

King's College Hospital

NHS Foundation Trust

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, 28 September 2010 in the Dulwich Committee Room, King's College Hospital.

Members	Michael Parker (MP) Robert Foster (RF) Maxine James (MJ) Prof. Alan McGregor (AM) Dr Martin West (MW) Marc Meryon (MM) vacancy Tim Smart (TS) Michael Marrinan (MM) Roland Sinker (RS) Simon Taylor (ST) Angela Huxham (AH) Geraldine Walters (GW)	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Executive Medical Director Executive Director of Operations Chief Financial Officer Executive Director of Workforce Development Executive Director of Nursing & Midwifery
Non-voting Directors	Ahmad Toumadj (AT) Jane Walters (JW) Jacob West (JW1)	Director of Capital, Facilities & Estates Director of Corporate Affairs Director of Strategy
In attendance:	Louisa Richards (LR) Sir Anthony Merrifield (AM) Sally Lingard (SL) Prof Robert Lechler (RL) Louise Morton (LM) Sonia Clark-Swabey (SCS)	(Minutes) Chair, KCH charity Associate Director Communications & Marketing Executive Director, King's Health Partners Named Lead for Safeguarding Children Transplant Coordinator/Mary Seacole Winner 2009
Staff/ Public	Michelle Pearce Ann Mullins Tom Duffy James Robert Dominic Dickinson	Public Governor Public Governor Patient Governor Management trainee Member of public

Item	Subject	Action
010/137	Welcome and Apologies Apologies – none.	
010/138	Declarations of Interest None.	
010/139	Chair’s Action None.	
010/140	Minutes of the meeting held on 27 July 2010 The minutes were APPROVED subject to the following amendments: Add to Public, in attendance - Anna Blackmore (AB) from PwC.	
	Minutes of the extraordinary meeting held on 12 August 2010 The minutes were APPROVED.	
010/141	Matters Arising <u>010/125</u> Complete. <u>010/128</u> Complete. GW commented that it had been difficult to do a reliable comparison of KCH infection rates against other UK Trusts.	
010/142	Chair and NEDs Report The Chair and NEDs Report was noted.	
010/143	Chief Executive’s Report TS presented the Chief Executive’s Report and outlined the following: <ul style="list-style-type: none"> <li data-bbox="384 1547 1294 1939">• In previous years KCH had achieved the required 60% reduction on the 2004 levels of MRSA bacteraemia. In 2010-11, a new target was set, with all Trusts being required to achieve the rates of MRSA bacteraemia of the better performing organisations. For KCH, this resulted in an annual target of 9 cases (in 2009/10 the Trust recorded 17 cases). The annual MRSA target had been breached during August with a total of 9 cases for the year to date. A team of experts from the Department of Health had been invited by the Trust to come and review the trust’s approach to reducing HCAI and the Executive awaited the final report. 	

- There was still some concern that Medirest were underperforming and action was being taken to address this.
- At month 5, the Trust was in deficit by £2.588m against a break even plan. There had been an improvement in month 4 compared to month 3. Additional action had been taken to reduce costs; all steps were being taken to ensure that safety is not compromised.
- The agreement had been signed for the three-way pathology partnership between KCH, Guy's and St Thomas' and Serco. The new partnership will officially go-live on 1 October 2010. Unite had held a demonstration at the Annual Public Meeting on 16 September. 57 members of staff were balloted by Unite to support 'industrial action short of a strike'. Unite had since written to the Trust to say that they will not take industrial action although they continue to object to the course of action taken by the Trust
- The NHSLA Acute Risk Management Standards (ARMS) assessment, which was currently taking place, had occupied much staff time in recent months. If successful, additional savings of £1m were anticipated for the full year.
- The KHP Clinical Strategy Group is developing a process for establishing a site strategy for acute clinical services. This will be driven by the CAG leaders and stakeholders and the recommendations and business cases will be presented to the GSTT and KCH Boards in due course.

Comments:

The Board noted that there had been a lot of positive feedback about the documentary on KCH's liver services that had been shown on Channel 4. The possibility of adding a clip from the documentary onto the KCH website was being explored.

The Trust had been asked by another production company to participate in a 'fly on the wall' documentary to show the activities in the Emergency Department. In the future, it was agreed that KCH will negotiate with television and production companies to enable the Trust to show footage of the documentaries on the Trust's website.

The Board noted the Chief Executive's Report and Chief Executive's Brief for September.

010/144 Finance Report - month 5

ST presented the month 5 finance report.

At month 5, the Trust's financial position is in deficit by £2.588m, against a break even plan. The deficit had deteriorated by £293k in month which is a reduction in comparison to the previous month's negative movement of £321k.

