

AGENDA

Meeting	Public Council Of Governors
Time of meeting	14:30-15:30
Date of meeting	Wednesday 3rd October 2018
Meeting Room	Boardroom
Site	Hambleden Wing, Denmark Hill

			Encl.	Lead	Time
1.	STANDING ITEMS			Chair	
	1.1. Welcome and Apologies 1.2. Declarations of Interest 1.3. Chair's Action 1.4. Minutes of Previous Meeting 10th May 2018 1.5. Matters Arising	FA FR	Enc. 1.4 Enc. 1.5		
2.	FOR REPORT				
	Rigorous Governance 2.1. Annual Report and Accounts 2017/18 2.2. External Audit Opinion 2.3. Annual Members' Meeting 3 rd & 4 th October 2018 Governor Involvement & Engagement 2.4. Governor Engagement & Involvement Activities 2.5. Governor Strategy Committee 2.6. Membership & Community Engagement Committee (MCEC) 2.7. Patient Experience & Safety Committee (PESC)	FR FR FI FI FR FR FR	Enc. 2.1 Enc. 2.2 Verbal Verbal Enc. 2.5 Enc. 2.6 Enc. 2.7	P Herring J Gooding Sao Bui-Van C North A Desai P Dale V Silvester	
3.	FOR INFORMATION			Chair	
	3.1. Sub-Committee – Confirmed Minutes 3.1.1. Membership & Community Engagement Committee 3.1.2. Patient Experience & Safety Committee 3.1.3. Governor Strategy Committee	FI	Enc. 3.1		
4.	ANY OTHER BUSINESS			Chair	
5.	DATE OF NEXT MEETING Thursday 6 th December 2018 (18:00-20:00) in the Boardroom, Hambleden Wing, KCH, Denmark Hill				

Ian Smith	Interim Trust Chair
Elected: Chris North Rosemary Andrews Diana Coutts-Pauling Penny Dale David Jefferys Alfred Ekellot Barbra Goodhew Sam Waterson Susan Wise Nicola Bates Paul Cosh Emmanuel Forche Craig Jacobs Derek St Clair Catrall Andrea Towers Jane Alberry Pam Cohen Stephanie Harris Victoria Silvester Ashish Desai Kevin Labode Carol Olding Claire Saha Heather Weir	Lambeth / Lead Governor Bromley Bromley Bromley Bromley Lambeth Lambeth Lambeth Lewisham Patient Patient Patient Patient Patient Patient Southwark Southwark Southwark Southwark Staff – Medical & Dental Staff – Administration, Clerical & Management Staff – Nurses and Midwives Staff - Allied Health Professionals, Scientific & Technical Staff – Nurses and Midwives
Nominated/Partnership Organisations: Dr Noel Baxter Cllr. Jim Dickson Cllr Robert Evans Charlotte Hudson Richard Leeming Phidelma Lisowska	Southwark Clinical Commissioning Group Lambeth Council Bromley Council South London & Maudsley NHS Foundation Trust Southwark Council Joint Staff Committee
In attendance: Peter Herring Faith Boardman Prof Jonathan Cohen Prof Ghulam Mufti Alix Pryde Sue Slipman Chris Stooke Prof Richard Trembath Dr Shelley Dolan Iain Alexander Steven Bannister Dawn Brodrick Lisa Hollins Abigail Stapleton Prof. Julia Wendon Lorcan Woods Siobhan Coldwell Nina Martin Dale Rustige	Interim Chief Executive Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Operating Officer / Chief Nurse Chief Restructuring Director Interim Director of Capital, Estates and Facilities Director of Workforce Development Director of Improvement, Informatics & ICT Director of Strategy Medical Director Chief Financial Officer Trust Secretary and Head of Corporate Governance Assistant Board Secretary Corporate Governance Officer (Minutes)
Apologies: Dr Sadru Kheraj	Lambeth Clinical Commissioning Group

Anne-Marie Rafferty

King's College London

Circulation to: Council of Governors and Board of Directors

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Council of Governors – Public Session

Minutes of the Council of Governors (Public Session) meeting held on Thursday 10th May 2018 at 17:30-18:30 in the Boardroom, Hambleton Wing, King's College Hospital, Denmark Hill.

Minutes

Ian Smith Interim Trust Chair

Elected:

Rosemary Andrews	Bromley
Diana Coutts-Pauling	Bromley
Penny Dale	Bromley
David Jefferys	Bromley
Sam Waterson	Lambeth
Chris North	Lambeth
Barbara Goodhew	Lambeth
Victoria Silvester	Southwark
Jane Allberry	Southwark
Pam Cohen	Southwark
Stephanie Harris	Southwark
Emmanuel Forche	Patient Governor
Ashish Desai	Staff Governor – Medical & Dentistry
Carole Olding	Staff Governor – Nursing and Midwifery
Claire Saha	Staff Governor - Allied & Health Professionals
Heather Weir	Staff Governor – Nursing and Midwifery

Nominated/Partnership Organisations:

Charlotte Hudson	South London & Maudsley NHS Foundation Trust
Cllr. Jim Dickson	Lambeth Council
Phidema Lisowska	Joint Staff Committee
Prof Anne Marie Rafferty	King's College London

In Attendance:

Peter Herring	Interim Chief Executive
Faith Boardman	Non-Executive Director
Dr Shelley Dolan	Chief Operating Officer & Chief Nurse
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Sao Bui-Van	Director of Communications
Jane Bond	Director of Capital, Estates & Facilities
Dawn Brodrick	Director of Workforce Development
Iain Alexander	Interim Chief Financial Officer
Nicola Hoeksema	Associate Chief Financial Officer
Simon Dixon	Deputy Chief Financial Officer
David Lewis	Senior Finance Manager
Jane Badejoko	Assistant Board Secretary
Dale Rustige	Corporate Governance Officer (Minutes)

Apologies:

Alfred Ekellot	Lambeth
Susan Wise	Lambeth
Dr Sadru Kheraj	Lambeth Clinical Commissioning Group (CCG)
Kevin Labode	Staff Governor – Administration and Clerical

Cllr. Robert Evans	Bromley Council
Paul Cosh	Patient Governor
Fungisai Chirochangu	Patient Governor
Craig Jacobs	Patient Governor
Derek St Clair Catrall	Patient Governor
Prof Ghulam Mufti	Non-Executive Director
Chris Stooke	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Prof Jonathan Cohen	Non-Executive Director
Sue Slipman	Non-Executive Director
Lisa Hollins	Director of Transformation and ICT
Prof Jules Wendon	Executive Medical Director
Abigail Stapleton	Director of Strategy

