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, 24 May 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
	Prof. Alan McGregor (AM)	Non-Executive Director
	Maxine James (MJ)	Non-Executive Director
	Marc Meryon (MM1)	Non-Executive Director
	Dr Martin West (MW)	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
	Dr Geraldine Walters (GW)	Director of Nursing & Midwifery
Non-voting Directors	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
	Prof Robert Lechler	Executive Director, King's Health Partners
Governors/ Members of the public	Linda Smith	Trustee, KCH Charity
	Andy Glyn	Patient Governor
	Robert Lee	KCL

Item	Subject	Action

011/74 Welcome and Apologies

Apologies – none.

The Chair congratulated Prof Alberti on his appointment as Chair of King's College Hospital with effect from 01 December 2011.

The Board congratulated Michael Parker and his wife on the birth of their baby daughter.

011/75 Declarations of Interest

None.

011/76 Chair's Action

None.

011/77 Minutes from the meeting held on 19 April 2011

The minutes were approved subject to the following amendment:

Page 6. **011/68 NHS Pay Awards & Pensions Update**- para.1 last sentence change to read "Secondly, the *final* process of *implementing* Agenda for Change was almost complete".

Page 7. **011/70 Committee Terms of Reference** – Last para. mark as action and add to tracker.

Page 7. **011/72 AOB** – Point 3. remove "RS"

011/78 Matters Arising

011/47 Patient Experience Report

RS reported that there was greater clarity regarding staff responsibilities for gel dispensers. Although there was no contractual obligation, the issue would be addressed in staff job descriptions and subject to rigorous performance management.

011/51 Estates Strategy

ST and TS will meet with MW for further discussion on the estates strategy and the Board will receive an update at the June Board seminar or Strategy Committee.

011/70 Board Terms of Reference

Add following action:

MP suggested that the Equality and Diversity Committee terms of

reference should be reviewed at the next committee meeting on 2 June, given its role in monitoring harassment and bullying issues.

011/79 Chair and NEDs Report

The report was noted with, in addition, MJ's verbal update:

13 April
Meeting with Sue Bowler
Appraisal with Chair
Attended Cultural Diversity seminar

19 April
Attended Finance & Performance Committee
Attended Audit Committee
Attended Board of Directors

10 May
Attended Board of Governors

011/80 Chief Executive's Report

In addition to the report, TS drew the Board's attention to the following issues:

- Challenges and risks on aiming for a breakeven position.
- The Trust's focus on reducing healthcare associated infections.
- Two recent awards involving KCH were highlighted – firstly, the British Medical Journal award for the paediatric sickle cell unit; secondly, Prof Mike Edmonds for his work in the diabetic foot clinic.
- Building works were progressing with the emergency department and the Wohl Neurosciences Institute.
- The launch of the trust's new website was a significant step forward. Online information can be translated into any language. TS expressed thanks to SL and her team.

The CEO report and brief were noted.

011/81 Performance Report - month 1

RS presented the month 1 performance report, which had been discussed at the Finance and Performance Committee the same morning.

There were no MRSA cases to report in month. 10 C-difficile cases had been identified against a monthly target of 6.

Divisional performance, key indicators for 2011/12, and progress against the HCAI action plan were noted.

011/82 Patient Experience Report month 1

JW introduced the patient experience report for April.

Complaints had fallen and performance against responding to complaints was now included in the report.

The trust How Are We Doing (HRWD) score was 84 this month. Overall cleaning scores continued on an upward trajectory. Scores for food and help with feeding had dipped.

There was a current focus on the hospital at night including noise and other issues. RF commented on feedback from Go See visits that separating the roles of bed management and patient care at night would help to drive improvement.

GW commented that a hospital at night scorecard was being developed to track safety, patient experience and HRWD results.

FOR APPROVAL

011/83 Annual Plan 2011/12

JW1 presented the final draft of the trust annual plan 2011/12. The Board was required to approve the forward plan, finance declaration, membership report and Board statements.

