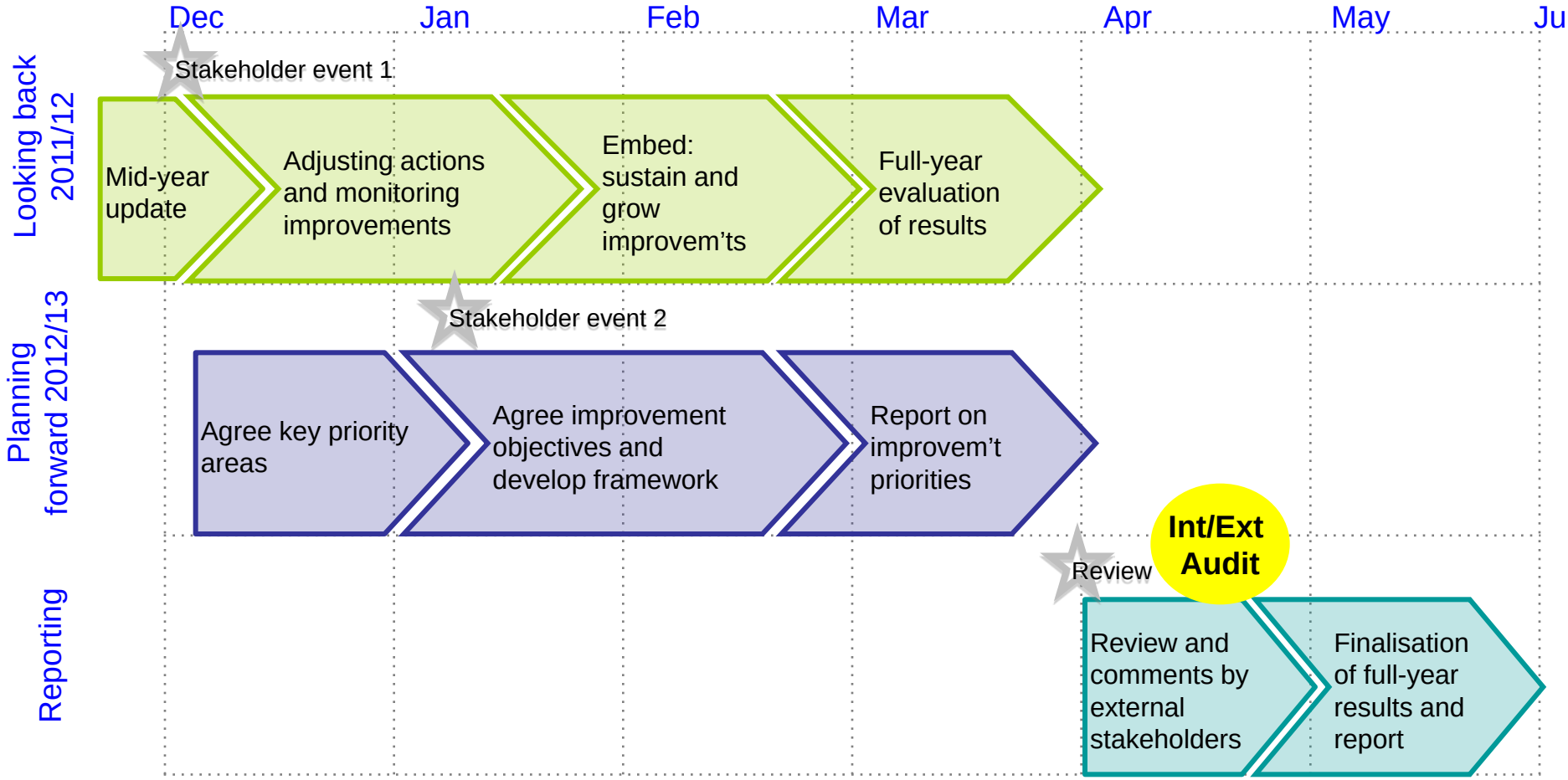
"Understanding You:

We start by listening – then act based on what we learn …"

Quality Account Process for 2011-12

Responding to our stakeholders' feedback in 2011, we initiated earlier discussions to

1. review progress for 2011-12 (December 2011) and
2. engage in earlier and deeper discussions about prioritising key quality improvements (February 2012)



Assurance on the Quality Account

Data set/ quantitative indicator testing

Enc 3.1

What is being tested:

2 of 3 mandated performance indicators to provide "limited assurance" report:

- MRSA or
- C Difficile
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

+

1 local indicator selected by governors of Foundation Trusts

Criteria:

Key dimensions of data quality reviewed:

- Accuracy
- Validity
- Reliability
- Timeliness
- Relevance
- Completeness

What we have learnt from our last audit*:

Select indicators that are
- Defined
- Robust
- Consistent
- Repeatable
- Auditable

Ensure that datasets are robust, accurate.

Have other data sources for data triangulation.

Proactively seek our auditors advice this year in re the practicalities of auditing specific indicators.

"Things that are easily measurable do not always matter most,
Things that matter may not always have easy ways to measure …"

* KPMG limited assurance report, May 2011

Which indicators to test and why?

These are are our current quality priorities:

	Priority	Objective
Patient Safety	1. Reduce hospital-acquired infections	• To further reduce MRSA bacteraemia and Clostridium difficile infection rates
Patient Safety	2. Reduce avoidable death, disability and chronic ill health from venous thrombo-embolism (VTE)	• To maintain the standard that 90% of all adult inpatients have a VTE risk assessment on admission to hospital
Patient Safety		• To achieve the locally agreed CQUIN target for the provision of appropriate prophylaxis to patients identified at risk by the VTE assessment
Patient Safety	3. Improve medication safety	• To implement the Electronic Prescribing and Medicines Administration (EPMA) system in target wards and eliminate paper prescriptions - to reduce further avoidable medication prescribing errors
Clinical Effectiveness	4. Improve end of life care	• To improve the co-ordination of care we give to patients as they approach end of life and achieve the locally agreed target
Clinical Effectiveness	5. Improve diabetes care	• Improve insulin safety by reducing the incidence of prescription and insulin management error for patients currently on insulin therapy

Clinical Effectiveness		• Develop the key frameworks to meet the NICE Quality Standard for Diabetes (11 – 13)
		  • 11 Inpatient care
		  • 12 Diabetic Ketoacidosis
		  • 13 Hypoglycaemia

Patient Experience	6. Improve the consistency of inpatient experience	• To achieve the locally agreed target improvement* for the “responsiveness to personal needs” composite indicator, for the lowest scoring wards
Patient Experience	7. Achieve a clean hospital environment	• To improve the patient experience of cleanliness as measured by the HRWD survey
Patient Experience		• To improve the standard of cleanliness as measured in the cleaning contract monitoring

Which indicator to test and why?

We need to select 1 local indicator for testing

Suggested indicators:

Rationale:

- All three are measures used **Trust-wide**
- Our **key focus** for 2011/12 is around **patient safety**
- They are measurable and auditable

VTE risk assessment – compliance rate

- Timely assessment for VTE risk is a very important indicator as most inpatients benefit from this safety measure.
- Data collection method established since 2010/11; datasets are robust and substantive to audit and review.

MRSA bacteraemia rate

- The indicator is well-defined, and comparable across different organisations.
- We have robust data sources – the reported incidents of MRSA bacteraemia is investigated and reviewed thoroughly.

Patient feedback on cleanliness – Q7a and 7b in the HRWD survey.

- This patient-reported indicator is important driver for improvement in cleanliness at King's.
- This indicator is now incorporated into contract monitoring with Medirest.
- This is a trust-wide measure* that can help us identify and share best practice for achieving a cleaner hospital environment.

