Confirmed

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 23 March 2010 in the Dulwich Committee Room, King's College Hospital

Members	Michael Parker (MP)	Chair
	Robert Foster (RF)	Non-Executive Director
	Maxine James (MJ)	Non-Executive Director
	Prof. Alan McGregor (AM)	Non-Executive Director
	Sir Jonathan Michael (JM)	Non-Executive Director
	Dr Martin West (MW)	Non-Executive Director
	vacancy	Non-Executive Director
	Tim Smart (TS)	Chief Executive
	Michael Marrinan (MM)	Executive Medical Director
	Roland Sinker (RS)	Executive Director of Operations
	Simon Taylor (ST)	Chief Financial Officer
	Dr Geraldine Walters (GW)	Executive Director of Nursing & Midwifery
	Angela Huxham (AH)	Executive Director of Workforce Development
Non-voting Directors	Ahmad Toumadj (AT)	Director of Capital, Facilities & Estates
	Jane Walters (JW)	Director of Corporate Affairs
	Jacob West (JW1)	Director of Strategy
In attendance	Rita Chakraborty	Assistant Board Secretary (minutes)
	Sally Lingard	Associate Director of Communications & Marketing
	John Moxham	Director of Clinical Strategy, King's Health Partners
	Navneet Dhillon	Management Trainee
	Sarah Rehman	Management Trainee
	Linda Smith	Trustee, KCH Charity
Governors and public	Hedi Argent	Public Governor
	Andy Glyn	Public Governor
	Tony Agosu	Staff Governor
	Humera Manzoor	Public

Item	Subject	Action

010/35 Welcome and Apologies

Apologies – none.

The Chair welcomed the observers to the meeting and, in particular, Andy Glyn who had been recently elected as Lead Governor. He also welcomed Linda Smith, Trustee of the KCH Charity, who was attending in place of Sir Anthony Merrifield.

On behalf of the Board of Directors, the Chair thanked Sir Jonathan Michael for his contribution as a Non-Executive Director and wished him well for his new role as Chief Executive of Oxford Radcliffe NHS Trust.

It was announced that Prof James Black, a renowned KCL academic and a member of the KCH Board during the 1990s had died on the previous day. The Board wished to convey their condolences to his family. His contribution to medicine had been immense and epitomised the aims of the AHSC and model of clinical academic groups.

010/36 Declarations of Interest

None.

010/37 Chair's Action

Since the previous Board meeting, the Chair had signed a tender ratification document for a main contractor to construct the new clinical research facility. This action was ratified by the Board.

010/38 Minutes of the meeting held on 23 February 2010

The minutes of the meeting held on 23 February 2010 were approved subject to the following amendment:

010/23

Add Philippa Groves to the list of advisors who attended the selection panel for Executive Medical Director.

010/39 Matters Arising (tabled)

Michael Marrinan reported that the issue concerning end of life care of a King's patient treated in the Emergency Department, which had been mentioned in the CEO's report, would be considered by the Trust's End of Life Care Group and an update would be given at the next Board meeting.

010/40 Chair and NEDs Report

- The Chair had also attended a dinner hosted by Yvonne Coghill on 22 February.
- 16 March – replace 'Gold' with 'Golf'

The Chair and NEDs Report was noted.

010/41 Chief Executive's Report

Tim Smart presented the Chief Executive's Report and outlined the following:

- The Trust's deficit position had reduced to £2.8m in month 11 and the year end forecast was a deficit of circa £2m with a financial risk rating of 3.
- The Trust had received a note from Ruth Carnall, Chief Executive of NHS London, thanking King's for the sustained performance of the Emergency Department during difficult times.
- Ann Keen MP had visited The Haven Centre in early March and had been impressed with the innovative work of the team. Later in the month, she visited King's, once again, as part of the Design for Patient Dignity programme, launched by the Department of Health and The Design Council.
- King's Charity trustees had engaged positively with the Trust's plans for trauma services and its bid for a CT scanner The Board conveyed thanks to the charity.

The Board noted the CEO report and CEO Brief for March.

010/42 Finance Report month 11

Simon Taylor presented the month 11 finance report.

Staff engagement to address the financial situation was good, and staff briefings had been well attended.

A year end agreement had been reached with LSL commissioners and the Trust had received payment for this year's over-performance.

