

## 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, 26 October 2010 in the Dulwich Committee Room, King's College Hospital.

<b>Members</b>	<p>Michael Parker (MP) Robert Foster (RF) Maxine James (MJ) Prof. Alan McGregor (AM) Dr Martin West (MW) Prof. Sir George Alberti (GA) Tim Smart (TS) Michael Marrinan (MM) Roland Sinker (RS) Simon Taylor (ST) Angela Huxham (AH) Dr Geraldine Walters (GW)</p>	<p>Non-Executive Director (Chair) 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 &amp; Midwifery</p>
<b>Non-voting Directors</b>	<p>Ahmad Toumadj (AT) Jane Walters (JW) Jacob West (JW1)</p>	<p>Director of Capital, Facilities &amp; Estates Director of Corporate Affairs Director of Strategy</p>
<b>In attendance</b>	<p>Rita Chakraborty (RC) Sir Anthony Merrifield (AM) Sally Lingard (SL)</p> <p>Paula Townsend (PT) – Item 2.6 Sue Field (SF) – Item 2.6</p> <p>Prof. John Moxham (JM) – Item 2.8</p>	<p>Assistant Board Secretary (Minutes) Chair, KCH Charity Associate Director Communications &amp; Marketing Assistant Director of Nursing</p> <p>Head of Capacity Planning &amp; Service Development Director of Clinical Services, King's Health Partners</p>
<b>Staff/ Public</b>	<p>Rob Bentley Kim Ng James Roberts Hedi Argent Adam Armfield Jen Owen</p>	<p>Consultant in Maxillo-Facial Surgery Darzi Fellow Management Trainee Public Governor Member of public Member of public</p>

Item	Subject	Action
<b>010/153</b>	<b>Welcome and Apologies</b> Apologies – Marc Meryon. The Chair welcomed Prof Sir George Alberti to the Trust and to his first Board of Directors meeting.	
<b>010/154</b>	<b>Declarations of Interest</b> None.	
<b>010/155</b>	<b>Chair’s Action</b> None.	
<b>010/156</b>	<b>Minutes of the meeting held on 28 September 2010</b> The minutes were APPROVED subject to the following amendments:  p.2 (GW to provide alternative wording re MRSA)	
<b>010/157</b>	<b>Matters Arising</b> None.	
<b>010/158</b>	<b>Chair and NEDs Report</b> The Board asked for their condolences to be conveyed to Cherry Forster, Governor, for her family bereavement.	
<b>010/159</b>	<b>Chief Executive’s Report</b> TS presented the Chief Executive’s Report and outlined the following: <ul style="list-style-type: none"> <li>• Finances remain tight, however, good progress is being made with the cost improvement programme (CIP).</li> <li>• High levels of activity were resulting in operational pressures.</li> <li>• There had been press coverage concerning changes at South London Healthcare Trust, particularly Queen Mary’s Sidcup. KCH’s assistance was greatly appreciated by the trust, namely consultant support for emergency services at Woolwich Hospital and stroke services at Bromley Hospital.</li> <li>• The Government’s Comprehensive Spending Review will have implications for the funding of social services, and the trust will be keeping a close watch on these changes.</li> </ul>	

- The trust had failed to remain within its MRSA threshold for the year, which will trigger an Amber-Green governance rating from Monitor. Various actions were being implemented to rectify the situation, including TS meeting with every consultant who is associated with managing the treatment of an infected patient where the root cause analysis findings suggest infection was avoidable.
- The trust has been nominated for various awards including the Heath Service Journal's "Acute Trust of the Year" representing a big achievement for staff.
- During the coming month, filming will take place in the emergency department for a 'fly on the wall' documentary due to be broadcast on television in summer or autumn 2011.

RF commented on Prof Ghulam Mufti's excellent contribution to the 'Horizon' programme broadcast recently.

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

#### **010/160 Finance Report - month 6**

ST presented the month 6 finance report.

At month 6, the Trust's financial position was in deficit at just below £3.0m against a break even plan. However, the running rate for the last 3-4 months was in balance. There were two main reasons for the current position; firstly, money due from Project Diamond – to compensate for changes in research and development funding - was due to be received soon. Secondly, there was a substantial provision for doubtful debts.

Recommendations from Price Waterhouse Coopers on the trust's cost improvement programme had been implemented and performance had increased to 93%.

The trust's financial risk rating was 3.

The capital programme included large projects in-year in maternity, emergency and critical care.

The Board requested that agency and bank spending for 2008-09 should be included for comparison on future reports.

It was noted that the Finance and Performance Committee had discussed the Finance Report at length earlier the same morning.