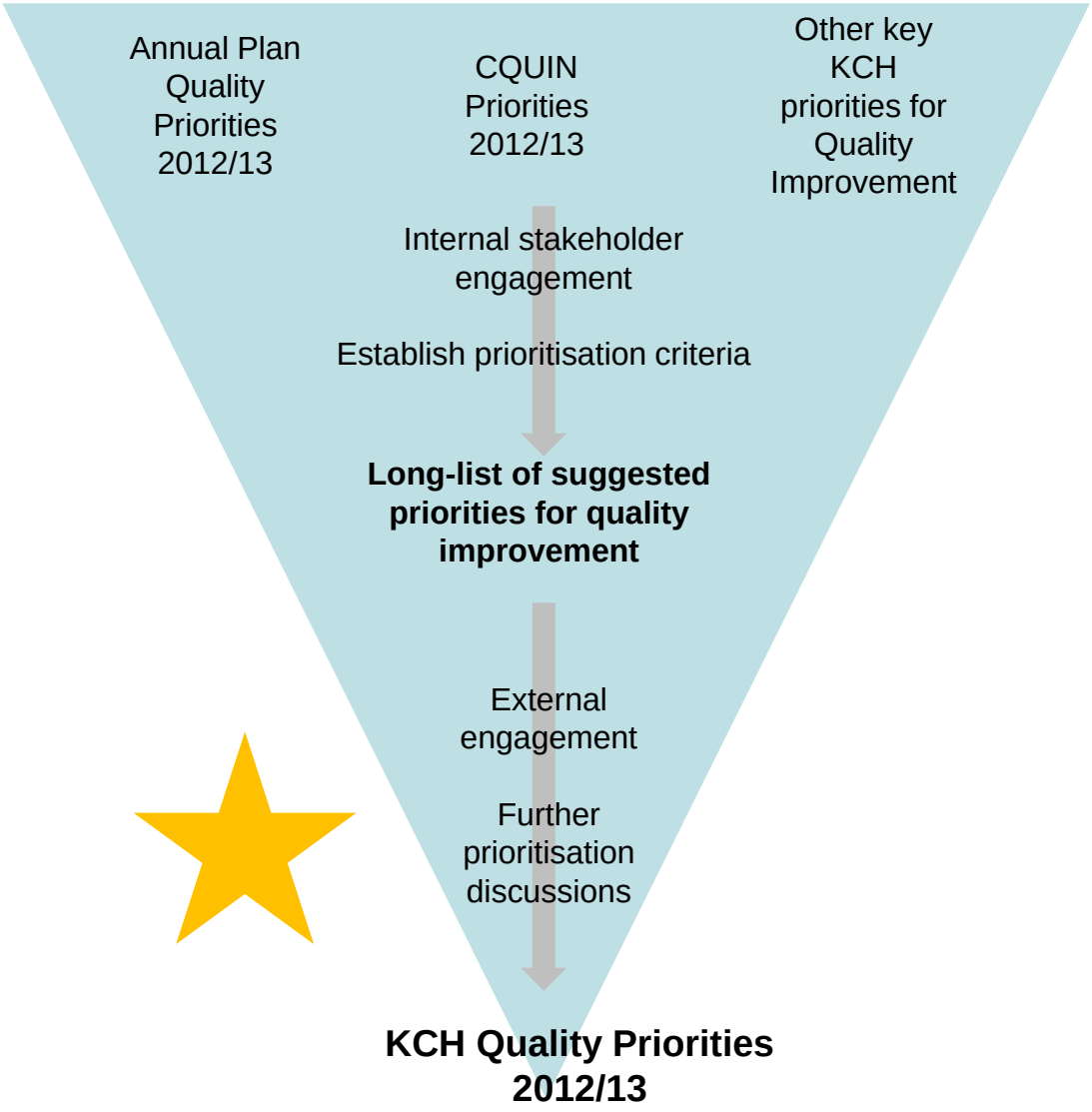
* NB. The other patient experience priority focuses on a limited number of wards only.

Looking forward:

How we will develop our Quality Priorities 2012/13

Enc 3.1

Our approach:



Key groups involved:

Groups	Engagement Events
Commissioners, governors, LINks, OSCs	7 Dec : External Stakeholder Event 1 – Review of last 6 months progress, and early discussion about 2012/13 priorities 13 Dec & 23 Jan: GST External Stakeholder Events 6 Feb : External Stakeholder Event – 2012/13 priorities
Commissioner	17 Jan : NHS SEL Clinical Quality Meeting
Governors	24 Jan : Patient Experience & Safety Committee 14 Feb : Council of Governors
Staff	Dec – Feb : Frontline leads Patient Safety Committee Patient Outcomes Committee Patient Experience Committee Quality & Governance Committee Performance Directorate Editorial Panel

Criteria for evaluating:

How we have arrived at suggested priorities?

- ✓ Where the Trust has genuine **desire/ need** to drive improvement
- ✓ **Important** for patients and public scrutiny
- ✓ They should be **achievable** (e.g. there are known strategies to make improvements)
- ✓ **Measures** are in place (or in development), enabling meaningful comparison and learning

- … we are now asking for your views to help us understand the priority of each of these for you …

(Source: Adapted from case study in DH Quality Account Toolkit, 2010/11)

The proposed long-list:

Quality Priorities for 2012/13

Our emerging short-list:

Patient Safety	Clinical Effectiveness	Patient Experience
Improve identification and escalation of acutely ill patients	Improve end of life care	Improving outpatient experience
Reduce harm from falls and pressure damage	Improve diabetes care	Improve on 5 specific CQUIN patient experience questions

Improvements in Patient Safety

What we heard from our stakeholders so far …

"Timely intervention with acutely ill patients is key for a good outcome and avoidance of serious incidents." *Governor on improving the identification and escalation of acutely ill patients*

"I'd put this high - as an indicator of quality in patient care/ experience."
Governor on reducing harm from falls and pressure damage.

Priority Areas	Key Objectives	Ideas on what to do
Improve identification and escalation of acutely ill patients	• Establish a consistent performance framework for identifying and escalating acutely ill patients	• Scorecard: monitoring the outcome measures e.g. mortality, unplanned ICU admissions, cardiac arrest, adverse incidents. • Better alignment of governance and performance framework e.g. committees, working groups.
Reduce harm from falls and pressure damage	• Achieve targets set in the "Safety Express" initiative – focused on minimising falls and pressure damage – across all inpatient wards.	• Roll out to additional areas based on risk assessment • Right staffing and workforce planning • Teaching programme for staff • Preventing falls: sensors, grip socks, 1:1 guidelines, RCA • Preventing pressure sores: pocket guide, posters

Further listening and developments

Improvements in Clinical Effectiveness

Enc 3.1

What we heard from our stakeholders so far …

"We only have one chance to get it right at the end of life. If we let people down by our actions or omissions, they will not forgive or forget." *Staff on improving end of life care.*

"There is a huge number of patients affected – one in five King's patients has diabetes and this proportion is growing" *Staff on improving end of life care.*

Priority Areas	Key Objectives	Ideas on what to do
Improve end of life care	Improve the coordination of care we give to patients as they approach end of life, including: •Timely identification and improved fundamental care •Individualised care planning and monitoring •Care coordination beyond inpatient stay	• Training and skill development for staff • Roll-out Liverpool Care Pathway • Roll-out AMBER care bundle • Specialist palliative care discharge letter • Development of EOLC "gold" register • Advanced PEACE care plans
Improve diabetes care	• Proactive identification of patients with high diabetes needs • Provide consistent diabetes care and promptly escalate to specialist/ link practitioners fn accordance with needs. • Understand service quality performance.	• Technology enabled care – e.g. diabetes medication sheet, electronic blood glucose monitoring • Training and expertise development – e.g. mandatory training, Diabetes Specialist Nurse pilot and link practitioners to raise mindfulness and train staff • Linkages to key IT systems and Information and data analytics support

Improvements in Patient Experience

What we heard from our stakeholders so far …

"The 'responsiveness to personal needs' questions are considered to be most important for patients and there is further room for improvement still." *Staff on improving on specific CQUIN patient experience targets.*

"Involvement is important - but I'd also like to see concentration on outpatient experience" *Governor on improving outpatient experience.*

Priority Areas	Key Objectives	Ideas on what to do
Improve outpatient experience	• Achieve better patient satisfaction with outpatient services. • Establish methods to involve patients in service changes and lead continuous improvement based upon patient feedback.	• Involve patients and public in the redesign of outpatients services at KCH • Roll out outpatient HRWD survey to main outpatient clinics to regularly receive patient feedback, and establish governance framework to ensure it is acted upon.
Improve on specific CQUIN patient experience targets	• Improve the key aspects of inpatient experience that matters most to patients • Use the metrics for this National improvement focus with comparative data across trusts to benchmark ourselves and learn from best practice	• Focus on improvements in remaining wards that have not met the benchmark targets • Ensure roll out of tested best practice ideas such as tailored intentional rounding and use of a discharge checklist.

