

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, 25 October 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
	Maxine James (MJ)	Non-Executive Director
	Prof. Alan McGregor (AM)	Non-Executive Director
	Tim Smart (TS)	Chief Executive
	Angela Huxham (AH)	Executive Director of Workforce Development
	Dr. 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)
Jacob West (JW1)		Director of Strategy
Sally Lingard		Associate Director of Communications
In attendance	Prof. Robert Lechler	Executive Director, KHP
	Sir Anthony Merrifield	Chair, KCH Charity
	Leonie Mallows	Committee Assistant (minutes)
Governors	Nanda Ratnavel	Shadow Governor
	Fiona Clark	Shadow Governor
	Christine Klaassen	Shadow Governor
Members of the public	Robert Lee	King's College London
	Nicky Carter	Abbott
	Bruce Chin	Novartis
	Bibi Auleear	St George's Hospital

Item	Subject	Action
011/150	Apologies MM1 and JW1.	
	The Chair welcomed all public attendees.	
011/151	Declarations of Interest None.	
011/152	Chair's Action None.	
011/153	Minutes from the meeting held on 27 September 2011 The minutes were approved.	
011/154	Matters Arising/ Action Tracker 01/51 Estates Strategy Update This item is on the agenda for 27 October Board Strategy Committee – action complete.	
011/155	FOR REPORT/ DISCUSSION Chair and NEDs Report The report was noted. MJ highlighted Race for Opportunity as an example of a scheme achieving excellence for Equality & Diversity, a comparator of which would benefit the NHS. The Chair added that it was important for KCH to recognise its work in this area and submit to awards such as Race for Opportunity. TS reported that he had been invited by Yvonne Coghill to participate in a video designed to address E&D issues for top leaders.	
011/156	Chief Executive's Report In addition to the report, TS drew the Board's attention to the following areas: <u>BMT</u> The transfer of BMT services across KHP to a single integrated service at KCH represents a success for the BMT CAG. On one of his 'Go and See visits' TS had met a patient who had benefited from this newly aligned service.	

Food, cleaning and transport

KCH has worked hard with its service providers to improve performance in these areas. With the help of ST, the trajectory is now positive.

The Board offered the following comments and observations:

- The event on the 1 October was part of Black History Month and the speaker had specifically addressed the issue of organ donation amongst the black community.
- BBC One's programme 'Transplant' had been impressive and well received; a significant increase in the number of individuals signing the donor register had resulted.
- The programme was now to be broadcast in Australia and the US; **SL to circulate details of press coverage.**
- The Betty Alexander clinic would be relocating from Dulwich Hospital to Suite 2 GJW during November.

011/157 Finance Report – month 6

ST presented the month 6 summary which had been discussed at the Finance & Performance Committee the same morning. The following issues were highlighted:

- The Trust has attained a surplus of £694k, against a surplus plan of £1.75m. This is a negative variance of £1.05m.
- There has been significant over-performance against the PCT and Specialist Commissioning contracts.
- There are concerns over the overall direction of travel and there are a number of actions being taken to improve the financial surplus and liquidity position.
- These include weekly monitoring of care groups and CIPs, substitute CIP plans, and continued reduction of temporary staffing.
- Delayed receipt of payment against PCT invoices has increased pressure on liquidity and cash flow; as a result there is a high probability that the Trust will need to draw down on the working capital facility in November.
- The Trust is fully committed in terms of its capital plan; all schemes will need to be managed tightly to ensure funds are available through to completion.

Discussion followed and key points raised included:

- Private Patient income is currently capped at 3.5%; under the new Bill the cap would be lifted; to provide additional income the Trust could operate at 5% with current facilities.
- There are a number of PCTs with outstanding SLA payments;
- Agency spend must come down; operating at full capacity

would aid this, which returns the discussion to education and training at KCH.

011/158 Performance Report month 6

RS presented the month 6 report which had been discussed at the Finance & Performance Committee the same morning. The following issues were highlighted:

Trust Wide Performance

- All access targets/standards were met in month 6.
- There are 4 key areas of challenge.
- Continued delivery of access targets will be challenging during the winter due to the volume and acuity of emergency cases; referral to treatment trajectory performance is approaching the 23 week standard (currently at 2.5 weeks).
- With one additional case of MRSA in September, the Trust has 3 cases YTD against the quota of 6; the Q2 trajectory for C-diff has been exceeded and is now only 2 away from the Q3 trajectory of 58 cases.
- The negative variance from the financial plan as outlined in the Finance report is of concern.
- After achieving good HRWD scores in August performance has dipped below target levels for all sections in September.

