



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, 31st July 2007 in the Dulwich Committee Room, King's College Hospital

Present:	Michael Parker (MP) Rita Donaghy (RD) Robert Foster (RF) Maxine James (MJ) Alan McGregor (AM) Martin West (MW) Malcolm Lowe-Lauri (MLL) Jacqueline Docherty (JD) Michael Griffin (MG) Simon Taylor (ST) John Moxham (JM) Roland Sinker (RS)	Chair Non-Executive Director 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 Executive Medical Director Director of Strategic Development
Non-voting Directors:	Ahmad Toumadj (AT) Jane Walters (JW)	Director of Facilities Director of Corporate Affairs
In attendance:	Rita Chakraborty (RC) Sally Lingard (SL) Mark Graver (MG) Judith Seddon (JS) Martin Lowthian (ML) Jane Ferguson (JF) Joanna Ostrowska (JO) Rachel Lund (RL) Cathy Varley (CV) Sophie Dalton (SD) Jessica Bush (JB) Rachel Sugarman (RS) Liz Wells (LW)	Assistant Board Secretary Head of Corporate Communications Deputy Head of Communications Head of Governance Risk Consultant Director of Fundraising Fundraising & Development Manager Major Gifts Manager PALS Manager Patient Relations and Complaints Manager Head of Patient and Public Involvement Patient Survey Co-ordinator Head of Emergency Planning and Clinical Site Management
FT members/ members of the public	Roz Turner (RT)	Staff Governor – Administration, Clerical and Management

Item	Subject	Action
07/117	Apologies None.	
07/118	Welcome The Chair welcomed Martin West to the Board as the new Non-Executive Director and Roz Turner, a new Staff Governor.	

07/119 Declarations of Interest

None.

07/120 Chair's Action

None.

07/121 Minutes of the meeting held on 31st July 2007

The minutes of the meeting held on 31st July 2007 were AGREED as a correct record of the meeting subject to the following amendment:

07/107 – AOB: Health and Safety Executive Investigation – second sentence to read: “Their final letter to the Trust raised an issue that was addressed immediately by the Director of Facilities.”

07/122 Matters Arising

07/111 – the University of Singapore is ranked 8 for Life Sciences in the Times Higher Education global rankings and 19 for the university overall.

07/123 Chair & Non-Executive's Report

Maxine James (MJ) added that Danny White, whose memorial service she attended on 13th July, was a patron of the King's Leukaemia Trust. The charity is raising awareness of the need for more organ donors of black or mixed race origin.

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

07/124 Chief Executive's Report

Malcolm Lowe-Lauri (MLL) introduced the report and provided the following additional information:

Crisis Mental Health Services

Recently, the South London Press has featured stories from users of mental health services about their experiences at King's. The comments have been positive overall with no significant criticisms of the Trust. King's continues to focus on delivering a good service and maintaining a dialogue with SlaM and mental health users groups.

Sexual Health Centre

MLL encouraged Board members to visit the Centre, which has not only been funded by the GSTT charitable Trust but received an award from the Terence Higgins Trust for its innovation. Visitor numbers at the Caldecot Centre, which deals with more serious sexual health issues, remain stable indicating that the overall number of people accessing sexual health services is increasing.

Academic Health Sciences Centre

The organisations are making progress with the first meeting of the steering group chaired by Robert Lechler.

Modernising Medical Careers

The latest information indicates that almost all trainee jobs at the Trust have been filled and nearly all existing junior doctors have secured their next job. This positive outcome is largely due to the considerable efforts of Tunji Lasoye, A & E Consultant, and Mary Currie, HR Planning Manager. A small number of unfilled training posts will be dealt with in October.

It is not anticipated that the arrival of new trainees on 1 August will impact on Trust services. Ed Glucksman, A & E Clinical Director, has circulated an escalation process and consultants will provide enhanced support, where necessary.

Michael Parker (MP) suggested that a press release should be issued conveying that King's is well prepared for the 1 August changeover.

