

Unconfirmed

## King's College Hospital NHS Foundation Trust Board of Directors

Minutes of the meeting of the Board of Directors

Held at 15.00 hrs on Tuesday, 27<sup>th</sup> January 2009 in the Dulwich Committee Room,  
King's College Hospital

<b>Members</b>	Michael Parker (MP) Robert Foster (RF) Rita Donaghy (RD) Prof Alan McGregor (AM) Dr Martin West (MW) Tim Smart (TS) Dame Jacqueline Docherty (JD) Michael Griffin (MG) Prof John Moxham (JM) Simon Taylor (ST)	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Deputy Chief Executive/Executive Director of Nursing & Operations Executive Director, Human Resources Executive Medical Director Chief Financial Officer
<b>Non-voting Directors</b>	Ahmad Toumadj (AT) Jane Walters (JW)	Director of Capital, Facilities & Estates Director of Corporate Affairs
<b>In attendance:</b>	Rita Chakraborty  Sally Lingard  Zoe Lelliott Dr Julia Wendon Andy Alatise Elisabeth Hunter Paul Meurisse	Assistant Board Secretary (minutes)  Associate Director, Communications & Marketing Deputy Director of Strategy Director, Research & Development Governor Member of the public Member of the public

Item	Subject	Action
09/01	<b>Apologies</b> Maxine James.	
09/02	<b>Declarations of Interest</b> None.	
09/03	<b>Chair's Action</b> The Board ratified Chair's action taken in respect of signing the following contracts: <ul style="list-style-type: none"> <li>• Non-emergency transport</li> <li>• Primary hip/thigh replacements</li> </ul>	

- 09/04 Minutes of the meeting held on 16<sup>th</sup> December 2008**  
The minutes of the meeting held on 16<sup>th</sup> December 2008 were APPROVED.
- 09/05 Matters Arising/Action Tracking**  
Board workshop on BAF Framework will be held following completion of the Trust strategy.
- 09/06 Chair & Non-Executive's Report**  
The Board NOTED the Chair & Non-Executive's Report.
- 09/07 Chief Executive's Report**  
Tim Smart's presented the Chief Executive's report and highlighted the following:
- Activity remained high but the Trust was meeting the 18 week, A&E and infection control targets.
- Tim Smart congratulated Simon Taylor and the Finance Department on achieving the maximum Monitor risk rating of 5 against a forecast of 4.  
There were some delays in capital expenditure, which were mainly timing issues.
- The strategic review process had begun and was being steered by a Clinical Strategy Group. It was expected that the process would be completed by the end of March.
- A Part 1 submission for AHSC accreditation had been lodged; King's Health Partners was one of fourteen applicants. Part 2 was due for submission by 18 February. The Transition Executive was key to ensuring a high quality application and maintaining momentum.
- Consultation on development of the Emergency Department had begun with a series of events. An information stand would be placed in the Golden Jubilee for the duration of the consultation. MPs had been kept informed and would be briefed fully at a meeting on 27<sup>th</sup> February. An update was tabled.
- Alan McGregor commented that many patients admitted to emergency have mental health problems but this was not always the main reason for their admission.
- Media coverage continues on liver transplantation.
- As part of a number of measures to address capacity pressures within the trust, a 20 bed rehabilitation ward had been opened in Lewisham Hospital using the King's@ model of satellite services.

The Board NOTED the Chief Executive's Report.

**09/08 Finance Report – month 9**

Simon Taylor introduced the item.

The Trust had achieved the Monitor risk rating of 5, for the first time, against a forecast of 4. There were specific reasons, namely, slippage on the capital programme, extra cash due to the narrowing gap between interest rates on borrowing and deposits, and large payments received for PCT over-performance. As a result the liquidity ratio was high. The Trust could possibly achieve '5' at year end given the above plan surplus of £17m and 99% delivery of CIP targets.

There were plans to re-invest in future asset purchases and developments.

ST confirmed that the energy grant had been drawn down.

The Board thanked the Finance Department and other staff whose contributions had led to this achievement.

