

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 26th January 2010 in the Dulwich Committee Room, King's College Hospital

Members	Michael Parker (MP) Robert Foster (RF) Prof. Alan McGregor (AM) Sir Jonathan Michael (JM) Dr Martin West (MW) vacancy Tim Smart (TS) Angela Huxham (AH) Roland Sinker (RS) Simon Taylor (ST) Dr Geraldine Walters (GW)	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Workforce Development Executive Director of Operations Chief Financial Officer Director of Nursing & Midwifery
Non-voting Directors	Zoe Lelliott (ZL) Ahmad Toumadj (AT) Jane Walters (JW)	Acting Director of Strategy Director of Capital, Facilities & Estates Director of Corporate Affairs
In attendance:	Ed Glucksman Sally Lingard Jenny Yao Rita Chakraborty Ria Vavakis Judith Seddon (010/13) Elke Pieper (010/13) Dr Julia Wendon (010/15) Lord Robin Butler (until 010/12) Prof John Moxham (010/08) Sir Anthony Merrifield	A&E Consultant / Clinical Director, General Medicine Division Asst Director of Communications & Marketing Asst Director of Quality Improvement Assistant Board Secretary (minutes) Committee Assistant Asst Director of Governance Clinical Effectiveness Manager R&D Lead/Consultant Intensivist Chair, King's Health Partners Director of Clinical Strategy, King's Health Partners Chair, KCH Charity
Governors and public	Andy Alatise Brady Pohle	Public Governor Staff Governor

Item	Subject	Action
010/01	Welcome and Apologies Apologies – Maxine James and Michael Marrinan (Ed Glucksman deputising)	
010/02	Declarations of Interest None.	
010/03	Chair’s Action None.	
010/04	Minutes of the meeting held on 16th December 2009 The minutes of the meeting held on 16 th December 2009 were approved subject to the following amendments: <u>09/175 Chief Executive’s Report</u> (p.3, final paragraph) Remove “... honorary contracts were not envisaged as being a regular feature. However,..” <u>09/179 Quality Focus (Dr Foster)</u> (p.7, final paragraph) Change to “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.”	
010/05	Matters Arising <u>09/163 Update on King’s Health Partners</u> Correction: “The next draft of the partnership agreement will be circulated to the Board in advance of its formal consideration.” It was noted that a draft had been circulated to the Board. <u>09/175 Albany Midwifery Practice</u> Ahmad Toumadj confirmed that proposed changes to the maternity wards were in progress.	
010/06	Chair and NEDs Report The Chair and NEDs Report was noted.	

010/07

Chief Executive's Report

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

- During the recent period, staff had been impressive in their response to the impact of the Norovirus, particularly the Clinical Site Management team. Despite these pressures, the Trust was ahead of national targets. The Board thanked staff for their efforts.
- There had been a disappointing deterioration in the Trust's financial performance in month 9.
- Interviews for the substantive Medical Director post will be held on Tues 02 February. The selection panel will include the Chair, Tim Smart, Angela Huxham, Jonathan Michael, Alan McGregor, Robert Lechler and Philippa Groves.
- The search to appoint to the current Non-Executive Director vacancy had not been successful. The process would be repeated and candidates to replace Jonathan Michael, following his departure in March, will also be sought.
- The Trust had received many positive comments from external organisations concerning the termination of its contract with the Albany Midwifery Practice.
- Judith Seddon and colleagues were thanked for completing the CQC registration process within a very tight timeframe. Tim Smart had written to the CQC Chief Executive offering to be involved in the process in the future and this suggestion had been welcomed.
- NHS London had held a meeting to discuss a 'capitation model' – a managed healthcare system across a defined London population.
- The Trust had met with Monitor in recent days to update the regulator on its financial position and measures being taken to improve the current deficit.

The Board noted the CEO report and CEO Brief.

010/08

KHP update

Prof John Moxham provided a verbal update on recent developments in King's Health Partners.

Global Health Objectives

THET global health partnership was being launched in the Weston Education Centre on 04 February.

Research

- The first meeting of the KHP Research Committee had taken place bringing together a whole spectrum of research under one forum - an important step forward.
- The committee will monitor the KHP research strategy and ensure there is a strong focus on research across all partner organisations. Chris Mottershead's appointment to KCH Board of Governors was welcomed.

Public Health

- A brainstorming meeting on public health had taken place and had included PCT presence.
- KCL was seeking a senior academic appointment in public health to strengthen KHP's standing in this field.
- The proposals for vertical integration will impact positively on KHP's public health agenda.