Forward Plan

JW1 reported that, in addition to the feedback received on the earlier draft plan, one response had been received from a governor on the current draft.

This was a period of unprecedented change and significant financial challenge. The focus for the trust in the next year and beyond will be:

1. **Quality improvement** – safe, kind and effective care. Workforce training and research and education were key aspects.
2. **Financial sustainability and efficiency** – a more efficient and consistent hospital. Savings of £50m were achieved in the last year and a similar level will be required in the coming year. Half of the savings had been identified through divisional and corporate savings. Additional savings will be generated through a variety of means including procurement efficiencies, reduced pharmacy spending, productivity improvements, income generation, estates rationalization and workforce.

3. **Leading change across the system** – working as King's Health Partners and with others to improve services for our local community and beyond. The key drivers will be care in an integrated fashion, regional networks and service reconfiguration.

A summary version had been produced for circulation to staff and this was tabled.

The trust recognised the importance of governance and holding ourselves to account. Changes to the Board of Directors will continue and a new Board of Governors will be elected shortly with possible changes to the role of governors through the new health bill. The KHP agenda added value to the trust's aims.

The Board offered the following observations:

- GA commented on the impact of diabetes on patient admissions and length of stay. Tackling this issue will result in the need for fewer beds, therefore, this should be given more emphasis in the plan in 1b.
- AM suggested that the description of the liver care pathway under 1b should include the importance of enhancing the quality of death. A suggested change to the key priority was "Ensure appropriate outcomes…" rather than improved outcomes.
- Under 1d, MM1 asked whether the trust was exceeding or complying with the required levels of statutory and mandatory training. AH responded that the target was 100% and the trust was currently performing at 65%. Different staff are required to complete different levels of training.
- Under 2b, RF asked about opportunities for more collaboration with pharmaceutical companies in order to secure discounts on drug costs following clinical trials. MM responded that the trial stage usually involved free provision of drugs.
- P20-21: MM1 noted that the milestone concerning KHP were vague. AH responded that the detail of specific projects was still to be confirmed. However, employment models were completed; others were more complex and would require time. The integration of the provider arm into GSTT had proved enlightening with lessons that could be applied to other projects.

JW1 outlined the response received from Tom Duffy, Patient Governor.

- More emphasis on engaging frontline staff in the infection control agenda.

- Governance – the election of new governors will not improve governance in itself.
- Actions identified to engage the workforce do not appear to be adequate to address the objective.

Wider Governor feedback was also shown on p.35.

The Board approved the forward plan.

Finance Declaration

If the plan is achieved, a finance risk rating of 3 will be maintained during the year. JW1 had outlined the efficiencies and savings proposed to reach this target, therefore the Board was recommended to approve the signing of declaration 1.

ST drew the Board's attention to the proposed delivery plan and the deliberate actions taken to ensure that it does not impinge on the trust's priorities of safety, quality and patient experience. The following points were highlighted:

- Experience of delivering cost savings in the past 2 years has increased understanding of the mechanisms.
- CIPs are designed by the relevant team to ensure engagement. Ernst and Young review them for viability and full recognition of clinical effectiveness and patient safety. Progress on CIP delivery is monitored regularly by ST, RS and JW1. The assistance of Ernst and Young, and the expansion of the programme office will ensure effectiveness.
- Regular oversight is also provided by regular divisional meetings and the Finance & Performance Committee.
- No ideas that adversely affect patient, staff or visitors' safety will be approved. GW and MM review saving proposals from a safety and clinical effectiveness viewpoint. GW had met with Ernst and Young in the early stages of divisional planning.
- A quality review is carried out. RS added that a quality filter is applied to CIPs, and this approach was also used last year with the outcomes reported to the Board.
- The trust's investment plan of £15m, which was targeted at areas of need – critical care, the emergency department and maternity - was at the higher of the scale for FTs.
- Board information is gathered from a variety of sources to enable triangulation. These include the Go See programme and staff mechanisms to raise concerns.

