

## 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, 30 November 2010 in the Dulwich Committee Room, King's College Hospital.

<b>Members</b>	<p>Michael Parker (MP) Robert Foster (RF) Maxine James (MJ) Marc Meryon (MM1) 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)</p> <p>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 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 Sally Lingard</p> <p>Kim Ng</p>	<p>Assistant Board Secretary (Minutes) Associate Director Communications &amp; Marketing Darzi Fellow</p>
<b>Governors/ Members</b>	<p>Ann Mullins</p>	<p>Public Governor</p>

Item	Subject	Action
010/172	<b>Welcome and Apologies</b> Apologies – none.	
010/173	<b>Declarations of Interest</b> None.	
010/174	<b>Chair’s Action</b> 1. A series of Agreements and Leases relating to Akerman Road Health LIFT Scheme. 2. A series of Leases relating to Ronald McDonald House Charities (UK) - Caldecot Road and Denmark Hill	
010/175	<b>Minutes of the meeting held on 26 October 2010</b> The minutes were APPROVED.	
010/176	<b>Matters Arising</b> 101/108 – Roland Sinker to action. 101/125 – augment working capital report (January 2011). 010/128 – GW confirmed that not all comparisons are available. 010/161 – action complete 010/167 – action complete	
010/177	<b>Chair and NEDs Report</b> MP: 25 Oct – add meeting with Mike Edmonds.  MP: Go See visits will resume.	
010/178	<b>Chief Executive’s Report</b>  TS presented the Chief Executive’s Report and outlined the following in addition: <ul style="list-style-type: none"> <li>• The trust had been shortlisted in the categories ‘Trust of the Year’ and ‘Long Term Conditions’ (Diabetic Foot Clinic). Unfortunately, King’s did not win in either category. No London trusts won an award. NHS Bexley was awarded 3 awards including for its chest pain clinic, at which King’s Prof Olaf Wendler is the senior clinician.</li> <li>• The trust is exercised about the current MRSA situation. There were lengthy discussions at the earlier Finance and Performance Committee meeting. Although this year’s target has been breached, the trust was performing better than the same time last year.</li> <li>• Progress on CIP plans was good. It was likely that the trust will have a smaller establishment in the next financial year.</li> </ul>	

- There had been useful discussions with Governors recently on PSSQ priorities, at the Board to Board workshop, and November's Board of Governors. The role of Governors was likely to change significantly with the health bill and the trust would provide support and development to ensure that Governors are able to step up to the challenge.
- King's had won Lead Provider Status for core medical training, as had all four KHP applicants. Thanks were extended in particular to Mary Currie and TJ Lasoye.
- RF commented that the consultant appointment process now reflected King's Values by seeking evidence at application and interview stage as to how candidates relate to, and demonstrate, the values.
- There was a typo on p.5 – correct name of Consultant in Radiology and Nuclear Medicine was Gill Vivienne.
- Installation of the CT scanner was almost complete and will be operational on time in January. The charity was thanked for its donation which had enabled purchase of the scanner.

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

#### **010/179 Finance Report - month 7**

ST presented the month 7 finance report, which had been discussed at length by the Finance and Performance Committee that morning.

At month 7, the Trust's financial position was in deficit at £2.386m against a break even plan, which was still predicted. Additional money from Project Diamond had been received - £1.3m below the expected level.

CIP performance was above 90%. The trust's financial risk rating was 3.

Winter pressures were, as yet, unknown.

Large scale capital projects - maternity, emergency and critical care – would involve the temporary relocation of services in the Golden Jubilee Wing.

Delays in PCT payments were being addressed. The Lambeth, Southwark and Lewisham Alliance, the trust's, largest PCT customers, had demonstrated a tough but pragmatic and fair approach. The year end situation with bad debts was likely to be better than last year.

CIP achievement could reduce the level of reserves transferred.

AH explained that NHS Professionals, a non profit sector-wide system for sourcing temporary staff, will provide a wider range of staff in the future including doctors. This will reduce agency costs.

The Board noted the month 7 Finance Report.

## **010/180 Performance Report - month 7**

Roland Sinker presented the performance report for month 7 and highlighted the following:

- Executive summary
- Emergency four hour wait – the bed pool had increased by 24 beds. Sir George Alberti was providing insight to inform the re-design of the patient pathway
- MRSA rates – a comprehensive action plan was shown on slides 4 and 5. The trust will continue to seek advice from the DH and will ensure Monitor is informed of any change in infection levels.
- How Are We Doing? Survey results – TEAM and Renal divisions had drawn up action plans to tackle problem areas
- Finance – this had been covered by ST in his earlier report.
- Divisional performance was outlined
- Regulatory and contractual performance were outlined
- CQC benchmarking – all benchmarks were being met except for 'patient experience'

KCH and St Thomas' will be submitting a tender for an urgent care centre and were confident of a positive outcome.

MJ enquired whether, given the worsening position of average length of stay (ALOS), discharge planning is addressed from the date of a patient's admission.

RS responded that the trust was ahead of target for emergency ALOS due to the role of the Medical Assessment Unit. On the elective side, performance was below target due to some long-term patients and delays on repatriation.

A new discharge lounge with trained staff had opened. Social care staff from the LSL alliance can meet with patients to discuss care packages, and staff from diverse teams can congregate in one place. This was a trust-wide change that would be publicised through a variety of ways including a keynote address by GA at the next Consultants' Committee that week.

GA commented that some behavioural change was required to improve discharge planning.

RS confirmed that stroke services will move in time from Neurology into the TEAM division.

RF asked how staff opinion and morale was being gauged. AH responded that the staff survey was a key tool.

Staff capability measures would be reviewed, especially with regards to infection control

The Board noted the content of the Performance Report for month 7.

