

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 15th December 2009 in the Dulwich Committee Room, King's College Hospital

Members	Michael Parker (MP)	Chair
	Robert Foster (RF)	Non-Executive Director
	Maxine James (MJ)	Non-Executive Director
	Prof Alan McGregor (AM)	Non-Executive Director
	Sir Jonathan Michael (JM)	Non-Executive Director
	Dr Martin West (MW)	Non-Executive Director
	vacancy	Non-Executive Director
	Tim Smart (TS)	Chief Executive
	Angela Huxham (AH)	Executive Director of Workforce Development
	Michael Marrinan (MM)	Acting Medical Director
Simon Taylor (ST)	Chief Financial Officer	
Dr Geraldine Walters (GW)	Executive Director of Nursing & Midwifery	
Non-voting Directors	Zoe Lelliott (ZL)	Acting Director of Strategy
	Ahmad Toumadj (AT)	Director of Capital, Estates & Facilities
	Jane Walters (JW)	Director of Corporate Affairs
In attendance:	Rita Chakraborty	Assistant Board Secretary (minutes)
	Prof Robert Lechler	Executive Director, King's Health Partners
	Peter Fry	Assistant Director, Performance & Contracts
Governors and public	Rashmi Agrawal	Public Governor
	Hedi Argent	Public Governor
	Ann Mullins	Public Governor

Item	Subject	Action
09/169	Welcome and Apologies Apologies – Roland Sinkler, Sally Lingard, Sir Anthony Merrifield	
09/170	Declarations of Interest None.	
09/171	Chair's Action None.	

09/172 Minutes of the meeting held on 24th November 2009
The minutes of the meeting held on 24th November 2009 were approved subject to the following amendment:

09/160 Finance Report month 7

Remove the Board resolution (p.5).

09/173 Matters Arising

09/160 Finance Report month 7

Subsequent to the meeting, the Trust was notified that, in order to receive an external loan from the FT Financing Facility within the requested time, certain documentation was required including a Board resolution containing mandatory wording. The Board agreed that the substance of the resolution was the articulation of a general point discussed at the meeting.

The Board resolved to:

1. approve the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;
2. authorised Simon Dixon, Director of Finance, and Nicola Hoeksema, Head of Financial Accounts and Processing, to execute the Finance Documents to which it is a party on its behalf, and
3. authorised Simon Dixon, Director of Finance, and Nicola Hoeksema, Head of Financial Accounts and Processing, on its behalf, to sign and/or despatch all documents and notices (including, if relevant, any Utilisation Request) and to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party.

The resolution was approved.

09/174 Chair/NEDs Report

The Chair/NEDs Report was noted. Maxine James gave the following verbal report:

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| 5 Nov | Attended Board of Governors meeting
Attended meeting with Geraldine Walters |
| 10 Nov | Chaired Paediatric Hepatologist Consultant Interview panel |
| 17 Nov | Attended 'Governing in the NHS' conference |
| 24 Nov | Attended Board of Directors meeting
Attended NEDs meeting |

09/175

Chief Executive's Report

Tim Smart presented the Chief Executive's Report and outlined the following:

- This month's meeting was earlier than usual, therefore, there would be a verbal report on finance.
- Early indications of the new, as yet unpublished, NHS Operating Framework implied challenging times ahead for acute trusts.
- There were separate agenda items on Dr Foster and Monitor quarterly reporting.
- As of midnight, 16 December, the contractor for Soft Facilities Management would change to Medirest.
- Prof Nigel Heaton had been invited to lead one of the cancer service reviews for London.

Vascular services

The agreement in principle for a single vascular surgery service across KCH and GSTT campuses was the result of excellent work by both vascular teams and radiologists. As a joint service, this will be the largest in the country and, by undertaking more procedures, will lead to better patient outcomes.

Mike Marrinan corrected point 3 (p.3) - all vascular transfers (not just out of hours) from non-KHP hospitals will be undertaken on the St Thomas' site. KCH will provide a service 5 days per week, 9am-5pm staffed by vascular surgeons, who will also participate in the on call rota.