The Board offered the following observations:

- Clinical leaders have the opportunity to review plans for issues of safety and should raise concerns.
- The importance of adequate staffing at night was emphasised
- GA expressed assurance with the quality and safety checks in place.GW tabled information on staffing levels and acuity of patients. The red areas such as surgery were being tackled.
- Assurance was given that the upgrading of maternity areas was one of three major capital programmes this year.

The Board approved the signing of finance declaration 1.

Membership Report

JW reported that a small increase in membership had been achieved. A larger increase would have been achieved had it not been for churn. A cost-neutral approach has been used since 2009, whereby patients are invited to join as members via the How Are We Doing survey.

A new 3 year membership strategy 2011-14 will be agreed by governors.

There had been some increase in numbers of younger members. Ethnicity and age were broadly representative, socio-economic groups slightly less so.

MJ encouraged the trust to reach out to more young people via Lambeth and Southwark schools.

The Board approved the membership report.

Board Statements

Each Board statement had been discussed at length in private session. As a result, it was agreed that the following statements would not be self certified by the Board:

Statement 5 – service performance, in respect of achievement of the challenging MRSA and CDiff targets
Statement 11 and 12 – compliance with authorisation – as a result of their link with Statement 5.

The Board noted that the recommendations from KPMG's review of the self certification process in the previous year had been implemented.

The Board approved signing of the self certification of statements as above.

FOR REPORT

011/84 King's Health Partners Update

Prof Robert Lechler gave an update on developments at King's Health Partners and the wider context of AHSCs.

National Scene
There was varied news from the other AHSCs and the difference in approach compared with KHP was noted. It was the only AHSC with an inclusive approach through the CAG structure, which offered the chance to optimise clinical services, quality and productivity. One of the areas of highest impact overall was likely to be through the Integrated Care Pilot. Integrated mental care also represented a big opportunity.

Research
Areas of current focus were liver research, the development of a clinical research facility, development of a research strategy, and the reapplication process for bio-medical research funding.

Public Health
There was a growing interest in the development of a School of Public Health.

Another aspect was the linking of academic and clinical practice in the locality.

Fundraising
There had been considerable progress with the re-structure of fundraising, now centralised at KCL.

KHP review
The review was being conducted to a tight timeline. The terms of reference were:

- Cultural alignment
- Factors for success
- Ambitions of individual organisations
- Structure/governance required to deliver internal/external ambitions

The Board discussion included the following comments:

- RF asked about the areas where research was leading to clinical improvement. Examples given were intervention studies such as gene modified cancer treatment; biomarkers for early disease detection and better risk stratification.

- MW observed that the patient population may not notice the cultural impact. Therefore, KHP must do all it can to speed up the progress of major projects. Back office savings were also important. With regards to the terms of reference, the cultural impact should be forward looking and reference the heatmap for local areas which was an important part of the AHSC application process.
- RL responded that culture will matter to patients because of the influence on the patient experience. KHP was committed to innovation and improvement, such as enlisting patients into clinical trials because of the proven positive outcomes. RL felt that the impact of interventions can be tested but it was harder to identify how much the work of KHP can directly impact the heatmap.
- GW commented on the importance of community medicine, particularly with regards to the integrated care pilot and diabetes. RL informed the Board that Charles Wolfe was drafting a document on what it is appropriate for KHP to do in this arena. Local authorities and the GSTT charity will be consulted.
- TS noted that most mental health treatment is delivered outside of NHS buildings. The issue is what is the best model of care and what is possible for patients.

011/85 FOR INFORMATION

- Confirmed Board Committee Minutes
  - Finance & Performance 29 March 2011

011/86 AOB

None.

011/87 Date of Next Meeting:

Tues 28 June 2011, 3.00 pm - Dulwich Room.