

## 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, 29 November 2011 in the Dulwich Committee Room, King's College Hospital.

### Members:

Michael Parker CBE (MP)	Chair
Prof. Sir George Alberti (GA)	Non-Executive Director
Robert Foster (RF)	Non-Executive Director
Maxine James (MJ)	Non-Executive Director
Marc Meryon (MM1)	Non-Executive Director
Prof. Alan McGregor (AM)	Non-Executive Director
Graham Meek	Non-Executive Director
Tim Smart (TS)	Chief Executive
Angela Huxham (AH)	Director of Workforce Development
Dr. Michael Marrinan (MM)	Medical Director
Roland Sinker (RS)	Director of Operations
Simon Taylor (ST)	Chief Financial Officer
Dr. Geraldine Walters (GW)	Director of Nursing & Midwifery
Jane Walters (JW) - <i>Non-voting Director</i>	Director of Corporate Affairs
Jacob West (JW1) - <i>Non-voting Director</i>	Director of Strategy

### In attendance:

Graham Meek	Shadow Non-Executive Director
Prof. Robert Lechler (RL)	Executive Director, KHP ( <i>Item 2.7</i> )
Frances O'Callaghan	Director of Performance and Delivery ( <i>Item 2.7</i> )
Sally Lingard (SL)	Associate Director of Communications
Maggie Kemmner	Deputy Director, Integrated Care Pilot
Jim Lusby (JL)	Director, Integrated Care Pilot
Tamara Cowan	Assistant Board Secretary (minutes)
Hedi Argent	Governor
Christine Klaassen	Shadow Governor
Ann Mullins	Governor
Barbara Pattinson	Shadow Governor
Michelle Pearce	Governor
Nanda Ratnavel	Shadow Governor
Mariangela Giombini	King's College Hospital
Robert Lee	King's College London

Item	Subject	Action
011/167	<b>Apologies</b>	
	The Chair welcomed all public attendees.	
011/168	<b>Declarations of Interest</b>	
	There were no declarations of interests raised.	
011/169	<b>Chair's Action</b>	
	<b><u>Research Operational Capability Statement</u></b>	
	MP circulated the King's Research Operational Capability Statement. The Statement is the standardised form that each Trust must complete and post on their website, to show prospective investigators the various research interests and services that each Trust offers. This would enable researchers to identify which sites will be suitable for multi-centre studies.	
	He advised he had signed-off the Statement and it would be available on the website, shortly.	
011/170	<b>Minutes from the meeting held on 25 October 2011</b>	
	<ul style="list-style-type: none"> <li>• Under 011/158, page 5, correct E&amp;D is to read E&amp;D's; and</li> <li>• Under 011/161, page 8, remove the fourth bullet point, '<i>This also extends...</i>'.</li> </ul>	
011/171	<b>Matters Arising/ Action Tracker</b>	
	The action tracker was noted.	
	<b>FOR REPORT/ DISCUSSION</b>	
011/172	<b>Chairman and Non-Executive Directors' (NEDs) Report</b>	
	The report of Chairman and NED activity for the period was noted.	

Item	Subject	Action
011/173	<b>Chief Executive's Report</b>	
	<p>The Board noted the Chief Executive Report.</p> <p>TS noted that the Trust is moving into a new dawn with the impending departure of MP who had played a pivotal role in strengthening the Board and leading the Trust to its current position as a leading teaching hospital. GA will take over the role of Chair on 01 December coinciding with the start date of the new Governors as the Trust also says farewell to the departing Governors who have served the Trust well.</p> <p>TS advised that operationally the Trust was doing reasonably well. However, as a result of higher activity levels and not delivering 100% of the CIP plans the Trust was currently off its financial plan. Therefore in the coming weeks some difficult decisions will need to be made but not at the cost of quality of patient care which will be safeguarded at all times.</p>	
011/174	<b>Finance Report – Month 7</b>	
	<p>The Board noted and discussed the financial performance for the period.</p> <p>ST advised that for the first time this year the Trust had a deficit. This was the result of the Trust over performing, seeing more patients and the external economic environment. To improve the situation it is estimated that the Trust would have to reduce the current spend by £1m per month for the remainder of the financial year. Patient Safety remains paramount and would not be compromised under any circumstances but the Trust needed to make some difficult decisions about investment and discretionary expenditure.</p> <p>An interim action plan has been agreed which includes a review of divisional expenditure, agency spend and CIP targets, and proactive chasing of outstanding PCT payments. Given the resultant pressures on the capital programme the planned re - development of maternity is likely to be re-phased.</p> <p>Any failure to reduce the deficit position would place the Trust's current Monitor risk rating of 3 at risk, which would have implications for the Trust's regulatory position.</p>	

