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, 26 July 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
	Marc Meryon (MM1)	Non-Executive Director
	Prof Alan McGregor (AM)	Non-Executive Director
	vacancy	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)	Executive Director of Nursing & Midwifery
Non-voting Directors	Jane Walters (JW)	Director of Corporate Affairs
	Jacob West (JW1)	Director of Strategy
In attendance	Sally Lingard	Associate Director of Communications
	Judith Seddon	Associate Director of Governance
	Prof Robert Lechler	Executive Director, King's Health Partners
	Sir Anthony Merifield	Chairman, KCH Charity
	Rita Chakraborty	Assistant Board Secretary (Minutes)
Governors/ Members of the public	Tom Duffy	Patient Governor
	Robert Lee	King's College London

Item	Subject	Action

011/113 Welcome and Apologies
Maxine James

011/114 Declarations of Interest
None.

011/115 Chair's Action
None.

011/116 Minutes from the meeting held on 28 June 2011
The minutes were approved subject to the following amendments:

011/103 Chief Executive's Report
Health Care Acquired Infection (HCAI)
Change first sentence to read "HCAI continues to be a cause of concern in meeting targets."

011/117 Matters Arising/ Action Tracker
011/48 Food and Nutrition
Update to be re-scheduled.

011/118 Chair and NEDs Report
The report was noted.

011/119 Chief Executive's Report
In addition to the report, TS drew the Board's attention to the following areas:

Health Care Acquired Infection (HCAI)
There had been one case of MRSA reported in the last three months, which marked a big improvement. The rate of C-difficile remained a cause for concern.

Cleaning contract
The Trust was in discussion with Medirest to achieve further improvements in cleaning although there had been significant progress in recent months.

Trust cost savings
The Trust continued to maintain a keen focus on the savings programme. Instability in the wider healthcare system was set to continue.

Board of Governor elections
The results show that there will be a significant turnaround in the Board membership when elected Governors begin their term of office in December 2011. Of those who stood for re-election, the majority were successful. GA was giving thought to ways of improving engagement with Governors.

Integrated Cancer Centre
Two consortia were being established in London:

1) North central and east
2) South east, south west and northwest including King's Health Partners, Royal Marsden, St George's and Imperial

'24 Hours in A&E'
Feedback to the programme was very positive and Channel 4 had confirmed that it will be broadcast in the USA.

Volunteering programme
The Volunteering programme was officially launched in July with the aim of radically increasing the number of volunteers who support staff across wards, clinics and other areas of the Trust.

011/120 Finance Report – month 3

Simon Taylor presented the month 3 finance report and highlighted the following issues:

- Divisions had experienced a busy quarter (quarter 1, 2011/12). The main areas of concern were TEAM, and Liver, Renal and Surgery.
- The Trust was looking at the FT funding facility to reduce cash pressures arising from the future funding of the capital programme.
- The current cash position was strong. PCTs will adjust their payment in August/September to reflect income from over-performance.
- The impairment valuation of assets will be delayed until quarter 4 at which point a charge equivalent to the balance sheet difference will be transferred to the expense account.

The Board offered the following observations:

- The over-spend on locum doctors was due to a shortage of junior doctors. Preferential rates had been negotiated by London trusts and use of approved agencies would be reinforced to ensure value for money. As a benchmark, the Trust's spending on temporary staff overall was not an outlier for London.

- GA queried how much of the increasing activity generated income from PCTs. ST responded that activity beyond the ED tariff ceiling, and patients readmitted within 30 days of treatment, was not paid.
- RS outlined arrangements for the next few months. Winter pressure beds would close at the end of July; the Medicine bed pool will increase this winter; the new Betty Alexander Unit will open in the autumn, and the most likely option for CCU expansion was to build capacity above the theatre block.

011/121 Performance Report month 3

RS presented the month 3 performance report, which had been discussed at the Finance and Performance Committee the same morning.

An updated version of p.10 was tabled.

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, which remains the key focus.