Regulatory Performance

- Due to C-diff cases being off trajectory, the Trust has an Amber-Green governance rating for Q2; Monitor have met with the Director of Nursing to discuss the enhanced action plan for combating C-diff.
- The CQC's Quality risk Profile is not yet available; it is expected later this month.
- The Trust is in the process of reviewing its Q2 CQUIN performance and is meeting with commissioners during October to agree baselines and targets for Q3.

Specific Reports

- There are a number of enhanced actions planned in relation to the existing C-diff action plan for 2011/12.
- These include strengthening of the root cause analysis process; a move towards 2 stage testing; improvements in cleaning, audits and the introduction of new products; an external review of antimicrobial prescribing and training on antibiotic prescribing and stewardship.
- An HR consultant has been employed to undertake a review of Equality & Diversity systems in place within the Trust; new indicators will be developed and introduced from April 2012.

Discussion followed and key comments and observations from the Board included:

- It is possible that the number red shifts have affected the September HRWD scores.
- Achieving the 5 Emergency indicators requires a focus on process and behavioural change, including greater use of predictive modelling.
- Work around job planning and productivity, particularly in ED, is beginning to have an effect e.g. a drop in ALOS; elective working moving towards 6 days a week; discharge 7 days a week.
- Average Length of Stay (ALOS) remains a challenging area; improvement relies on rapid decision-making and timely discharge and repatriation.
- New legislation, which has prompted the Equality & Diversity review, will mean E&D's issues and compliance are mainstreamed in this and other reports in future.

011/159 Patient Experience Report month 6

JW presented the month 6 report and highlighted the following key issues:

Complaints/ PALS

- Complaints rose slightly but remain on track to meet the annual target; trending would suggest that this is not a cause for concern.
- An increase in PALS activity mirrors this increase.
- Performance in responding to complaints within 25 days fell 10% to 61% for the last rolling quarter.

HRWD

- Day Surgery results were included for the first time; the response rate was 75% and the 93 point result demonstrates high satisfaction.
- Inpatient results fell by 2 points to 84; although disappointing the trend graph indicates that scores have steadily improved over 2 years.
- Patient Engagement scores fell; Environment scores were sustained and Care Perception scores were just below benchmark.
- However, there are key areas for improvement in all three sections.
- Performance decreased in Women's and TEAM; scores may have been affected in Women's by a low response rate.
- Overall response rate rose to 45% but is still trending below

target.

- A new measure looks at the balance between positive and negative comments.
- Next month 2 new questions will be added: on hand washing and care at night.

Focus on Noise at Night

- This continues to be a challenge with patient satisfaction scores below the benchmark.
- GW is leading a project to address the issue, part of which is to properly understand what the problem is e.g. noise from building work and deliveries, from ward staff or from other patients.
- Feedback from patients at a recent 'In Your Shoes' event included a 'curfew' on non-essential movement of equipment and trolleys at night.
- The Trust Environmental Strategy action plan will also drive improvements.

Discussions followed and key comments and observations included:

- Wards could learn from the performance of Day Surgery.
- Director Go and See visits will shortly begin to be conducted at night as well as during the day in a bid to understand the patient experience at night.
- The acuity of some patients may mean they must be nearer the nurses' station and therefore at risk of greater disturbance.
- It is hoped that the rule on appropriate footwear for staff will have a wider effect as it also raises awareness.
- GA is to spend a night in ED to observe the environment.
- There was an increase in volume and acuity in September.
- External patient opinion websites don't always correlate with HRWD scores.
- The Volunteer scheme needs time to bed in before a sustained effect will be visible; Volunteers have been trained are beginning to be placed on the wards.

011/160 Quarterly Report from DIPC

GW presented the report outlining infection prevention and control activity from April to September 2011. Key points included:

- Three Trust attributable cases of MRSA this year leave the Trust on the trajectory to achieve the quota of 6.
- The enhanced C-diff action plan has been shared with Monitor; testing has moved to only include patients at risk of infection, rather than being a carrier, meaning that tests have reduced from 450 to 269.

