

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, 25 January 2011 in the Dulwich Committee Room, King's College Hospital.

Members	Michael Parker CBE (MP) Prof. Sir George Alberti (GA) Robert Foster (RF) Maxine James (MJ) Prof. Alan McGregor (AM) Marc Meryon (MM1) Dr Martin West (MW) Tim Smart (TS) Angela Huxham (AH)	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 Director of Workforce Development Executive Medical Director Executive Director of Operations Development Chief Financial Officer Executive Director of Nursing & Midwifery
Non-voting Directors	Michael Marrinan (MM) Roland Sinker (RS) Simon Taylor (ST) Dr Geraldine Walters (GW) Ahmad Toumadj (AT) Jane Walters (JW) Jacob West (JW1)	Director of Capital, Estates & Facilities Director of Corporate Affairs Director of Strategy
In attendance:	Rita Chakraborty (RC) Sally Lingard (SL) TJ Lasoye (TjL) Prof Simon Lovestone (SL1) Sir Anthony Merrifield (AM1) Nicky Hayes (NH) Emma Ouldred (EO)	Assistant Board Secretary (Minutes) Associate Director Communications & Marketing Consultant and Clinical Lead, Emergency Department/Director of Medical Education Director of Research, King's Health Partners Chair, KCH Charity Nurse Consultant for Older People Memory Clinic Sister/Dementia Nurse Specialist
Governors/ Members of the public	Pauline Radcliffe (PR) Hedi Argent Andy Glyn Rowenna Hughes Mee Ling Ng Pida Ripley Robert Lee	Carer/Service User Representative Public Governor Patient Governor Staff Governor Stakeholder Governor Patient Governor King's College London

Item	Subject	Action
011/01	Welcome and Apologies Apologies - none.	
011/02	Declarations of Interest None.	
011/03	Chair's Action The Chair had voted on behalf of the Board in an NHS Confederation ballot concerning greater independence for the Foundation Trust Network.	
011/04.1	Minutes from the meeting held on 30 November 2010 <u>010/181 Patient Experience Report (p.6, 2nd bullet point)</u> Replace 'Discrimination Act' with ' <i>Equality Act</i> '	
011/04.2	Minutes from the meeting held on 14 December 2010 Approved.	
011/05	Matters Arising <u>010/182 – Annual Workforce Report</u> AH clarified that there were 100-150 staff in both support and technical staff groups. The higher than average sickness absence rates were due to a small number of staff on long term absence, which had skewed the overall levels.	
011/06	Chair and NEDs Report A complete report was tabled. Addition: Maxine James had attended the CIP presentation to NEDs on 14 December. Andrew Lansley's visit had been constructive and the Secretary of State had formed a good impression of the trust. It was proposed that King's clinicians assist in the definition of stroke outcomes for forthcoming NICE guidelines The report was noted.	
011/07	Chief Executive's Report In addition to the report, TS asked the Board to note the following: <u>Savings Plans</u> – a statutory consultation period had begun on 17 January for posts at risk. Responses were encouraging so far from staff affected and staff side representatives. The high quality support received from the HR Team was noted.	

Operational Pressures – recent adverse weather, and an increase in flu cases, had resulted in some elective cancellations.

Finance – the trust was on plan, although some risk to the year end breakeven forecast remains.

King's Health Partners – momentum was increasing.

Healthcare Associated Infections – the trust had reported a breach of the annual MRSA target in quarter 2 (July-September 2010). As a result, Monitor had asked for an independent review of the Trust's process for self certification against achievement of this target as part of the approval of the Annual Plan 2010/11. The review was undertaken by KPMG, and submitted to Monitor in mid January. There were no significant recommendations. An action plan had been drawn up in response to the report's recommendations, and progress would be monitored through the Quality and Governance Committee.

As a result of the breach of the MRSA target, the trust had been rated Amber-Green in Q2 and Q3 2010/11, and therefore as previously reported will automatically receive a Red rating for Q4.

The trust's MRSA action plan had been discussed in detail at the Finance and Performance Committee earlier that day and would be circulated to all Board members. Progress would be monitored by the Finance and Performance Committee monthly, and reported to the Board. Delivery of the action plan is a core priority for the trust

The new lower target of 5 for 2011/12 will be very challenging and the May Board of Directors will focus entirely on the annual plan and self-certification process.