There was discussion about the culture concerning hand hygiene and the reluctance of junior staff to challenge senior staff where guidelines are not being followed. GW felt that, although a long term change in attitudes was needed, progress had been achieved. MM endorsed this view; disciplinary action of some senior doctors had generated a considerable positive effect. Combatting MRSA required hand hygiene in conjunction with correct line care.

Emergency Indicators

It was unlikely that the Trust would achieve the target in quarter 2 for Emergency decision to treat within 60 minutes of arrival.

Finance

There was an adverse variance of £536k from the budgeted plan because of slippage in divisions' CIP plans. Actions against each area of concern are in place as highlighted in the performance report.

Divisional Performance
The main areas of concern are TEAM due to additional trauma and staffing costs in ED; secondly, Liver, Renal and Surgery due to infection control issues.

Regulatory Position

- The Trust will declare Amber-Green for Governance in quarter 1.

The Board noted the Performance Report for month 3.

011/122 Patient Experience Report month 3

JW introduced the patient experience report for June.

Complaints had risen to 57 but a lower trend continued overall.

Looking externally, the Quality Risk Profile, which was compiled by the Care Quality Commission, drew on data from staff and patient surveys as well as patient opinion websites.

The Trust 'How Are We Doing' (HRWD) score remained at 85 with 4 divisions achieving the benchmark score. Team working was improving and patient engagement had achieved the benchmark score. However, there was a wide variation across ward scores and the Patient Experience Committee would be exploring the reasons. Ward level data is circulated to ward managers and divisions with regular discussions of ward performance.

GW gave an update on Eliminating Mixed Sex Accommodation. The main area of concern remained Endoscopy, which will be re-developed by March 2012. Breaches during June were all in Day Surgery. The greater score from HRWD surveys compared with reported breaches was being investigated further through patient interviews.

011/123 Infection Control Annual Report 2010/11

GW presented the annual infection control report and highlighted the following top-level points:

- There were 16 MRSA cases versus an expected rate of 9 during 2010/11.
- The link between a new microbiology laboratory database and the IC data system needed improvement, given the rise in the number of new alert organisms reported. ST commented that there were challenges retaining development staff in IT because of the availability of higher paid private sector jobs in London but, with opportunities such as an MSc

in IT and greater job satisfaction, it was hoped that staff retention would improve over the longer term.

The Board noted the Infection Control Annual Report 2010/11.

011/124 Staff Survey 2010

AH presented the results of the staff survey 2010. Results showed the Trust's position nationally and within London's acute sector.

Overall, results were slightly disappointing with fewer scores in the top 20 compared with previous years.

There was no change in the response to whether hand washing materials were always available.

Although the number of staff experiencing harassment, bullying or abuse placed the Trust in the bottom 20% nationally, staff perception was that the issue was being tackled effectively by the Trust. However, surprise was expressed that this score related to staff behaviour towards other staff.

Four action plans had been initiated Trust-wide to tackle the main areas of concern, with divisional plans implemented locally to complement Trust-wide initiatives.

The results will be discussed at the Board of Governors meeting in September.

The Staff Survey 2010 was noted.

011/125 Annual Workforce Report 2010/11

AH introduced the Annual Workforce Report 2010/11.

The report contained the following sections:

- Review of 2010/11
- Workforce trends
- Future education and training risks and opportunities
- Workforce strategy 2011-14

AH highlighted the main changes from the past year:

- The impact of the pathology joint venture and secondment of some staff.
- The impact of Trust cost savings in year
- The review of MPET (education and training funding)
- The need for world class education and training facilities, which will require investment.

AM enquired whether there was evidence that e-recruitment was not affecting the quality of the outcomes. AH responded that there was confidence in e-recruitment with regards to non-medical vacancies.

It was the interview panel's responsibility to ensure that selection standards remain high for all appointments. It was an issue that could warrant further exploration.

The Board noted the Annual Workforce Report 2010/11.

011/126 King's Health Partners Update

Prof Robert Lechler presented an update on developments at King's Health Partners (KHP), the KHP Education and Training strategy and information on CAG accreditation.