Listening to our key stakeholders and sharing focus across KHP

Reviewing proposed Quality Priorities for 2012/13

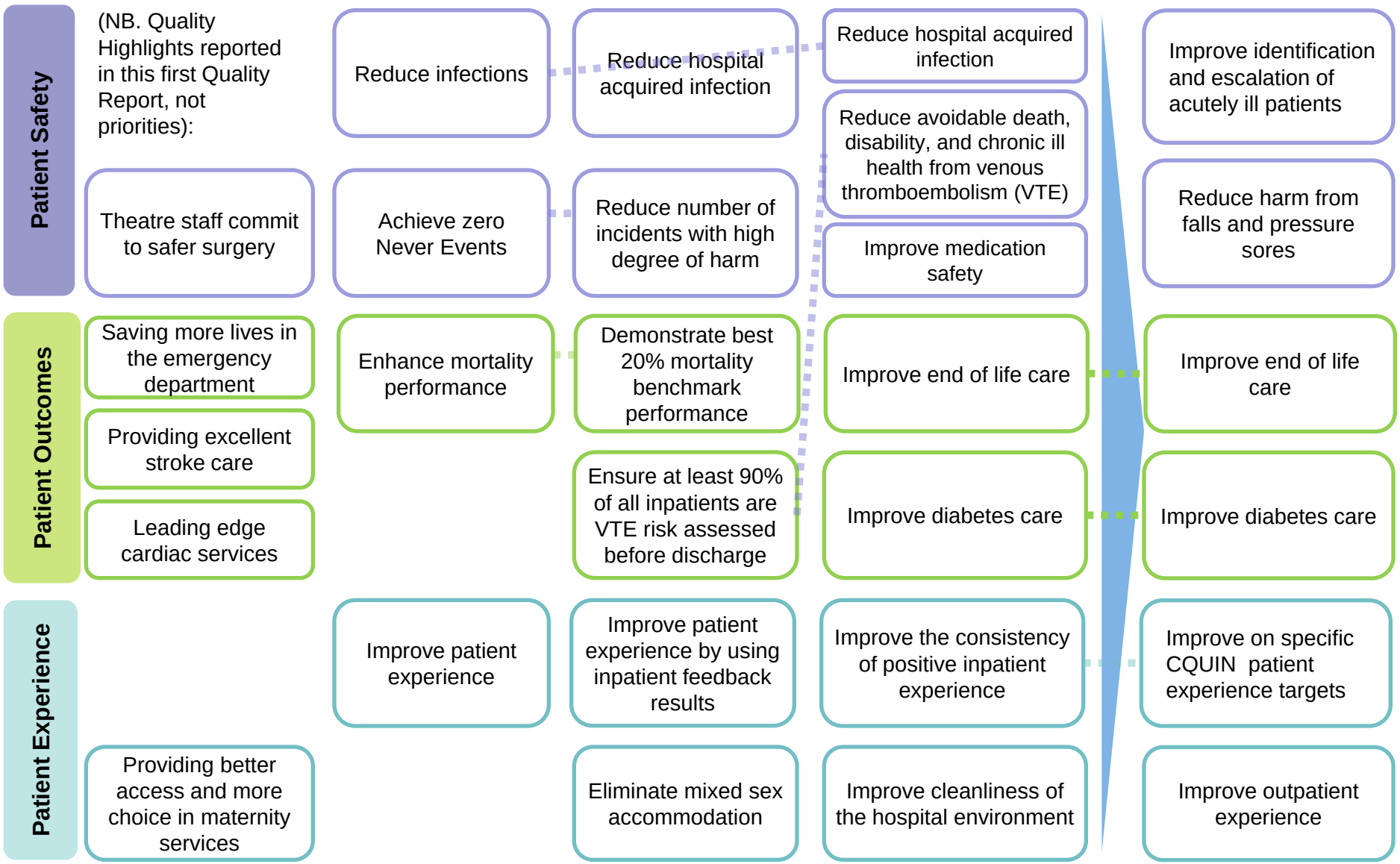
Enc 3.1

Patient Safety		Clinical Effectiveness		Patient Experience	
KCH	**GST**	**KCH**	**GST**	**KCH**	**GST**
Improve identification and escalation of acutely ill patients	Improve staff skills: mandatory training, safety census/thermometer, culture of safety	Improve end of life care	Ward communication/ leadership: improve handover and transfer of info	Improving outpatient experience	Focus on care of older or vulnerable people especially at risk of dementia
Reduce harm from falls and pressure damage	Keeping patients safe and harm free in hospital	Improve diabetes care	Pharmacy effectiveness: Reduce wastes and TTO delays,	Improve on 5 specific CQUIN patient experience questions	Improve information for patients: care involvement, intentional rounds
Further reduce rates of hospital-acquired infections	Keeping patients reassured/informed: intentional rounds, care involvement	Rapid recovery pathway for hip and knee replacement	Outpatient effectiveness: integrated “one stop”, smoother running	Improve the way that we involve patients in their care and treatment	Better involvement of patients and local residents: ward inspection team, PPI
Improve venous thromboembolism (VTE) prophylaxis	Improve equipment, fault reporting	Improving the care of people with dementia	2010 Community priorities: new birth visits, immunisations, GP comms	Improve experience of maternity services	Roll out electronic “Near Patient Experience” measure to the community
Safer surgery		Improve HIV testing	Review role of Ward Leader or Community Team Leader	Improve patient experience of care at night	
Improve insulin (medication) safety		Acute kidney injury	Community therapies indicator	Improve information provided to patients on discharge	
				Improve cleanliness of hospital environment	
				Focused programme of ward-based transformation	

Key priority areas of alignment between the two hospitals

Reviewing proposed Quality Priorities for 2012/13 against our previous areas for focused improvements:

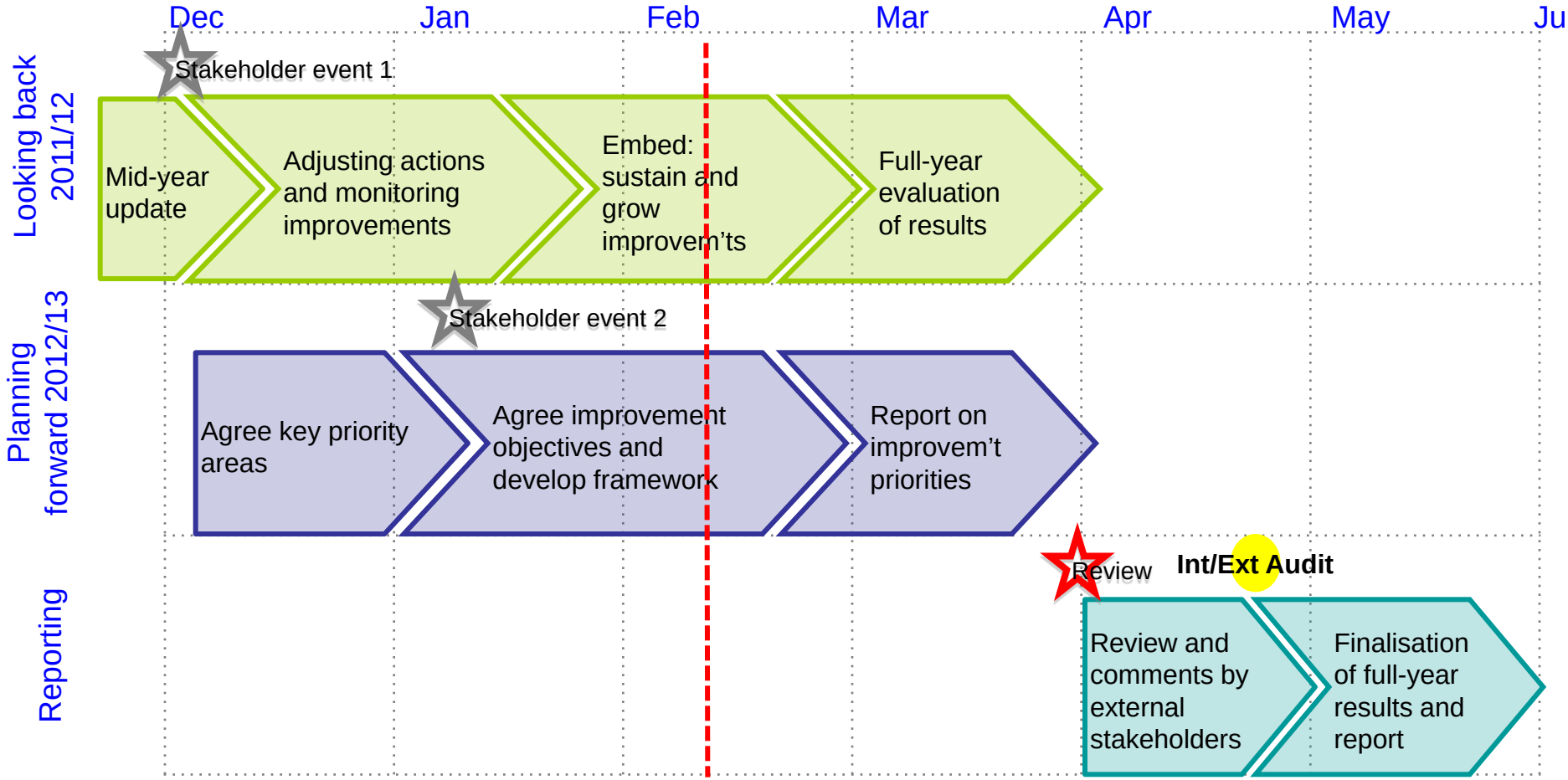
Enc 3.1



Quality Account
Process for 2011-12

So here's what to expect:

1. We will further develop the quality priorities: key improvement objectives and project plans
2. We will review our progress against 2011-12 priorities
3. We will share our draft of the Quality Report/Account in April for your review and comments



King's College Hospital NHS
NHS Foundation Trust

Report to:	**Council of Governors**
Date of meeting:	**14 February 2012**
Presented By:	**Simon Taylor, Chief Financial Officer**
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

14 February 2012

| Introduction

As we approach the end of a very difficult year, we look ahead to next year with a mixture of excitement and trepidation.

Thanks to an enormous effort by many people, we will have delivered higher quality care, achieved all operational targets, and be very close to our very challenging budget.

Next year will see an even more difficult budget, and will require some difficult decisions to deliver at the same time as continuing to improve safety and quality.

| Key Strategic Issues

1. The Health and Social Care Bill

The Bill is making its way through Parliament and we hope it receives Royal Assent because the uncertainty of its withdrawal would create nearly insurmountable problems. For Governors of course, the Bill contains some very important proposals affecting your role, and the Trust will do its best to support you in those changes.

2. King's Health Partners

King's Health Partners continues to make important strides. We have made some significant improvements for patients and academics, and now with our review of the Goldsbrough Feasibility Study we will look at how we can deliver even better services, more efficiently. There is an important KHP meeting on 14 and 15 February which explains my absence from the Council of Governors. Following the meeting, there will be further communication about changes that might come about and the engagement plan with all stakeholders, especially Governors.

3. Academic Health Sciences Networks

The NHS Chief Executive's report 'Health and Wealth' contained important news about extending the reach of Academic Health Sciences Centres through a nationwide system of Academic Health Sciences Networks (AHSN), through which innovation will be disseminated. KHP is working with potential partners, especially in South West London, to develop an AHSN proposal.

4. Quality Account and Quality Priorities 2012/13

Our report on the quality of our services, the Quality Account, is in development. Stakeholder events were held on 07 December and 06 February to discuss progress against our current quality priorities and to establish a long list of priorities for the coming year. Several Governors have been involved in these events and I thank you for your engagement with the quality improvement agenda.

5. London Cancer Alliance

KHP is participating in the creation of a London Cancer Alliance. This is an umbrella organisation designed to improve the delivery of cancer services across South and West London. Recommendations relating to the development and governance of this alliance will be brought to the Board during February and March.

6. Progress with Capital Projects

There are a number of projects in progress to improve existing facilities at King's. Investment of this kind is important for improving both patient and staff experience.

Endoscopy – Enabling work has begun on the new Endoscopy department. The new facility will have a layout designed to provide the best possible experience for patients, including the provision of single sex accommodation, and will have capacity to meet rising demand.

Clinical Research Facility – All practical works are due to be completed this month. Service line agreements for cleaning and maintenance are in the process of being agreed with the users.

KCH Business Park Unit 6 – Works are in progress to develop this unit and are due for completion in April 2012. The Assisted Conception Unit (ACU) will be located on the 1st floor with the ground floor converted to office and training accommodation.

Carbon Reduction Commitment (CRC) – King's has performed well in the Environment Agency's energy efficiency scheme, appearing in the top 6% in all sectors. Out of 159 NHS organizations involved in the CRC King's was ranked 9th. Reducing CO_2 emissions has significant cost-reduction implications for the Trust.

| Current Operational Challenges

7. Operational Performance

Although we have experienced a milder winter in terms of weather conditions, we are finding it hard to balance high levels of activity with continuing to meet all access and operational performance targets whilst at the same time achieving our budget for the year. We are not alone; many of our peer organisations are struggling.

We have however continued achieve all of the referral to treatment and cancer wait access standards in months 8 and 9. The emergency 4 hour wait target for the 95th percentile has also been maintained in quarter 3.

There has been an MRSA post-48 hour bacteraemia in month 10 (January). Prior to that, we had not had a case since month 6. This brings our year to date total to 4 against our quota of 6 for the year. C.difficile performance is improving rapidly, as evidenced by the trajectory in the past two quarters. However, with 78 cases reported to date compared to a quota of 75 for the year, this has resulted in a red governance rating for quarter 3 with Monitor.

8. Financial Performance

At the close of quarter 3, the Trust has a deficit position of £1283k against a planned year to date surplus of £1.371m. This is a variance of £2.654m from the planned surplus position set out in our Annual Plan. In line with our Annual Plan the Trust's Monitor Financial Risk Rating remains at 3.

The deficit is due to the costs incurred to deliver a higher level of activity than budgeted. We also face liquidity issues because of the time it takes our commissioners to pay for 'over-activity'. We continue in constructive dialogue on these issues, but the system is under enormous strain.
Performance against our cost savings plans is good. We have achieved 90% of our CIPs in month 9. We need to continue this and maintain a very tight grip on discretionary expenditure, in order to try to recover this deficit before year end.

9. Patient Transport Services
It is anticipated that there will be significant traffic restrictions and congestion around the period of the London 2012 Olympics. The current contract with our patient transport providers, due to end in March 2012, has been extended and in-depth planning will take place to ensure the smooth running of services during this time.

10. Prime Minster's recommendations on Nursing
The Prime Minister recently made some interesting statements about initiatives to increase the amount of interaction between nurses and patients. One recommendation, for hourly 'intentional rounding', has been trialled for some time at King's under the Ward 20:20 programme. I think we are in a better place than we were and I urge you to support, participating where you can, the continuation of Ward 20:20 and other initiatives such as Dignity Month, and our Volunteers programme.

Review of the last Quarter

Throughout the year I am pleased to attend the various events held here to engage members and staff with our work. We also spread the word through the wider media and have received national recognition for our work. These are a few of the highlights from December and January:

The transformed Marjory Warren ward was officially unveiled on 15 December. The opening of this specially designed sensory unit for dementia patients was attended by patients and relatives, representatives of the King's Fund and Friends of King's and a number of King's staff.

The Ed Glucksman Resuscitation Unit was officially opened by Tessa Jowell MP on 20 December. The unit now has ten beds (it previously had only five), putting King's in a better position to treat more patients with life threatening trauma injuries, and making it the largest such unit in the country.

The Liver unit at King's featured on the BBC's current affairs programme 'Inside Out' about the effects of excessive drinking on young people. King's liver specialists Dr Varuna Aluvihare and Dr Kosh Agarwal were interviewed along side a liver patient awaiting a transplant following years of heavy drinking. The story was widely covered, featuring in national newspapers and on BBC radio and Breakfast News.

I was delighted to collect on behalf of everyone at King's a 'Family Friendly' award in recognition of our efforts to provide flexible working conditions, advice and cover for those with family commitments.

The specialist Diabetes team received three awards at the national Quality in Care awards including a gold award for the Best Programme for People with Health Inequalities.

