

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, 28 June 2011 in the Dulwich Committee Room, King's College Hospital.

Members	Michael Parker CBE (MP) Prof. Sir George Alberti (GA) Robert Foster 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)	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 Executive Director of Nursing & Midwifery
Non-voting Directors	Jane Walters (JW) Jacob West (JW1)	Director of Corporate Affairs Director of Strategy
In attendance	Tooba Ahmadi Prof Anne Greenough Sheela Upadhyaya Sir Anthony Merrifield	Committee Assistant (Minutes) Director of Education and Training, King's Health Partners Senior Nutrition Manager (Mentee) Chair, KCH Charity
Governors/ Members of the public	+ 3 Members of the Public	

Item	Subject	Action
011/97	Welcome and Apologies Apologies – Prof. Alan McGregor	
011/98	Declarations of Interest None.	
011/99	Chair’s Action None.	
011/100	<p>Minutes from the meeting held on 24 May 2011 The minutes were approved subject to the following amendments:</p> <p>Page 5. 011/83 Annual Plan 2011/12- last bullet point – P20-21 add “KHP”, sentence to read “the milestones concerning KHP were vague”.</p> <p>Minutes from the meeting held on 02 June 2011 Page 2. 011/92 Annual Report and Accounts – 3rd para. sentence to read “MW recommended to the Board of Directors the accounts.....representation <i>be</i> accepted and signed”</p> <p>Page 3. 011/94 KCH Independent Assurance Report on Quality Accounts– Point 2. Change Senior to “serious” and KMPG to “KPMG”.</p> <p>Page 4. – Last point. Change Loose to “lose” and advise to “advice”</p>	
011/101	<p>Matters Arising/ Action Tracker</p> <p><u>011/51 Estates Strategy Update</u> The Estates Strategy will first be discussed at the Board Strategy Committee on 27 October 2011 and subsequently at the Board on 29 November.</p>	
011/102	Chair and NEDs Report The report was noted.	
011/103	<p>Chief Executive’s Report</p> <p>In addition to the report, TS drew the Board’s attention to the following 4 areas:</p>	

Monitor

The Trust was informed by Monitor following the 2 June Board meeting that the automatic escalation at quarter 4 in respect of the MRSA in year breach will not apply and, instead of the Trust being rated Red on their governance, will be rated amber-red. The Annual report was retrospectively changed and submitted to Monitor.

Commissioning & Integrated Care

The Trust is trying hard to maintain equilibrium whilst there is continuing uncertainty arising from the passage of the Bill.

TS commented that commissioning in South East London has strengthened significantly since the clustering arrangement of PCTs. Integrated care is of significant importance to future commissioning and to the Trust.

William McKee, who has been a champion of Integrated Care in Northern Ireland, had been appointed by the KHP Partners' Board to carry out a mid term review of KHP. His experience and invaluable insight into the challenges of integrated care will help inform the future direction of travel, and assess progress ahead of the re-accreditation process.

Health Care Acquired Infection (HCAI)

HCAI continues to be a cause of concern in meeting targets. However, the strong organisational focus on this whole area is starting to show results. Cleanliness should be re-enforced around the hospital.

"24Hours in A&E"

The "24Hours in A&E" programme had been positively received, and was continuing to attract much attention. TS was also interviewed by the Guardian for an article on the state of NHS finances.

The CEO report and brief were noted. The results of the Estates Condition Survey mentioned in page3 of the report will be reviewed by the Board Strategy Committee. TA/JW1

011/104 Finance Report - months 1&2

Simon Taylor presented the month 2 finance report.

At month 2, the Trust was broadly on track against the projected plans.

Two main areas of adverse variances were highlighted:

- Pay overall is breakeven with overspend in temporary nursing staff predominantly within critical care due to increased activity and acuity during the period. This is expected to be off-set by additional income and under spends elsewhere.

The tight controls on temporary staffing spend last year will continue this year and divisions that overspend this year will be asked to address the issue in their performance meetings.

- Non-Pay over spent due to some CIP schemes that are not aligned to the budget lines.
- CIP schemes have now been assessed by the programme office and E&Y. The vast majority of the divisional schemes are green rated with divisions held accountable for delivery.

Trust-wide schemes are slightly delayed in their delivery but good progress is being made towards green rated schemes.

- Cash-flow is on target against the plan for the year. The over-draft facility on improved terms will be renewed from 1st August with RBS Natwest. This was discussed in detail at the Finance & Performance meeting earlier in the day.