KHP review

Although William McKee had intended to be present, he was delayed at a prior meeting. RL outlined the purpose of William McKee's review of KHP:

- Look at internal and external perspectives
- Maximise the added value of the CAG model
- Review CAG governance
- KHP interaction with the outside world

His findings will be presented to the KHP Partners' Board in September.

Cancer Crescent

Central to this model is the expectation that providers will work together in integrated systems to provide comprehensive, seamless cancer care. These systems, rather than individual organisations, will be commissioned to deliver pathways of care from next April.

Two groups of providers have submitted their proposals to become integrated cancer systems. The 'Cancer Crescent' including KHP organisations, Imperial Healthcare, St George's and Royal Marsden FT covering south east, south west and north west London. The other proposed collaboration in north east and north central London will be led by UCL and Barts.

Discussions had so far focused on the early securing of CQUIN funds and options for the governance model.

AM noted that the critical mass argument was particularly relevant to cancer treatment. He enquired what the impact of this development would be on surrounding areas and how quality of care will be ensured given that there are 2 models of care.
RL responded that there will be an explicit link between the 2 models when decisions are made on the location of particular treatments.

Involvement of the Institute for Cancer Research will ensure that the 'Cancer Crescent' is a world-class collaboration. It was expected that neighbouring areas will link with the London systems.

TS noted that the shortage in trained nursing staff in some specialties had not been addressed within the education and training strategy. AM commented that, historically, KCL nurse training centred on St George's. RL responded that this issue will be picked up in the strategy and that a 4-way Board meeting with St George's was intended to build a stronger relationship.

RF asked how evaluation of research was formalised. RL responded that a Research Excellence Framework will provide the formal structure with only 3* or 4* research attracting funding. The exercise will be driven by university staff and will conclude in 2013.

Graham Thorneycroft was leading on the implementation of science. The plan was for a new PSSQ centre to be established at KCH/KCL.

A School of Population Health was planned, if the investment could be secured from KCL and GST charity.

No news had been received on the outcome of the BRC applications.

The Board thanked Prof Lechler for attending and noted the update on King's Health Partners.

FOR DECISION

011/127 Monitor Q1 2011/12 submission

The Board APPROVED the signing of Governance Declaration 2 by TS on behalf of the Board, given that all targets, except for C-difficile, had been met for the quarter. The signing of Finance Declaration 1 was approved. The risk rating of 3 was noted.

011/128 Monitor Quality Governance Framework and Board Self-certification

JW presented a report on additional quarterly monitoring that will require Boards to self certify on an ongoing basis as to whether they are, and remain, compliant with a new statement on clinical quality (which also formed part of the self cert of the Annual Plan), and the requirement for Trusts to complete a self assessment of performance against Monitor's new Quality Governance Framework.

A tabled document listed comments received from the Quality and Governance Committee. The Committee recommended that, given that an amber rating was assigned to coding accuracy performance, a declaration of self-certification should be delayed until quarter 2.

The Board considered the original recommendation and the Committee's feedback.

It was anticipated that the associated KPMG review, which was overdue and expected in 2 weeks' time, will issue a positive rating.

The Board APPROVED submission of the following declaration:
'*The Board is satisfied that to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework (supported by CQC information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS Foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.'*

011/129 FOR INFORMATION

- Board Committee Annual Reports:
  - Finance and Performance
  - Equality and Diversity

- Confirmed Board Committee Minutes
  - Finance & Performance 24 May 2011

011/130 AOB

<u>Bone Marrow Transplant business case</u>
In the earlier private session, the Board of Directors had approved the business case for centralisation of Bone Marrow Transplant services across KCH and GSTT.

South East London Healthcare Cluster

The new Chief Executive of South East London Healthcare NHS Trust, Andrew Kenworthy, had been appointed.

Governor Election Results

The results of recent Governor elections had just been received. Of 24 available seats, 18 had gone to newly elected candidates. Of the 8 serving Governors, 6 had been re-elected and 2 were unsuccessful. The Board offered its commiserations to those serving Governors who were not successful and thanked them for their contributions.

011/131 Date of Next Meeting:

Tues 27 September 2011, 3.00 pm - Dulwich Room.