## 010/161 Performance Report - month 6

Roland Sinker presented the performance report for month 6 and highlighted the following:

- KCH has slipped below 98% for emergency '4 hour waits'. Internal issues are being addressed to raise performance including the link between the Emergency Department and the Medical Assessment Unit.
- MRSA cases have breached the annual threshold and *C. difficile* levels have also risen.
- Results from the trust's 'How Are We Doing?' survey showed that improvements were needed in the following divisions – Trauma and Emergency, Renal, and Haematology.
- The trust will declare a governance rating of 'Amber-Green' for its quarterly submission to Monitor, as a result of the rise in MRSA cases.
- CQC benchmarking data will be circulated to the Board next month.
- The trust is close to meeting all targets for CQUINs and expects to receive close to the maximum available funding.

MP suggested that the heatmaps should be aligned by divisions.

RF enquired whether feedback had been sought from partner organisations. RS responded that information was discussed at the KHP Performance Committee.

AM commented on the introduction in 2011 of the radiotherapy measure and how the trust will manage performance given its reliance on external providers. **RS agreed to report to the next Finance and Performance Committee.**

**RS –  
30 Nov  
(F&P)**

GA noted that the slip on performance against the 98% ED target should not lead to a fall in patient care. TS responded that the intention was to keep as close as possible to the 98% target. However, the change in the national target will enable the sickest patients to be prioritised with less urgent cases possibly moving into the 95-98% category. GA will visit the Emergency Department to provide an expert view on areas for improvement.

RS added that internal factors had resulted in the 98% target not being achieved. These had been noted by the DH Intensive Support Team.

Discussion moved on to the performance of the Trauma Centre. RB commented that performance had been on target since April. At present, approximately 29% of all severe patients in London were being treated at the trust. The opening of St Mary's trauma centre could result in a slight fall in cases at King's.

MP asked about the impact of the Clinical Academic Groups (CAGs) on trauma services. The opening of an acute surgical unit, as part of the Major Trauma Centre with KCH working with its King's Health Partners, had ensured that there were now 10-15 beds available every evening to admit serious patients.

Efforts continue to reduce inappropriate trauma working with London Ambulance on improving triage, and reducing treat and transfer cases. Performance meetings are held each week with London Ambulance attending every fortnight with, for instance, feedback on false attendances. This was a learning period for trust and ambulance staff.

MW noted that the efficient management of resources was also a consideration. RB agreed noting that national TARN data showed that CT scanning time had been halved at the trust without extra equipment. A dedicated stroke and trauma scanner, purchased with funds from KCH charity, and due to be installed next year would help to further reduce scan times.

AM commented on the impressive fall in risk adjusted mortality rates. MM outlined the reasons; a change in the official definition, improved coding of risk and better clinical outcomes.

The Board noted the content of the Performance Report for month 6.

## **010/162 Patient Experience Report**

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

- Numbers of complaints were again low in September. This was in part due to the PALS service resolving patient and visitor issues whilst not discouraging complaints.
- Results of the 'How Are We Doing?' survey had remained static for the past 3 months.
- The trust had reached the targets for four out of five CQUIN targets; however, it was currently four points below the target for the question on 'Medication Side Effects'.
- CAG metrics were starting to be developed to better understand patient experiences across KHP.

- A project team was focussing on issues concerning the hospital at night, which had been identified as an area for improvement.

AM suggested that noisy patients should be moved to side rooms to reduce noise at night. RF noted that Murray Falconer Ward was tackling night time challenges.

JW1 queried the relatively low benchmark for food at 60% and whether contractual incentives could be linked to HRWD results. JW explained that the benchmark was linked to national survey results but the aim was to stretch performance. MM noted that the national survey focussed on food taste but other aspects needed monitoring, such as help with feeding and nutrition.

AM suggested that lessons could be learnt from the performance of private patient areas. GW pointed out that these areas were not subject to the 98% four hour target and benefitted from other positive environmental factors.

MJ asked what actions were being taken to improve the 50% response rate to HRWD, for instance, offering alternative response methods such as texting and filming. JW responded that a new electronic system is being trialled in outpatient areas incorporating email, PDAs and kiosks. Uptake has been low so far compared with the paper survey; therefore, the trust will be exploring the most effective mechanisms and improving publicity of the alternative response methods.

TS noted that an Ombudsman report on complaints referred from London teaching hospitals listed KCH as fifth highest. However, only 1 case out of 90 had been investigated and this complaint had not been upheld.

The Board noted the content of the Patient Experience Report.

