

KING'S HEALTH PARTNERS JOINT BOARDS MEETING

MINUTES OF THE KING'S HEALTH PARTNERS JOINT BOARDS HELD ON TUESDAY 5 JUNE 2018 IN PROSPERO HOUSE, BOROUGH HIGH STREET

PRESENT	Rt Hon Stephen Dorrell Prof Sir Robert Lechler Amanda Pritchard Sir Hugh Taylor Dr Matthew Patrick Roger Paffard Ian Smith Robin McIver Dr Pamela Kirby Lord Butler	Non-Executive Director, KHP (in the chair) Executive Director, KHP Chief Executive, GStT NHS FT Chair, GStT NHS FT Chief Executive, SLaM NHS FT Chair, SLaM NHS FT Chairman, KCH NHS FT Deputy Vice Principal, Strategic programmes, KCL Non-Executive Director, KHP Non-Executive Director, KHP
APOLOGIES	Prof Ed Byrne Prof Garret FitzGerald Peter Herring	President and Principal, KCL Non-Executive Director, KHP Interim CEO, King's College Hospital NHS FT
IN ATTENDANCE	Jill Lockett Prof Graham Thornicroft Prof Nick Sevdalis Prof John Moxham Joseph Casey	KHP Director, Performance & Delivery Director, South London CLAHRC (item 2) Director, King's Centre for Implementation Science (item 2) KHP Director, Clinical Strategy (item 4) KHP Deputy Director of Programme Delivery (item 4)

1. Minutes and Matters Arising

The Minutes of the last meeting, held on 6 March 2018 were noted as a true record

The minutes of the CEOs' Action Group held on both 29th March and 26th April 2018 were noted as a true record.

Matters arising

2. KHP Organisational updates

Ian Smith presented the outcomes of the review into the King's College Hospital NHS FT financial position. All noted the support across the partners available to the Trust at this time.

Matthew Patrick presented the QI programme underpinning the reorganisation of South London and Maudsley NHS FT and how this was impacting on the CAG model. It was noted that concerns had been expressed that the clinical academic alliance that has underpinned much of the SLaM KCL joint working might be lost with the new Borough structure. However, it was felt that the central QI Hub within which Clinical Directors would now sit would provide the glue for translational research and quality improvement.

3. CLAHRC Renewal Process & KIS Annual Report

Stephen Dorrell welcomed Profs Thornicroft and Sevdalis to the Joint Boards. Graham Thornicroft presented the significant progress of the Collaboration and Leadership in Applied Health Research and Care (CLAHRC) and the Annual Report for the King's Improvement Science programme. The attraction of external grant income and collaboration across both programmes was considerable and provided a strong platform for the CLAHRC renewal process. It was noted that under the renewal process, the new title announced by NIHR would be Applied Research Collaborations – ARCs, with bids due by end August 2018.

In order to complete the application a number of issues needed to be resolved:

Partner annual contributions – it was noted that each of the partners had contributed £125k per annum for the five years of the first wave CLAHRC. It was recommended that this continue. In discussion it was noted that the guidance requested 25% contributions which might fall slightly short of the normal annual sum. Graham agreed to test this more carefully and formally brief partners going forward. All agreed that this was a local priority. Graham Thornicroft agreed to meet with Ian Smith to test the KCH continued financial contributions in more detail.

“In-kind” contributions – partners agreed to the continued demonstration of matched effort and in-kind contributions, as required in the past and future bids.

Hosting arrangements - Graham Thornicroft agreed to meet with Ian Smith to test the opportunities for KCH's continued hosting of the South London CLAHRC (ARC).

In discussion it was noted that the Education and Training income stream for the new ARC would need to be carefully understood, Robin McIver agreed to look at this with Graham.

It was also noted that the “solar system” map showing how the ARC connected in with the local health and research networks should be designed to help patients, staff and stakeholders fully understand the value of these partnerships.

Stephen Dorrell thanked the team for the progress and impact of their work and wished them luck with the bid going forward.

Action:

- Graham Thornicroft to meet with Ian Smith to resolve KCH issues and to brief CEOs (via their R&D Directors) of the final calculations for the annual contributions going forward;
- Robin McIver to test the income flows for Education and Training and the ARC and discuss further with Graham Thornicroft;
- Jill Lockett to work with stakeholders to design a map of the ARC's role in the local system.

4. KHP Value Based Healthcare

Stephen Dorrell welcomed the KHP Value Based Healthcare (VBHC) team to the Joint Boards meeting. Prof John Moxham, Joseph Casey and Dr Lucinda Gabriel shared the progress in the three VBHC case studies; Heart Failure, Depression in Old Age and Joint Replacements in the Orthopaedics pathway. The building blocks for a Value Calculator had begun to emerge from the Orthopaedics work with promising initial analysis of clinically meaningful costing information across the full year of care.

In discussion it was noted that:

- The emerging pathway data would have significant value in commercial clinical academic partnerships. Pam Kirby agreed to work with the team to consider how this might best be navigated to support the pace and progress of the KHP VBHC programme;
- Using the value calculator to show the level of unwarranted variation and the cost to patients and outcomes would be important;
- Using the analysis to test the value outputs across different pathways and teams would be important and to ensure that the system learns from the analysis and adopts a best value approach;
- All partner teams will need to put significant effort into patient reported outcomes data and the automated methodology so that it sits routinely in scorecards. It was agreed that there is a significant amount of work to do in this area. The team agreed to focus on PROMS in the three case study areas;
- Analysis should highlight aspects to cost and financial data for care pathways in order to fully demonstrate the value proposition.

It was agreed that the programme is an important USP for the academic health sciences centre and all partners need to support its progress and development.

Action:

- KHP VBHC team to work up the commercial proposition further and work with the case study teams on improved patient reported outcomes measures and with the KHP informatics group in automating the scorecard.

5. KHP Director's Report

Robert Lechler presented his report on progress and activities for the past two months, highlighting:

- **Annual report** – the AHSC annual report had been submitted to the DHSC on 17 May 2018;
- **AHSCs designation** – the DHSC had written to the KHP team extending the AHSC licence from March 2019 to December 2019. It is anticipated that there will be a process for launching a new five-year term. Robert Lechler continued to talk with NIHR leaders about the impact government funding to AHSCs would have not least in our cross cutting themes of VBHC, Mind and Body and Informatics, and in the key areas of connecting NHS clinicians into research;
- **KHP Five-Year Plan** – given the above the KHP executive would begin to shape the next five-year plan for the AHSC, for discussion with the Joint Boards in late Autumn and away time in the Winter 2019;
- **KHP Clinical Trials Office** – noted the outturn position and strong continued volume of commercial and non-commercial trials across the partners. As a partnership we remain top in the UK;

- **KHP central Budget** – the outturn from 2017/2018 with carry forward and accruals was noted. The budget for 2018/2019 was confirmed;
- **Awards** - noted that Maudsley Simulation was awarded Education team of the Year at the BMJ awards.

6. Any other Business

None

**KHP Joint Boards
Wednesday 4 July 2018
2.30pm – 5.00pm
KHP Meeting Room
Guy's Hospital**