Item	Subject	Action
018/17	Welcome and Apologies Apologies for absence were noted.	
018/18	Declarations of Interest None.	
018/19	Chair's Action None.	
018/20	Minutes of the Previous Meeting The minutes of the last meeting held on 14 th March 2018 were approved as accurate.	
018/21	Matters Arising / Action Tracker There were no outstanding actions for the Council to review.	
	FOR REPORT	
018/22	Best Quality of Care a) Introduction to the new interim Chief Executive A warm welcome was given to Peter Herring, the newly appointed Interim Chief Executive of the Trust. Peter gave a short introduction of his background working in the NHS and looked forward to working at King's. It was noted that he has had over 20 years' experience working as a CEO and had previously let three NHS trusts.	
018/23	Top Productivity and Sound Finances a) Financial Special Measures – Update The Council received a verbal update from the Interim Chief Financial Officer, Iain Alexander. The Trust has been working closely with the regulator in finalising the budget for 2018/19. It was noted that the road to financial recovery will be a long term process and that there is full commitment from the Trust. The Trust will face similar challenges as in the previous financial year whilst it is under	

Item	Subject	Action
	<p>financial special measures – with CIPs (cost improvement programme) and the higher 6% interest rate for borrowing. There would be a big programme planned for CIPs. There will be an increase in the CNST (clinical negligence scheme for trusts) premium. One of the key priorities was reducing the costs on temporary staffing.</p> <p>There was a question from the governors on whether there was a risk of over optimism on the delivery of CIPs. It was noted that the Trust had performed well in 2017/18, with delivering £48m out of £54m of the CIPs target. Some CIPs may be taken out of the budget for 2018/19. However, the Trust was fully committed to continuing the achievement of CIPs. It was noted that the Trust had greatly reduced its agency spend in 2017/18 as part of the CIPs; there would be more of a focus on employing into substantive posts.</p> <p>The Trust would also undertake a review of its clinical coding process to ensure greater accuracy for 2018/19. Inaccurate coding was one of the drivers of the deficit. The central coding team had been increased and the Trust had also brought in expert advice.</p>	
	<p>b) Performance Report – Month 12</p> <p>The Council noted the Performance Report for Month 12. The Chief Operating Officer & Chief Nurse, Dr Shelley Dolan, provided a verbal update.</p> <p>The Trust’s performance was good in managing a difficult winter. It performed well against the national target and both sites exceeded it. There was now flow in ED, which had been a recurring issue previously.</p> <p>The 62-week waiting time for cancer treatments had been compliant in March and April, and May should also be compliant. There were however some breaches in the waiting times for breast cancer treatments due to staffing issues. The Trust was also compliant with diagnostic times. The backlog for endoscopy at the PRUH was being cleared. Capacity would also be doubled at the PRUH.</p> <p>There was a marginal drop in RTT compliance in March. There was an increase in the number of patients waiting over 52 weeks in March. Demand and capacity for orthopaedics would be reviewed.</p> <p>Due to the winter pressures, elective surgeries had to be rescheduled, excluding cancer cases.</p>	

018/24 Governor Involvement and Engagement

a) Governor Strategy Committee

The Council noted a written summary of the recent Strategy Committee meeting on 10th May 2018. Lead Governor, Chris North, provided a verbal update.

There had been a presentation at the meeting on the strategy and vision of the King’s Health Partners (KHP) Institute of Haematology. It was noted that the Trust was fortunate to have a diverse local population, which is a fundamental building block to developing a speciality. Haematology teams across the partner sites have implemented strategies to further align working practices.

b) Membership and Community Engagement Committee (MCEC)

The Council noted a written summary on the recent MCEC meeting on 10th May 2018.

Item	Subject	Action
	The Committee Chair, Penny Dale, provided a verbal update.	
	Representatives from the Lambeth PPG (Patient Participation Group) were invited at the last meeting and did a talk on their activities and engagement work. There were also discussions about finding a mechanism for staff governors to receive useful feedback from the local constituency. Governors were also encouraged to become more involved in health talks with members.	
	c) Patient Experience & Safety Committee (PESC)	
	The Council noted a written summary on the recent PESC meeting on 19 th April 2018. The Committee Chair, Victoria Silvester, provided a verbal update.	
	The Committee had invited the Director of Delivery and Outpatients, Nicola Waring-Edkins, delivered a presentation on the Trust's outpatient transformation work.	
	There was a discussion about issues relating to capital and estates around the Trust such as: signage and appointment letters, patient discharge and transport, progress on issues raised from PLACE (Patient-Led Assessments of the Care Environment) visits. It was noted that the Director of Capital, Estates and Facilities would be invited to the next PESC meeting to address the issues.	
	d) Governor articles for @King's	
	The Lead Governor noted that they could have a specific area within the @King's magazine. This would be an opportunity for Governors to provide articles or stories aimed at engaging members.	
	FOR INFORMATION	
018/25	Confirmed Minutes of Governor Sub-committees	
	The Committee noted the following confirmed minutes:	
	a) Governor Strategy Committee, 9 th October 2017	
	b) Membership and Community Engagement Committee, 9 th February 2018	
	c) Patient Experience & Safety Committee, 25 th February 2018	
018/26	ANY OTHER BUSINESS	
	None.	
018/27	Date of next meeting	
	Wednesday 3 rd October 2018 (14:30-15:30) in the Boardroom, Hambleden Wing, Denmark Hill	

COUNCIL OF GOVERNORS (PUBLIC MEETING) ACTION TRACKER

Date	Item	Action	Who	Due	Update
DEFERRED					
18/05/2017	017/030	Governor Engagement and Involvement Activities - The Lead Governor urged fellow Council members to attend STP-related meetings, particularly so that they could be sighted on important matters such as governance issues and the impact of them on the Foundation Trust model. An update on the South East London STP would be presented at the next meeting of the Governors Strategy Committee.	CFO Director of Strategy	06/07/2017 New date to be identified	
18/05/2017	017/023	Report from the Board of Directors – Engagement initiatives were being devised to open dialogue with staff on the six main themes highlighted by the staff survey. A review of the impact and effectiveness of the communications and engagement initiatives would be undertaken in six months' time and this would be presented to the Council.	S Bui-Van D Brodrick	14/12/2017 New date to be identified	
14/03/2018	018/10	Carter Productivity work in Orthopaedics The Chairman confirmed that he was encouraged by the teamwork he had observed, he stated that it would be helpful to invite the leadership of the programme to present at a future meeting.	Shelly Dolan	Date to be identified	

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INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of King's College Hospital NHS Foundation Trust (the 'foundation trust') and its subsidiaries (the 'group'):

- **give a true and fair view of the state of the group and foundation trust's affairs as at 31 March 2018 and of the group and foundation trust's income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:

- the consolidated statement of comprehensive income;
- the group and foundation trust statements of financial position;
- the group and foundation trust statements of changes in taxpayers' equity;
- the group and foundation trust statements of cash flow; and
- the related notes 1 to 28.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material uncertainty relating to going concern

We draw attention to note 1.26 in the financial statements, which indicates that the Group:

- Incurred a net deficit before impairments and capital donations of £139.0 million during the year ended 31 March 2018;
- Has an underlying deficit of approximately £150 million for 2018/19 and is forecasting an increased deficit in 2018/19;
- Has a cost improvement plan of £44 million for 2018/19;
- Has prepared cash flow forecasts that show a minimum level of headroom of £3 million throughout 2018/19;
- Has a revenue financing requirement of £131.8 million to support its deficit position in year, is working with NHSI to secure additional distressed capital resource of £54m and is looking to secure further revenue financing to support the forecast deficit;
- Has only agreed contract values with key commissioners amounting to £336 million, noting that the new NHS England contract has yet to be agreed;
- Has significant existing loan arrangements falling due within the next 12 months including a term loan of £98.9 million due in November 2018; and
- Is in a net liabilities position on the Statement of Financial Position.

