

King's College Hospital NHS Foundation Trust Board of Directors - PUBLIC

Minutes of the meeting of the Board of Directors held at 14:30 on Tuesday, 22 May 2012 in the Dulwich Committee Room, King's College Hospital.

Members:

Graham Meek (GM)	Non-Executive Director, Vice Chair
Prof. Alan McGregor (AM)	Non-Executive Director
Marc Meryon (MM1)	Non-Executive Director (Agenda Item 1-2.7 and 4)
Chris Stooke (CS)	Non-Executive Director
Faith Boardman (FB)	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:

Tamara Cowan (TC)	Assistant Board Secretary (minutes)
Marion McKay (MM)	KCH Charity
Ann Alderton	Cambridge University Hospital
Tom Duffy	Governor
Nanda Ratnaval	Governor
Liam Greene	Novartis

Apologies:

Prof. Sir George Alberti (GA)	Chair
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/54	<u>Apologies</u> Apologies for absence were noted. TS advised that due to ill-health GA was taking a temporary leave of absence as Trust Chair. GA had invited GM as Vice Chair to act up as Chair of the Trust in his absence and GM had accepted. A statement would be issued to governors, staff and other key stakeholders.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/55	<u>Declarations of Interest</u>	
	There were no declarations of interests raised.	
012/56	<u>Chair's Action</u>	
	There were no chair's actions.	
012/57	<u>Minutes from the meeting held on 27 March</u>	
	The minutes of the meeting held on 01 May 2012 were approved as a correct record.	
012/58	<u>Matters Arising/Action Tracker</u>	
	The action tracker was noted.	
012/59	<u>Chairman and Non-Executive Directors' (NEDs) Report</u>	
	The report of Chairman and NED activity for the period was noted.	
012/60	<u>Update on Council of Governors Activities</u>	
	JW provided an update on the Governors activities:	
	<ul style="list-style-type: none"> • Council of Governors met on 09 May and: <ul style="list-style-type: none"> ○ Received feedback from its three sub-committees; ○ Agreed that a separate Governor Transport Committee would not be established, but that transport issues would be dealt with via the Membership and Community Engagement Committee supported by a transport feeder group; ○ Considered the draft Annual Plan 2012/13 and draft Quality Accounts; ○ Discussed the implications of the Health and Social Care Act 2012 noting that there is still no clarity has to when most of the provisions will come into force; and ○ Discussed and agreed that it would elect a Lead Governor but needed further consultation to reflect on what the role would entail given changes in the regulatory regime and King's Health Partners (KHP) developments. A special surgery would be arranged to enable further discussion of the role and time commitment. 	
	TS advised that he would attend the Lead Governor Surgery organised for the 30 May to clarify the role and agree the timetable for the election process.	
	TD reported that traditionally he had felt that Governors were not provided with enough information about KHP but following the very useful Governor Surgery and the discussions at the Joint Board of Directors and Council of Governors meeting in March he felt much better informed.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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TS advised that he is very aware of the need to keep Governors abreast of KHP developments. The KHP Partners Board is also very mindful that it needs to ensure that a consistent message is relayed to the partner's respective Councils of Governors.

012/61 **Chief Executive's Report**

TS provided an update on the Trust activity since the last report, 01 May.

He reported that:

- He was pleased with the financial performance of the Trust but minded that healthcare acquired infections continue to represent a significant challenge;
- The development of the Strategic Outline Case (SOC) continues. The KHP Partners Board will discuss the SOC in July following which each of the organisations Board will be presented with the final report and also be asked to decide whether to move to development of a full business case.
- Work continues around the Academic Health Sciences Network and KHP is discussing this with St Georges; and
- The Trust is working with others to help stabilise the healthcare landscape in South East London.

012/62 **Performance Report – Month 1**

The Board noted and discussed the performance for the period.

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

It was reported that:

- The Trust continued to experience high levels of emergency activity;
- The Trust maintained emergency care performance and all indications suggest it will achieve cancer waiting times target in month 1;
- Although referral time to treatment was achieved in month 1 this remains a significant challenge and the Trust is working with other in the sector to plan for winter; and

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> Because the Trust is self-certifying non-compliance with the healthcare acquired infections quotas to Monitor it has made provisions for possible financial penalties from Commissioners. 	
	QUALITY AND SAFETY FOCUS	
012/63	<u>Quarterly Patient Safety Report</u>	
	The Board noted the quarterly patient safety report.	
012/64	<u>Infection Control Quarterly Report</u>	
	The Board noted and discussed the Infection Prevention and Control activity for the period January-March 2012.	
	It was noted that the Trust overarching aim was zero healthcare acquired infections (HCAI) cases and as such it had installed robust measures for monitoring and managing HCAI which includes: <ul style="list-style-type: none"> TS meeting with any doctor associated with a HCAI case; Scorecard monitoring of HCAI performance and the introduction of a new testing regime; Increased engagement by Consultants who also discuss HCAI at relevant clinical meetings; and HCAI performance and improvement is one of the key priorities of one of the Associate Medical Director. 	
	Managing HCAI is a constant challenge and the Trust is continuing to review it processes and systems to ensure it reduces the number of incidents.	
012/65	<u>Annual Plan 2012/13 - Forward Plan</u>	
	The Board noted and discussed, at length, the proposed forward plan for 2012/2013.	
	The following key points were noted: <ul style="list-style-type: none"> In the third year of financial challenges CIP is one of the focus of the plan; Given increased demand pressures the plan demonstrates that the Trust is thinking of smarter ways to deliver its objectives, i.e. ICP; Several engagement activities were undertaken to ensure, members, staff, governors and other key stakeholders had sight of and contributed to the plan; 	