#### **010/163 Quarterly Update from Director of Infection Prevention and Control**

Geraldine Walters presented the report and highlighted the following issues from the last quarter:

- The trust is breaching currently at the highest rate in London
- More people are being screened for MRSA
- The trust was treating MRSA cases more appropriately
- Isolation arrangements have improved

- Introduction of a new hand hygiene audit tool
- Trust wide audit of IV lines
- Winning hearts and minds of staff including a clear message of zero tolerance
- Disciplinary action, where necessary
- External advice on the use of antibiotics
- The rate of C. difficile was average for London

The Board discussed the merits of screening visitors and staff for MRSA. GW commented that the main precautions were to encourage all visitors to wash or clean hands and to avoid entering the hospital if they show signs of norovirus. It was not common practice at other trusts to screen visitors.

On the issue of staff screening, MM did not believe this was a necessary precaution as current infection control measures should prevent infection to a patient.

TS informed the Board that, following the DH inspection, he had met with the Chief Executive of Royal Wolverhampton NHS Trust, an exemplar trust which had not had a case of MRSA for over 500 days. MM was in discussion with a senior microbiologist at King's Lynn Hospital regarding the use of antibiotics.

AM commented that consultants did not consider the continuing care of IV lines as their responsibility, and suggested that ward rounds should be audited. GW informed the Board that one Root Cause Analysis of MRSA had led to closer scrutiny of the vascular ward rounds. MM endorsed the thorough audit of all IV lines to raise awareness of this issue amongst clinicians.

The Board noted the quarterly update on infection and prevention control.

**010/164 Annual Workforce Report**

This item was postponed for consideration due to time constraints.

**010/165 KHP update**

Prof John Moxham outlined the main developments during the past month and the Board discussed the following issues:

The appointment of Prof Simon Lovestone as Director of Research and Development, who had visited KCH and would attend the Board of Directors in the near future.

MP observed that there seemed to be more focus on 'bench to bedside' despite KHP's objective that this should be a two way process. He encouraged a greater influence by clinicians on academic research objectives. JM endorsed this point and noted that re-accreditation was not far away. GA added that the National Institute for Health Research, the major funder, was focussed on clinical results. The long term view did not fit easily with performance indicators or political aims.

TS asked what impact the education plans contained within the Comprehensive Spending Review would have on the KHP academic campus. JM responded that KCL's analysis indicated a neutral impact financial terms if fees are set at £7,000. However, other consequences had yet to be fully analysed. TS suggested that KCH needed to be included in discussions concerning fees given the demographics of the local community. JM assured the Board that there was no reason to believe that the Access to Medicine scheme will not continue.

Progress amongst the CAGs was varied.

ST queried the contribution of Global Health to accomplishing KHP's objectives. JM responded that success will be judged on performance against budget and delivery of the strategic plan.

ST suggested that the value of the KHP brand and the implications of offering free services should be recognised. JM agreed to take these comments back to the KHP executive.

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

#### **010/166 Quarterly Update on Delivering Single Sex Accommodation**

Geraldine Walters presented the report including progress against the DSSA deliver plan, compliance monitoring, patient survey results, and data on breaches.

It was noted that the question responses on page 6 were inverted.

RS informed the Board that breaches in cardiac services were allowed when deemed clinically necessary but that this was on an exceptions basis.

The Board noted the quarterly DSSA update.

## FOR DECISION

### 010/167 Monitor Submission, Quarter Two 2009-10

Tim Smart explained that the Amber-Green rating was due to a breach of the annual MRSA target and, therefore, this would prevail in quarter 3 and result in a Red rating for governance in quarter 4. Accordingly, the Board was asked to sign declaration 2 for governance and declaration 1 for financial risk.

**MW suggested that the FT Financing Facility should be informed of the trust's governance declaration.**

**ST**

The Board APPROVED the signing of declaration 2 for governance and declaration 1 for financial risk.

### 010/168 MDECS

Angela Huxham presented a proposal for the Board's approval for the trust to submit a bid to provide core medical training in south London.

Given the commercial sensitivity of the proposal, a detailed discussion had taken place in the private session prior to today's public Board meeting.

The Board APPROVED submission of the bid.

## FOR INFORMATION

### 010/169 The Board noted the following confirmed committee minutes:

- Audit Committee 03 June
- Audit Committee 27 July
- Equality & Diversity 08 June

Audit Committee Annual Report  
Noted.

### Chair Appointment Process

A report had been circulated to the Board. MW queried the timetable for gathering views from stakeholders and Monitor's approval of the proposed change to the constitution regarding the composition of the Nominations Committee. TS responded that, following approval by the Board of Governors in November, approval would be sought from Monitor soon after.

**010/170 AOB**

A memorial service will be held for Dr Ian Noble at the British Medical Association at Noon on Saturday 30 October. MM and TS will attend.

**010/171 Date of Next Meeting:**

**Tues 30 November 2010, 3.00 pm - Dulwich Room.**