The foundation trust has identified that additional funding is required before the end of 2018/19 to support the foundation trust in meeting its liabilities which is yet to be formally agreed. Without additional funding, the Group will have insufficient working capital to meet its liabilities as they fall due.

In response to this, we:

- reviewed the Group’s financial performance in 2017/18 including its achievement of planned cost improvements in the year;
- held discussions with management to understand the funding arrangements that have been agreed, confirming to signed loan agreements, and regarding management’s expectation around further funding requirements;
- reviewed the Group’s cash flow forecasts and the Group’s financial plan submitted to NHS Improvement;
- challenged the key assumptions used in the cash flow forecasts by reference to NHS Improvement guidance and by benchmarking information for other acute providers; and
- considered the consistency and historical accuracy of the budgeting process used by the Group.

As stated in note 1.26, these events or conditions indicate that a material uncertainty exists that may cast significant doubt on the Group’s and the foundation trust’s ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Summary of our audit approach

Key audit matters	<p>The key audit matters that we identified in the current year were:</p> <ul style="list-style-type: none"> • Recognition of NHS revenue; • Property valuations; • Accounting for capital expenditure; • Going concern (see ‘material uncertainty relating to going concern’ section); • Management override of controls; and • Arrangement to secure value for money (see matters on which we are required to report by exception – use of resources section). <p>Within this report, any new key audit matters are identified with  and any key audit matters which are the same as the prior year identified with .</p>
Materiality	The materiality that we used for the group financial statements was £11.2m which was determined on the basis of 1% of revenue.
Scoping	Our group audit was scoped by obtaining an understanding of the group and its environment, including internal controls, and assessing the risks of material misstatement at the group level. Audit work was performed at the group’s head offices in Denmark Hill directly by the audit engagement team, led by the engagement lead. We performed a fully substantive audit on the foundation trust and one of the foundation trust’s subsidiaries, KCH Interventional Facilities Management LLP, which together account for over 99% of the revenue of the group.
Significant changes in our approach	Due to the increase in the size of the foundation trust’s capital program which was £55.0m in 2017/18 compared to £41.7m in 2016/17 (excluding significant one-off transactions of £47.0m), including £39.7m of additions to assets under construction, we identified capital expenditure as a key audit matter for 2017/18.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to the matters described in the 'material uncertainty relating to going concern' section and the 'matters on which we are required to report by exception – use of resources' section, we have determined the matters described below to be the key audit matters to be communicated in our report.

Recognition of NHS revenue

Key audit matter description



As described in note 1.7 and note 1.27, there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to the judgemental nature of provisions for disputes, including in respect of outstanding overperformance and non-contracted income for quarters 3 and 4.

Details of the Group's income, including £993.6m of Commissioner Requested Services, are shown in note 2.2 to the financial statements. NHS debtors are shown in note 13 to the financial statements.

The Group earns revenue from a wide range of commissioners, increasing the complexity of agreeing a final year-end position. The settlement of income with Clinical Commissioning Groups continues to present challenges, leading to disputes and delays in the agreement of year end positions.

How the scope of our audit responded to the key audit matter



We evaluated the design and implementation of controls over recognition of NHS income.

We performed detailed substantive testing on a sample basis of the recoverability of unsettled revenue amounts, and evaluated the results of the agreement of balances exercise.

We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondence with commissioners.

Key observations



Whilst we concluded that NHS revenue and provisions were recognised appropriately, our testing indicates the Group continues to be towards the optimistic end of an acceptable range in their provision for impaired receivables.

Our evaluation of the design and implementation of controls identified weaknesses.

Property valuations

Key audit matter description

The Group holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £455.5m. The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.

The net valuation movement on the Group's estate shown in note 10 is an impairment of £11.0m.

How the scope of our audit responded to the key audit matter

We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the foundation trust to the valuer.

We used Deloitte internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the Group's properties, including through benchmarking against revaluations performed by other foundation trusts at 31 March 2018.

We challenged the Group's assumption that an alternative, lower value, site could be used in calculating a Modern Equivalent Asset value by reviewing the Group's clinical strategy, and critically evaluating whether the alternatives considered would be viable given the nature of the foundation trust's activities.

We have reviewed the disclosures in notes 1.10 and 7 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation.

We assessed whether the valuation and the accounting treatment of the impairment were compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.

Key observations

We have concluded the Group's valuation assumptions fall within the expected range highlighted by Deloitte internal valuation specialists.

Our evaluation of the design and implementation of controls identified weaknesses.

Management override of controls **Key audit matter description**

We consider that in the current year there continues to be a heightened risk across the NHS that management may override controls to fraudulently manipulate the financial statements or accounting judgements or estimates. This is due to the increasingly challenging financial circumstances of the NHS and close scrutiny of the reported financial performance of individual organisations.

The areas of judgement which are more susceptible to management override include accruals, deferred income, injury cost recovery debtors, partially completed patient spells, bad debt provisions, property valuations, and useful economic lives of assets.

Details of critical accounting judgements and key sources of estimation uncertainty are included in note 1.27.

How the scope of our audit responded to the key audit matter



Manipulation of accounting estimates

Our work on accounting estimates included considering each of the areas of judgement identified above. We have considered both the individual judgements and their impact individually and in aggregate upon the financial statements. In testing each of the relevant accounting estimates, engagement team members were directed to consider their findings in the context of the identified fraud risk. Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS.

We tested accounting estimates (including in respect of NHS revenue and provisions and property valuations discussed above), focusing on the areas of greatest judgement and value. Our procedures included comparing amounts recorded or inputs to estimates to relevant supporting information from third party sources.

We evaluated the rationale for recognising or not recognising balances in the financial statements and the estimation techniques used in calculations, and considered whether these were in accordance with accounting requirements and were appropriate in the circumstances of the Group.

Manipulation of journal entries

We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting focusing in particular upon manual journals.

We traced the journals to supporting documentation, considered whether they had been appropriately approved and evaluated the accounting rationale for the posting. We evaluated individually and in aggregate whether the journals tested were indicative of fraud or bias.

We tested the year-end adjustments made outside of the accounting system between the general ledger and the financial statements and consolidation adjustments and journals.

Accounting for significant or unusual transactions

We considered whether any transactions identified in the year required specific consideration and did not identify any requiring additional procedures to address this key audit matter.

Key observations



We agreed with management that the treatment of the accounting estimates, journal entries and significant or unusual transactions is appropriate.

Our evaluation of the design and implementation of controls identified weaknesses.