Item	Subject	Action
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011/174	<b>Performance Report – Month 7</b>	
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The Board noted the performance report for month 7.

The Chair advised that the Finance and Performance Committee conducted an extensive review and discussion around the performance report earlier. The key issues arising from the report were:

- The Trust met all referral to treatment, cancer and the five ED indicator targets in the period;
- Healthcare acquired infection remains an area for concern:
  - MRSA is ahead of trajectory; and
  - The C.diff target had been exceeded for Q3 but the trajectory was improving.
- How are we doing (HRWD) results below target; and
- Change to a new national measure for mortality tracking.

011/1175	<b>Patient Experience Report – Month 7</b>	
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The Board noted the patient experience report for month 7.

**Key discussion points:**

- Two questions added to the HRWD survey this month on hand hygiene and care at night;
- The volunteer programme is underway and 200 new volunteers have been recruited so far. Volunteers will be able spend time speaking to patients and help with the softer side of in patient care; and
- The Trust continues to work to improve the way it involves and communicate with patients including, amongst other initiatives:
  - the Garnet patient experience training which 1000 members of staff have received;
  - 'In Your Shoes' events; and
  - Ward 20:20.

Item	Subject	Action
011/176	<b>Integrated Care Pilot</b>	
	<p>The Board received and discussed the report on the Integrated Care Pilot (ICP).</p>	
	<p>The Board commended the initiative noting that ICP would put people at the centre of their own care and would reduce the number of avoidable admissions to hospital. This would result in significant cost savings for the Trusts. The final decision would be sought from the KHP Board in the new year in the hope of implementing the pathway from April 2012.</p>	
	<p>A significant challenge for ICP is getting the correct IT system in place to enable the joined-up working that is required for the success of the initiative. However a portal-based IT solution has already been identified address this issue before the roll out.</p>	
	<p>In addition, an integrated management board would be established and strong clinical input would form the basis of the service.</p>	
011/177	<b>KHP Update</b>	
	<p>The Board received and noted the update on KHP activities from Prof. Robert Lechler and Frances O'Callaghan.</p>	
	<p>The Clinical Academic Groups (CAGs) continued to make good progress. CAGs were focusing on cohesion of their leadership teams and strategic development. The CAGs that had been most successful are those with strong leadership and a focus on partnership working and co-operation. CAG 2 (Orthopaedics, Trauma, Emergency ENT and Plastics) had been approved for Modules 1 &amp; 2 of the CAG accreditation programme. There are still challenges with getting some other CAGs through the full accreditation modules.</p>	
	<p>Work is also under way to get GPs involved in CAGs in light of the forthcoming changes under the Health and Social Care Bill.</p>	
	<p>It was agreed that:</p>	
	<p><b>1. NEDs would be sent information about Accreditation Modules 1 &amp; 2.</b></p>	TC

<b>Item</b>	<b>Subject</b>	<b>Action</b>
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<b>011/178</b>	<b>AOB</b>	
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**Day of Action**

AH provided an update on the planned industrial action noting that a possible 100-150 trust staff had indicated they would strike. Some staff in Radiology, Imaging and Ophthalmology would also work to rule.

Although disruption was not expected to be widespread, there would be a limited number of cancellations of outpatient clinics, and patients affected had been notified.

<b>011/179</b>	<b>Date of Next Meeting: Tuesday 20 December 2011, 3.00 pm - Dulwich Room.</b>	
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