Press and Media Coverage

13 July – breast cancer screening – King's policy ensures that all cases (urgent and non-urgent) are seen within 2 weeks.

24 July – Venous Thrombo Embolism – although the impact of this condition on Trusts nationally is estimated to be 5 times that of infection control, the impact at King's is far less.

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

Action: Trust to issue press release confirming that, despite the change in SL trainee medical staff, services will be running as normal.
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07/125 Finance Report – Month 2

Simon Taylor (ST) introduced the report. The Trust had achieved an income and expenditure surplus of £1.054m, a positive variance of £261k against target. However, cash flow continues to be a concern.

Pages 8/9 illustrate adjustments to the original budget as a result of the 18 week target and CIPs identified by the corporate departments as unattainable. Consequently, a further £4.5m CIP will be required through savings and additional 18 weeks work and the non-achievement of demand management. Care groups are aware of these new targets and are starting to recognise the benefits.

The Board NOTED the finance report (month 2).

07/126 Authorisation of Electronic Transfer of Funds

ST requested the Board's approval for the Chair to sign a mandate for the transfer of electronic funds. This relates to the Trust's working capital facility. The Board APPROVED the Chair as signatory.

07/127 Monitor Return – Q1 (2007/8)

ST presented the report. As anticipated, the Trust was declaring a risk rating of 3. However, liquidity challenges will restrict King's to a rating of 3 unless a further £5m can be generated. The situation was unlikely to change in the near future because of the cyclical nature of PCT payments.

The Governance rating of green was encouraging following 2 quarters at amber. 8 MRSA cases had been reported against a maximum of 12 and the Trust was just within target for the 62-day cancer wait indicator.

The Board NOTED and APPROVED the Q1 submission to Monitor.

07/128 Complaints/PALS Annual Report

Jane Walters (JW) introduced the report. This was the first combined report and JW welcomed the Board's comments on the new format.

Formal complaints and contacts with the Patient Advice and Liaison Service (PALS) in 2006/7 have been scrutinised. The report shows that there has been a reduction in both areas. Although the Trust cannot be definite, it is possible that the introduction of the 'How are we doing?' survey has changed the profile of complaints.

There have been positive changes in many areas and these are illustrated by the many service improvements listed in section 8. High volume areas for both PALS and complaints remain:

- Communication/information to patients
- All aspects of clinical treatment
- Appointments delays and cancellations
- Attitude of staff
- Transport

Although 20% of data does not contain ethnic coding, there were a slightly higher number of complaints from patients/relatives of British (white) origin. Recent equality impact assessments have been carried out for both services as well as a user evaluation survey of the Complaints Service. Further work was being carried out to identify how different groups access these services.

In response to John Moxham's (JM) enquiry about the level of co-operation received from clinicians by the Complaints and PALS Teams, Judith Seddon (JS) and Cathy Varley (CV) acknowledged a marked improvement but admitted that the speed of response and availability were unresolved issues.

Jacqueline Docherty (JD) noted that there is a high commitment within the Trust to complaints handling. King's had an open policy in relation to encouraging patients to register concerns. Different organisations also categorised complaints in different ways.

In response to questions regarding comparative numbers of complaints received, it was noted that comparison with GSTT was not straightforward due to the differences in provision of secondary and tertiary services.

Rachel Sugarman (RS) pointed out the King's scored the highest in the National Patients Survey for telling patients how to complain. It was noted that a further survey of outpatients will be carried out shortly.

The Board NOTED the Complaints/PALS Annual Report.

07/129 Board Continuity Planning and Emergency Preparedness

Martin Lowthian (ML) gave a presentation (slides were distributed).

The main issues covered were the nature of business continuity managements (BCM), progress to date and BCM governance.

BCM is a practical approach focussing on how an organisation deals with 'unacceptable interruptions'. The process has started at the Trust only recently, therefore the initial objective in year 1 will be to identify the most critical threats and to address these in a business continuity plan (BCP). This differs from disaster recovery planning.