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	<ul style="list-style-type: none"> <li data-bbox="297 304 1372 430">• The Trust had discussed its forward plan with Monitor at the annual forward planning meeting. Monitor had raised some concerns about the Trust initial plans. Following this meeting the Trust sought further external assurance about the robustness of its forward plan. <p data-bbox="345 472 1307 567">Consequently this additional work led to a delay in the availability of the financial statements which would be presented to the Board on 29 May for approval; and</p> <ul style="list-style-type: none"> <li data-bbox="297 609 1274 672">• The Plan would be submitted on 01 June following which Monitor would arrange a meeting with the Trust. 	
	<p data-bbox="297 703 1323 808">It was agreed that a copy of the proposed accompanying letter to Monitor would be tabled at the next meeting of the Board along with the financial returns for 2012/13.</p>	TS
	<p data-bbox="297 840 941 871">The Board approved the forward plan 2012/13.</p>	
012/66	<p data-bbox="297 913 885 945"><u>Annual Plan 2012/13 - Membership Report</u></p> <p data-bbox="297 976 1023 1008">The Board noted and discussed the membership report.</p> <p data-bbox="297 1039 779 1071">The following key points were raised:</p> <ul style="list-style-type: none"> <li data-bbox="297 1081 1274 1144">• As a Foundation Trust, the Trust is required to ensure its membership is representative of the local population; <li data-bbox="297 1176 1356 1249">• The Trust is required to report as part of the Annual Plan 2012/13 return the number of members, their age, gender, ethnicity and socio-economical statics; <p data-bbox="345 1281 1161 1312">In 2012/13 the Trust experienced a slight increase in members;</p> <ul style="list-style-type: none"> <li data-bbox="297 1354 1315 1417">• The Governor Membership and Engagement Committee oversees how the Trust manages and recruit members; and <li data-bbox="297 1459 1364 1554">• The Trust jointly with SLAM and GSTT procured its new membership database which will improve how the Trust engages, track and manages it membership portfolio. <p data-bbox="297 1585 1339 1648">The Board noted and approved the membership return which is included in the annual plan for 2012/13.</p>	

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012/67	<u>Annual Plan 2012/13 - Board Governance Statements</u>	
	<p>The Board discussed the Board Statements which form parts of the Annual Plan 2012/13 return.</p> <p>Having regard for the discussions around the Board's Schedule of Assurance, which took place at the Finance and Performance Committee, Quality and Governance Committee and Board meetings at the beginning of May in addition to the discussions at the private Board session held earlier the Board would self-certify compliance with all the Governance Statements with exception of the following:</p> <ol style="list-style-type: none"> 1. The Board agreed to self-certify non-compliance with Declaration 11 in the following areas: <ul style="list-style-type: none"> • C-Difficile -11/12 year end position was 97 compared to a target of 75, and although the trajectory is decreasing this continues to represent a risk in 2012-2013; • MRSA – While the Trust achieved a significant reduction in cases to 5 in 11/12, the de-minimus of 6 means that this is a continued risk in 2012-2013; • 18 week referral to treatment – agreed plans to provide treatment to patients where care was delayed by high levels of emergency activity in winter 2011/12 mean that the trust will breach 18 week RTT in Quarter 1; and • Incompletes - For the reasons set out in 18 week RTT above, the trust will breach incompletes in Quarter 1. Whilst plans are in place for winter 2012/13, there is a risk of Trust incompletes increasing in Quarters 3 and 4. 2. The Board agreed to self-certify non-compliance with Declaration 6 due to the link with Declaration 11 in respect of continued compliance with the terms of authorisation. The Board agreed to self-certify non-compliance with Declaration 8 with reference to the link with Declaration 6 regarding 'continued compliance', but in all other respects will be compliant; 3. Given the additional assurance measures discussed and the private Board meeting earlier the Board would discuss and agree what it will self-certify in relation to Declarations 4 and 5. 	
012/68	<u>Revised Quality & Governance Committee Terms of Reference</u>	
	<p>The Board approved the revised Quality and Governance Committee Terms of Reference.</p>	
012/69	<u>Quality & Governance Committee Annual Report</u>	
	<p>The Board noted the annual report from the Strategy Committee.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/70	<u>Confirmed Board Committee Minutes</u> The Board noted the following Committee minutes: – Finance & Performance – 27 March 2012	
012/71	<u>Any Other Business</u> There were no matters of any other business raised for discussion.	
012/72	<u>Date of Next Meeting</u> Tuesday, 29 May 2012, 11:00 – Dulwich Committee Room.	