Every London trust other than Guy's and St Thomas' had failed their MRSA target for 2010/11. GW was in contact with colleagues at GSTT to learn from their experiences.

011/08 Finance Report - month 9

ST presented the month 9 finance report, which had been discussed at length by the Finance and Performance Committee that morning.

At month 9, the Trust's financial position was in deficit by £2.035m including an asset impairment of £1.9m, which Monitor regard as a non-operating cost; therefore the trust was still on target to break even. Variations were as in previous months with over-achievement on income and under-spend on pay.

The year end situation with PCT income was unclear but the trust was resisting downward income pressure. The liquidity and sustainability of the system, and individual organisations, was precarious.

Looking at 2011/12, savings of c £50m was again likely to be necessary, although the impact of tariff changes, PCT activity and inflation were not clear at present. Phase 2 saving proposals would bring savings of £15m; therefore, a further estimated £35m in savings would need to be identified. Next year's savings were essential to fund the £25-30m annual capital expenditure anticipated over the next three years.

There were opportunities for increasing income from private patients following abolition of the income cap, but the facilities in the Guthrie Wing required refurbishment and expansion in the long term. Income generated from private patients will be reinvested in NHS services.

TS commented on the 'any willing provider' model, which aimed to raise quality rather than push down price. MM1 noted that price would still be a key factor in the commissioning decision.

MP noted that minimum standards would have to be met with the priority on clinical effectiveness, safety and patient experience, in this order.

The Finance Report, month 9, was noted.

011/09 Performance Report - month 9

RS presented the performance report for month 9 and highlighted the following:

- 18 weeks performance might dip in Q4 but was expected to be compliant in Q1 2011/12.
- Emergency four hour wait – despite increased pressure in December, the 4-hour wait was above the minimum target.
- Divisional performance was outlined. Trauma, Emergency and Acute Medicine Division had an action plan in place to achieve 100% MRSA screening, tackle weak areas reported in the How Are We Doing survey, red shifts and improve hand hygiene.
- Regulatory and contractual performance were outlined
- The Q3 rating of Amber-Green was due to breach of the MRSA cases and MRSA screening targets. CQUIN performance for Q3 suggested that the trust will secure almost all of the additional funding.
- Finance – this had been covered by ST in his earlier report.

- A consultation was under way for Monitor's Compliance Framework 2011/12. Monitor had announced that a risk rating of 2 or less will be considered a breach of a trust's terms of authorisation. KCH intended to challenge this change.
- The NHS Operating Framework was summarised.

The Performance Report, month 9, was noted.

011/10 Patient Experience Report

JW presented the latest patient experience report for December 2010. The November report had been circulated prior to this meeting.

The following issues were highlighted:

- The overall trust score for 'How Are We Doing' remained at 84 for the sixth month running.
- Some divisions had exceeded benchmark levels whilst others had deteriorating performance.
- The survey response rate had dipped below the target of 50%
- Formal complaints continued to fall
- 2 out of 5 CQUIN targets reached the benchmark in December

The Board offered the following comments:

- Those aims set last year to improve patient experience may have been too generic, therefore it was planned to establish more specific aims in 2011, for instance, those relating to environmental improvement.
- Vacancy and sickness absence can often affect patient experience scores as well as other factors. Infection control levels can also be an indicator of overall performance.
- The biggest single challenge is improving communication with patients. Working in a high pressure environment should not excuse lower performance. Well trained, motivated staff were expected to cope with such challenges whilst putting patients first.
- Formal monitoring of staff behaviour will increase, for instance, by integrating patient feedback into doctors' appraisals. It was noted that staff will not be appraised on King's values specifically.
- Help for vulnerable patients or those with language needs, was available but relies on initial awareness by ward staff. The trust receives requests for interpreting in up to 200 languages. Volunteers could support staff in the future by assisting patients to complete survey forms and access language support.

- Feedback from relatives was also extremely valuable. A variety of feedback mechanisms were available including PALS, which is often accessed by the relatives of patients, and the trust wide comments scheme.
- **Add amber scores to the heatmaps where scores are only 1 point off the benchmark**
- **Add percentages as well as numbers of responses to divisional monthly data**

**Jessica
Bush**

011/11 King's Sensory Project

NH, EO and PR gave a presentation on the sensory project.