The vascular clinical advisory group had advised NHS London that co-location of services was the preferred structure, therefore KHP was confident that the proposed changes were in line with the anticipated model of care.

There was a wider discussion about the process for future service reconfigurations, such as cardiac, which was the next area of focus. KHP would look for evidence of quality and improved clinical outcomes of a level that would result in a leading national or international service. The Board of Directors would be required to approve any service change.

AM noted the role of consultant contracts in reinforcing the message of wider loyalty to KHP rather than to an individual institution. A meeting had been arranged in January between corporate and employment lawyers to ensure that the drafting of the Partnership Agreement addressed this issue.

JM felt it would be helpful to see the supporting evidence both for KCH and GSTT, which led to the above decision including data on the current service. MM responded that existing national evidence was used as the basis for this decision. It was agreed that Healthcare for London's 'A Care for Change' would be circulated to the Board. A full proposal would be brought to the Board for approval by March 2010 following discussion by the Governance Committee.

Albany Midwifery Practice

The Trust continued to respond to media and public enquiries regarding the decision to terminate its contract with Albany Independent Midwifery Practice. A statement setting out the Trust's position had been published on the King's website and a question and answer sheet was available on request.

The Trust runs nine other midwife-led community practices, who offer choice to the women of SE London. The Trust would continue to promote choice for pregnant women registered at King's, which was reflected in its continued top ranking for home births in the country at 9%.

The data showed that, although responsible for only 4% of all King's deliveries, Albany midwives appeared to be involved in 42% of poor outcomes in new born babies. Maternity services were a regular topic of discussion at the Governance Committee including the reconfiguration of services. AT confirmed that a series of moves were underway to create more labour ward space but the layout had not been finalised as of yet. The Trust's ambition was to provide good care in the community including supporting home deliveries. The Trust had worked with Albany midwives to ensure a smooth handover for women under their care.

Finance

The indications were that the deficit situation had not yet been redressed in full by the measures put in place to control costs. Nurse bank staff costs were under control but more effort was needed to reduce medical locum costs in some areas. Non-clinical supplies had been reduced via restrictions on electronic ordering through the central 'Sprinter' system.

The Board noted the CEO report and CEO Brief.

<ul style="list-style-type: none"> ● Healthcare for London's 'A Case for Change' would be circulated to the Board. ● Governance Committee to discuss the decision in principle to create a single vascular service. 	<p>ZL</p> <p>Gov Cttee</p>
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09/176 KHP update

Robert Lechler provided a verbal update on recent developments in King's Health Partners.

Clinical Strategy

- An integrated vascular service model had been developed by the respective KCH and GST staff; cardiology and cardiac surgery would be the next service to follow this approach.
- A review of haemato-oncology was under way
- There was progress on the integration of paediatric services, although this was not yet complete

Research

- The 3 areas for initial research focus were diabetes, psychological medicine and the 'new public health'. Others will emerge from the CAGs, basic science and health sciences institutes.
- The Joint Clinical Trials Office will grow into a clinical trials unit linking statisticians and trial designers
- E-health informatics now had dedicated resources; Brendan Delaney, who was interested in linking primary and secondary care, and Stuart Spade who will co-ordinate the unit's work.

Education/training

- CAG leads would be identified for education and training
- The role of the Deanery was changing with a separation of commissioning and provision. This offered KHP with the opportunity to become a lead provider in London for post-graduate medical and dental education.

CAGs

- A DVD had been produced explaining the vision, structure and approval process
- An information pack was being developed for staff
- CAGs needed to be vehicles for delivering cost savings and quality

HIEC

- The panel interview had taken place recently and the outcome was awaited.

External Partnerships

- London AHSCs were mapping their collective strengths
- THET would be signing an agreement with KHP tomorrow on global health research and education

- Dialogue continued with the Royal Marsden/Institute of Cancer Research
- An exchange programme with Johns Hopkins was being established
- A memorandum of understanding had been signed with the University of California, San Francisco and workshops were planned with funding assistance from the British Council
- There was an aim to create a global medical excellence cluster in London and PET/radio-chemistry

RF asked about international research funding opportunities; RL responded that KHP was well linked into EU funding sources.

