

King's College Hospital NHS Foundation Trust Board of Directors

Minutes of the meeting of the Board of Directors
 Held at 14.00 hrs on Tuesday, 22nd May 2007 in the Dulwich Committee Room,
 King's College Hospital

Present:	Michael Parker (MP) Rita Donaghy (RD) Robert Foster (RF) Maxine James (MJ) Prof. Alan McGregor (AM) Malcolm Lowe-Lauri (MLL) Jacqueline Docherty (JD) Michael Griffin (MG) Simon Taylor (ST)	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non Executive Director Chief Executive Executive Director of Nursing and Operations Executive Director of Human Resources Chief Financial Officer
Non-voting Directors:	Ahmad Toumadj (AT) Jane Walters (JW) Roland Sinker (RS)	Director of Facilities Director of Corporate Affairs Director of Strategic Development
In attendance:	Jessica Bush (JB) Rita Chakraborty (RC) Ian Eltringham (IE) Richard Hinckley (RH) Sally Lingard (SL) Keith Loveridge (KL) Martin Lowthian (ML) Judith Seddon (JS) Rachel Sugarman (RS)	Public/Patient Involvement Manager Assistant Board Secretary Consultant Medical Microbiologist and Infection Control Doctor Risk Manager Head of Corporate Communications Employee Relations Manager Risk Management Consultant Head of Governance Patient Survey Co-ordinator
Members of the Public:	Lorraine Vost Martin West	

Item	Subject	Action
07/69	Apologies John Moxham	
07/70	Declarations of Interest None.	
07/71	Chair's Action None.	

07/72 Minutes of the meeting held on 24 April 2007

The minutes of the meeting held on 24 April 2007 were agreed as a correct record of the meeting subject to the following amendments:

- 07/60 (*Chief Executive's Report - Finance*) – second sentence to read 'A year end surplus'
- 07/65 (*Trust Budget 2007/08*) – para 4, change to '...the implications of this year's 3.5% CIP.'
- 07/68 (*Confirmed minutes of committee meetings*) – move Equality and Diversity 28 Feb to confirmed section and remove 'unconfirmed minutes' heading

07/73 Matters Arising

07/60– IT links to SlaM are in place but there is the outstanding issue of access to care records. JD to follow up.

07/61 – The Trust's amber rating for Governance will roll forward from 2006/07. Every declaration of non-compliance against a key national target carries a value of 1 and a green rating requires a score of less than 1, therefore all key national targets must be met to achieve a 'green'. Monitor's Relationship Manager has advised that the Trust should report 'amber' only when a breach has occurred. The Trust anticipates that it will declare full compliance for Q1 2007/08.

07/74 Quorum Arrangements

JW presented a table of quorum arrangements for the Board of Directors and its committees. This was agreed, subject to a minor change to the quorum for the Investment Committee.

Action: Change Investment Committee eligible membership to 2 NEDs + 2 EDs JW

07/75 Infection Control Annual Report 2006/07

Ian Eltringham gave a presentation summarising the key issues within the report:

- The IC Team are part of a national surveillance programme, which includes the mandatory reporting of orthopaedic infections.
- The IC Strategy Group is working with Care Groups as part of performance management and the Saving Lives Action Plan. The majority of IC cases occur in liver, haematology and areas concerning care of the elderly.
- 1,000 frontline clinical staff have attended IC training; 17 environmental and 21 hand hygiene audits were carried out during the year.
- There has been a 500% increase in screening in the past 5 years. MRSA levels are similar to those recorded in 1996; VRE bacteraemia and C Difficile have risen recently. 70-120 patients across the Trust are affected at present.
- Overcrowded wards are an issue and the increase in the number of side rooms will help to ease this pressure. In an ideal world there would be dedicated wards for MRSA/CDT patients, but this was not currently possible within existing capacity.

- The use of antibiotics needs to be reduced; therefore a pharmacist and locum microbiologist will focus on this issue in the coming year.
- Initiatives in 2007/08 include developing a new bug alert; working with occupational health on staff screening and working closely with the Dental Institute.

Board members raised a number of issues including:

- The Trust's excellent surveillance system and quality of data and the diligence of the IC Team.
- The challenges posed by mixed specialty wards. The Trust could initially trial this approach in General Medicine.
- Staff and patient unease, in some instances, to treatment on isolation wards. Further investigation of perceptions will be undertaken.
- The NHS-wide problem of adequate inpatient space, which will be addressed over the next 5 years by reducing the number of beds per ward and increasing single and ensuite facilities.
- The need to further investigate the reasons for the higher MRSA levels in A & E patients.
- Length of stay is the key factor in higher MRSA rates amongst elderly patients. However, keeping patients out of the acute hospital setting is a challenge. Community nurses do not have sufficient resources to provide comprehensive support and most care homes do not employ registered nurses.
- The imminent visit by the Healthcare Commission's Infection Control Team.
- There is a strong commitment amongst clinical staff to tackling IC. Issues are regularly discussed at Care Group and Performance meetings.