The aim was to upgrade Marjorie Warren Ward into a centre of excellence in dementia care by making it an appropriate environment through design and the provision of a flexible space for stimulation and relaxation. The project will help to fulfil the trust's requirements within the National Dementia Strategy.

In spite of the challenging financial times, the aim was to achieve platinum standard. Some funding had been secured but further money was needed.

AM queried whether an acute trust was the right setting for this project. It was clarified that concepts from longer term care had been adapted for the acute care setting. Ideas, education and training will be disseminated across the hospital.

TS suggested that the collaboration with Dulwich Picture Gallery could be extended to include sale of student art on the ward.

The presentation was noted.

011/12 King's Health Partners update

SL1 was welcomed to his first KCH Board meeting. He outlined the four grand challenges facing KHP in developing a research strategy:

- Drug development and other therapeutics; discovery, experimental medicine and clinical trials.
- Informatics; clinical informatics, bioinformatics, statistics and increasingly large datasets.
- Personalisation; state and trait markers for stratification and individualised therapies.
- The new public health; primary care, prevention, health and society.

This was an opportunity to achieve excellence across all KHP hospitals and the university. The strategy will be driven by the clinical academic groups. There was a risk of developing superb research, but in silos, and efforts would be made to avoid this.

RF asked what interest had been shown by international pharmaceutical companies. SL1 responded that companies recognised the unique opportunities afforded by KHP in terms of its NHS status and the diversity of its population, especially in phase 4 trials. However, clinical trials were increasingly being carried out in China, India and Eastern Europe.

MW suggested an expression of short, medium and long term objectives for each workstream bearing in mind the need to prepare for AHSC re-accreditation.

GW encouraged greater involvement and awareness from a wider range of professional groups. SL agreed that participation from Allied Health Professionals and non research staff was important. Postgraduate courses for nurses were being publicised more widely.

AM noted that the position of KCH and SLaM offered a unique combined approach to physical and mental health.

The Board thanked SL1 for coming to update the meeting on the KHP research strategy.

011/13 Quarterly Update from DIPC

GW updated the Board on infection control issues in the previous quarter (October – December 2010).

MRSA

The breach of the MRSA target was disappointing. However, the current total of 14 was lower than in 2009/10. There had been improvements on medical wards and the range of causes had reduced.

Further work was needed on IV line management and a larger IV team will concentrate on this. AM commented on the need for speedy removal of lines. The team will track peripheral lines to ensure that they are changed every 3 days.

Tighter performance management will be implemented with the introduction of an infection control monthly scorecard.

C Difficile

In 2009/10 the external trust target was 162; the internal stretch target for 2010/11 was half that figure at 88, but with the trust recording 81 cases already, it was probable that the trust would exceed this figure. Cleaning standards remained an area of concern, which was being rigorously addressed with the contractor by the trust.

Influenza

The increased number of flu cases had put pressure on paediatrics and intensive care.

CQC Inspection

The result of the unannounced inspection in December was positive overall. The report had now been received, and the trust was currently checking for factual accuracy as requested by the CQC. Minor concerns had been raised regarding some aspects of cleanliness of the environment and equipment, which were being actively addressed through the trust action plan..

Hygiene Code

This quarter, there were no red areas. Cleaning, staff engagement and occupational health for new starters were flagged as amber. The action plan was being monitored to ensure compliance in all areas.

011/14 Transformation Programme

This item was carried forward to the next meeting on 22 February.

FOR APPROVAL

011/15 Monitor Quarterly Submission Q3

The Board APPROVED the signing of Declaration 2 by TS on behalf of the Board, given that not all targets had been met for the quarter. The risk rating of 3 was noted.

011/16 FOR INFORMATION

- Corporate Strategy/Annual Plan
- Confirmed Minutes of Board Committee Meetings
 - Audit Committee 23rd Sept 10
 - Equality & Diversity 28th Sept 10

011/17 AOB

The Board congratulated MP on his CBE award received in the New Year's Honours list.

011/18 Date of Next Meeting:

Tues 22 February 2011, 3.00 pm - Dulwich Room.