The Board NOTED the Finance Report – month 9.

**09/09 Q3 2008/09 Submission to Monitor**

It was noted that the Trust was declaring as follows:

Risk Rating – 5  
Governance – Green  
Mandatory Services – Green

The Board APPROVED the signing of Declaration 1 by the Chief Executive.

**09/10 Board Focus on Quality**

Several Board members had attended a workshop – facilitated by McKinsey - for FTs participating in the Monitor project on quality. Jenny Yao would be joining Jacqueline Docherty's team in March.

A mock up 'Quality Annual Report' was tabled. This report would have the same status as the Annual Report/Accounts. There would be further opportunity to discuss the content at forthcoming Board workshops.

John Moxham added that the McKinsey workshop was a useful event and had demonstrated the advanced nature of the Trust's performance management system and scorecard, and the robustness of current processes.

Monitor was working to ensure that any indices assigned to gauge quality are related to the individual trust and its circumstances.

There was some way to go with some areas such as IT capabilities.

Finally, there was an expectation from the Welcome Trust that the Clinical Research Facility with that the Trust will link with other Facilities across the country ?– check with JM

The Board NOTED the Quality update.

## **09/11 AHSC Memorandum of Understanding**

All four AHSC partner organisations would be receiving the Memorandum of Understanding for formal approval by their Boards. The document was a non legally binding document describing the intent of the partners to work together in closer partnership with the intention of establishing an AHSC.

As the Board were aware, the first stage application for accreditation had been submitted and subject to shortlisting the second stage application would be submitted on 18 February.

A formal partnership agreement and scheme of delegation was being drawn up, and would be submitted for formal approval by the respective Boards following the outcome of the accreditation process.

Subject to some minor suggested changes, the Board APPROVED the MOU, and authorised the Chair and Chief Executive to sign the document on behalf of the trust.

A full AHSC update, including the MOU will be provided to the Board of Governors at their next meeting. Staff will be made aware of the MOU via internal communications and the AHSC website.

## **09/12 Care Quality Commission – Healthcare Associated Infection Registration**

Jacqueline Docherty introduced the item, which outlined the new legal framework relating to infection control and the registration process.

It was noted that all healthcare organisations, including care homes, will be subject to the same regulation concerning infection control.

The Board:

1. Noted that the Trust has registered with the Care Quality Commission.
2. Noted this report
3. Approved the declaration and supplementary information contained in the application
4. Agreed that the application process will be completed by electronic sign off by the CEO.

**09/13      Research and Development Strategy**

Julia Wendon and Zoe Lelliott presented this item.

Since her appointment last year, Dr Wendon had been reviewing the quantity of R&D currently undertaken by the Trust and how this activity was measured.

Her main observations were:

- R & D should be integral to clinical services – for instance, all patients should be encouraged to participate in clinical trials and provide blood/tissue samples
- The aim should be to gather meaningful data and to ensure that all research is formally recorded.
- R&D metrics should be incorporated into the overall assessment of CAG performance
- At present, some research is registered under KCL rather than KCH.
- The distinction between research and development is that the former is often published. However, the full range of scholarship, including contributions to books and chapters, is not accurately recorded currently.
- Grant income and academic degrees should also be monitored to assess the volume and quality of R&D

There was acknowledgement of the role of Clinical Academic Groups in encouraging clinicians to participate in research, and extend involvement to the general managers and clinical directors.

The tables shown on p.13-14 represented a King's Health Partners approach to R&D. The Board wished to see where KCH currently fitted into this.

The Trust strategy currently in development would incorporate R&D priorities.

The Board NOTED the update on R&D.

**FOR INFORMATION**

**09/14**

**Committee Minutes**

The Board NOTED the following confirmed minutes:

- Equality & Diversity – 09 Sept 2008
- Performance – 13 Nov 2008

**09/15**

**AOB**

None.

**09/16**

**Date of Next Meeting:**

**Tuesday 31<sup>st</sup> March at 3.00 pm in the Dulwich Committee Room.**