The second series of the fly-on-the-wall documentary '24 Hours in A&E' is now being filmed. The first series was hugely popular and received praise from the public and critics. The second series will be screened in summer 2012.

As you can see, we are very busy. And I close by thanking the Board for their on-going support. The new Board is I believe among the strongest in the NHS, and the governors have shown great wisdom over recent years in strengthening it to face the challenges of the future.

King's College Hospital NHS
NHS Foundation Trust

Report to: **Council of Governors**

Date of meeting: **14 February 2012**

By: **Jacob West, Director of Strategy**

Subject: **Annual Plan Process 2012/2013**

Executive Summary

The Trust is required to produce an Annual Plan for Monitor setting out strategic objectives and proposed milestones, over a 3 year period. The Trusts has not yet received guidance from Monitor regarding its requirements for the 2012/13 Annual Plan though it is anticipated that it will be broadly similar to the last two years reports. Appendix 1 sets out some key activities and dates to support the development of this year's Annual Plan which have been reviewed by the Governors Strategy Committee. An outline of strategic objectives will be tabled at the meeting.

Background

The Trust produced a 2010/11 Annual Plan for Monitor in a new format, which provided more detailed information on strategic objectives and proposed milestones, over a 3 year period, than had been previously included. The Annual Plan requirements for 2011/12 were very similar and the Trust refreshed and updated its strategic objectives and milestones whilst maintaining the same key themes.

It is not yet known what the requirement will be for the Monitor Annual Plan for 2012/13, but it seems unlikely that the format will change radically. A detailed timetable of activities and meetings supporting the development of the annual plan will need to be worked up. Some of the key activities and dates are shown below. These are also set out in appendix 1.

Activity / Milestone	**Date**
Draft timetable and process agreed at KE / Board	23 / 31 Jan
Review of external environment – Board Strategy Committee	26 Jan
Process discussed with Council of Governors	14 Feb
Overview of Operating Framework – Finance & Performance Committee	28 Feb
Divisional planning sessions	Feb/March
Review of 11/12 and key priorities for 12/13 – SLT / CDs & DMs	Feb /March
Community Events	13 & 26 March
Draft Annual Plan to Strategy Committee	12 April
Draft Annual Plan to Governors' Strategy Committee	26 April
12/13 Performance targets sign off – Finance & Performance Committee	1 May
Draft Annual Plan to Quality & Governance Committee	8 May
Draft Annual Plan to Council of Governors	9 May
Final version of Annual Plan approved by Board of Directors	22 May
Submission to Monitor	31 May

Governor Engagement

Opportunities for Governor involvement and input into the development of the 2012/13 Annual Plan include:

- Governors' Strategy Committee – 26 January and 26 April
- Council of Governors – 14 February & 9 May
- Community Events – 13 & 26 March

Recommendations

The Council of Governors is asked to note the proposed timetable and process for the development of the 2012/13 Annual Plan to Monitor.

Key milestones and governor engagement opportunities for the 2012/13 annual plan completion

Enc. 4.2

Appendix 1

	February				March				April					May			
Week commencing	5th	12th	19th	27th	5th	12th	19th	26th	2nd	9th	16th	23rd	30th	7th	14th	21st	28th
Monitor issues annual plan guidance				▲													
Board of Directors																	
Strategy Committee - 12th April										▲							
Finance and Performance Committee - 27th March & 1st May								▲					▲				
Quality & Governance Committee - 5th April & 8th May									▲					▲			
BoD final for approval - 27th March & 22nd May								▲								▲	
Governors																	
Council of Governors - 14th Feb & 9th May		▲												▲			
Governors Community Event - 13th & 26th March						▲		▲									
Governors Strategy Committee - 26th April													▲				
Annual plan submitted to Monitor																	▲

Sections completed by responsible leads → Edit for content, format & story → Consultation

Note: Dates for issuing the annual plan guidance and final submission are not definite and are based on last years

King's College Hospital NHS
NHS Foundation Trust

Report to:	Council of Governors
Date of meeting:	14 February 2012
By:	Sally Lingard, Associate Director of Communications
Presented by:	Sally Lingard, Associate Director of Communications
Subject:	Proposal for Community Events 2012

1. Proposed format of events and agenda

Last year's successful member events followed a new format whereby members were asked to confirm attendance and to choose one of two discussion topics for round table discussions. This worked well, and attendance was good, so we intend to follow the same format this year.

The core presentation will be around the 'Future for King's, involving some scene setting around the new health legislation and how this will impact on us, and some specific aspects of our ongoing strategy. This would be followed by debate and discussion with members around these areas to enable meaningful engagement in issues facing the hospital.

Feedback from the membership in attendance would help feed into future discussions taking place at King's. Those taking part in the events will also receive feedback on the event and future discussions.

This feedback will also be available for other members who were unable to attend the event on the Trust website.

2. Agenda

2.1. Refreshments on arrival and opportunity to visit stands. 20 mins

2.2. We are suggesting 2 main stands.

- King's new Volunteer Programme;
- Member engagement and recruitment.

2.3. Main event agenda

Welcome and Introductions – **Chair/NED**	5 mins
'The Future for King's' – **Jacob West**	15 mins
Q & A – **Jacob, Tim, Mike M (or deputy)**	10 mins
Presentation on the Integrated Care Pilot – **Jim Lusby**	5 mins
Presentation on patient participation in research Studies – **Jules Wendon**	5 mins
Introduction to round table discussions – **Tim Smart**	3 mins
Discussion groups	30 mins
Summarising formal feedback on tables	10 mins
Feedback to panel and responses	30 mins

Total running time approx. 2 hrs

3. Proposed discussion Topics

3.1. The integrated Care Pilot

The way health and social care services have developed over the last 60 years means that patients can sometimes end up feeling 'passed around' the system, as they come into contact with different teams and because they have to go to different places for different appointments, tests or treatment. The aim of the Integrated Care Pilot is to design services which fit around the needs of patients, rather than expecting patients to fit around the way that services are currently organised. As patients, what are your thoughts on how we can best achieve this? What issues/obstacles do you see in making this happen?

3.2. Patient involvement in Research

What are the benefits to more patients being involved in research? Does taking part in research benefit the individual, the researchers, the organisation or the health care system (nationally and internationally)? How should a healthcare organisation approach patients about research involvement? How could we improve understanding of the nature of research and effects? How should relatives/patients be involved in designing research questions? How would you feel about allowing your hospital to keep excess anonymized tissue/blood samples for biobanking? What further information would you need to help you make a choice about this?

4. How many events

We are proposing two evening Community Events to be held at the hospital in the Bill Whimster Suite, Weston Education Centre.

- 13th March 2011
- 26th March 2011

5. Attendance and Staff resource

The majority of time at the events will be spent on round table discussions in small groups on 'strategic issues' that face the hospital.

5.1. Number of tables

There will be 6 tables of 10 at each event.

5.2. Breakdown of tables

- 1x Director/Senior Manager (who will also act as table facilitator)
- 1x Governor (although if high uptake then 2 governors can be on each table)
- 7-8x Members
- 1x Observer (taking notes for future feedback)

5.3. Overall numbers

At each event, there will be a maximum of:

- 6-8 Directors
- 12 Governors
- 48 Members
- 6 Observers

King's College Hospital NHS
NHS Foundation Trust

Report to:	**Council of Governors**
Date of meeting:	**14 February 2012**
By:	**George Alberti, Chair**
Subject:	**Lead Governor – For Information**

1. Summary

At our first meeting in December 2011, I proposed, and the Council agreed it that was premature for the Council to make a decision about the remit and role of Lead Governor and to commence any appointment process. I suggested that the Council revisit the issue at a future meeting, when Governors had had time to get to know their fellow Governors, and to consider whether they might wish to stand for appointment.

2. Background

In 2010, Monitor asked all Foundation trusts to nominate a Lead Governor, to fulfil the role described below. This is not mandatory, but most Foundation Trusts complied with the request, including KCH, where the previous Board of Governors appointed Andy Glynn, Patient Governor, to fulfil the role described below. The role was 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 was established than the role described by Monitor – for example, in agenda setting for Governor meetings with the Chair, dispute resolution, chairing Governor meetings if the Chair or any of the Non Executive Directors are unable to do so, due to a conflict of interest etc. The previous Board of Governors did not agree any wider role for the KCH Lead Governor at the time, although the Vice Chair of the Nominations Committee did on occasion chair the Governor meetings in the circumstances described above.