The deficit includes the CIP shortfall and the Project Diamond income shortfall to date.

The income position had improved slightly in Month 5 compared to previous months. Pay is £2.180m under-spent to date. The reduced bank and agency spend was driving this under-spend together with vacant posts.

The Trust's working capital facility had increased from £25m to £35m.

The Monitor Financial Risk Rating (MFRR) for the Trust is 3.

CIPS

At month 5, the Trust is achieving 79% of the CIP plans. This equates to a gap of £2.5m which is being covered by reduced staff costs, particularly in respect to reduced agency and bank spend.

Further CIP targets had been set regarding PCT demand management (£6.6m). More detail on the CIP plans were now being presented following a recommendation from PwC. The CIPs were shown by division and type.

Capital Plan

A revised capital plan was outlined on p21 of the finance report. This includes provision for a new consolidated outpatients department in Unit 6. This will cost £3.3m over 2010/11 and 2011/12.

RS commented that there was a trade-off between the CIP and capital plans. The capital plans would be revised again in the next couple of weeks once the new CIP proposals had been approved.

RS commented that the Trust's agency spend could not be reduced below a certain level as the Trust needed a certain degree of flexibility in the workforce and in some situations there was no suitable applicant to fill positions.

KCH would negotiate with PCTs to reduce the bad debt provision of £1.8m at the end of the year.

The Board noted the contents of the Finance Report for month 5.

010/145 Performance Report - month 4

Roland Sinker presented the performance report for month 4 and drew attention to the following:

- The Finance and Performance Committees will merge and become the Finance and Performance Committee. The new committee will meet for the first time in October 2010.
- KCH continues to achieve the 98% target for emergency '4 hour waits', even though the target is now reduced to 95%. It is probable that our performance will trend below 98% because the additional headroom gives more clinical options to staff in ED
- All specialities for the 18 weeks referral to treatment indicators were achieved.
- Our MRSA performance is disappointing, and a more holistic approach is being considered, which will be brought to the Board in due course
- *C. difficile* remains better than the national expected limit, although worse than the internal stretch targets in month 4. Detailed plans had therefore been put in place to ensure that KCH met these targets.
- At month 4, KCH is marginally below achieving the average length of stay (ALOS) targets for both elective and non-elective patients; however the Trust trajectory is improving consistently. ALOS targets had been agreed and signed off with all Divisions. Targets have been set using top quartile peer trust performance as a benchmark for all divisions.
- In November 2010 a patient discharge lounge will be opened to help reduce average length of stay further.

A patient governor commented that elderly patients attending day surgery found it difficult to be ready for transport at 5:30am.

The Board agreed that appointments for day surgery at 7:30am required an early start and would look at the flexibility of surgery lists.

The Board noted the contents of the Performance Report for month 4.

010/146 Patient Experience Report – month 4

Tim Smart and Jane Walters presented the monthly Patient Experience Report, highlighting the following areas:

- Saving costs was important but the patient experience remains a key focus for the Trust.
- Patient satisfaction had been identified as a core component of the KHP business plan.
- KCH and GSTT are in discussion regarding the use of joint metrics for measuring CAG performance.
- In August, the number of complaints at KCH fell and the lower trend continues after two months of higher numbers due to a more prompt response to some patient concerns via the PALS service.
- The annual review of How Are We Doing (HRWD) benchmarks had taken place following the National Inpatient Survey results and the benchmark score had been raised to 86 from 85 as from August 2010. Four specialties - Cardiac, Neurosciences, Renal and Children's had achieved or exceeded the new benchmark score.
- Overall the Trust has scored 84, which was the same as the previous month.
- CQUINS performance had improved and the benchmark level had been achieved in 3 out of 5 questions.
- Patient satisfaction scores for single sex accommodation had achieved the benchmark level for the second successive month.
- Patient perceptions indicate that timely discharge remains an area of concern. A discharge planning work-stream has been established as part of the transformation programme.

The Board was assured that patients will receive appropriate supervision and medical care in the new patient discharge lounge. At present, patients were sometimes unaware of the process following a confirmation from the clinician that they were fit to leave the hospital, namely, arrangements for ongoing medication and transport.

The Board noted the contents of the Patient Experience Report.

010/147 KHP update

Robert Lechler presented the KHP update and highlighted the following:

- All acute Clinical Academic Group leaders have been appointed.
- The CAG accreditation process has been developed and will be considered at the Partners' Board on 29 September for ratification.
- Professor Simon Lovestone will be responsible for refining and implementing the research strategy and taking forward the infrastructure arrangements.
- Discussions were underway for the Clinical Site Strategy and the CAGs will formulate the process.
- GP leaders are engaging well and assisting the Integrated Care project; £250,000 had been identified to drive this project forward.
- The Partners' Board will review the options for responding to the White Paper on 29 September 2010.
- GlaxoSmithKline will visit KHP in early October 2010 to explore a partnership in Immunity and Inflammation.
- University of California, San Francisco will be visiting in October to further explore a partnership in Experimental Medicine.