Accounting for capital expenditure

Key audit matter description



The Group has £39.7 million of additions to assets under construction as per note 10 of the financial statements, primarily in relation to the Critical Care Unit. Where the Group develops properties as part of its capital programme, determining whether or not expenditure should be capitalised under International Financial Reporting Standards and depreciation commenced, can involve judgement.

Given the significance of the capital plan for the year ending 31 March 2018, we have elevated this area to a key audit matter in the current year.

How the scope of our audit responded to the key audit matter



We evaluated the design and implementation of controls around the capitalisation of costs.

We tested spending on a sample basis to assess whether it complies with the relevant accounting requirements, and whether the depreciation rates adopted are appropriate.

We reviewed the status of individual projects to evaluate whether they have been depreciated from the appropriate point.

Key observations



We are satisfied that capital expenditure has been recognised appropriately.

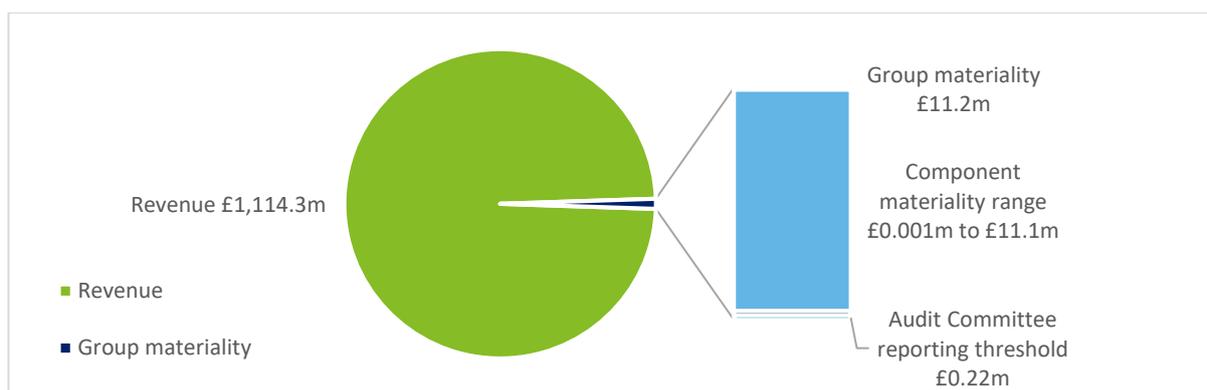
Our evaluation of the design and implementation of controls identified weaknesses.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

	Group financial statements	Foundation trust financial statements
Materiality	£11.2 million (2017: £11.1 million)	£11.1 million
Basis for determining materiality	1% of revenue (2017: 1% of revenue)	1% of revenue
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the foundation trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.	Revenue was chosen as a benchmark as the foundation trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £223,000 (2017: £222,000), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our group audit was scoped by obtaining an understanding of the group and its environment, including internal controls, and assessing the risks of material misstatement at the group level. Audit work was performed at the group's head offices in Denmark Hill directly by the audit engagement team, led by the engagement lead.

We performed specific audit procedures on the foundation trust and one of the foundation trust's subsidiaries, KCH Interventional Facilities Management LLP, which together account for over 99% of the revenue of the group.

Our audit work was executed at the level of materiality determined on an entity by entity basis, all of which were lower than group materiality.

At the group level we also tested the consolidation process and carried out analytical procedures to confirm our conclusion that there were no significant risks of material misstatement of the aggregated financial information of the remaining components not subject to audit or audit of specified account balances.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and information technology systems.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

We have nothing to report in respect of these matters.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent

with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the group or the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

We are required to report to you if, in our opinion the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Adverse conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in December 2017, we are not satisfied that, in all significant respects, King's College Hospital NHS Foundation Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

Basis for adverse conclusion

- There are weaknesses in the foundation trust's arrangements for agreeing, monitoring and recording of contracts with third parties as evidenced by:
 - the absence of a complete contracts register;
 - the absence of formalised and signed contractual arrangements with some commissioners; and
 - the identification of contractual arrangements entered into that have subsequently been identified by the foundation trust as not representing value for money.

This issue is evidence of weaknesses in proper arrangements for commissioning services and procuring supplies effectively to support the delivery of strategic priorities.

- In March 2015 Monitor issued enforcement and discretionary undertakings under section 106 of the Health and Social Care Act 2012. Monitor stated that it had reasonable grounds to suspect that the foundation trust has material financial, quality and operational issues that have affected the foundation trust's ability to fully deliver its plan and to operate on a sustainable basis in the future, resulting in the breach of the following conditions of its licence: CoS3(1)(a),(b) and FT4(5)(a),(d) and (f). These breaches demonstrate shortcomings in the corporate governance arrangements and financial management standards, in particular but not limited to a failure by the Licensee to establish and effectively implement systems and/or processes.
- There are weaknesses in the foundation trust's arrangements for the preparation and review of business cases.
- There are weaknesses in the foundation trust's arrangements for developing budgets and monitoring costs against budgets, including in relation to a significant variance to planned pay and non-pay costs, and an internal restructure of cost centres resulting in difficulties in tracking costs accurately against budgets.
- There are weaknesses in the internal control environment of the foundation trust which have been identified by the foundation trust's internal auditor, including arrangements in respect of recording and reviewing waivers of the foundation trust's Standing Financial Instructions; the recruitment of medical locums; standardisation of the foundation trust's approach to clinical handover; and the foundation trust's capital and estates planning arrangements.
- The foundation trust was inspected by the CQC in the year, with its report being issued in January 2018. The report indicated that overall the foundation trust 'Requires improvement', with the same rating being given across all five indicators with the exception of 'Are services effective' and 'Are services caring' which were both rated 'Good'.
- There are weaknesses in the foundation trust's arrangements for the governance and oversight of its commercial services and related subsidiary companies. The foundation trust's internal auditor gave a 'Partial assurance with improvements required' rating in this area. They identified significant weaknesses in the manner in which the governance structure allows the foundation trust to hold the commercial services accountable. Weaknesses have also been identified in the financial control arrangements of KCH Interventional Facilities Management LLP ("KIFM"). These issues include weaknesses in respect of maintenance of stock levels, purchasing of fixed assets, and differences in agreement on contractual matters between the foundation trust and the subsidiary.

These issues are evidence of weaknesses in proper arrangements for acting in the public interest, through demonstrating and applying the principles and values of sound governance.

- A number of significant financial reporting control weaknesses were identified through our audit of the 2017/18 annual report and financial statements of the Trust and the Trust did not meet the 2017/18 financial reporting deadline.

This issue is evidence of weaknesses in the Trust's arrangements in respect of producing reliable and timely financial reporting that supports the delivery of strategic priorities.

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- There are weaknesses in the foundation trust's arrangements to ensure the quality of performance data as evidenced by our limited assurance report on the content of the quality report and mandated performance indicators which contains a qualified conclusion because of errors identified which affected the calculation of the 18 week Referral-to-Treatment and Accident and Emergency 4 hour wait performance indicators in 2016/17 and 2017/18.
 - There are weaknesses in the reliability of data being produced by the foundation trust and reported at executive level, including activity data which drives the amount of revenue the foundation trust seeks from its commissioners.