The process involves assessing the organisation's response to real incidents; discussing scenarios in depth; updating the major incident plan and service continuity plans and ensuring a 'whole organisation' approach. The process will be rolled out and embedded in the same way as the Trust approached risk management with an appropriate reporting structure.

If the Trust can embed BCM within the organisation, it may consider applying for the appropriate British Standard, which no other NHS Trust has so far achieved.

The Board NOTED the report and supported the approach.

07/130 Risk Management Strategy and Board Assurance Framework (BAF) Policy

JS introduced these items. It was reported that that following the annual review of the Risk Management Strategy and Board Assurance Framework, the documents had been agreed in principle by the Governance Committee on 19 July 2007 subject to a few minor changes which had been incorporated for the consideration of the Board.

The Board APPROVED the revised Risk Management Strategy and Board Assurance Framework.

07/131 i) Integrated Risk and Governance Report April – June 2007

JS presented this item. It was noted that the quarterly report was discussed fully at the Governance Committee. As Chair of the Governance Committee, Alan McGregor (AM) confirmed the systematic reporting on the trends in adverse incidents, complaints and claims and other governance issues to the committee. He was reassured that, when read in conjunction with the Legal Department's annual report, there was evidence of collaborative working.

ii) Risk Register Update JS presented the item. The movement in the risk register was highlighted and in particular, it was noted that the number of red risks had reduced from 14 to 8 as a result of implementing action plans and enforcing controls.

The Board NOTED and APPROVED the Risk Register Update.

07/132 Estates Strategy

Ahmad Toumadj (AT) presented the report, which sets out immediate and medium-term priorities in the context of the Trust's strategic plan.

It was noted that the Cystic Fibrosis Trust have approached King's about funding an adult ward. This would increase associated demand.

The EDF site is still the subject of a planning application, which will hopefully include office as well as residential space, enabling King's to locate staff there.

AM commented that, in developing proposals to change the location of the King's College Neurosciences Institute, the Trust should also consider KCL's plans.

The Board NOTED the Estates Strategy.

07/133 Fundraising Strategy

Jane Ferguson (JF) gave a presentation and distributed presentation slides.

The Trust's aim was to secure high value donations through a major donor strategy. Comparison with other successful fundraising NHS Trusts illustrates the potential income but also the strong competition (notwithstanding health-related charities).

The team will identify high asset donors with a connection to King's through prior giving or an interest in a healthcare issue.

JD suggested that private patients should be targeted as well. RD welcomed guidance from the Fundraising Team on the focus of projects and any ways in which NEDs might be of help. JF welcomed the opportunity to discuss these opportunities with individual NEDs.

The Board NOTED the fundraising strategy.

07/134 National Service Framework for Older People

RD introduced the report and drew the Board's attention to a sample Dignity Toolkit, which was being circulated and will be available on every ward. The Trust has made considerable progress in engaging users around the issue of dignity, especially through the work of the steering group.

Outstanding issues are medicine management, mental health and protocols around the discharge of elderly patients with infection.

The Board NOTED the NSF for older people.

07/135 Infection Control Policy

JD introduced this item. This is the first co-ordinated document dedicated to infection control.

The Board was asked give its approval in principle and to forward any comments to JD or JM.

The Board NOTED and APPROVED the Infection Control Policy.

07/136 Items for information

The Board NOTED the following reports and minutes:

- PEAT Inspection and results
- Confirmed Minutes of Committee Meetings:
 - Governance Committee – 17th May 2007
 - Performance Committee – 14th June 2007
- Unconfirmed Minutes of Committee Meetings:
 - Equality & Diversity Committee – 26th June 2007
 - Finance Committee – 17th July 2007

07/137 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.

07/138 Date of Next Meeting:

Tuesday 25th September 2007 at 2.00 pm in the Dulwich Committee Room.