King's College Hospital NHS
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, 22 February 2011 in the Dulwich Committee Room, King's College Hospital.

Members	Michael Parker CBE (MP)	Non-Executive Director (Chair)
	Prof. Sir George Alberti (GA)	Non-Executive Director
	Robert Foster (RF)	Non-Executive Director
	Maxine James (MJ)	Non-Executive Director
	Marc Meryon (MM1)	Non-Executive Director
	Tim Smart (TS)	Chief Executive
	Angela Huxham (AH)	Executive Director of Workforce Development
	Michael Marrinan (MM)	Executive Medical Director
	Roland Sinker (RS)	Executive Director of Operations
	Simon Taylor (ST)	Chief Financial Officer
Non-voting Directors	Ahmad Toumadj (AT)	Director of Capital, Estates & Facilities
	Jane Walters (JW)	Director of Corporate Affairs
	Jacob West (JW1)	Director of Strategy
In attendance	Rita Chakraborty (RC)	Assistant Board Secretary (Minutes)
	Naomi Fulop (NF)	Director, PSSQ
	Sally Lingard (SL)	Associate Director, Communications & Marketing
	Prof John Moxham (JM)	Director of Clinical Strategy, King's Health Partners
	Kim Ng (KN)	Darzi Fellow
	Linda Smith (LS)	Trustee, KCH Charity
	Helen Young (HY)	Secondee, Nursing Directorate
Governors/ Members of the public	Tom Duffy	Patient Governor
	Jan Thomas	Patient Governor
	Tim Mason	Public Governor
	Robert Lee	King's College London

Item	Subject	Action

011/19 Welcome and Apologies
Prof. Alan McGregor, Dr Martin West, Dr Geraldine Walters.

011/20 Declarations of Interest
None.

011/21 Chair's Action
The Chair had signed a tender ratification document for the supply of engineering maintenance services. The Board ratified this signing.

011/22 Minutes from the meeting held on 25 January 2011
Approved.

011/23 Matters Arising
None.

011/24 Chair and NEDs Report
The report was noted.

011/25 Chief Executive's Report
In addition to the report, TS drew the Board's attention to the following issues:

SE London Sector
The six PCT Boards in SE London will now meet as one consolidated Board. Simon Robbins has been appointed CEO; appointment of a Chair and six Non-Executive Directors will follow.

Quality Risk Profile
This was updated monthly by the Care Quality Commission and available on their website. The trust's improving picture reflected the positive outcome of the CQC's recent inspection and the attainment of NHSLA ARMS Level 3.

King's Health Partners
The recent meeting with clinicians and other staff to discuss a KHP-wide site strategy had proved fruitful.

Savings Plans
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.

Challenges for the year ahead
The trust was adjusting to the new NHS architecture. However, initial feedback suggested that new standards, such as for A&E, will be difficult to meet.

The tight financial situation will continue; some trusts will have to downsize considerably. KCH's redundancy consultation for 2010/11 had ended. Approximately 50 posts were affected. Feedback from staff and staff-side representatives was that the process had been run well.

The London commissioning model, divided into 6 geographic sectors, was being rolled out across the country.

Medirest
ST and AT were in discussions with Medirest, the trust's supplier of cleaning services, following several months where benchmark scores had not been met. Extra cleaning staff were currently on site to address the issues that required immediate attention. Nutrition and food scores – services also contracted to Medirest – had improved.

Healthcare Associated Infections
Another case had occurred in surgical/critical care. The Director of Nursing had indicated that there were many high risk factors present in this case. The trust continues to focus on plans to minimise HCAIs.

Operational Pressures
Despite continued pressures, the trust achieved key targets for emergency admissions and 18 week referral to treatment.

Finance
The trust's monthly deficit had reduced further and there was confidence that a breakeven position would be achieved.

Health Ombudsman Report
The findings of a recent report into care of the elderly in NHS hospitals, based on complaints investigations, revealed a number of issues that point to a general lack of care and compassion. The trust will make this a priority in the future.

It was noted that an earlier report on the experience of patients with learning disabilities had come to similar conclusions. MJ suggested that the trust action plan developed in response to this report could offer learning for the treatment of older patients as well.

011/26 Finance Report - month 10

ST presented the month 10 finance report, which had been discussed at length by the Finance and Performance Committee the same morning.

The trust was on track to break even. As reported last month, the savings required in 2011/12 will be in the region of £50m, of which £15m had been identified to date. Short term external support had been commissioned to help refresh the CIP process working with divisions and departments during March. A project plan will be presented to the Board in April. The trust awaited announcement of the final tariff, which could affect the final figure for target savings.

The Finance Report, month 10, was noted.

011/27 Performance Report - month 10 / HCAI Action Plan

RS presented the performance report for month 10 and highlighted key points from the HCAI action plan.

Performance Report

- Access targets were achieved. However, high A&E activity had led to some elective cancellations, but these were being addressed swiftly by ensuring adequate capacity.
- The A&E 4-hour wait was better than the minimum target.
- There were no additional MRSA cases in month 10; however, an additional case had been reported in the current month (month 11). A provisional Q4 rating of -Red was due to breach of the MRSA cases and MRSA screening targets.
- Divisional performance was good with some concerns and these would be picked up at the monthly divisional performance meetings.
- The trust had responded to Monitor's Compliance Framework 2011/12.

HCAI Action Plan

- MRSA screening and infection control were key areas of focus. An infection control action plan had been finalised and a new scorecard was under development.
- Areas of focus will include IV line management, wider use of biopatches, tighter MRSA screening and ensuring high standards of environmental cleanliness.

RS confirmed that the CQC recommendations following their recent visit were reflected in this plan. Monitor and the Department of Health were happy with the content.

Frontline staff will be targeted through a variety of mechanisms including screensavers and patient stories.