KHP had met the Junior Health Minister, Earl Howe, who had been supportive of R&D funding in NHS. A meeting had been organised with Andrew Lansley, Secretary of State for Health, and David Willetts, Minister of State for Universities and Science, to discuss the interface between NHS and R&D.

The Board noted the update on King's Health Partners.

010/148 Mary Seacole Award

Geraldine Walters introduced Sonia Clark-Swaby, the winner of the Mary Seacole Award - a national scheme.

SCS gave a presentation outlining the activities that she had undertaken as a winner of the Mary Seacole Award. The aims of the Mary Seacole Project which were:

- To increase education and knowledge among BME communities, through schools, churches and youth clubs, about organ donation and increase knowledge through information leaflets, community fairs, media and radio involvement.
- Encourage discussion and debate on organ donation.
- Write and publish a report to highlight the unmet need.
- Change people's perceptions and behaviour towards organ donation.

SCS also highlighted the following:

- She had worked in partnership with Red Cross and NHS Blood and Transplant.
- She will be working with Winsome Okeke and the Cultural Diversity Group at KCH in the future.
- The Royal Free Hospital and Queen Mary's Hospital had requested that SCS share with their organisations the findings of the project.
- The Mary Seacole Project had increased the number of Asian, African and Afro-Caribbean donors and 37 donors had signed up to date.

The Board congratulated SCS on winning the award and the successful activities that she had undertaken.

KCH agreed to look into the possibility of assisting SCS to publish the findings from the project.

FOR DECISION

010/149 Safeguarding Children Annual Report 2009/10

Geraldine Walters and Louise Morton presented the Safeguarding Children Annual Report and highlighted the following:

- The Safeguarding Children Annual Report is a statutory requirement. The Trust is required under Section 11 of the Children's Act, to ensure that it has robust arrangements in place to safeguard and promote the welfare of children and younger people.
- The Trust's client group is complex and challenging, combining an ethnically and culturally diverse local inner city population. The Trust has also seen an increasing number of young people presenting as the result of knife or gun crime. The paediatric emergency department sees 28,500 children a year.
- During the period October 2009 to July 2010, there were 283 referrals. The Safeguarding Children Team keeps a database of all child deaths. During the same period 72 child deaths were recorded and there were four serious case reviews. The findings did not have implications for the Trust.
- The Trust had put in place training plans to address the new training standards. The Trust was providing training at levels 1, 2, and 3 depending on the level of involvement and responsibility a staff member has for safeguarding children. The Trust action plan aimed to ensure that 80% of eligible staff were trained at each level especially in high risk areas including Maternity, A&E and Pediatrics. Performance against this target will be monitored closely
- An IT system is required which interfaces with the different electronic patient records systems in use across the Trust. The request from the Safeguarding Team was a priority in the Trust's IT work plan.

LM assured the Board that all contractors are audited to ensure that they fully comply with the NHS Employment Check Standards and that they have appropriate governance and audit procedures in place.

The volume of cases discussed at the weekly Child Review Meeting has risen to appropriately 60 per week and most of the actions required at the time of consultation had already been undertaken by the staff in the emergency department (ED). The weekly meeting was an opportunity for the ED team and the Named Nurse to meet leaders from Lambeth and Southwark referrals teams.

LM explained that GPs were central to the safeguarding children process.

There was a need for a London wide network and common database but these developments had not progressed to date.

The Board noted that more training sites were needed to ensure that staff could receive training on safeguarding children. Availability of rooms for training was a wider problem across the Trust. TS agreed to escalate this issue with KCL.

LM explained that the Common Assessment Framework (CAF) had been introduced as a referral tool into Children and Young People's Services (social network). This was a national framework that all local authorities had adapted and the London Safeguarding Children Board will be leading a review of the new referrals pathway.

The Board APPROVED the Safeguarding Children Annual Report 2009/10.

FOR INFORMATION

- 010/150** The Board noted the following confirmed committee minutes:
- Finance – 08 June 2010
 - Performance – 13 May 2010
 - Performance – 15 July 2010

010/151 AOB

TS commented that the Trust's CQC Annual Quality Risk Profile had been received. Data from a variety of 'soft' sources of information had been used, including the national staff and inpatient surveys, PEAT, and NHS Choices. The comments in red were highlighted as useful indicators for areas where KCH could improve services in the future.

- 010/152 Date of Next Meeting:
Tues 26 October 2010, 3.00 pm - Dulwich Room.**