011/105 Performance Report month 2

RS presented the month 2 performance report, which had been discussed at the Finance and Performance Committee the same morning.

Trust-Wide Performance

Three areas of key concerns in Trust-wide performance were highlighted:

Health Care Acquired Infection

The Trust is performing well against MRSA but there are concerns around C.difficile performance; the Trust has currently exceeded its quarterly target. However, the Trust remains focused on tackling HCAI and action plans are reviewed and revised continuously, to reflect new areas of focus.

Emergency Indicators

Emergency decision to treat within 60 minutes of arrival will be the main focus in the next quarter.

Finance

Although the adverse variance is small this month, finance remains

a strong area of focus, given the scale of challenges for this year. Actions against each area of concern are in place as highlighted in the performance report.

Divisional Performance

Regulatory Position

- The Trust is predicting a score of 1 for Governance giving the Trust an Amber-Green rating for its quarter 1 submission to Monitor.
- A small risk of non-compliance around the cancer target is expected but this is being managed.
- The latest CQC quality risk profile report indicates no real areas of concern with improvements recognised in a number of areas.
- The trust performed very well against the CQUIN targets last year compared to other London Trusts. The Trust is in the process of agreeing sign-off of the CQUIN objectives for 2011/12.

The report included specific performance reports and the new key performance indicators that will be incorporated in the Trust scorecard from Month 3.

The Board reiterated that Infection Control should remain high on the agenda. Given the challenges last year, the efforts required to achieve compliance should not be underestimated even with the comprehensive set of measures that are in place this year.

011/106 Patient Experience Report month 2

JW introduced the patient experience report for June.

Complaints had fallen significantly to 31 – the lowest number recorded in many years. Performance against responding to complaints has improved and it is now being reported as a quarterly rolling measure as opposed to monthly to provide a more accurate picture.

The Trust 'How Are We Doing' (HRWD) score has improved to 85 with 5 divisions achieving the benchmark score. A special mention was made of Child Health, Cardiac and Haematology, who scored an impressive 88% score. Overall, Environment and Care Perception scored positively and scores for patient engagement remained constant at 86.

There was an improving trend in single sex accommodation

breaches this month.

The focus this month was on staff-patient communication, which is a recurrent theme in patient comments and complaints. A number of workstreams are being launched this month to improve communication such as:

- A new drama based staff training on customer care and diversity
- A series of new “in your shoes” events have also commenced.

JW had circulated the results of the national inpatient survey of 2010 to Board members. The report showed a much improved position from the 2009 report. Patients in the hospital in July will be the patients who are subsequently surveyed for the 2011 national report. However, the results will not be available until circa May 2012, hence the need for the trust to continue listening to patients in real time via the HRWD surveys.

It was suggested that some demographic information could be added into future reports.

011/107 Complaints Annual Report

JW presented the annual complaints report and highlighted the following top-level points:

- For the year 2010/11 the Trust received 564 complaints which was a reduction of 20% compared to 2009/10. The majority of the reduction had been in out-patient areas, where issues were resolved locally and rapidly
- Last year’s performance in responding to complaints within the target time was disappointing at 62%, but current performance was running at 72%.
- The report also provided some comparative data of complaints received amongst other London hospitals, complaints by services, by division and the primary causes of complaints.
- The Trust is now required under the new legislation to record the outcome of complaints. It was noted that less than 50% of complaints were upheld.
- There had been a slight increase in the number of complaints reported to the Ombudsman but only 1 out of 33 cases was upheld.

The Board was reassured that a number of safeguards are in place to add robustness to the system and processes. Complaints are

triangulated with incident reporting and claims, as well as PALS contacts and results from the HRWD surveys. A degree of independence is introduced by RS and TS reviewing and signing off every complaint response.

The Board made the following comments:

- Mechanisms for feedback should be available for patients who do not wish to make a complaint. The HRWD surveys were one such route for this.
- The comments boxes should be displayed more visibly.

JW would raise these points at the Trust's Patient Experience Committee and feed back via the Board Quality and Governance Committee

**JW –
Sept
2011**

011/108 Transformation Programme

JW1 presented the update and overview of the transformation programme, setting out cross-cutting projects that executives are collectively accountable for. A chart of the programme overview and governance was presented to the Board and it was highlighted that most projects related to quality and efficiency agendas.

The projects are linked to the Trust's strategic objectives and, where possible, multi-disciplinary teams are being involved. Most of the transformation programme workstreams are being directly aligned with the overall CIP plans.