The impact of the District Valuer's impairment valuation was unknown but a level of £3.8m had been assumed giving a predicted final deficit position of £2m for the year.

RF asked what had driven recent efficiencies and what lessons could be drawn from this experience. ST responded that the tighter controls exercised through weekly monitoring involving Directors and all divisions had been effective in both controlling expenditure and in sharing ideas for further cost saving.

RS added that the fall in marginal income accompanying activity growth had not been identified quickly enough. The trust's priority was to maintain patient safety, while at the same time containing costs.

During recent staff Q&A sessions the Trust's priorities had been discussed in the context of the DH Quality and Improvement Programme,

Capital expenditure was broadly on target with £1.2m carried forward to 2010/11.

The Board noted the finance report for month 11.

010/43 Performance Report month 10

Roland Sinker presented the performance report for month 10 and drew attention to the following:

The Trust was on track for targets on emergency 4 hour waiting, 18 weeks referral to treatment, and infection control. On the issue of average length of stay, the Trust was below target for both elective and non-elective patients, as raised in the month 9 report. However, there was a significant improvement on the same time last year.

MW queried whether the Trust's below target level for ALOS could be attributed to a few patients staying longer or was due to many patients staying a few extra days. This would be clarified.

Areas where the Trust was not currently meeting targets but had developed appropriate actions plans included MRSA screening and the recent increase in pressure sores in a particular division.

TS noted that King's was part of Monitor's reference group, all of whom were finding national targets difficult to maintain. It should, therefore, be recognised that staff efforts should be recognised and congratulated.

The Trust's relationship with the London Ambulance Service was improving with a more responsive approach to surges in the Emergency Department.

RS would update the Board in April on the proposed changes to the divisional structure.

AM noted the impact of the transition from paper to electronic notes on response times to complaints. RS responded that early discussions with complainants helped address issues swiftly and effectively in many cases. However, the more complex cases often required lengthier investigation. A more systematic review of case content would be overseen by RS, GW and MM in the future.

JW added that learning from complaints was one of the recommendations of the Francis Report into Mid-Staffs FT. In addition, the new national complaints procedure aimed to negotiate with a complainant a timeframe for the Trust's response, especially in complex cases.

The Board noted the performance report for month 10.

010/44 KHP update

Prof John Moxham provided a verbal update on recent developments in King's Health Partners.

<u>CAGs</u>

- CAG leaders had been appointed for the first wave workstreams:
    - Cardio-vascular – Prof Ajay Shah/Dr Martin Thomas
    - Cancer/haematology/palliative care/therapies – Prof Arnie Purushotham
    - Pharmaceutical sciences – Prof David Taylor
    - Diabetes/obesity/opthalmology – Prof Stephanie Amiel – a co-lead will also be sought.

- The next round of interviews would be held on 13 April for the following CAGs:
    - Dental
    - Respiratory medicine/critical care
    - Job share for Diabetes/Obesity/opthalmology

Recruitment for a Genetics/rheumatology/infection/dermatology lead was being delayed

The process was designed to secure the best candidate for each role, irrespective of which partner organisation they come from. If the quality of candidates was not considered sufficiently high, the post would be re-advertised.

Candidates' presentations from the first round had displayed an inclusive approach and high awareness of clinical portfolios. It was also noted that Prof Taylor was an advisor for the National Institute for Clinical Excellence.

Vertical Integration
KHP through GSTT had been confirmed as the preferred provider for the provider arm of Lambeth and Southwark primary care services. This was a major achievement and signalled a great opportunity requiring significant co-operation across the partnership.

Capitation model
NHS London has expressed interest in the Trust's proposed capitation funding model as one of several options being considered.

CQC National Outpatients Survey
King's had been ranked as the best acute trust in London and third overall. GSTT was ranked 5th overall. This meant that KHP had achieved the best results for all London AHSCs.

MJ enquired what strategies were being developed to meet KHP's statutory responsibilities regarding equality and diversity. JM responded that KHP's strategic framework included many objectives that were patient focussed and the intention was that CAGs would translate these into performance indicators. Furthermore, the overarching aim was to work for the benefit of all patients. JM touched on the divide between physical and mental health with regards to heath inequalities.

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

010/45 Quality Focus

Tim Smart and Geraldine Walters presented a summary of the findings of the Francis Report into Mid Staffordshire NHS Foundation Trust, the report's recommendations and steps the Trust proposed to address relevant issues. A systematic review of the recommendations would be presented to the Board in April.