The Performance Report, month 10, and the HCAI Action Plan were noted.

011/28 Patient Experience Report

JW presented the latest patient experience report for January 2011.

The following issues were highlighted:

- The overall trust score for 'How Are We Doing' remained at 84 for the seventh month running.
- All CQUIN targets had been achieved and the trust will receive the full £400k available from the lead PCT.
- There were no single sex accommodation breaches in month.
- The focus this month will be on cleaning issues.
- There had been varied performance across the divisions.
- Amber scores had been added to the tables to indicate divisions close to achieving the benchmark score.
- As suggested by the Board, total response numbers and percentages were both listed. Response rates were again below the 50% target, despite the roll out of non-paper based options – touch screens, hand held devices and web based and the availability of Language Line interpreters – paper based response still elicits the highest response rate. Age and background affect patients' preferences for how to give feedback. MJ suggested that other mechanisms (such as voice or video recorders) might improve the response rate.

The Board noted the Patient Experience Report for January.

011/29 Quality Accounts

RS presented an overview on the purpose of Quality Accounts, a review of the trust's performance against priorities for 2010/11, and proposed priorities for 2011/12, which will incorporate stakeholder feedback.

There was discussion of appropriate measures for next year and suggestions included patient falls, length of stay, and time a patient spends in A&E waiting on a trolley – an issue that particularly affects older people. A balance of qualitative and outcome measures was needed. RS acknowledged that care of the elderly will be a priority area.

The trust will be liable for penalties in relation to breaches of single sex accommodation guidelines, charged by commissioners.

The report on Quality Accounts and timetable were noted.

011/30 Transformation Programme
(carried forward from BoD 25 January)

JW1 outlined the purpose and structure of the programme - major projects with executive accountability and an executive lead for each work stream are overseen by a monthly steering group.

The issue of IT capacity was discussed. KHP organisations currently operate on different platforms. KCH use NHS Mail which makes secure emailing of GPs possible; GSTT and SLaM do not. The Board considered that co-ordinated IT systems were a pre-requisite for the implementation of integrated community services.

The update on the Transformation Programme was noted.

011/31 Annual Plan Process 2011-12

JW1 outlined the proposed process and timetable for the annual planning process including stakeholder engagement.

The KHP business plan and trust plan will cross refer.

It was noted that the KCH charity had recently appointed a new Chief Executive, Mary Bishop. LS suggested that a discussion between JW1and Mary Bishop would be useful to ensure alignment of strategic priorities.

The Board noted the update on the annual plan process.

011/32 Equality and Diversity Committee Annual Report 2009-10

MJ outlined the main purpose of the Equality and Diversity Committee, which is to monitor the trust's progress against 6 director-led equality action plans relating to the Equalities Scheme. Staff group representatives attend the committee.

During 2009-10, a report was commissioned on the application of staff disciplinary procedures.

During 2011, a review of the committee will be undertaken.

TS asked the Board to note the following:

- one aim of the committee was to disband itself
- the committee makes a difference to diversity issues
- the committee considers diversity issues relating to patients and the wider community as well as to staff
- the trust participated in the National Leadership Council Inclusion Work Stream

MP asked that every committee terms of reference include the executive lead. **RC – March**

JW invited all Board members to comment on committee self-assessments, which will come to the Board following discussion at the relevant committee.

The Board noted the Equality and Diversity Committee Annual Report 2009-10.

011/33 PSSQ Update

David Guest had sent his apologies. NF tabled a presentation on the PSSQ Centre outlining the following:

- updates on each of the research programmes
- highlights of the last year
- plans for centre to March 2012
- reapplication plans/process
- future PSSQ aims
- proposed theme framework

Proposed themes going forward were infection control, the integrated care pilot and the link between mental and physical health.

The Board made the following observations:

- It was anticipated that the total funding available (£4.5m for 5 years), and the number of designated centres will be similar to the previous application process.
- The circumstances surrounding reapplication were different this time around given that KHP was embedded, and the NHS financial situation and policy direction were vastly different.
- Value and productivity in the healthcare sector should be a major focus.
- The benefits of clinical academic partnership working in terms of co-creation and credibility.

- **MP encouraged wider publicity for the bi-monthly best** **PSSQ**

- **Two-way dialogue between research and clinical staff to align objectives, wherever possible.** **KCH/ PSSSQ**
- **It was noted that, prior to publication of a report, PSSQ issues the draft document to the trust to comment on factual accuracy.**

The Board thanked NF for the update on the PSSQ Centre.

011/34 King's Health Partners update

JM gave an update in place of Anne Greenough, who was unable to attend. He outlined the main KHP developments since December with a focus on clinical strategy:

- JM had visited other AHSCs – Manchester and Cambridge to share learnings. A common theme was the importance of buy-in from NHS trusts. Neither of these AHSCs was using the CAG model.
- JM had spoken about KHP and AHSCs in general at a recent London Clinical Senate.
- A recent site strategy event had aided progress particularly with regards to issues of quality and cost effectiveness.
- The timetable of CAG accreditation was likely to be 4-6 months for most groups. Those advancing the quickest were cardio-vascular, diabetes-endocrine (DENOVARS), and cancer/haematology. The seven SLaM CAGs were also proceeding at a fast pace.

011/35 FOR INFORMATION

- Governor Elections
- Confirmed Committee Minutes
    - Finance & Performance 30 Nov 2010
- Finance & Investment Committee Closure Report

011/36 AOB

At their meeting held on 10 February, the Board of Governors approved a one year extension to Prof Alan McGregor's appointment as Non-Executive Director until 30 November 2012. The Board congratulated Prof McGregor.

011/37 Date of Next Meeting:
Tues 29 March 2011, 3.00 pm - Dulwich Room.