The Chair thanked IE for his presentation and the Board NOTED the Infection Control Annual Report 2006/07.

[IE left the meeting]

07/76 Chair & Non-Executive's Report

The Board NOTED the Chair and Non-Executive's Report.

07/77 Chief Executive's Report

Finance

The Month 12 Finance Report will be presented at the 5 June Board meeting.

- Financial risk rating of 3 and a shadow target of 3 for 2007/08
- I & E surplus of £4.426m against a planned £4.30m
- 87% CIPs achieved resulting in an adverse variance of £1.71m
- Activity over-performance of £2.2m
- Capital expenditure over spent by £1.21m against planned £16.3m

Performance

As the Board receives Performance Committee papers, including the Performance Report, the key elements have been consolidated into the CEO Report.

- Cancer 62 day wait: no breaches in March. Full performance currently stands at 88.5%.
- ‘How are we doing?’ survey: ahead of target with big improvements in care perception and patient engagement; environment remains a challenge.
- Infection control (MRSA): additional 5 cases reported in month.
- Infection control (CDT): 22 additional cases in March. Cases in liver and haematology are pro-rata but have increased in intensive care.

Strategy

Work has begun on developing a Neurosciences strategy. The Care Group workshop held on 11 May was well attended. Work will now focus on developing sub-specialty level strategies and identifying priorities.

The Annual Plan to Monitor 2007/08 will be considered by the Board today and submitted to Monitor by 31 May.

Research and Development

King’s has registered 13 titles for proposed NIHR R&D Programme Grants from a broad range including Liver and Renal, Respiratory, Sexual Health and Dental. The NHS will indicate which topics should be developed. An audit of unsuccessful applications from the previous round suggests that a better outcome can be achieved with greater attention to the guidance.

Monitor Compliance Framework

The Framework, which will be discussed at a future Board meeting, sets out the compliance philosophy, annual planning and monitoring cycle and, circumstances under which Monitor could intervene.

Media and Events

Recent coverage of crisis mental health services in the South London Press has given the misguided impression that King’s will replicate SLaM facilities.

SLP reporting of a ‘super bug’ alert quoted data from the Trust’s IC Annual Report but was factually inaccurate. King’s has written to SLP about this irresponsible story who will be publishing the letter in their next edition. The Editor of the SLP has assured King’s that this situation will not happen again.

The Board NOTED the Chief Executive’s Report and CE Brief.

07/78 MMC/MTAS

Mike Griffin outlined the current situation. The new medical training process is designed to encourage trainees who are not in Specialist Registrar positions to apply for training posts. Foundation level students, hospital doctors and overseas applicants are all eligible. However, with 30,000 applicants and only 20,000 places nation-wide, no one is guaranteed a place. Unsuccessful applicants will be offered non-training posts. The speed of the process is swift and 85% of training places will be allocated in early June. King's is working with NHS Employers and the Deanery to ensure all places are filled by the end of July. Applicants have found the process frustrating due to the lengthy uncertainty. However, the Trust's consultants and Mary Currie have ensured that junior doctors are kept fully informed and the overall impact on King's is likely to be limited.

RD and MJ had attended the recruitment training where consultants had commented on the unintended consequences of the new system; namely, that in attempting to create a level playing field, prior relevant experience is ignored. A complete picture of a candidate cannot be gathered via a standard application form alone. Therefore, consultants are concerned that the best candidates will not necessarily succeed.

07/79 Annual Integrated Risk and Governance Annual Report

Judith Seddon introduced the report. It highlights information on the core elements of integrated governance. It also analyses clinical and non-clinical data from adverse incidents (including health and safety), complaints, claims, and clinical audit in order to establish significant trends and patterns. Finally, it reports on clinical governance and effectiveness developments.

As the report had been considered by the Governance Committee on 17 May, a detailed discussion was not required at this meeting.

The comments received were:

- A good level of pharmacy reporting on allergy issues with further guidance expected following work by the NPSA on warning systems, such as wristbands
- Human Tissue Act – the Trust is ensuring compliance with the guidance through a working group.
- Overall, levels of reporting were good and complaints have fallen.

The Board RECEIVED and NOTED the Annual Integrated Risk and Governance Annual Report.

07/80 Risk Register

Martin Lowthian presented this report.

60% of risks are approved by the relevant senior manager indicating that there is a positive organisational culture towards risk issues. BRSG use it as a tool to aid decisions.

A further Board seminar will be arranged during the summer to refresh the Board Assurance Framework and the role of the Audit Committee in scrutinising the BAF will also be explored.

The decontamination actions are being addressed by Care Groups.

The SLP had mis-reported the issue of blocked sewage drains near Renal. Weekend work was underway to correct the problem with no risk to patients from dust or noise.