These issues are evidence of weaknesses in proper arrangements for understanding and using appropriate and reliable financial and performance information to support informed decision making and performance management.

- The foundation trust incurred a deficit of £139.0m before impairments and capital donations for the year ended 31 March 2018, against an originally planned deficit of £38.2m. The foundation trust's 2018/19 plan submission in March 2018 showed a forecast deficit of £178.1m (which the Trust expects to reduce in the June submission) for 2018/19 before capital donations of £2.5m and before impairments of £27.2m. In order to fund these deficits, the directors received financial support in the form of new loans from the Department of Health in 2017/18 of £224.1m and is seeking financial support in 2018/19 of £277.8m Interim Revenue Support Loan and £54.2m Interim Capital Support Loan from the same source. These new loans assume the repayment of a £98.9m loan in November 2018.
- In 2016/17, an independent report was provided to the foundation trust that estimated the foundation trust's backlog maintenance costs to be approximately £200m, excluding costs in respect of equipment. The foundation trust now estimates this cost to be well in excess of £200m. Due to limitations in available funding, which is not wholly within the control of the foundation trust, the foundation trust has allocated limited funding to capital developments and has a planned capital spend in 2018/19 of £82.3m, which is dependent on capital funding that is currently not agreed. The foundation trust is exposed to significant risks related to the age and condition of the estate that could impact levels of service provision.
- The foundation trust was placed into financial special measures on 11 December 2017 because the foundation trust agreed a control total but reported a significant negative variance against the control total plan and is forecasting a significant deficit.

These issues are evidence of weaknesses in proper arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

We have nothing to report in respect of these matters.

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Governors and Board of Directors (“the Boards”) of King’s College Hospital NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Jonathan Gooding, FCA (Senior statutory auditor)
for and on behalf of Deloitte LLP
Statutory Auditor
St Albans, United Kingdom
14 June 2018

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Meeting:	Council of Governors
Topic:	Membership & Community Engagement Committee (MCEC)
Meeting Date:	27th June 2018
Action:	For Information

SUMMARY OF KEY DISCUSSION POINTS

1. Communications Update

The Committee received a written report highlighting the Trust's recent communications campaigns. Sao Bui-Van, Director of Communications provided a verbal update.

The communication team had the following key objectives for the Trust's communications:

- a) provide strategic counsel to the Executive and senior leadership
- b) promote King's College Hospital NHS Foundation Trust as a leading Trust
- c) support all staff through agile and meaningful internal comms and engagement
- d) exemplar of best practice, career development and talent attraction

It was noted the Trust had developed a better relationship with the media. The media would approach King's for comments on current affairs. The management of PR issues was also now more robust. There was also more representation and engagement with MPs.

Communications engagement with staff had further increased. The relationship with APPGs was also much better. It was noted that the communications department aimed to further strengthen the King's brand. Staff would be engaged from the bottom up in developing the brand.

Plenty of work had been done to promote the NHS' 70th Anniversary. Two BBC documentaries (Celebrities on the NHS Frontline) was hosted and filmed within the Trust.

The Committee thanked Sao and his team for all their efforts and hard work.

2. Membership Update

The Committee noted the Quarterly Membership Update Report. Lucy Hamer, Patient Engagement and Experience Manager, provided a verbal update.

It was noted that engagement with younger members and youth organisations has been very positive. The general membership leaflet has been delayed due to the need for better membership photographs. Printing should take place in June/July 2018.

Between April and June 2018, individual and Associate members have been invited to get involved in cancer services developments in a range of ways including attending events, joining working groups and committees and in staff recruitment.

Members Talk Back sessions which started in January 2018 had been successful. The sessions allow members to be more actively involved in discussions and give feedback on service improvements. The Trust had worked in partnership with some of its Associate members with some of the sessions. It was noted that the sessions is a good opportunity for membership to meet and engage with the Governors. The Committee encouraged more Governors to attend the sessions.

Over 50 organisations have now expressed an interest in joining King's as Associate Members and 48 have joined. Since April we have worked with Associate members, including the talk back sessions.

The Committee thanks the Patient Engagement and Experience team for all their efforts and hard work.

3. Governor engagement with local Patient Participation Groups (PPGs)

It was noted that the Lambeth PPG had welcomed the attendance of King's Governors to participate or talk at their next event. The Committee Chair had volunteered to attend the event. The Committee noted that this would be a useful forum for the local Lambeth Governors and encouraged their participation.

4. Annual Members Meeting – Update

The Committee noted the proposed agenda for the Trust's 2018 Annual Members Meeting. There would be two meetings – 3rd October 2018 in Bromley and 4th October in Southwark.

5. AOB

The Committee had a discussion regarding some concerns about the level of engagement on the MCEC. A review of the Committee's membership and engagement would be needed. It was agreed that this would be raised at the next Council of Governors meeting on 3rd October 2018.

Meeting:	Council of Governors
Topic:	Patient Experience and Safety Committee (PESC) – Summary of key discussion points
Meeting Date:	10th July 2018
Action:	For Information

SUMMARY OF KEY DISCUSSION POINTS

1. National Inpatient Survey

The Head of Engagement and Patient Experience, Jessica Bush, presented the Committee with a summary of the CQC National Inpatient Survey 2017 results.

The survey was taken from a sample of 1,250 adult inpatients discharged in July 2017. There was a response rate of 32%, compared to 40% in the previous year.

There were positive improvements in 6 of the 10 sections in the 2017 survey results, in comparison to 2016. The greatest fall in the results was in the 'Hospital and Ward' section. This was largely caused by a steep decline in 'Help with feeding', which fell from 7.5 to 5.8.

The Committee discussed some patient concerns recorded in the results, such as noise and help with meals for patients. It was noted that the PRUH had agreed to pilot opening visiting hours, so that more help from family/friends or volunteers would be possible during meal times.

2. Capital, Estates and Facilities – Update

The Director of Capital, Estates and Facilities, Jane Bond, was invited by the Chair to the meeting to discuss particular concerns raised by Governors relating to the Trust's estates and facilities as follows:

a) Update on the Critical Care Unit (CCU) Building

The CCU would be a 60-bed facility with additional areas for training/education, offices, meetings and staff areas. There would also be a dedicated patient family area. 29 beds were due to be operational from the end of July 2018, with a further 31 from January 2020. Following the opening of the CCU, the Jack Steinberg facility (18 beds) would be closed and current patients would be relocated to the CCU.

b) Update on other Estate Projects – Denmark Hill

It was noted that planned upgrades were in place for the main theatre block. Also, Cath Lab 3 should be completed by August 2018. Further upgrade works were planned, subject to capital funding, such as: redesign of the emergency department (ED) entrance, expanded ambulance drop-off, feasibility studies for Fisk and Cheere with plans for a complete refurbishment, feasibility studies for the former Jack Steinberg was also underway.

