

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, 29 March 2011 in the Dulwich Committee Room, King's College Hospital.

Members	<p>Michael Parker CBE (MP) Prof. Sir George Alberti (GA) Prof. Alan McGregor (AM) Maxine James (MJ) Marc Meryon (MM1) Dr Martin West (MW) Tim Smart (TS) Angela Huxham (AH) Michael Marrinan (MM) Roland Sinker (RS) Simon Taylor (ST) 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 Director of Workforce Development Executive Medical Director Executive Director of Operations Chief Financial Officer Director of Nursing & Midwifery</p>
Non-voting Directors	<p>Ahmad Toumadj (AT) Jane Walters (JW) Jacob West (JW1)</p>	<p>Director of Capital, Estates & Facilities Director of Corporate Affairs Director of Strategy</p>
In attendance	<p>Rita Chakraborty Sally Lingard</p> <p>Rick Wilson (RW) Kim Ng Sir Anthony Merrifield (AM1) Frances O'Callaghan (FOC)</p>	<p>Assistant Board Secretary (Minutes) Associate Director, Communications & Marketing Director of Nutrition and Dietetics Darzi Fellow Chairman, KCH Charity Director of Performance and Delivery, King's Health Partners</p>
Governors/ Members of the public	<p>Ann Mullins Robert Lee + 3 members</p>	<p>Public Governor King's College London</p>

Item	Subject	Action
011/38	Welcome and Apologies Apologies – Robert Foster.	
011/39	Declarations of Interest None.	
011/40	Chair’s Action The Chair had signed a tender ratification document for the Supply of External Defibrillators. The Board ratified this signing.	
011/41	Minutes from the meeting held on 22 February 2011 Approved.	
011/42	Matters Arising PSSQ.	
011/43	Chair and NEDs Report The report was noted.	
011/44	<p data-bbox="354 1003 1330 1102">Chief Executive’s Report In addition to the report, TS drew the Board’s attention to the following issues:</p> <p data-bbox="354 1140 1330 1291"><u>Savings plans</u> TS proposed a vote of thanks to RS, ST and their teams for ensuring that the trust achieved a high percentage of the target CIPs, and all operational targets with the exception of MRSA.</p> <p data-bbox="354 1329 1330 1543">Disappointingly, there have been 2 further MRSA cases in the last month taking the total to 16 against a limit of 9. There has been a significant improvement in staff engagement, particularly amongst consultants, with regard to focusing on infection control. It was noted that, having been rated ‘Amber-Green’ for the past 2 quarters, the trust will be automatically rated ‘Red’ for governance in quarter 4.</p> <p data-bbox="354 1581 1330 1654">TS congratulated colleagues on the re-deployment of several staff whose posts were previously identified as being at risk.</p> <p data-bbox="354 1692 1330 1797"><u>Regulatory reforms</u> Trust staff have spent considerable time working through the implications of regulatory reforms, and some uncertainties remain.</p>	

King's Health Partners

There has been progress with the site strategy and future priorities, which focus on externally driven pressures such as cardiac, and cancer services. Transplantation remains a priority for review because of our commitment to creating a world class service

011/45 Finance Report - month 11

ST presented the month 11 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 with a current operating surplus of £0.5m.

Outstanding risks had been resolved and Project Diamond funding had been received.

PCT contracts for 2011/12 had not been finalised owing to the late publication of the tariff. Current year arrangements would, therefore, roll forward until negotiations were complete.

As reported last month, the savings required in 2011/12 will be in the region of £50m, of which £38-39m will need to be identified from new savings. Ernst and Young have been providing short term external support to help refresh the CIP process and a project plan will be presented to the Board in April.

Following publication of the tariff, there was confidence in the trust's projections and reference costs were more accurate.

There was more clarity on capital expenditure for 2011/12.

The Finance Report, month 11, was noted.

011/46 Performance Report - month 11

RS presented the performance report for month 11.

- Access targets were achieved. Plans are being discussed with divisions to plan for capacity in 2011/12 as new targets are introduced, and to anticipate winter demands.
- MRSA is an area of significant concern. The action plan is progressing with an emphasis on communication, engagement, IV lines, bio-patches, cleanliness and a revised scorecard.