Rashmi Agrawal asked about how KHP was communicating with the local community. RL explained that the KHP communications team works with the respective teams of the 4 partner organisations.

The Board thanked Robert Lechler and noted the verbal update on King's Health Partners.

09/177 KHP Strategic Framework

Robert Lechler presented the KHP Strategic Framework 2010 – 2014. This built on the accreditation document and was meant to be an informative document for decision-making at KHP level and within individual partner organisations. The final document reflected feedback from consultation with a range of stakeholders.

The framework was being presented to all KHP Partner Boards for approval. The Board was asked to approve the document, which would then be printed and distributed widely.

AM hoped that research funding would follow in the areas identified as priorities; for instance, although the aim was to become a top 10 global institution for neurosciences, clinical neuroscience was not a major strength of KHP. It was, however, noted that investment of £46m in clinical neurosciences was being undertaken campus-wide and this was to be a strong focus of the new Clinical Research Facility.

JM noted that, although this document was a framework for strategic decisions, there was no reference to the underlying future legal agreement between the 4 partner organisations. RL hoped that the document would inform this process.

The Board noted and approved the King's Health Partners Strategic Framework.

09/178

Monitor Q2 2009-10 Governance Rating

Peter Fry presented a report on Monitor's confirmation that the Trust would be rated 'Amber' for the quarter 2, although a 'Green' rating had been declared by the Trust.

PF outlined the reasons for this change, namely the impact of current cancer thresholds and a mis-interpretation of requirements for reporting on cancer wait targets.

The Trust would be writing to the Care Quality Commission to request a review of thresholds applied, as other trusts had already done.

A review of the current assurance process for Monitor submissions was under way, and part of a wider review of compliance arrangements in the Trust, which would be considered by the Board shortly in the new year.

The Board noted the report on the Monitor Q2 2009-10 Governance Rating.

09/179

Quality Focus

Tim Smart presented an update on Dr Foster patient safety scores and the Care Quality Commission's new registration process.

Dr Foster

Dr Foster, a private healthcare information provider, had recently published its Hospital Guide 2009. Unlike CHKS, Dr Foster would not reveal the specific data its 13 safety indicators were based on. Therefore, the report was not considered to be entirely transparent, nor as comprehensive.

The Trust had taken a proactive approach to quality, and had instigated considerable work around the 3 areas of safety, outcomes and experience. The results of this work had included a reduction in the mortality rate and action plans had been developed to further improve the safety measures featured in the Dr Foster report.

AM suggested that an improvement in mortality indicators could be the result of more accurate coding as opposed to safer treatments.

MM commented that the Trust continued to look to make improvements in areas of patient safety. Changes to monitoring, review and reporting would help to tackle the challenges.

Care Quality Commission registration process

The CQC had published the guidance about compliance, “Essential Standards of Quality and Safety”. The details of the process of registration were due to be available immediately. The Trust was required to submit its registration online by 29 January 2010. The CQC will publish the registration of NHS trusts on its website on 1 April 2010. The Assistant Director of Governance had met with the local CQC assessor and the Trust’s executive directors had been briefed on the registration process.

The final registration information would be presented to the Board for approval on 26 January.

The Board noted the update on Dr Foster and CQC registration.

09/180 Safeguarding Children Statement – Revised

Geraldine Walters presented a revised statement on safeguarding children following clarification from the DoH of required content.

It was noted that an internal flagging system will be accessible to all appropriate staff across the site. The intention was to add information from social services on vulnerable children. There was no national database system at present.

The Board approved the revised Safeguarding Children Statement.

09/181 For Information

The Board noted the following:

- Audit Committee minutes– 10 September 2009
- Finance and Investment Committee Annual Report 2008/09
- Equality and Diversity Committee Annual Report 2008/09
- Register of Directors’ Interests – outdated interests would be removed before the register was published on the Trust’s website

09/182 AOB None.

09/183 Date of Next Meeting: **Tues 26 January 2010, 3.00 pm - Dulwich Room.**