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 (CQC) has also recently asked Foundation Trusts to provide details of their Lead Governor.

I will bring a detailed discussion paper to the next Council meeting in May, which will include a proposed role description, and appointment process. As background to that discussion, I enclose the Lead Governor role description set out in Monitor's NHS FT Code of Governance, as Appendix 1.

I would like to invite any comments/thoughts from Governors on the Lead Governor role to feed in to that paper.

3. Recommendation

The Council is asked to note that the role of Lead Governor and process for appointment will be considered at the May meeting.

APPENDIX 1 - The role of the nominated lead governor

Source: The NHS Foundation Trust Code of Governance, page 35

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust's board of governors. This will be in a limited number of circumstances and in particular where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairman or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the board of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors, including the deputy chairman of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor's Board of its formal powers to remove the chairman or non-executive directors. The board of governors appoints the chairman and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor's concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its terms of authorisation. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand Monitor's role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor.

The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairman or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairman, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for Monitor.

Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update Monitor with their contact details as and when these change.

King's College Hospital NHS
NHS Foundation Trust

Report to:	Council of Governors
Date of meeting:	31 January 2012
Subject:	Monitor Submission Quarter 3, 2011/2012
Author:	Tamara Cowan, Assistant Board Secretary
Presented by:	Tim Smart, Chief Executive
Status:	**For Information** *Report approved by the Board of Directors at the Strategy Committee meeting on 26 January 2012.*

Because the Monitor Submission Quarter 3 was due on the same day as the Board of Directors meeting, this paper was submitted to the Strategy Committee for consideration on 26 January 2012. The Strategy Committee comprises the full Board.

As reported at the previous Board of Directors meeting, following the Strategy Committee, the Chairman will took Chair's action to approve the Quarter 3 submission to enable submission to Monitor by 31 January 2012.

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)

For Quarter 3 (01 November 2011 – 31 January 2012) the Trust can confirm the following:

1 Financial risk rating: **3** (forecast 3)
2 Mandatory services rating: **green**
3 Governance rating: **red**
4 Self Certification on the Quality Board Statement: **Declaration 1** (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. The cumulative breach of the C.difficile target in quarter 3 has triggered a red rating. Monitor can exercise discretion to moderate this rating. 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.

There have been no material changes to the Trust's sources of assurance during quarter 3, 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 & Council of Governors

Since the last submission to Monitor, the Trust welcomed Professor George Alberti as Chair, Mr Chris Stooke and Mr Graham Meek as Non-Executive Directors on the Board of Directors. The Trust also welcomed the new Council of Governors.

Monitor has dispensed with the requirement to report changes on the Board of Directors and Council of Governors in the quarterly submission. Instead, Monitor has created an online form which can be used to update Director and Governor details as and when required.

Consequently, the details of the new Directors and Governors have already been provided to Monitor.

3. Action Required

The Council is asked to note the content of this report which was approved by the Board of Directors at the Strategy Committee meeting on 26 January 2012. The Chairman also took Chair's action to approval final version before submission on 31 January 2012.

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 Q3
Appendix F – Compliance with the Terms of Authorisation

King's College Hospital NHS Foundation Trust

In Year Governance Declaration

Quarter 3 2011-12 (01 Oct 2011 to 31 Dec 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 RED

*(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 it 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: _____

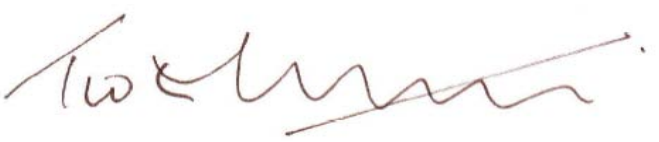
On behalf of the Board of Directors

Acting in Capacity as: [Please type here]

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: Chief Executive

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.

King's College Hospital NHS Foundation Trust

In Year Quality Board Statement

Quarter 3 2011-12 (01 Oct 2011 to 31 Dec 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: Chief Executive

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: [Please type here]

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 Finance Declaration

Quarter 3 2011-12 (01 Oct 2011 to 31 Dec 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: Chief Executive

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: [Please type here]

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 Q3 2011/12

	weighting in FRR calculation	Plan for YE 31-Mar-12	Reported YTD to 30-Jun-11	Reported YTD to 30-Sep-11	Current YTD to 31-Dec-11
Underlying performance					
EBITDA YTD from IS		37.959	8.906	17.581	23.172
Operating Income YTD from IS		583.304	145.822	301.306	461.500
EBITDA Margin metric		6.5%	6.1%	5.8%	5.0%
EBITDA Margin rating	25%	3	3	3	3
Achievement of plan					
EBITDA YTD from IS actual		Prior Year	8.906	17.581	23.172
EBITDA YTD from IS plan		achievement	9.490	18.980	28.468
EBITDA % of plan achived metric		from your APR	93.8%	92.6%	81.4%
EBITDA % of plan achived rating	10%	83.4% 3	4	4	3
Financial Efficiency					
EBITDA YTD from IS		37.959	8.906	17.581	23.172
Depreciation & Amortisation YTD from IS		-16.640	-4.156	-7.554	-10.486
EBIT YTD		21.319	4.750	10.027	12.686
Opening Assets (current and non-current)		425.066	425.066	425.066	425.066
Opening Liabilities (current)		-65.476	-65.476	-65.476	-65.476
Closing Assets (current and non-current)		416.637	422.705	432.431	447.493
Closing Liabilities (current)		-60.492	-60.212	-71.948	-88.597
Return on Capital Employed metric		6.0%	5.3%	5.6%	4.7%
Return on Capital Employed rating	20%	4	4	4	3
Surplus YTD from IS		1.190	2.252	0.491	-1.283
Profit (loss) on asset disposals		1.000	0.025	-0.250	-0.025
NEW *Adjust for Depr. & Amort. on donated assets*		-0.610	-0.163	-0.289	-0.429
NEW *Adjust for donated PPE & intangible assets in operating income*		0.000	0.000	0.082	-0.055
Impairments & restructuring costs YTD		-2.700	0.000	0.000	0.000
Operating Income YTD from IS		583.304	145.822	301.306	461.500
IS Surplus margin metric		0.6%	1.6%	0.3%	-0.2%
IS Surplus margin rating	20%	2	3	2	2
Financial Efficiency rating		3	4	3	3
Liquidity					
Cash for liquidity purposes (IFRS)		24.710	31.530	27.529	22.569
Operating expenditure YTD from IS		-545.345	-136.916	-283.725	-438.328
WCF in terms of Operating Expenditure YTD		23.1	23.0	22.2	21.6
Liquidity days metric (WCF limited to 30 days)		16.3	20.7	17.5	13.9
Liquidity rating	25%	3	3	3	2
Weighted Average Rating		3.0	3.3	3.1	2.6
Overriding rules	**Applicable**				
3 Return submitted on time		YES	YES	YES	YES
3 Return submitted complete and correct		YES	YES	YES	YES
2 PDC dividend payment planned/made in Q2, Q4		YES		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	FALSE
3 One financial criteria '1' or '2'		FALSE	FALSE	FALSE	TRUE
2 Two financial criteria '1' or '2'		FALSE	FALSE	FALSE	FALSE
1 Two financial criteria at '1'		FALSE	FALSE	FALSE	FALSE
2 Unplanned breach of PBC	NO				
4 Less than 1 year as an Foundation Trust		FALSE	FALSE	FALSE	FALSE
Limit due to overriding rules		0	0	0	3
Financial Risk Rating (unrounded)		3	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 Q3 2011/12