- The emergency target will now consist of 5 quality indicators, of which the trust is achieving 4 at present. Greater clarity is awaited on implementation of the indicators.
- Divisional performance was summarised.
- Prospective risks to achievement of Monitor targets in the next year were outlined, specifically those related to achievement of the challenging MRSA target of 5 cases. Operational objectives had been discussed at the Finance and Performance Committee (F&P) meeting and at the Board's private session.
- The F&P Committee had discussed in detail challenges around the MRSA target for 2011/12. Although there was a notable improvement in the performance management of infection control in quarters 3 and 4, the Board would need to give careful consideration of the self-certification to Monitor, which forms part of the trust's annual plan, in light of the new challenging target for 2011/12.

The Board discussed the infection control action plan further. RS and GW were confident that the trust is tackling the issue using all available measures including learning from other trusts and from the DH specialist team. The F & P Committee had noted progress with senior clinical engagement.

Monitor takes a steer from the DH on the issue of infection control and has indicated that they are satisfied with the trust's approach to infection control.

TS reminded the Board that there was zero tolerance of all behaviours considered to compromise patient safety, including MRSA infection.

The Board noted the Performance Report, month 11.

011/47 Patient Experience Report

JW presented the latest patient experience report for February 2011.

The following issues were highlighted:

- The overall trust score for 'How Are We Doing' remained at 84 for the eighth month running but with a better response rate.
- The number of complaints in the month had increased from 39 to 57, largely concerning outpatient services.
- Complaints regarding transport were falling month on month.
- Child Health and Liver had scored well and there was less variation in performance across the divisions.
- There was a mixed picture on CQUIN targets.

- Top level results of the National Inpatient Survey were included. The full results will be circulated to the Board in June following analysis against peer trusts. Initial data suggested that results were better than the previous year and areas of specific focus, for example food and discharge arrangements, have resulted in improved scores.

There was discussion of the continued poor score for availability of hand gels and differing views on which staff group is responsible for monitoring the gel dispensers. It was noted that the preliminary staff survey results echoed patients' views on this issue. **RS agreed to bring a clear statement to the next meeting.**

**RS -
April**

It was hoped that programme of patient feedback being rolled out across outpatient areas and the emergency department will result in better understanding of the issues for outpatients and also identifying the more successful response methods.

The Board noted the Patient Experience Report for February.

011/48

Food and Nutrition

RW presented an update on food at King's and highlighted the following:

- Progress to date based on HRWD results
- New monitoring tools to increase depth and breadth
- How success will be celebrated
- Feedback methods
- Project aims

The Board offered the following observations:

- Statistics show that 2m patients admitted to hospital are malnourished and 2.5m patients discharged from hospital are also malnourished. Specific actions were needed to help older people. RW responded that a universal screening tool is used and noted that 30% of patients are considered high risk before arrival.
- 100 patients in a coma are being treated at the trust at any one time. Some weight loss is inevitable but their status is monitored and research is under way to assess appropriate medication, procedures and feeding via tubes.
- Patients may miss mealtimes, eg if they are taken off the ward for tests. It was not feasible to suspend testing at meal times. RW responded that protected meal times have been relaunched; snack boxes are available outside of meal times and the Steamplicity system allows for food to be heated quickly within the 1.5 hour mealtime window meaning that no patient

- AT added that the Medirest contract states that a proper meal should be available at any time of day.
- Patient feeding was a shared responsibility but primarily the role of ward hostesses, who are aware of the importance of nutrition.
- Was the trust monitoring how many patients' families bring in food, and cultural preferences? RW responded that this information is not captured. However, the menu includes a range of foods to cater for the main ethnic groups in the local population and the local community is invited to taste the food.
- 1 ward provides vouchers to use in the KCH restaurant and fridges in individual rooms. AT confirmed that vouchers are available to patients.
- Volunteers help with mealtime feeding on some wards and this would be extended through the new volunteering programme.
- Diabetic patients' diets and mealtimes were particularly important, as was nutrition for patients with AIDS.