There were also plans for PRUH and the South Sites which include a refurbishment of ED, expansion of the mortuary, endoscopy and discharge lounge.

c) Patient Transport / Discharge Lounges

The Trust had been undertaking a detailed review of its patient transport arrangements. Three companies currently provide transport services to the Trust: Falck and Savoy, both of which have direct contracts with the Trust; and G4S, which was in direct contract with Kent & Medway CCG. Regular review meetings were being held with Falck and Savoy to monitor performance. However, there had been serious concerns and issues with the G4S services. The Trust would be in discussions with the CCG regarding performance issues and service concerns.

It was noted that the discharge lounges both at the Denmark Hill and PRUH faced challenges concerning their limited capacities. Improvement works were planned, but these would be subject to available funding; this was challenging under the Trust's current regime of financial special measures (FSM).

d) Directional Signage / Appointment Letters / Texts / Maps

It was noted at the meeting that concerns raised by Governors regarding inconsistencies with signage, appointment letters and general outpatient experience were being addressed through the Trust's outpatients transformation programme. Research was conducted with patients, governors and members. There was assurance that all signage, correspondence and maps would be aligned to reflect all the changes.

e) Catering Arrangements at Denmark Hill

It was noted that there were plans to provide an area in the Hambleton Wing for a more affordable canteen. The basement area was identified as a possible location. However, there is currently no funding in place to proceed with any plans. It was noted that feedback from patients and staff was that the current options on the Denmark Hill site were costly. The former cafeteria was closed in spring 2017 and converted to a Marks & Spencers.

f) Patient-led Assessments of the Care Environment (PLACE)

The Committee noted that Governors who had undertaken PLACE visits had expressed concerns that they did not appear to receive feedback about the issues they raise. The Committee wanted to know the process by which issues are logged and actioned by the Trust. Jane Bond reported that all issues are reported on the Estates Helpdesk system then assigned a priority level. Immediate health and safety concerns would be addressed immediately. Bigger maintenance requests would be logged on the system and escalated.

Governors' Membership & Community Engagement Committee (the Committee)

Minutes of the meeting held on Thursday 19th April 2018 between 11:15-13:15, in the Dulwich Meeting Room, King's College Hospital, Denmark Hill

Members:

Penny Dale	Public Governor (Committee Chair)
Kevin Labode	Staff Governor
Jane Allberry	Public Governor
Stephanie Harris	Public Governor
Barbara Goodhew	Public Governor
Chris North	Public Governor

In attendance:

Sandra Jones	Chair of Lambeth PPG (patient participation groups in GPs) Network
Wai Ha Lam	Development Officer Lambeth PPG
Sarah Middleton	Head of Stakeholder Relations
Jessica Bush	Head of Engagement and Patient Experience
Lucy Hamer	Patient Engagement and Experience Manager
Petula Storey	Head of Volunteering
Siobhan Coldwell	Trust secretary and Head of Corporate Governance
Jane Badejoko	Assistant Board Secretary (<i>Minutes</i>)

Apologies:

Craig Jacobs	Patient Governor
Sao Bui-Van	Director of Communications
Susan Wise	Public Governor
Derek St Clair Cattrall	Patient Governor

Item	Description	Action
018/14	Welcome and apologies	
	The list of apologies was noted.	
018/15	Minutes of the Previous Meeting	
	The minutes of the meeting held on 9 February 2018 were approved.	
018/16	Action Tracker/ Matters Arising	
	The action tracker was noted.	
018/17	Patient Participation Groups in GPs (PPG) networks	
	The Committee welcomed Sandra Jones, Chair of Lambeth Patient Participation Groups in GPs (PPG) Network and Wai Ha La, Development Officer Lambeth PPG Network.	
	Sandra and Wai attended the meeting to discuss the purpose of a PPG and how it can improve the relationship between a practice and its patients.	
	The PPG is a group of patients from a GP practice, working in partnership with the practice to improve services and build better understanding between staff	

Item	Description	Action
	<p>and their patients. The PPG brings the patient's perspective to staff and acts as a bridge between all patients and the practice to ensure that patient voices are heard about issues that matter most to them.</p> <p>The Lambeth PPG currently works with 44 GPs in Lambeth it is also an independent Charity not controlled by the local CCG however, it was reported that the network secured a £70k grant from the CCG to set up and run. The Network holds a bi-monthly network Board meeting with its members. A newsletter is sent to keep members informed in the absence of meetings.</p> <p>The Network would usually intervene at practices that are struggling with their patients and facilitate better understanding between patient and the practice to help improve patient experience. They would also help practices understand their patients and to eradicate the belief that only patients wishing to complain attend PPGs.</p> <p>The Network is currently working with GP federations in Lambeth to promote patient utilising more online services.</p> <p>Public Governor Barbra Goodhew reported that her practice's PPG serviced as a forum for information exchange and patients support.</p> <p>The Committee thanked Sandra and Wai for attending.</p>	

018/18 Membership update and forward plan

Lucy Hamer (Patient Engagement and Experience Manager) and Jessica Bush (Head of Engagement and Patient Experience) delivered the membership updates.

Lucy reported that Trust numbers have remained almost unchanged since January 2018. This did not indicate that membership was static but there has been less active promotion carried out during that period. The Committee noted the list of organisations that have joined the Trust's associate membership programme.

Jessica reported that the two Community events hosted by the Trust were successful with a positive turnout from members. The community event at Bromley had a more spirited discussion, as members expressed concerns that they feared a replay of the events around failure and subsequent disbanding of South London Healthcare. The Chair assured members that the Trust was closely working with regulators to avoid such events.

The Committee Chair noted that it would be good for the Committee to receive updates about outpatient changes.

The committee discussed how best to utilise the information collated from PLACE visits.

Public Governor for Lambeth reported that at here recent PPG meeting the honesty of the Board was discussed and well received.

The Committee noted that Staff Governors needed a feedback mechanism to allow concerns to be heard from their constituency. It was suggested that this will be further discussed with the Director of

**Chair /
Sao Bui-
Van**

Item	Description	Action
	Communication and proposals would be presented at the October meeting.	
018/19	Communication and Stakeholder Update	
	The Communications and Stakeholder update report was presented by Sarah Middleton, Head of Stakeholder Relations.	
	The Trust received coverage in the Evening Standard about the new Critical Care Centre, which is due to open in the summer. The piece also marked a year since the Westminster Bridge attack.	
	The Trust had recently been the focus of a Radio 5 Live feature on Volunteering. Petula Storey, Head of Volunteering was interviewed on the station's breakfast show. Sara asked for ideas for the summer issue of <i>@Kings</i> .	
	The Committee were informed that the Dental Service was looking to change the model of operation for on the day emergency appointment service. They were exploring the use of a phone in booking services as there are only 30 appointments available in any given day.	
	The Governors commended Petula Story, Head of Volunteering for her Radio 5 Live interview.	
	The Communications Team will look at the format of the PULSE magazine as not everyone is able review once received.	
	The Committee was informed that purdah was now in force and there will be limited stakeholder engagement with local commissioners.	
	The Committee noted the report.	
018/20	Governors' Report on Community Engagement Activity	
	Governors were encouraged to attend community events outside of the Trust. <ul style="list-style-type: none"> • Public Governor Barbra Goodhew reported that she has attended her local PPG. • Public Governor Chris North had attended the recent Lambeth and Southwark get together event. • Public Governor Penny Dale has taken part in PLACE visits and attended the recent meeting about Dementia at the PRUH. 	
018/21	Any Other Business	
	The Committee was informed that: <ul style="list-style-type: none"> • The results of the South Eastern Rail consultation had been published. The service coming into Denmark Hill will not be affected or reduced. • The recent issue of <i>@King's</i> had a spelling error on two Governors' names. • The Trust will be hosting Volunteers week events Denmark hill on 5 June and 6 of June at the PRUH. 	