Financial Summary £m	Current Quarter Plan	Actual	Variance	YTD Plan	Actual	Variance	FY Plan	FY Forecast
Operating Revenue	145.8	160.1	14.2	437.5	461.4	24.0	583.3	607.3
Employee Expenses	(81.8)	(88.9)	(7.1)	(245.5)	(262.5)	(17.0)	(327.3)	(344.4)
Drugs	(13.8)	(15.0)	(1.1)	(41.5)	(43.7)	(2.3)	(55.3)	(57.6)
PFI operating expenses	(5.7)	(6.3)	(0.5)	(17.2)	(18.0)	(0.9)	(22.9)	(23.8)
Other costs	(35.0)	(44.3)	(9.4)	(104.9)	(113.9)	(9.1)	(139.8)	(148.9)
EBITDA	**9.5**	**5.6**	**(3.9)**	**28.5**	**23.2**	**(5.3)**	**38.0**	**32.7**
Depreciation and amortisation	(4.2)	(2.9)	1.2	(12.5)	(10.5)	2.0	(16.6)	(14.6)
Net interest	(2.0)	(2.0)	0.1	(6.1)	(6.2)	(0.1)	(8.2)	(8.2)
Other	0.5	(2.5)	(3.0)	(4.6)	(7.8)	(3.2)	(12.0)	(15.1)
Net Surplus / (Deficit)	**3.8**	**(1.8)**	**(5.6)**	**5.2**	**(1.3)**	**(6.5)**	**1.2**	**(5.3)**
EBITDA as % Total Revenue	6.5%	3.5%	-3.0%	6.5%	5.0%	-1.5%	6.5%	5.4%
CIP as % OpEx less PFI costs	6.3%	3.8%	-2.5%	6.3%	4.0%	-2.3%	6.3%	4.5%
Net Surplus / (Deficit)	3.8	(1.8)	(5.6)	5.2	(1.3)	(6.5)	1.2	-5.3
Change in working capital	(1.1)	9.9	10.9	(9.2)	0.0	9.3	(6.1)	3.1
Non cash I&E items	7.3	6.7	(0.6)	24.0	22.8	(1.2)	35.0	33.8
Cashflow from operations	**10.1**	**14.8**	**4.8**	**20.0**	**21.5**	**1.5**	**30.1**	**31.6**
Cashflow from investing activities	(2.8)	(6.4)	(3.6)	(16.4)	(15.8)	0.6	(21.4)	(20.8)
Cashflow before financing	**7.3**	**8.5**	**1.2**	**3.6**	**5.7**	**2.1**	**8.7**	**10.8**
Cashflow from financing activities	(2.7)	(2.5)	0.3	(11.9)	(11.5)	0.3	(18.4)	(18.1)
Net increase/(decrease) in cash	**4.5**	**6.0**	**1.4**	**(8.3)**	**(5.9)**	**2.4**	**(9.7)**	**(7.3)**
Cash at period end	**14.3**	**16.9**	2.5	**14.3**	**16.9**	2.5	**13.0**	**15.5**
Cash and Cash equivalents at PE	14.3	16.9	2.5	14.3	16.9	2.5	13.0	15.5

FRR Metrics by quarter all on YTD basis	Reported YTD 30-Jun-11	Reported YTD 30-Sep-11	Reported YTD 31-Dec-11
EBITDA margin	6.1%	5.8%	5.0%
EBITDA % of plan	93.8%	92.6%	81.4%
ROCE	5.3%	5.6%	4.7%
I&E surplus margin	1.6%	0.3%	-0.2%
Liquidity	20.7	17.5	13.9
Financial Risk Rating	**3**	**3**	**3**

Detailed Financial Summary £m	Current Quarter Plan	Actual	Variance	YTD Plan	Actual	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	67.8	74.4	6.6	90.4	97.1
NHS Non-Elective revenue	27.1	29.1	2.0	81.3	86.4	5.0	108.5	113.5
NHS Outpatient revenue	20.5	20.8	0.3	61.5	61.0	(0.5)	82.0	81.5
NHS A&E revenue	3.6	3.9	0.3	10.8	11.3	0.5	14.4	14.9
NHS other revenue	49.8	56.8	7.0	149.4	158.5	9.1	199.2	208.3
Private patient revenue	3.5	4.2	0.8	10.4	12.4	2.0	13.8	15.8
Other operating income	18.7	19.3	0.5	56.2	57.5	1.2	75.0	76.2
Total Operating Revenue	**145.8**	**160.1**	**14.2**	**437.5**	**461.4**	**24.0**	**583.3**	**607.3**
Employee Expenses	(81.8)	(88.9)	(7.1)	(245.5)	(262.5)	(17.0)	(327.3)	(344.4)
Drugs	(13.8)	(15.0)	(1.1)	(41.5)	(43.7)	(2.3)	(55.3)	(57.6)
Supplies (clinical & non-clinical)	(20.7)	(23.5)	(2.8)	(62.0)	(68.3)	(6.2)	(82.7)	(88.9)
PFI operating expenses	(5.7)	(6.3)	(0.5)	(17.2)	(18.0)	(0.9)	(22.9)	(23.8)
Other Costs within EBITDA	(14.3)	(21.0)	(6.7)	(42.8)	(45.8)	(2.9)	(57.1)	(60.0)
Operating Expenses within EBITDA	**(136.3)**	**(154.6)**	**(18.3)**	**(409.0)**	**(438.3)**	**(29.3)**	**(545.3)**	**(574.7)**
EBITDA	**9.5**	**5.6**	**(3.9)**	**28.5**	**23.2**	**(5.3)**	**38.0**	**32.7**
Depreciation and amortisation	(4.2)	(2.9)	1.2	(12.5)	(10.5)	2.0	(16.6)	(14.6)
Impairments & Restructuring	0.0	0.0	0.0	0.0	0.0	0.0	(2.7)	(2.7)
Total Operating Expenses IFRS	**(140.5)**	**(157.5)**	**(17.0)**	**(421.5)**	**(448.8)**	**(27.3)**	**(564.7)**	**(592.0)**
Operating Surplus (Deficit)	**5.3**	**2.5**	**(2.8)**	**16.0**	**12.6**	**(3.4)**	**18.6**	**15.3**
Profit (Loss) on asset disposal	1.0	0.2	(0.8)	1.0	(0.0)	(1.0)	1.0	(0.0)
Net interest	(2.0)	(2.0)	0.1	(6.1)	(6.2)	(0.1)	(8.2)	(8.2)
Taxation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC dividend	0.0	(2.1)	(2.1)	(4.2)	(6.2)	(2.1)	(8.3)	(10.4)
Charitable funds net I&E included	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other non-operating items	(0.5)	(0.5)	0.0	(1.5)	(1.5)	0.0	(2.0)	(1.9)
Net Surplus / (Deficit)	**3.8**	**(1.8)**	**(5.6)**	**5.2**	**(1.3)**	**(6.5)**	**1.2**	**(5.3)**
EBITDA as % Total Op Revenue	6.5%	3.5%	-3.0%	6.5%	5.0%	-1.5%	6.5%	5.4%
EBITDA	**9.5**	**5.6**	**(3.9)**	**28.5**	**23.2**	**(5.3)**	**38.0**	**32.7**
Change in Current Receivables	(2.3)	(1.5)	0.8	(6.0)	(10.5)	(4.5)	0.3	(4.2)
Change in Current Payables	1.2	(7.1)	(8.3)	1.3	1.2	(0.1)	(1.7)	(1.8)
Other changes in WC	0.1	18.5	18.4	(4.5)	9.4	13.9	(4.7)	9.2
Other non-cash items	1.6	(0.6)	(2.3)	0.8	(1.7)	(2.4)	(1.8)	(4.2)
Cashflow from operating activities	**10.1**	**14.8**	**4.8**	**20.0**	**21.5**	1.5	**30.1**	**31.6**
Capital expenditure	(7.8)	(6.4)	1.4	(21.4)	(15.9)	5.5	(26.4)	(20.9)
Asset sale proceeds	5.0	0.0	(5.0)	5.0	0.0	(5.0)	5.0	0.0
other Investing cash flows	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cashflow before financing	**7.3**	**8.5**	**1.2**	**3.6**	**5.7**	2.1	**8.7**	**10.8**
Net interest	(1.9)	(1.9)	(0.0)	(6.0)	(6.0)	(0.0)	(8.2)	(8.2)
PDC dividends (paid)	0.0	0.0	0.0	(4.2)	(4.2)	(0.0)	(8.4)	(8.4)
Movement in loans	(0.5)	(0.4)	0.1	(1.1)	(0.9)	0.1	(1.1)	(1.0)
PDC received/(repaid)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donations received in cash	0.0	0.0	0.0	0.5	0.2	(0.3)	0.6	0.3
Other	(0.4)	(0.2)	0.2	(1.1)	(0.6)	0.5	(1.3)	(0.9)
Net cash inflow/outflow	**4.5**	**6.0**	**1.4**	**(8.3)**	**(5.9)**	**2.4**	**(9.7)**	**(7.3)**
Period end cash	**14.3**	**16.9**	**2.5**	**14.3**	**16.9**	**2.5**	**13.0**	**15.5**
Period end cash and equivalents	**14.3**	**16.9**	**2.5**	**14.3**	**16.9**	**2.5**	**13.0**	**15.5**