CAGs

The Partnership Board would shortly consider the CAG leader job description and, if approved, adverts and internal publicity would follow. The first wave will include:

- Cardiovascular
- Diabetes, Nutrition, Endocrine, Obesity & Ophthalmology;
- Cancer, Haematology, Palliative Care & Therapies;
- Pharmaceutical Sciences

KHP Strategy

- Developing a vision and strategy for all KHP's sites was a greater challenge given the current financial environment.
- KCH/GST joint savings plans were a positive step towards collaborative working and underlined the need to align aspirations with reality.
- The Board welcomed the increased involvement of SLaM/IoP in strategy discussions. There was wide interest in KHP's approach of bringing mental and physical health closer together.

The Board thanked John Moxham and noted the update on King's Health Partners.

010/09 Finance Report month 9

Simon Taylor presented the month 9 finance report.

The Trust's deficit position deteriorated significantly in month 9 by £2.3m with the cumulative deficit now at £3.6m. Although there was a small drop in net expenditure, activity during December had been considerably below predicted levels. The impact of this had been worse than anticipated on the overall financial position.

Strengthened cost measures were being introduced, especially to address agency and locum costs. Weekly cost monitoring was now in place across a range of key areas.

There were queries about the rising cost of locum staff – medical and technical. VAT is now chargeable on the whole agency cost. The pressure to meet 18 weeks targets has resulted in higher out of hours activity. The Trust was looking at the longer term view and whether it was preferable to convert some agency staff onto Trust contracts; however, divisional managers have been given clear guidance that these should not be permanent contracts.

Ed Glucksman added that, as there was a national shortage in mid-grade medical staff, it would not have been possible to staff Linden Ward, Lewisham or the Medical Assessment Unit, or to meet 4 hour waiting time targets in Emergency, without the support of locum staff.

The Board noted the finance report for month 9 and the actions in place to address the financial shortfall.

010/10 Performance Report month 8

Roland Sinker presented the performance report for month 8.

The Trust was on track for targets on emergency 4 hour waiting, 18 weeks referral to treatment, and infection control. On the issue of average length of stay, the Trust was below target for elective patients.

The Medical Assessment Unit was functioning well and, in particular, had made a positive impact on non-elective average length of stay in General Medicine.

Improvements to management reporting were being phased in. There would be web-based access to scorecards by April 2010.

The Board noted the performance report for month 8.

010/11 Monitor Q3 2009-10 submission

Tim Smart outlined the Trust's declaration for quarter 3 – green for mandatory services and a '3' for financial risk.

As discussed at the Board meeting in December 2009, the Trust would be declaring 'amber' for governance with regards to the 31 day cancer target. Actions were being taken to ensure there was no further amber declaration in quarter 4. Tim Smart had written to the CQC regarding the threshold for this target.

The Board noted and approved the signing of declaration 2 for the Monitor Q3 2009-10 submission.

[Lord Butler left the meeting]

010/12 Quality Focus

Tim Smart presented an update on further actions to improve patient outcomes, progress with electronic patient status boards and improving quality and reducing average length of stay.

Medical coding depth needed further improvement. At present, junior doctors issue death certificates without referring to senior staff. The introduction of electronic records would enable consultants to participate more fully in the diagnosis and avoid coding errors due to time pressure. Martin West suggested that KPMG, the Trust's internal auditors, should be sent the recent results from the work undertaken on clinical coding.

There was a discussion about the possible risk to patient confidentiality with use of electronic patient status boards. It was suggested that these were no less confidential than existing white boards on which patient names were hand written. The benefits of the new boards included clear indicators of tests requested, a patient's current location if away for a test and notification for cleaners when a bed had been vacated.

The Board noted the update on clinical coding, electronic patient status boards and reducing average length of stay.

010/13 Stakeholder Representation on the Board of Governors

Jane Walters presented a report proposing that the Board invite a representative from GSTT as a Partnership Governor on KCH's Board of Governors. This would ensure representation of all KHP partner organisations. It was a matter for Stakeholder organisations to decide who to nominate as their representative.

GSTT had already made provision for a KCH representative to sit on their Council of Members and this would be Michael Parker.

The Board approved the following recommendations:

1. The proposal to invite a representative from GSTT as a Partnership Governor on KCH Board of Governors.
2. That this proposed change would be presented as a recommendation for approval to the Board of Governors at its meeting on 11 February 2010.
3. That, subject to the approval of the Board of Governors, the Trust will ask Monitor to authorise the relevant change to the Trust's constitution.

010/14 Declaration of Compliance with Essential Standards of Quality and Safety and registration of regulated activities and services with the Care Quality Commission from 1 April 2010

Judith Seddon presented the Trust's applications for registration with the Care Quality Commission and outlined the process for reviewing compliance with the Essential Standards of Quality and Safety carried out prior to submission.