Item	Description	Action
018/22	Date of next meeting Wednesday 27 th June 2018 from 17:30-19:30.	

King's College Hospital NHS Foundation Trust – Patient Experience & Safety Committee

Minutes

Minutes of the Patient Experience & Safety Committee meeting held on Thursday 19th April 2018 at 09:00-11:00 in the Dulwich Meeting Room, King's College Hospital, Denmark Hill.

Present:

Victoria Silvester	Public Governor (Chair)
Chris North	Public Governor / Lead Governor
Jane Allberry	Public Governor
Penny Dale	Public Governor
Barbara Goodhew	Public Governor
Stephanie Harris	Public Governor
Craig Jacobs	Patient Governor
Kevin Labode	Staff Governor
Claire Saha	Staff Governor AHP
Anne-Marie Rafferty	Stakeholder Governor

In attendance:

Ian Smith	Interim Trust Chair
Dr Shelley Dolan	Chief Operating Officer / Chief Nurse
Nicola Waring-Edkins	Director of Delivery and Outpatients
Jessica Bush	Head of Engagement & Patient Experience
Helen Mencia	Associate Director of Nursing for Quality, Safety and Patient Experience
Siobhan Coldwell	Trust Secretary and Head of Corporate Governance
Dale Rustige	Corporate Governance Officer (<i>Minutes</i>)

Apologies:

Pam Cohen	Public Governor
Derek St Clair Cattrall	Patient Governor
Lisa Hollins	Director of Transformation and ICT
Petula Storey	Head of Volunteering

Item	Subject	Action
018/08	Welcome and Introductions The Chair welcomed Ian Smith, Nicola Waring-Edkins and Helen Mencia to the meeting.	
018/09	Apologies None.	
018/10	Declarations of Interest None.	
018/11	Chair's Action None to report.	

Item	Subject	Action
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018/12 Minutes of the Previous Meeting

The minutes of the last meeting held on 23rd February 2018 were approved as an accurate record.

018/13 Action Tracker / Matters Arising

The Committee received an update on the following actions:

- a) **018/07 (20/02/2018): Presentation on the Outpatients Transformation Programme** – This was added as an agenda item for the meeting following a request from the Committee. The Chair noted that she had met with Lisa Hollins, Director of Transformation, to discuss the brief for this meeting. A presentation was received and noted by the Committee.

PATIENT EXPERIENCE

018/14 Outpatient Transformation and Operational Implementation

The Committee received and noted a presentation from Nicola Waring-Edkins, Director of Delivery and Outpatients, on the Trust's outpatient transformation work:

- Ms Waring-Edkins had been leading on the work since January 2018.
- The Trust's outpatient service receives 1.4 million patients per year.
- Approximately 320 staff are employed across the trust working in the reception, booking, and administration services. It was important that staff were engaged with the transformation programme.
- The outpatient project aimed to improve the patient booking experience and reduce waiting times.
- A deep dive was done to review the service. Issues were identified particularly relating to staff morale and consistency and clarity with job descriptions. The transformation work would include the introduction of standard operating procedures and competencies expected of staff, linked to the appraisals process.
- The NHS Electronic Referral System (eRS) would be rolled out across the Trust. The system aims to completely digitalise and streamline patient referrals. A national deadline is in place for all GP services to use the eRS by October 2018. Patients would be able to receive appointment notices on their mobile phones.
- The 'consultant connect' service was being piloted. This offers GP services quick communication with a specialist consultant and resulted in a 50% reduction in avoidable referrals.
- The InTouch system, which gives patients live information on appointment delays, was being piloted in suite 3 of the Venetian Building. Feedback has been positive and clinics have been calmer.

It was noted that Governors had received feedback from patients about issues concerning the arrangements for appointments – e.g. letters arriving after appointment date, confusing information on appointment locations and incorrect appointment times. The Committee queried how the issues regarding the administration of appointments would be addressed. Ms Waring-Edkins noted that the work on this was linked to other projects within the Trust, such as the signage work.

Item	Subject	Action
	<p>The Committee noted feedback received from patients concerning calls being transferred incorrectly by the switchboard service. It was noted that outpatient staff would be retrained on call referrals. Concerns were also expressed regarding the signage across some areas of the Trust. It was noted that the transformation team were aware of the issues and these were included in transformation plans.</p>	
018/15	Quality Priorities	
	<p>The Committee received and noted the Draft Quality Report and Accounts 2017/18, with Helen Mencia (Associate Director of Nursing for Quality, Safety and Patient Experience). The report would be included in the Trust's statutory Annual Report submission to NHS Improvement and Parliament.</p>	
	<p>It was particularly noted that Governors would only have to select an "indicator" within a quality priority; they do not have to select a priority itself. Although Governors are welcome to support a priority.</p>	
	<p>It was noted that the Trust was doing work on how to effectively manage challenging behaviour. Workshops and training would be developed and delivered in collaboration with South London and Maudsley NHS Foundation Trust.</p>	
	<p>It was noted that feedback and comments were invited from Governors on the draft Quality Reports and Accounts 2017/18.</p>	
	GOVERNOR FEEDBACK	
018/16	Commissioners Quality Review Group	
	<p>A verbal report was not available following apologies from Derek St Clair Cattrall, Patient Governor, due to family bereavement. The Committee expressed their condolences to Mr St Clair Cattrall.</p>	
018/17	Quality Assurance and Research Committee – Board Sub-committee	
	<p>The committee received and noted the feedback report on the Quality Assurance and Research Committee (QARC) meeting on 20th February 2018 from the Chair, the governor observer on the QARC.</p>	
018/18	Patient-led assessments of the care environment (PLACE) visits	
	<p>It was noted that Committee members had undertaken PLACE visits in April.</p>	
	<p>Concerns were raised regarding the PLACE visit to the Renal Unit. Sewage had been seeping out of the drains next to the dialysis centre when it rains. The appeared to be an issue with the centre's indoor temperature – a patient was observed having the top half of his clothing off while being fanned by a relative during his dialysis.</p>	
	<p>There was a discussion on whether these type of issues would be logged in the Trust's risk register. The Chair would raise this with the Director of Capital, Estates and Facilities, who would be invited by the Committee at the next meeting in July.</p>	Chair