- A local target is agreed for VRE blood stream infections; the Trust has had 8 cases YTD compared to an objective of 9.
- There are currently no targets set for MSSA; the Trust has had 11 cases YTD and internal root cause analyses are completed for each case.
- There are no targets set for E.coli; the Trust has had 23 cases, which is estimated to be lower than the national and regional average.
- The DH requires data to be submitted on both MSSA and E.coli.
- A Hand Hygiene Audit is carried out using the 'Lewisham tool'; introduction of the tool has shown an improvement in compliance, however not all wards are submitting data.
- Amber areas on the action plan include isolation within 4 hours and training; isolating patients is sometimes difficult due to availability of single rooms.
- KPMG are to conduct a Hygiene Code compliance gap analysis as part of the internal audit programme for 2011/12.

Observations from members of the Board included:

- There is learning to be absorbed from the approach to tackling MRSA e.g. ensuring catheters are removed promptly.
- Energising for Excellence is focussing on areas which are improving patterns of infection in some patient groups.
- Support from the Matron is important; this gives authority to those carrying out the audits.

011/161 KHP Update

Prof. Robert Lechler gave a verbal update on developments within KHP since publication of the McKee review. Key points included:

- Since the review KHP has become further energised and is now poised to move forward positively, using CAGs as the vehicle.
- Prominence of the mental health element within the partnership is crucial to truly integrating mental and physical healthcare; it would also be unique in the world.
- Greater emphasis on integrated care, as already evidenced by SLaM, needs acceleration.
- There is strong feeling that leadership of healthcare in London should be through AHSCs.
- The financial climate will be an important factor as the AHSC progresses.
- Peter Goldsbrough will lead the feasibility study and present recommendations to the KHP Partners' Board in January 2012, following which an implementation plan will be developed.

- Competitively, there are challenges for KHP in closing the academic gap and improving patient experience and outcomes.
- The original intention was for KHP to be inclusive and that will remain the focus.

Discussion followed and comments and observations included:

- The KCH Board must be fully engaged in the process; RL agreed that he supported collective steps forward and that there are no pre-set ideas.
- CAG leaders will also spend time with Peter Goldsbrough; RL reported that the best people were appointed at the time but that some refreshment would be needed as the process moved forward, and that KHP would not be restricted to internal candidates as before.
- There is an opportunity for KHP as an AHSC to change behaviour and support the community to make changes for themselves.
- There is scope for a spectrum of activity, which includes a link with more applied public health research.
- There is increased operational alignment between partners already.

FOR APPROVAL

011/162 Monitor Quarterly Submission Q2 2011/12

TS presented the Q2 submission which now contains 4 statements, including the Self Certification on the Quality Board Statement with which the Trust will declare full compliance. The KPMG audit on the Quality Governance framework provided independent assurance to the Board in signing this statement.

In respect of the Governance declaration, the Trust would be signing declaration 2, due to non compliance with the CDiff target, resulting in an amber green rating. All other declarations were fully compliant

The Board noted the report and approved signing of the declarations as outlined above.

FOR INFORMATION

011/163 Confirmed Board Committee Minutes

The Board noted the minutes from the following committees:

- Finance & Performance 26 July 2011

011/164 Carbon Reduction Annual Plan 2010/11

The report was noted.

011/165 AOB

1. TS reported that the KHP Fundraising team, with the support of KCH, have recently run a regular donor recruitment drive. The first wave of door to door campaigning signed up 1000 donors.. The campaign continues and the numbers of donors currently stands at 1200. The KHP Fundraising team and KCH are considering holding an event to thank all donors. It was suggested that all Board members should receive a form.
2. Following a clinical visit to the Kingdom of Saudi Arabia, an agreement has been set up for KCH to provide nursing training to Saudi nurses. The Secretary of State for Health has signed a memorandum of understanding with the Saudi Minister for Health. The agreement would involve extraordinary numbers and surpluses would be reinvested in NHS services and education and training. A press release will go out shortly.
3. TS reminded the Board that a farewell event for Chairman, Michael Parker, is to be held on 27 October from 5.30pm in the Board Room. All staff are welcome.

**011/166 Date of Next Meeting:
Tuesday 29 November 2011, 3.00 pm - Dulwich Room.**