## **010/181 Patient Experience Report**

Tim Smart and Jane Walters presented the monthly Patient Experience Report and tabled a brief report on Dr Foster's Hospital Guide 2010. The following areas were highlighted:

### Dr Foster

- The trust's performance based on hospital standardised mortality rates had improved. The trust was at 97, which was close to its expected level. GSTT had scored as expected also. The data had been challenged by some trusts. It was noted that UCH and Royal Free had scores in the 70s.
- The trust's score using CHKS data differed due to the way in which the ratio was calculated.
- JW pointed out that Dr Foster will have used 2009 national inpatient survey scores in their overall assessment; the trust had fared badly in this.
- MM noted that a detailed review of clinical coding this year had led to large improvements with a score of 70 this month.
- MW queried what impact a change of 1-2% would have given the statistically small sample size.

### Patient Experience

- Numbers of complaints had fallen again in October.
- Results of the 'How Are We Doing?' survey remained static. Overall trust scores hid specific problem areas. MJ asked what good practices resulted in the consistently high scores in cardiac, child health and liver. RS responded that this was a combination of good leadership, low disruption and good feedback. GW added staffing levels, skills mix and patient mix.
- There was a drop in the number of DSSA breaches in month.

- Proposals for developing volunteering had been discussed by the Strategy Committee. The Board to Board workshop had also raised useful suggestions. An application will be submitted to the KCH charity small grants fund.
- MM1 raised the trust's legal obligations to volunteers including application of the Equality Act. JW assured the Board that a proper supervisory structure and training would be implemented. There were already 200 volunteers at the trust but there was potential for many more and for a wider role. However, the trust was not looking to replace staff with volunteers and staff side representatives were supportive of the proposals.
- MJ suggested that, if the volunteering scheme is over subscribed, the trust should work with local charities to share surplus volunteers.
- MJ also suggested using volunteers to gather patient feedback. JW responded that the trust had invested in technology to gather feedback and its effectiveness was being assessed. So far, kiosks did not generate such good response rates as paper methods;. One deliverable of the volunteer programme would be to assist in gathering patient feedback via other methods, such as hand held PDAs.
- AM suggested a register of languages spoken by staff to speed up communication with patients.

The Board noted the content of the Patient Experience Report and tabled Dr Foster report.

## **010/182 Annual Workforce Report 2009/10**

Angela Huxham presented the report, which had been postponed from the previous meeting, and highlighted the following areas:

- E-rostering
- King's Values
- Occupational health review and collaboration with SLaM
- Joint working with KHP
- Stronger presence of ARMS standards within the staff performance scorecard; targets will be raised next year.
- 7,200 staff
- Increased focus on training

More recent developments included:

- On boarding website for new staff with King's Values featuring strongly.
- A newly launched corporate induction with a new DVD.

It was clarified that the scorecard is a tool for operational management and differs from the trust-wide workforce scorecard.

MJ asked whether the different staff groups are mentioned on the on boarding or websites. This will be clarified with the web development team.

MW asked what causes had been identified for the higher sickness absence rates amongst support and technical staff, and how these issues were being tackled. **AH will investigate and feed back.**

**AH –Jan  
2011**

The Board noted the Annual Workforce Report.

**010/183**

**KHP update**

Prof John Moxham tabled 2 documents in addition to the items already circulated. He outlined the main developments during the past month and the Board discussed the following issues:

- The growing work by the AHSC forum on integrated care pilots.
- The presentation on the US Veterans Administration healthcare system. **JM will circulate to the Board.** JM had asked about the role of research and feedback had been that their focus was 'Implementation Science'. It was acknowledged that unit costs were higher in the US compared with the UK NHS system.
- A greater focus should be placed on benchmarking amongst AHSCs in England and beyond. JM would take this back to KHP.
- Although most CAG leadership appointments had representation from all the partner organisations, this was not the case for all, eg Dental, Women's, Imaging, and Cancer. Clinicians had expressed concern on the implications for developing CAG plans. TS sought assurance that plans from those areas will be inclusive. He had raised this issue with Robert Lechler following comments from a CAG leader concerning KCH Dental, but his concerns had not been addressed. There had been similar feedback from the joint governors meeting following a presentation by the Womens' CAG.
- JM assured the Board that the CAG Steering Group will devote great attention to inclusivity and he will personally do all he can to address this.
- AM noted that the CAG leaders appointment process had been somewhat light touch, therefore current leaders may not ultimately manage the successful CAGs. MP agreed that CAG leaders will have to earn the right to be leader.

**JM/RC**

- Comments were offered on the need for more specific patient outcomes.

TS commented that an emergency pathway review in London had not included any representation from KHP, a London FT or any AHSC.

The Board thanked John Moxham for the update on King's Health Partners.

## **FOR INFORMATION**

### **010/184 • Carbon Trust Accreditation/ Quarterly Energy Report**

- **Update on Chair Appointment Process**

A search consultancy had been appointed. The role specification incorporated comments from Governors. An advert will be placed in a national newspaper soon. The timetable had been circulated.

As suggested, members will be notified of the timetable.

- **Confirmed Committee Minutes**

- Performance Committee 9 September 2010
- Finance Committee 23 September 2010

### **010/185 AOB**

MRSA and cleaning – TS reported that the trust was not happy with Medirest's performance on cleaning. Enforcement action had been issued by the trust and HpC.

AT added that, following notice in June, there had been an improvement in August and September but not to the desired level. Performance was sliding again; therefore, a remedial notice had been issued to HpC and a response was awaited.

MP noted that Governors had voiced concerns on this issue.

### **010/186 Date of Next Meeting: Tues 14 December 2010, 3.00 pm - Dulwich Room.**