The Board NOTED the Risk Register.

07/81 2006 National Inpatient Survey Results

Jessica Bush and Rachel Sugarman gave a presentation on the survey results taken from patients attending the hospital in July 2006.

The overall message was encouraging with better scores successively over the last 3 years and high scores for food, cleanliness, doctors, waiting times and information. Improvements are needed in some areas, particularly on privacy and explanations of operations and procedures but the Trust is moving in the right direction. King's is improving compared with London acute trusts and is third after GSTT and Chelsea & Westminster. The gap is widening between foundation trusts and other trusts in the SE London sector.

JD asked how the results compared with King's 'How are we doing?' survey. JB responded that the survey currently covers inpatients and is being launched in Day Surgery. The benchmark aims to place us in the top of the upper quartile. The recent results show improvement in most areas, with scores higher than those in the National Survey, demonstrating continuing improvement in patient perceptions.

MJ noted the correlation between good staff/patient communication and the high scores on team working shown in the national staff survey. An outpatients survey may be introduced in the future and governors, members and volunteers could be encouraged to participate.

The Board NOTED the 2006 National Inpatient Survey Results.

07/82 2006 National Staff Survey

MG and KL presented the report. Overall, the results were very encouraging with King's results comparing well against most London Teaching Acute Trusts.

The key issues were:

- Differences in experience by ethnicity are few and narrowing
- More differences are experienced by gender although this could be due to occupational groups, e.g. nurses and AHPs
- Staff with disabilities (19) were much more likely to report a negative working experience. The Equality and Diversity Committee will look more closely at these issues.
- Appendix 1 shows that, out of 28 key scores for London trusts, King's scores best/second best in 14 and worst in 2
- The 28 scores are grouped under 5 headings: work-life balance, staff development, team working, health and safety, and staff attitudes

- High incidence of harassment and bullying from patients, although this figure was slightly lower than in the previous year, and due in part to the size and complexity of the Trust's A&E Department.
- Staff access to hand-washing materials was not considered to be an accurate indicator as this is not always the most effective method for combating infections
- The Chair recommended the RCN equality and diversity model as a benchmark for the Trust's new e-learning system.

Action: highlight to staff completing the survey the broader context of hand washing question	MG
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The Board NOTED the Healthcare Commission 2006 Staff Survey.

07/83 Staff Pay Awards 2007/08

MG presented the report. National pay rises for all staff groups have been announced and nurses and clinical staff are considering industrial action nationally. Discussions with the Pay Negotiating Council are continuing in response to the proposed phased increases. Similarly, Non-review body (including A&C, Ancillary and Management staff) have also rejected the initial award and again discussions are continuing. Any increases will be delayed until there is a resolution, which could be late summer.

The Board NOTED the report on Staff Pay Awards 2007/08.

07/84 Clinical Excellence Awards 2007

MG presented the report for the Board's information. The main demographic factor to note was the relative lack of success of female consultants. Although 30% of total applications, only 20.9% were successful.

MG suggested that the scheme design allows no room for subjective judgement, therefore this may be a weakness. A taskforce was looking at the scheme design and will report back.

Unsuccessful applicants receive feedback from the Medical or Clinical Director.

The Board NOTED the report on the Clinical Excellence Awards 2007.

07/85 Trust Annual Plan 2007/08

JD presented the plan. She highlighted a few minor adjustments:

- p.19 – single stroke service and partnership working between General Medicine and Neurology
- p. 33 – outturn activity will be adjusted reflect changes in demand management
- p.39 – study leave for junior doctors will be given for essential (not mandatory) training

JW added that the clinical quality statement will be added prior to submission.

The Board congratulated staff on a good document and APPROVED the Trust Annual Plan 2007/08.

07/86 Developing a Shared Vision – Guy’s and St. Thomas’, King's College Hospital and King's College London

RS introduced the report, which has been circulated to the Boards of both Trusts. It captures the outputs from the joint Board meeting held in April, namely:

- To develop a joint statement
- To widen engagement – clinical directors and KCL representatives will be meeting in June
- To develop a work plan – to be led by the Strategy Directors of both Trusts.

GSTT has announced that Ron Kerr will join as its new Chief Executive in October. He currently heads the United Bristol NHS Trusts and has a significant understanding of the issues facing SE London.

The Board NOTED the report on Developing a Shared Vision.

07/87 Confirmed Minutes of Committee Meetings

The Board noted the following confirmed minutes:

- Audit – 20th March 2007
- Finance – 10th April 2007

The Board noted the following confirmed minutes:

- Governance – 15th March 2007
- Performance – 12th April 2007

MJ asked why the EDC minutes were not shown; RC replied that these were still outstanding but would be circulated shortly.

It was resolved that the public should be excluded from the meeting whilst the remaining business was under consideration as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

Date of Next Meeting:

Tuesday 5 June 2007 at 2.00 pm in the Dulwich Committee Room.