

**King's College Hospital NHS Foundation Trust Board of Directors**

Minutes of the meeting of the Board of Directors held at 14:30 on Tuesday, 28 February 2012 in the Dulwich Committee Room, King's College Hospital

**Members:**

Prof. Sir George Alberti (GA)	Chair
Robert Foster (RF)	Non-Executive Director and Vice Chair
Maxine James (MJ)	Non-Executive Director
Prof. Alan McGregor (AM)	Non-Executive Director
Marc Meryon (MM1)	Non-Executive Director
Chris Stooke (CS)	Non-Executive Director
Graham Meek (GM)	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 (Agenda Item 1-2.5)
Dr. Geraldine Walters (GW)	Director of Nursing & Midwifery
Jane Walters (JW) - <i>Non-voting Director</i>	Director of Corporate Affairs

**In attendance:**

Faith Boardman (FB)	Shadow Non-Executive Director
Zoe Lelliot (ZL)	Associate Director of Strategy
Tamara Cowan (TC)	Assistant Board Secretary (minutes)
Prof. Anne Greenough (AG)	Director of Education and Training (KHP)
Fiona M. Clark	Governor
Gary van Wyk	BT

**Apologies:**

Jacob West (JW1) - <i>Non-voting Director</i>	Director of Strategy
Linda Smith (LS)	KCH Charity

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/17	<u>Apologies</u>  Apologies for absence were noted.	
012/18	<u>Declarations of Interest</u>  There were no declarations of interests raised.  The Chair reminded Board members of the need to declare all relevant interests, and the Register for Declarations of Interest was circulated for amendment as appropriate.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/19	<b><u>Chair's Action</u></b>	
	There were no Chair's actions.	
012/20	<b><u>Minutes from the meeting held on 31 January 2012</u></b>	
	The minutes of the meeting held on 31 January 2012 were approved as a correct subject to the following amendment:	
	<ul style="list-style-type: none"> <li>• Page 6, second paragraph – Replace AH with GA.</li> </ul>	
012/21	<b><u>Matters Arising/Action Tracker</u></b>	
	The action tracker was noted.	
012/22	<b><u>Chairman and Non-Executive Directors' (NEDs) Report</u></b>	
	The report of Chairman and NED activity for the period was noted.	
	GA advised that he recently met with Professor Leinonen, Vice Principal of KCL. He toured the Western Education Centre (WEC) and was given first hand insight into the planned improvement of the library and student areas. There were also plans to have a smaller library at the Institute of Psychiatry (IoP). The college is focusing on more e-access.	
012/23	<b><u>Update of Council of Governors Activities</u></b>	
	It was reported that the Council of Governors met on 14 February 2012.	
	Key issues discussed and agreed by the Council included:	
	<ul style="list-style-type: none"> <li>• Selection of %VTE Risk Assessment – compliance rate as the local indicator for testing by auditors in the Quality Accounts;</li> <li>• Agreement to the proposed quality priorities for 2012/13;</li> <li>• Ratification of the appointment of Marc Meryon as Senior Independent Director;</li> <li>• Appointment of the two new Non-Executive Directors; and</li> <li>• Reports from the new Governor Sub-Committees.</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/24	<b><u>Chief Executive's Report</u></b>	
	<p>The Board noted the Chief Executive Report.</p> <p>TS advised that the:</p> <ul style="list-style-type: none"> <li>• Activity levels at the trust remain high and the financial status remains challenging. However, despite these challenges performance remained strong overall and was being actively monitored against key targets;</li> <li>• Trust received a letter from the Chief Executive of South London Healthcare NHS Trust (SLHT) stating that SLHT appreciated the support and help provided by KHP;</li> <li>• KHP Partners' Board had agreed on 14/15 February, to proceed with the development of a strategic outline case to explore an integrated healthcare organisation with KHP partners. This process is likely to take some time and would involve the appropriate consultation with stakeholders; and</li> <li>• The Trust was increasingly embracing innovation with such initiatives as the development of the integrated care pathway, the successful volunteering programme and ideas generated by frontline staff. The Trust is encouraging innovation ideas from staff and is seeking further ways to embed innovative thinking throughout the organisation.</li> </ul>	
012/25	<b><u>KHP Update</u></b>	
	<p>The Board noted the King's Health Partner's Annual Report of Education and Training 2011 and received an extensive presentation from Professor Anne Greenough (AG).</p> <p>AG advised that:</p> <ul style="list-style-type: none"> <li>• <b>The KHP strategy for delivering education and training includes:</b> <ul style="list-style-type: none"> <li>- Providing world-class, innovative education and training in a wide range of health disciplines and creating a culture in which learning is informed by research;</li> <li>- Providing training and development to the entire workforce;</li> <li>- Identifying, nurturing and training the future leaders of the healthcare professions;</li> <li>- Giving opportunities to students who have the talent, but not necessarily the educational qualifications, to pursue careers in healthcare disciplines;</li> <li>- Providing leading global healthcare education;</li> <li>- Working towards greater integration between undergraduate and postgraduate education;</li> </ul> </li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>- Effecting a cultural shift in educational practices towards learning techniques that include the best, proven technological developments;</li> <li>- Impacting on local communities by increasing patient access to health data and educational resources.</li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Key highlights/updates include:</b> <ul style="list-style-type: none"> <li>- Some CAGs have developed the infrastructure to support education and training;</li> <li>- All staff and CAG leads are committed to delivering high quality education and training;</li> <li>- Quality assurance metrics for King's Health Partners branded learning materials have been developed and three courses have now been accredited;</li> <li>- The Education Council is made up of representatives from the four Partner organisations;</li> <li>- The number of students per clinical advisor has been reduced following feedback from students and the number of registry and medical staff have increased;</li> <li>- The Education Academy is proactively developing the education and training package. It is providing the only accredited course in Medical Physics and Clinical Engineering.</li> <li>- An application for the provision of BSC and MSC level courses has been made;</li> <li>- The accredited integrated academic training programme has the largest number (87) of posts in the UK; and</li> <li>- KHP was the preferred bidder to become lead provider of all four core and 15 speciality post graduate training bundle and St George's is keen to work together in developing a suitable infrastructure.</li> </ul> </li> <li>• <b>2012 Objectives include:</b> <ul style="list-style-type: none"> <li>- Identifying the appropriate funding and support for education and training;</li> <li>- Working on becoming a recognised as a centre of excellence in training to improve patient safety and several KHP events have been organised around 'patient safety week';</li> <li>- Working on becoming a centre for effective medicine use;</li> <li>- Moving towards a common vision with regard to e-learning;</li> </ul> </li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>- Ensuring that CAGs are more multi-disciplinary in approach and service orientation;</li> <li>- Achieving success in the third MDECs' bundles with the appropriate infrastructure; and</li> <li>- Exploring the chance for employers to drive change through South London Local Training and the Education Board</li> </ul>	