The Board thanked RW for this update and **invited him to return with a further update in the summer.**

**RW –
summer
2011**

011/49

Information Governance Report

ST introduced the report, which summarised information governance at King's, the IG toolkit, areas where there are gaps, the trust's action plan and progress to date.

The trust has achieved a score of 72% for 2010/11 against last year's score of 79%. However, level 2 has been achieved on all key items this time. External evidence of attainment is now required.

Areas where improvement is needed are anonymised patient records and the effective management of patient records.

There were 2 security breaches this year, both paper based. IT based breaches had reduced.

In answer to AM's query on the trust's policy for holding patient data from other trusts, as will be the case in the new Clinical Research Facility, ST confirmed that KHP organisations had approved an information sharing agreement. Finally, Peter Dowdall, ICT Security Manager/ Data Protection Officer, signs off any external system to ensure compliance with data protection regulations.

011/50

The update on information governance was noted.

King's Health Partners update

FOC gave an update on the main KHP developments since last month and an outline of her role as Director of Performance and Delivery.

The following issues were considered:

- Principles concerning different employment models would be approved by the Partners' Board shortly.
- The academic performance of CAGs will be assessed by FOC with Prof Simon Lovestone, Director of Research but this was primarily the responsibility of the Performance Council.
- Flexibility for a specialty to move in or out of a designated CAG was not likely to occur to any large extent, given the cross-CAG working ethos that is being promoted.
- FOC invited suggestions on how module 3 of the CAG accreditation process could be shared with the Board. The indicative timetable was completion of module 2 by June/July with a target of 1 year for completion of module 3 by all CAGs.
- The degree of CAG freedom that CEOs are prepared to recommend to their individual Boards.

011/51 Estates Strategy Update

AT introduced this update, previously considered at the Strategy Committee in October 2010. The update highlighted progress against priorities and outstanding and forthcoming projects.

The following comments were received from the Board:

- MW sought assurance that sufficient checks had been conducted on asbestos, health and safety and other issues concerning the re-development of existing buildings. AT confirmed that this had been included in the Oct 2010 document to the Strategy Committee.
- Whether the estates strategy should be considered by the Board on an annual basis.
- The need to ensure that patient quality issues and environmental issues are considered within the estates strategy.
- The need for more metrics and targets, further detail on the capital programme, and analysis of risks.
- Impact assessment on clinical services. It was agreed that with a large capital programme, the focus must be maintained on safe clinical delivery.
- KHP-wide discussion of shifting academic activity away from clinical sites to ensure sufficient space for clinical activity.

It was agreed that further discussion time should be allocated to

the estates strategy at a future Board seminar or Strategy Committee.

011/52 Single Sex Accommodation Update

GW presented an update on single sex accommodation and requested Board approval for the signing of the declaration (appendix 3).

AM noted that guidance was awaited on single sex regulations for the Clinical Research Facility and trials sites.

There was a suggestion that data verification should be undertaken, given that HRWD data and ward data on breaches did not provide the same conclusion.

The Board approved the signing of the declaration of compliance with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.

011/53 FOR INFORMATION

- Quarterly Carbon Reduction Update

- Confirmed Board Committee Minutes
 - Audit - 02 Dec 2010
 - Equality & Diversity – 14 Dec 2010
 - Finance & Performance – 25Jan11

- Performance Committee Closure Report

011/54 AOB

TS informed the Board that a referral to the CCP had been submitted by The Doctor's Laboratory of the trust's procurement decision on pathology services. The trust had made submissions in response and appeared before a panel recently. The outcome was expected in April but the jurisdiction of the panel was, at this stage, unclear.

MW enquired on progress with the Chair appointment process. MP responded that shortlisting had been completed and interviews would be held in April. MW suggested Board representation on the interview panel. MP agreed to feed this back to the panel chair.

AM1 announced that John Collinson, Director of the KCH charity will be leaving this role shortly. The Board asked AM1 to pass on its thanks for his many years of service and best wishes for the future.

011/55

Date of Next Meeting:

Tues 19 April 2011, 3.00 pm - Dulwich Room.