1. Minutes and Matters Arising

The minutes of the last meeting of the KHP Joint Boards, held on 24th January 2019 were agreed as a true record.

Matters arising – Ed Byrne noted that Sir Hugh Taylor had been invited to chair both acute trusts going forward and that Dr Clive Kay has been appointed to the Chief Executive role at King’s College Hospital from the early spring. Ed Byrne thanked Ian Smith and Peter Herring for their considerable energy and support for the King’s Health Partners programme over the last year.

2. KHP Fundraising and Supporter Development

Ed Byrne welcomed Jennie Younger and Alan Goldsman to the meeting. The team described a number of key steps being taken by the programme in the development of a new campaign for King’s Health Partners.
Fundraising and Supporter Development. The priorities agreed are now being translated into programme delivery and propositions. The partner contract is nearing completion and will be discussed at the Spring Fundraising Leaders Group in advance of the new campaign launch in 2021/2022. The next campaign was discussed with a view to highlighting the research grant, philanthropy and wider fundraising contributions in the anticipated targets.

All agreed the tremendous potential of the programme now and going forward, particularly given the alignment of the key funding propositions to KHP priority areas and potential donor opportunities.

Ed Byrne thanked the team for their detailed update and looked forward to progress going forward.

**Action:**

- Alan Goldsman to confirm relative proportions of philanthropy versus grants being included in overall summary materials going forward.
- Team to brief the Board in Autumn 2019 with progress and the new campaign.

3. KHP Value Based Healthcare

Ed Byrne welcomed Professor John Moxham and Joseph Casey to the meeting. They presented the progress and achievements across the Value Based Healthcare (VBHC) and Vital 5 programmes since their last presentation to the Joint Boards in June and October of 2018. The work on the year of care modelling in a number of specialties is progressing well and has informed the work programme with the European University Hospitals Alliance, of which KHP is a member. There has been positive engagement with local commissioners on how this analysis might underpin an outcomes-based commissioning model going forward with further work anticipated by the autumn.

The Vital 5 programme has received strong support from a number of national and local bodies. The team have been asked to submit material for the anticipated summer Green Paper on Prevention and are working with local health charities and local commissioners to understand the implementation steps in primary care and communities.

Robert Lechler re affirmed the support for this work programme and asked that the VBHC work in Imaging (the TOHETI programme – transforming outcomes and health economics in imaging) also come to the Joint Boards for discussion. The team agreed to confirm the branding and trademark arrangements going forward for the Vital 5 programme.

The Joint Boards welcomed the update received and were supportive of the local commissioner and wider external partnerships under development.

**Action:**

- TOHETI team to be invited to a KHP Board meeting in the next few months.
- Team to present progress on the Vital 5 in the autumn and to confirm the trademark arrangements for the brand.

4. KHP Haematology
Ed Byrne welcomed Professor Ghulam Mufti, Kate Barlow and Abigail Stapleton to the meeting of the KHP Joint Boards. The team set out the progress and issues for the Institute programme as follows:

- Positive developments in the CAR-T cell trials and recruitment of patients to the programme;
- Strong programme of mind and body interaction supported by charitable funding;
- The integration of clinical academic activities under a One Team model was beginning to take shape with communications anticipated for the early spring;
- Commercial partnerships are well underway with good progress on milestone delivery so far;
- The team awaits the outcome of the £15m UK Research Infrastructure Fund (UKRPIF) bid in June which would create significant opportunity to make progress on the research capacity for the Institute;
- Fundraising has begun with propositions under development for a number of key areas.

There continue to be significant opportunities for clinical academic integration and the launch of the One Team. Staff engagement events and organisational development programmes are anticipated for the early summer and require high level support to formalise arrangements and pace going forward.

Commissioner engagement and the development of a network model of care will require more extensive partnership work going forward.

The team were congratulated on their strong and strategic vision. All agreed there needed to be considerable support from across the partners to move forward on the organisational development and One Team issues. It was agreed that the commercial opportunities were considerable. Ed Byrne thanked the team for their considerable efforts and looked forward to hearing progress in coming months.

**Action:**

- Team to share progress over coming months and use the Chairs and CEOs to help unlock problems as they arise.
- KCL to review campus plans going forward in light of the UKRPIF decision when it arrives.

5. **KHP Director’s Report**

Robert Lechler presented his report for the past month highlighting key areas of initiative and progress as follows:

- KHP Cardiovascular – Valentine’s Day communication had been very popular on social media “How KHP is mending broken hearts”
- Good news on commercial investment into first in man studies in neuropathic and migraine pain
- Joint Boards noted the progress in the Institute and Mind & Body programme business planning and the cost improvement programme agreed at 5% for the KHP partner budget for 2019/2020.

**Action:**

*It was agreed that the Director’s report would be presented in a refreshed format going forward to provide a high-level summary of progress across all programmes.*
6. **Any other Business – None.**