Item	Subject	Action
018/19	Feedback from Governors on engagement activities	
	<p>The Committee noted the following engagement work from governors:</p> <ul style="list-style-type: none"> • Craig Jacobs and Victoria Silvester had undertaken food audits. • Claire Saha participated in an engagement event with the Manchester Royal Eye Hospital, which was linked to the Trust's transformation programme. • Penny Dale had undertaken PLACE visits at the Orpington, PRUH and Denmark Hill sites. She had also been engaged with work relating to dementia within the Trust. • Barbara Goodhew and Stephanie Harris undertook PLACE visits. • Barbara Goodhew and Jane Allberry had attended a meeting with the Trust's Head of Patient Safety and Risk Management to answer queries regarding the risk register. • Victoria Silvester had attended the Nutrition Committee meeting 	
018/20	ANY OTHER BUSINESS	
	<p>It was noted that Jane Bond, Director of Capital, Estates and Facilities would be invited to the next meeting in July to address particular concerns that governors had raised regarding the Trust's facilities. The Chair would have a preliminary meeting with Ms Bond, where the following items would be discussed:</p> <ul style="list-style-type: none"> • Patient discharge lounges and patient transport. • Signage, linked to appointment letters and maps. • Access to hot food facilities for relatives of patients visiting the hospital from long distances. • Patient-Led Assessments of the Care Environment (PLACE) action plan – the Committee noted that they do not have sight of actions or issues arising from PLACE visit findings. There was uncertainty about how identified issues were being dealt with. 	
018/21	<p>Date of next meeting Tuesday 10th July 2018 (17:30-19:30) in the Dulwich Room, Hambleton Wing, Denmark Hill site.</p>	

Governors' Strategy Committee

Minutes

Minutes of the Meeting of the Governors' Strategy Committee held on Thursday, 19th April 2018 at 14:00-16:00 in the Dulwich room, Hambleton Wing, Denmark Hill

Members:

Chris North	Public Governor Stand in Committee Chair
Kevin Labode	Staff Governor
Carole Olding	Staff Governor
Penny Dale	Public Governor
Claire Saha	Staff Governor
Stephanie Harris	Public Governor
Jane Allberry	Public Governor (<i>part meeting</i>)

In Attendance:

Abigail Stapleton	Director of Strategy
Siobhan Coldwell	Trust Secretary
Joe Farrington-Douglas	Senior Strategy Adviser
Professor Ghulam Mufti	Head of Department for Haematological Medicine and Non-Executive Director (<i>part meeting</i>)
Kate Barlow	Programme Director for the Haematology Institute (<i>part meeting</i>)
Jane Badejoko	Assistant Board Secretary (<i>minutes</i>)

Apologies:

Barbara Goodhew	Public Governor
Phidelma Lisowska	Stakeholder Governor
Craig Jacobs	Patient Governor

Item	Subject	Action
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STANDING ITEMS

018/01 Election of a new Committee Chair

The Committee was informed that Dr Ashish Desai had expressed an interest to be elected as the Chair of the Governor Strategy Committee.

Dr Desai was elected Chair of the Committee.

018/02 Minutes of the Previous Meeting

The minutes of meeting held on 9 November 2017 were approved.

EXTERNAL STRATEGIC ENVIRONMENT FOCUS

018/03 Horizon Scan – Review of Strategic Context

The Horizon Scan – Review of Strategic Context was presented by Joe Farrington-Douglas.

Item	Subject	Action
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The Committee noted discussions on politics and policy; the pay rise awarded to NHS staff; the loss of nursing bursaries and the cost of nursing training were discussed; the Kent and Medway consultation on hyper acute stroke units and its possible effect on the PRUH were noted; and the technological advances and effects of GP Apps were discussed.

The Committee discussed the recent pay uplift to NHS staff which would be funded by the Government and noted that it was still below inflation and would do little to encourage nurses to stay. Staff Governor Carol Olding also reported that nurses are still pressured and the loss of nursing bursaries will have an effect on the number of people thinking about a career in nursing.

The Horizon Scan was noted.

TRUST STRATEGIC FOCUS

018/04 Clinical Strategy – Update

Strategy Development for the Trust was presented by Abigail Stapleton, Director of Strategy.

The Trust's clinical strategy refresh sets the principles and parameters for individual service lines over the next 5 years. The strategy refresh has been necessary due to internal challenges in the Trust, with an emphasis on the need for stability in performance and review of demand and capacity pressures.

The strategic refresh will be carried out in two parts: Fix and Change focused on stabilising influential services, while Change and Grow will be looking at areas that show potential for growth and international acclaim.

Two examples of priority areas for fix and change are the redesign and transformation of the emergency patient pathways across sites to support access and outcomes and deliver a high performing elective orthopaedics hub at Orpington. While an example of priority area for change and grow is creating a centre for excellence in Haematology.

The Committee were informed that the Trust's aim continued to be an outstanding local hospital for its local residents and a world class centre for specialist clinical, teaching and research excellence.

018/05 Haematology Institute

The Haematology Institute was presented by Professor Ghulam Mufti, Professor of Haemato-oncology, Head of Department for Haematological Medicine and Non-Executive Director; and Kate Barlow, Programme Director for the Haematology Institute.

The Committee were informed that the vision for King's Health Partners (KHP) Institute of Haematology was to be undeniably at the top-five in the world in terms of clinical outcomes, research output and quality, and education excellence, delivering exceptional outcomes for patients, both locally and globally – all located on the Denmark Hill campus of King's College Hospital.

As part of its operation, the Institute of Haematology will develop cures and vaccinations for conditions so that future generations do not have to face lives with these diseases as well as be in the forefront of development of new models

Item	Subject	Action
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of personalised medicine, and will be leading in provision of whole person, mind and body care for chronic conditions such as Sickle Cell Disease.

The Committee were informed that the Trust was fortunate enough to have such diverse population which is a fundament building block to developing a speciality. The next phase was to develop a Strategic Outline Business Case (SOC) and once funding was secure, commence with construction of the physical build.

To keep up progress of the institute and prepare for alignment amongst all partners, haematology teams across partner sites have started implementing one-team working.

018/06 Carter Trauma and Orthopaedic Update

This item was deferred to the next meeting as James Crisp, Programme Manager in the Transformation Team, was unable to attend the meeting.

018/07 Annual Committee Overview and Governor Perspective – Focus Areas

The Committee discussed items it would like to focus on for the rest of the year, they included:

- Plans for the neuroscience institute with link to KHP Strategy.
- Further updates on Getting It Right the First Time (GIRFT) programme.
- Strategy for patient repatriation.

018/08 ANY OTHER BUSINESS

No other business was raised for discussion.

018/09 DATE OF NEXT MEETING

Thursday 16th August 2018, 17:30-19:30 in the Dulwich Room, Hambleton Wing.

Subsequently rescheduled to 25 September 17:30

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