The Board was asked to consider the recommendations on compliance with each standard following review by individual responsible directors and by the King's executive team and, in doing so, consider whether it had received reasonable assurance that King's was compliant with all the 16 regulations under the Health and Social Care Act 2008 and the associated patient outcomes.

The CQC recognised that trusts may not be fully compliant with all the standards. Minor or moderate non-compliance will not trigger conditions to registration. The Trust had applied a proportionate and reasonable view.

During February and March 2010, the CQC will carry out a screening process using the evidence provided by the Trust and external information. Third parties, including the Board of Governors, LINKs and Overview and Scrutiny Committees will be asked to comment on an ongoing basis in the future.

The only area for which it was recommended the Trust should declare non-compliance concerned single-sex accommodation. Although there were plans in place to address non-compliance, the Trust would not be compliant by the DoH deadline of 31 March 2010 because of issues with the fabric of the building in the emergency department, day surgery and intensive care.

It was noted that failure to register could lead to legal action and closure of services. It was suggested that this should be reflected in the key implications listed in the cover report.

JS drew the Board's attention to some tabled statements on Patient and Public Involvement, and Equality and Diversity and Human Rights. Given that the Board had not an opportunity to read these in advance of the meeting, and one Board member – Maxine James – was not present, it was agreed that directors would be given until 5pm on Weds 27 January to forward any comments on the tabled statements to JS.

The Board gave authority for electronic submission of all remaining documents.

The Board of Directors was asked to note that section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application and that this could render individuals liable to prosecution and to the refusal of the application for registration.

The Board of Directors:

- i) Received the schedule of assessment of compliance for each of the Essentials Standards and the CQC's Quality and Risk Profile.
- ii) Confirmed that they were satisfied with the robustness and transparency of the process of review undertaken in the time frame available.
- iii) Having considered:
 - ii) above
 - The Schedule of Compliance with the Essential Standards (Appendix 3) dated 18 January 2010
 - The Schedule of Evidence of Compliance with Core Standards reviewed by the Board at the meeting on 24 November 2009 prior to the mid-year declarationThe Board **approved** the recommendations of the Executive Directors of compliance with all the CQC Essential Standards of Quality and Safety.
- iv) Approved the following statements, which would be included in the application for registration:
 - a. Statement regarding Equality, Diversity and Human Rights in relation to the delivery of services (subject to comments received from Board Directors by Weds 27 January 5pm)
 - b. Statement on how the Trust respects the views and involves people who use the services in service planning and delivery

010/15 Research and Development Strategy

Julia Wendon presented a review of the Trust's R&D strategy including:

- a review of progress against 2007/8 strategy
- R&D funding and outputs in 2009/10
- Current context for R&D
- The Trust's R&D strategy for 2010 and beyond
- R&D objectives and action plan for 2010

There was discussion about the areas of research listed under KCH and KHP priorities. Tim Smart commented on the absence of Fetal medicine given KCH's global ranking in this field. It was clarified that the areas included in the table reflected both their academic and clinical excellence as identified by quality of external income and publication output.

The second round of invitations for research bids would be issued shortly, as part of the Trust's £1.5m funding support over 3 years. It was a requirement that the standard of applications was as high as for external funding, enabling applicants to seek alternative sources.

010/16 Future of medical/dental education

Angela Huxham presented a report on changes to medical and dental education and training over the next 3 years.

NHS London was separating the roles of commissioner and provider.

The 4 KHP organisations were applying to act as a Lead Provider under the auspices of KHP. Although KHP was not yet a legal entity, the consortium had expressed an interest for the SE London sector at this stage. The final decision would be presented to the Board of Directors at a future date for decision.

The Board commented on the need for greater detail on infrastructure, resources and finances. There was also a discussion on the thinking behind the choice of lead institution for each training package.

It was noted that training programmes transcend NHS London and relationships with Kent, Surrey and Sussex should be maintained.

The Board noted the report on the future of medical/dental education.

010/17 For Information

The Board noted the following:

- Equality and Diversity Committee confirmed minutes 29 Sept 2009

010/18 AOB

The Chair announced that Sir Jonathan Michael had accepted the position of Chief Executive at Oxford Radcliffe NHS Trust and was, therefore, resigning as a Non-Executive Director at King's effective from 31 March 2010. The Board of Directors offered their congratulations to Sir Jonathan on his appointment.

**010/19 Date of Next Meeting:
Tues 23 February 2010, 3.00 pm - Dulwich Room.**