The Board thanked AG for her extensive presentation.

**012/26**      **Finance Report – Month 10**

The Board noted and discussed the financial performance for the period.

The Chair advised that the Finance and Performance Committee had conducted an extensive review and discussion around the finance report earlier.

It was reported that:

- There had been a small improvement in the overall financial position of the Trust;
- It is now forecast that the Trust may achieve its mid-case scenario of breakeven by year-end;
- Work had begun to develop the Cost Improvement Plans for 2012/2013;
- The Trust was exploring ways to expand capacity which will be an issue in the coming year;
- The Trust is receiving more regular payments from PCTs and the Trust has an ongoing dialogue with Commissioners to secure timely payments;

The Board recognised that should the Trust achieve the breakeven position it was due to the hard work of the Team.

**012/27**      **Performance Report – Month 10**

The Board noted and discussed the Trust's performance for the period.

The Chair advised that the Finance and Performance Committee conducted an extensive review and discussion around the performance report earlier.

It was reported that:

- Monitor had de-escalated the Trust's Governance rating from red, because of its failure of the C-Difficile target in year, to amber-red. The de-escalation was as a result of improvements put in place by the Trust, and the downward trajectory of cases. The Trust continues with its extensive programme of activity to manage health care acquired infections (HCAI).

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>The Trust is closely monitoring and managing beds following the continuation of excessively high levels of demand on emergency services. This is creating pressure on provision of elective services.</li> <li>Infection control in high demand areas such as renal, liver and neuro-medicine is more challenging because of the nature of the work. The Trust does have measures in place and is proactively tackling these issues. TS personally meets with all Consultants associated with HCAI cases.</li> <li>Unlike the instances reported in the Guardian recently, the Trust's policy is that the prioritisation of patients for operations is made purely on clinical judgement and patient need.</li> </ul>	

**012/28**      **Quality Accounts Report**

The Board noted the process for developing the Quality Accounts and the engagement events undertaken to source stakeholder views.