Appendix E - Quality Governance Framework Self Assessment – Quarter 3 2011/12

Quality Areas	Trust Self Assessment April-June 2011 Qtr 1	Trust Self Assessment & Internal Audit (KPMG) of process July/Sept. 2011 Qtr 2	Trust Self Assessment October–December 2011 Qtr 3
1. STRATEGY			
1a Does quality drive the Trust's Strategy?	**Green**	**Green**	**Green**
			Additional Information: • **KPMG Audit on Quality Governance** - *Adequate Assurance* across all 4 components of Monitor's QG framework. Sept 2011. • **KPMG Audit of Risk Management arrangements including Board Assurance Framework –** *Adequate Assurance* Sept 2011. • **CQC's QRP** shows Trust profile is steady with no significant adverse movements as at December 2011. • **Environmental Strategy** in the process of being finalised prior to Board approval. • **Quality Priorities –** stakeholder consultation/events in progress for 2012-13 Quality Accounts. • **Deteriorating Patients Scorecard –** under development.
1b Is the board sufficiently aware of potential risks to quality?	**Green**	**Green**	**Green**
			Additional Information – as above

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Quality Areas	Trust Self Assessment April-June 2011 Qtr 1	Trust Self Assessment & Internal Audit (KPMG) of process July/Sept. 2011 Qtr 2	Trust Self Assessment October-December 2011 Qtr 3
2. CAPABILITIES AND CULTURE			
2a Does the Board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?	**Green**	**Green**	**Green**
			Additional Information: • **KPMG Audit on Quality Governance** - *Adequate Assurance* across all 4 components of Monitor's QG framework. Sept 2011 • **Board skills and capabilities-** Board profile has been reviewed. The Trust is actively recruiting to fill any identified gaps in skill set. • **Annual Staff Survey 2011-** benchmarking results to be published in March 2012. Action plans will be developed in response to any identified gaps/areas of weakness.
2b Does the board promote a quality-focused culture throughout the Trust?	**Green**	**Green**	**Green**
			• **KPMG Audit on Quality Governance** - *Adequate Assurance* across all 4 components of Monitor's QG framework. Sept 2011 • **Dignity month – February 2012** – led by Dir. Nursing & Midwifery • **Transformation & Launch of Marjory Warren Ward** providing multi sensory environment for older patients and those with dementia in December 2011. • **Ongoing and extensive range of quality initiatives and events – e.g.** *regular VTE Champions Award, Dying matters@King's, Improving the Patient Experience Programme.*

Appendix E - Quality Governance Framework Self Assessment – Quarter 3 2011/12

Quality Areas	Trust Self Assessment April-June 2011 Qtr 1	Trust Self Assessment & Internal Audit (KPMG) of process July/Sept. 2011 Qtr 2	Trust Self Assessment October-December 2011 Qtr 3
3. PROCESS AND STRUCTURE			
3a Are there clear roles and accountabilities in relation to quality governance?	**Green**	**Green**	**Green**
			• **KPMG Audit on Quality Governance** - *Adequate Assurance* across all 4 components of Monitor's QG framework. Sept 2011.
3b Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance?	**Green**	**Green**	**Green**
			• **KPMG Audit on Quality Governance** - *Adequate Assurance* across all 4 components of Monitor's QG framework. Sept 2011.
3c Does the Board actively engage patients, staff and other key stakeholders on quality?	**Green**	**Green**	**Green**
			Additional Information: • **KPMG Audit on Quality Governance** - *Adequate Assurance* across all 4 components of Monitor's QG framework. Sept 2011. • **Quality Priorities –** stakeholder consultation/events in progress for 2012 -13 Quality Accounts.

Appendix E - Quality Governance Framework Self Assessment – Quarter 3 2011/12

Quality Areas	Trust Self Assessment April-June 2011 Qtr 1	Trust Self Assessment & Internal Audit (KPMG) of process July/Sept. 2011 Qtr 2	Trust Self Assessment October-December 2011 Qtr 3
4. MEASUREMENT			
4a Is appropriate quality information being analysed and challenged?	**Green**	**Green**	**Green**
			Additional Information: • **KPMG Audit on Quality Governance** - *Adequate Assurance* across all 4 components of Monitor's QG framework. Sept 2011. • **Deteriorating Patients Scorecard –** under development.
4b Is the Board assured of the robustness of the quality information?	**Green**	**Green**	**Green**
			Additional Information: • **KPMG Audit on Quality Governance**- *Adequate Assurance* across all 4 components of Monitor's QG framework. Sept 2011.
4c Is quality information used effectively?	**Green**		
			4b/6 Minor risk identified Qtr1 2011/12: Need to achieve standardisation of patient documentation electronically. Amber rated but does not in isolation prevent compliance with Monitor's QGF. Risk assessed as *Amber* in July 2011. Anticipated that risk will be reduced within 12 months. **Update:** Work in progress: i) All wards have access to EPR ii) Outpatient project underway. A number of clinics are now paper light. iii) External PbR Coding Audit underway.

Appendix F - Compliance with Terms of Authorisation - Quarter 3 2011/12

Schedule	Status
1. Constitution	No changes
2. Mandatory Goods and Services	No changes
3. Education and Training Services	No changes
4. Private Patient Income Cap	Within limit
5. Borrowing Facility	Within limit.
6. Monitor Reporting Requirements	Changes to reporting requirements are monitored centrally by the Operations Directorate to ensure all reporting is timely, accurate and in the appropriate format.

REGISTER OF GOVERNOR ATTENDANCE

NAME			CONSTITUENCY	MEETINGS ATTENDED					REASON FOR ABSENCE
				1	2	3	4	5	
Mr	George	Alberti	Chair	√					
Mr	Derek	Cookson	Patient	√					
Mr	Thomas	Duffy	Patient	√					
Ms	Patti	Kachidza	Patient	√					
Ms	Christine	Klaassen	Patient	√					
Mr	David	Sullivan	Patient	√					
Ms	Jan	Thomas	Patient	√					
Ms	Fiona	Clark	Lambeth North	√					
Mr	John	Henley	Southwark North	√					
Mr	Andrew	McCall	Southwark North	√					
Mr	Christopher	North	Lambeth North	√					
Mr	Stuart	Owen	Southwark South	√					
Ms	Barbara	Pattinson	Southwark Central	√					
Mrs	Michelle	Pearce	Southwark South	√					
Mr	Nandakumar	Ratnavel	Lambeth South	√					
Mr	Michael	Robinson	Lambeth Central	√					
Mr	Godwin	Ubiaro	Lambeth Central	√					
Mrs	Alam	Zabit	Lambeth South	√					
Ms	Phyllis	Barnett	Allied Health Professionals	√					
Dr	Rachel	Burman	Medical and Dentistry	√					
Ms	Nicky	Hayes	Nurses and Midwives	√					
Mr	Brady	Pohle	Administration and Clerical	√					
Mr	Ahmad	Toumadj	Support Staff	√					
MS	Carol	Bell	Joint Staff Committee	√					
Ms	Anne	Garvey	London South Bank University	√					
Mr	Richard	Gibbs	Southwark Primary Care Trust	√					
Ms	Caroline	Hewitt	Lambeth PCT	√					
Ms	Madeleine	Long	South London & Maudsley NHS Foundation Trust	√					
Ms	Diane	Summers	Guy's & St Thomas' Hospital NHS Foundation Trust	√					
Mr	Andy	Alatise	Southwark Central	χ					Sent apologies for absence - out of the country.
Ms	Carolyn	Campbell-Cole	Nurses and Midwives	χ					Sent apologies for absence - unwell.
Mr	Chris	Mottershead	King's College London	χ					Unknown

Meeting Dates

1	01/12/2012
2	14/02/2012
3	09/05/2012
4	13/09/2012
5	05/12/2012