The Board discussed the need to devote sufficient time to quality issues and noted that a report on governance and proposed changes to the committee structure would be presented in April as well.

RF commented that, at a recent King's Fund seminar, some NEDs had expressed concern that they did not have time to acquire a sufficient understanding of operational issues. Hence, there was a problem in the implementing of the Francis Report recommendation that NEDs should be more aware of operational pressures.

It was suggested that the report to the Board in April should refer to any appropriate recommendations raised from reports into Mid Staffordshire. The Board noted report on quality issues.

A systematic review of the recommendations would be presented to the Board in April.	**GW - April**

010/46 National Outpatients Survey

Tim Smart presented a report on the results of the CQC's National Outpatients Survey 2009, which ranked King's as first amongst London acute trusts and third overall. King's scored average for all sections with a better than average for information given to patients by staff.

AM commented on need to tackle lengthy waiting times at the phlebotomy service. TS referred to a report written by Kath Dean on the phlebotomy service, which would be circulated to the Board for information.
The action plan arising from the OP survey would be considered by the next Governance Committee.

The Board noted the report on the National Outpatients Survey.

010/47 Presentation by The Diversity Practice on the Inclusion Workstream of the National Leadership Council

Paul and Caroline Campayne from The Diversity Practice gave a presentation on a project commissioned by the NHS Institute of Innovation and Improvement on behalf of the national Leadership Council. The aim was to develop with King's and other NHS Boards a process to support Boards to make the critical connection between diversity and inclusion and core business. The Institute would be looking to learn from the experiences of participating trusts.

Through a series of confidential interviews and surveys with Board members and a Board-wide workshop, actions will be identified and implemented with the support of The Diversity Practice. There will be ongoing evaluation and an overall review.

AM commented that this process should be seen in the context of 'Go See' visits. The aim should be to link with the patient experience as much as possible. Examples of aspects of patient care were choice of food and cultural expectations of who conveys information to patients.

General outcomes and some measures and indicators had been agreed. It was confirmed that the process would encompass all 6 aspects of equality and diversity.

The findings would be useful to other KHP partner organisations.

The Board noted the presentation by The Diversity Practice on the inclusion workstream of the National Leadership Council.

010/48 Delivering Same Sex Accommodation

Geraldine Walters presented a report on the Trust's plan to deliver same sex accommodation. A summary plan was tabled.

Monitor had asked FTs to confirm by March 2010 whether they are compliant with the commitment to virtually eliminate mixed sex accommodation and to publish a declaration on their website.

All areas including high dependency areas and day surgery were required to be compliant. Sanctions could be applied by the commissioner if a Trust failed to comply.

Having carried out a self assessment, the Trust had concluded that it could not at this stage declare full compliance. The Trust had also declared this area as one of non compliance during the process of CQC registration. The Board also considered that declaring non-compliance was a clear demonstration of Board transparency in the self assessment process.

There were particular challenges arising from the age and layout of the site and the ever increasing demand for the trust's specialist services.

The Board approved the signing of a declaration of non-compliance, which would be placed on the trust's website by 31 March 2010 as required by Monitor, together with the trust's action plan for achieving full compliance.

010/49 Board Agreement – Infection Prevention and Control

Geraldine Walters presented a draft Board agreement that outlined the collective responsibility of the Board of Directors for minimising the risk of infection to inpatients, outpatients and staff of the Trust.

The Board APPROVED its signing by the Chief Executive and Chair on their behalf, and noted its publication on the trust's website.

FOR INFORMATION

010/50 The Board noted the following confirmed committee minutes:

- Performance - 17 Dec 2009
- Performance - 14 January 2010

10/02 – it was noted that the discussion concerning robotic laparoscopic surgery referred to a decision taken by a different committee.

- Performance - 11 February 2010
- Audit – 03 December 2009
- Equality & Diversity – 15 Dec 2009
- Finance & Investment – 17 November 2009
- Finance & Investment – 21 January 2010

010/51 AOB

Hedi Argent suggested that the feedback from a recent CQC workshop on working with governors could be discussed at the next meeting of the Board of Governors.

A letter had been received from Sir David Nicholson regarding guidance for public sector organisations during the period before a general election.

010/52 Date of Next Meeting:
Tues 27 April 2010, 3.00 pm - Dulwich Room.