**The Board approved the adoption of the following proposed quality improvement priorities for 2012-13.**

- |                                |  |
|--------------------------------|--|
| <b>Patient Safety:</b>         | 1. Improved identification and escalation of acutely ill patients. |
|                                | 2. Reduce harm from falls and pressure damage.                     |
| <b>Clinical Effectiveness:</b> | 3. Improve end of life care.                                       |
|                                | 4. Improve diabetes care.  |
| <b>Patient Experience:</b>     | 5. Improving outpatient experience.                                |
|                                | 6. Improve of 5 specific CQUIN patient experience questions.       |

**QUALITY AND SAFETY FOCUS**

**012/29**      **Quarterly Patient Safety Report**

The Board noted and discussed the quarterly patient safety report.

It was reported that:

- The number of reported medication errors had reduced. Medication safety is one of the Trust's quality priorities and more work is being done to further improve the systems and processes around prescribing medicine.
- The CQC made an unannounced inspection on Thursday, 9 February 2012. Initial feedback was very positive from the six inspectors who visited the ED, Pharmacy and a number of wards across the Trust. No serious concerns were raised, and they remarked that the Trust's hygiene standards were good and infection control practices had improved since the last visit in December 2010.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>The Trust's new patient safety framework was introduced in October 2010. This has strengthened the focus on Patient Safety with two new committees, the Patient Safety Committee and the Serious Incident Committee, both of which report into the Board's Quality &amp; Governance Committee.</li> <li>Although in line with all other NHS trusts the costs of clinical negligence premiums were rising, the Trust had been assessed at the highest level (3) for risk management practice by the NHS Litigation authority, which afforded the Trust the maximum discount of 30% on premiums.</li> </ul>	
<b>012/30</b>	<p><b><u>Safeguarding Children Report</u></b></p> <p>The Board noted the quarterly report on safeguarding children and the overview of risk and governance arrangements.</p> <p>It was reported that training remained challenging because of the increased requirements. However, the Trust continues to drive the training programme to achieve the required level of compliance.</p> <p>GW reported that Oftsted would inspect the Trust in the next 2 months.</p>	
<b>012/31</b>	<p><b><u>Safeguarding Adults Report</u></b></p> <p>The Board noted the quarterly report on safeguarding adults and the overview of risk and governance arrangements.</p> <p>It was reported that the:</p> <ul style="list-style-type: none"> <li>Trust embraced the relevant elements of the Government's PREVENT scheme into its adult safeguarding work;</li> <li>Trust was working on improving its adult safeguarding training and development; and</li> <li>Trust is working on its database to flag vulnerable adults but IT systems remain a challenge.</li> </ul> <p><b>It was agreed that the IT Development Programme should be a regular item on the Board's Strategy Committee agenda.</b></p>	<b>JW1/TC</b>
<b>012/32</b>	<p><b><u>Quarterly Update from Director of Infection Prevention and Control (DIPC)</u></b></p> <p>The Board noted and received the quarterly DIPC report which details infection prevention and control activity in the Trust for the period October-December 2011.</p> <p>It was reported that:</p> <ul style="list-style-type: none"> <li>The Quality Governance Committee had reviewed the report from Dr Tim Planche on Antibiotic stewardship; and</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• MRSA testing processes remains the same but the testing regime for C-Difficile will change following release of new guidance.</li> </ul>	
<b>012/33</b>	<p><b><u>Any Other Business</u></b></p> <p><b>Re-accreditation of Academic Health Sciences Centres (AHSCs)</b>  TS advised that KHP was starting to think about the re-accreditation process of AHSCs, which was now less than 2 years away. The Chief Medical Officer had acquired responsibility for AHSCs and Academic Health Sciences Networks (AHSNs).</p> <p><b>Dignity Month</b>  GW thanked all those who took part in the Dignity Month events. She advised everyone was invited to the closing celebration on 13 March, in the Boardroom at 14:00. The Trust had invited Dame Christine Beasley – Chief Nursing Officer for England to give the keynote speech.</p> <p><b>Robert Foster, Vice Chair</b>  The Board noted that this would be the last Board meeting Robert Foster, Vice Chair would attend, as his second term of office ended during March. The Board thanked him for his most valuable and significant contribution to the Trust and the Board over the past eight years.</p>	
<b>012/34</b>	<p><b><u>Date of Next Meeting</u></b></p> <p><b>Tuesday, 27 March 2012 14:30 – Dulwich Committee Room.</b></p>	