Beds Transformation Workstream – Executive Lead RS focusing on:

- Driving down length of stay, improve capacity and patient experience.
- Advance safer and faster hospital care by daily ward reviews and discharge plans..
- Manage repatriation process by tracking and escalating repatriation systematically.

Out-Patient Services – Executive Lead RS focusing on:

- Simplifying the appointment and booking system by having a single e-mail and telephone line.
- Reducing percentage of patients who do not attend appointments by developing appointment reminder systems.
- Developing referral management services where patients could be seen closer to home.
- Developing paper-lite and note-less outpatient environment with clinicians using EPR to work more efficiently.
- To review and re-engineer staff roles and skills mix in the

out-patient clinics.

- Development of electronic check-in kiosks as part of the re-design services in out-patients

Workforce & Medical Productivity – Executive Lead MM focusing on :

- Comprehensive programme around job planning guidance and reviews, which are supported by the electronic job planning tool.
- Review of the wider establishment looking at the balance between junior doctors and advanced nurse practitioners in particular

IT Projects – Executive Lead ST focusing on:

- Paper-lite hospital agenda
- Change behaviours and redundant capacity in terms of processes.
- Develop EPR systems, which are at preparatory stage to provide all diagnostic results on EPR
- Considering hand-held devices on wards for nurses taking observations.

Patient Experience – Executive Leads JW and GW focusing on:

- Culture of care by instituting comprehensive programmes such as customer/patient care training and In Your Shoes events.
- Ward 2020 programme, focussing on 6 wards initially to drive up safety, patient experience and staff satisfaction by improving 3 areas – environment, staffing models and leadership & culture in each area.
- Volunteering programme

The Board made the following comments:

- The changes in processes and IT developments would require extensive training.
- NED involvement in the programme should be considered

Overall the Board commended the programmes, in particular, the volunteers' programme being launched on 20 July and the Ward 2020 initiative. The Trust should aspire to influence agendas and strive to improve systems and processes. The Board requested regular updates on the transformation programme.

011/109

King's Health Partners Update

Prof Anne Greenough gave an update on developments of

Education and Training strategy at King's Health Partners.

Summary of Strategies

- To provide world-class, innovative education and training in a wide range of health disciplines
- To expand opportunities for training and development of the entire workforce
- To identify, nurture and train the future leaders of the healthcare professions
- To be a leader in global healthcare education
- To develop and evaluate new exemplars of healthcare education.
- To impact upon our local communities by increasing patient access to health data and information about research studies

Progress to Date:

Infrastructure

- Audit of all e-mandatory training for all the Partners
- A business analyst will be employed to determine if it will be more cost effective to create a virtual learning environment (VLE) on Moodle for education and training
- Quality assurance metrics for KHP branded learning materials have been developed
- Two events delivered by the Leadership Foundation for CAG Education and Training (E&T) leads who will monitor delivery and quality of education and training to identify development needs.

Widening Participations

- The Extended Medical Degree Programme now in steady state with 50 students per year
- Access programme for schools are widened through student ambassadors, taster days & role models
- Working with Lambeth College regarding accreditation of Volunteering schemes
- Working with Lambeth College and Lambeth Council to extend Apprenticeship opportunities

Internationalisation

- Establishment of a Global Health Education programme
- BSc in Global Health started in September 2010, 54 applications for the next academic year
- A multi - professional MSc in Global Health is being developed
- Collaboration with UCSF on clinical and translational science training programme

Education & Training Initiatives

- Provision of generic integrated academic training (IAT) programme
- Successful bids to become lead providers for all four postgraduate core bundles in medicine, surgery, psychiatry and FY2 dentistry for SE London.
- Development of consent training package to be used at induction of all trainees

AG also added that various educational opportunities across the care pathway are explored to create learning packages and centres that would reach into the community such as:

- Empowering community pharmacists
- Dementia training centres targeting GPs

CAG Education and Training (E&T) Leads will monitor delivery and quality of education and training and identify development needs.

The Board noted the updated and suggested that distance learning and non-clinical opportunities should also be considered.

011/110 FOR INFORMATION

- Board Committee Annual Reports (Strategy and Audit committee) Noted.
- Confirmed Board Committee Minutes
 - o Finance & Performance 19 April 2011
 - o Audit 01 March 2011
 - o Equality & Diversity 03 March 2011

011/111 AOB

Martin West – Resignation

This was the last Board meeting for Martin West following his resignation as a Non-Executive Director. The Chair thanked MW for his contribution as Non executive Director for the last 4 years.

011/112 Date of Next Meeting: Tues 26 July 2011, 3.00 pm - Dulwich Room.