

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 23rd February 2010 in the Dulwich Committee Room, King's College Hospital

Members	<p>Michael Parker (MP) Robert Foster (RF) Maxine James (MJ) Prof. Alan McGregor (AM) Sir Jonathan Michael (JM) Dr Martin West (MW) vacancy Tim Smart (TS) Michael Marrinan (MM) Roland Sinker (RS) Simon Taylor (ST) Dr Geraldine Walters (GW)</p>	<p>Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director Executive Director of Operations Chief Financial Officer Director of Nursing & Midwifery</p>
Non-voting Directors	<p>Ahmad Toumadj (AT) Jane Walters (JW) Jacob West (JW1)</p>	<p>Director of Capital, Facilities & Estates Director of Corporate Affairs Director of Strategy</p>
In attendance:	<p>Rita Chakraborty Mark Graver Jenny Yao Prof Robert Lechler (010/32)</p> <p>Sir Anthony Merrifield Sylvia Lour</p>	<p>Assistant Board Secretary (minutes) Head of Corporate Communications Asst Director of Quality Improvement Executive Director, King's Health Partners Chair, KCH Charity Change Leaders Team</p>
Governors and public	<p>Hedi Argent Michelle Pearce January Thomas Dr James Wilkinson David Lees Sarah Rehman Navneet Dhillon</p>	<p>Public Governor Public Governor Patient Governor</p>

Item	Subject	Action
010/20	Welcome and Apologies Apologies – Angela Huxham	

010/21 Declarations of Interest

None.

010/22 Chair's Action

Since the previous Board meeting, the Chair had signed the following tender ratification documents:

- Heart Valves and Annuloplasty Devices (Including the Percutaneous Valve)
- Supply of Medical Records off site storage, retrieval and secure destruction service

010/23 Minutes of the meeting held on 26th January 2010

The minutes of the meeting held on 26th January 2010 were approved subject to the following amendments:

010/07

(3rd bullet point) "The selection panel would include the Chair, Michael Parker, Jonathan Michael and Alan McGregor. Robert Lechler, Tim Smart, Angela Huxham and Philippa Groves advising the panel."

(6th bullet point) Replace "Tim Smart had written to the CQC Chief Executive about the impenetrable and bureaucratic process." with "*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.*"

010/14

Although there were plans in place to address non-compliance, the Trust would not be compliant by the DoH deadline of 31 March 2010 [add] *because of issues with the fabric of the building in the emergency department, day surgery and intensive care.*

010/15

(2nd paragraph)

It was clarified that the areas included in the table reflected both their academic and clinical excellence as [replace] ~~cited by the Medical Research Council~~ [with] *identified by quality of external income and publication output.*

010/24 Matters Arising

010/12 [add to action tracker]

"KPMG, the Trust's internal auditors, to be sent the recent results from the work undertaken on clinical coding." (It was confirmed that this data had been forwarded to KPMG)

09/162

"Introduce an indicator to monitor the number of patient falls" – complete.

010/25 Chair and NEDs Report

Michael Parker stated that Dr Tony Pagliuca did not see him with regards to the Medical Director post, but with regards to service development.

The Chair and NEDs Report was noted.

010/26 Chief Executive's Report

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

- The Trust was on track to meet its target monthly surplus in the last quarter of the year of £0.75m. Workforce reactions and responsiveness to additional cost controls had been positive.
- The Trust had agreed activity outturn for this year with NHS Lambeth and Lewisham, part of the LSL Alliance. Agreement was awaited from NHS Southwark.
- Significant progress had been made to ringfence elective space in the light of increased emergency admissions.
- KCH's strategy was a key part of King's Health Partners' strategy, particularly given current considerations by NHS London of acute hospital provision across the capital.
- A recent article in the Evening Standard had reported on the failure of water supplies in some paediatric areas. These were due to the modernisation of some wards which placed greater strain on existing water supplies. Pumps had been ordered to restore pressure but delivery had been delayed. The issue was resolved in the previous week; a statement had been issued on the Trust's website to explain why this situation had occurred and action taken to rectify the problem. TS apologised to those affected and assured the Board that lessons had been learnt.
- There was a discussion concerning media coverage of a patient who was admitted to King's with severe injuries following a road traffic accident. MM confirmed that the issue would be discussed by the Trust's End of Life Committee with a report back to the Board.

The Board noted the CEO report and CEO Brief for February.

010/27 Finance Report month 10

Simon Taylor presented the month 10 finance report.

The Trust's was on track to achieve a monthly surplus of £0.75m, a marked improvement from the previous quarter.

The number of agency hours booked continued to fall. Weekly meetings were taking place with clinical directors and divisional managers to closely monitor the situation.

Initial figures from divisions for 2010/11 savings were encouraging but the overall challenge was significant.

Provisional agreement had been reached with local PCTs with regards to payment for over-activity, which would be received before the year-end.

The large variation in CIP achievement between clinical areas was due to additional targets in response to changes in activity levels. However, the principle of maintaining quality and safety would remain.

Nursing vacancies were being monitored on a monthly basis. The new e-rostering system had been partly implemented and would be fully operational by the end of the financial year.

The Board noted the finance report for month 10.

010/28 Performance Report month 9

Roland Sinker presented the performance report for month 9.

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 both elective and non-elective patients and this was expected to continue in January (month 10) as well because of the outbreaks of noro-virus on KCH wards.

The Board noted the performance report for month 9.

010/29

Quality Focus

Tim Smart presented an update on NHS Quality Accounts regulations and 2 Monitor consultations on quality accounts.

It was noted that KCH's use of scorecards and its "Go and See" programmes were quoted as good practice case studies in the DH Quality Account toolkit.

Several FTs would participate in a pilot for the external assurance of quality accounts – UCLH, Chesterfield and two mental health FTs. Although KCH had participated in the pilot of quality accounts in the previous year, it was decided not to take part this time given the time commitment required.

ST informed the Board that initial testing of a new e-scorecard was complete and the aim was to launch a live system in April.

The Board noted the update on quality regulations and current consultations on quality accounts.

010/30

Infection Control Quarterly Report

Geraldine Walters presented a report on infection control between October 2009 and February 2010.

The DH targets for the reduction of MRSA in 2010/11 would be particularly challenging as the Trust was required to reduce the annual number of cases from 28 to 9.

Although levels were falling, the Infection Control would now focus on improving the insertion of IV lines, which was the cause of infection in 50% of cases. The support of senior clinicians was crucial to ensuring this element of junior doctor training was treated as high priority.

The Trust would also work closely with Medirest to focus on aspects of facilities. The cleaning contract had been revised and was due to be introduced on 01 April.

It was queried whether the focus of the 'Go & See' programme had moved away from Hygiene Code issues, such as clean commodes and the correct use of Chloroclean. GW and RS responded that part of the programme continued to look at cleanliness issues visits were now focusing on the comprehensive functioning of the ward.

Facilities problems could now be reported swiftly via an online system and AT was keeping the timeliness of responses under review.

The Board noted the Infection Control Quarterly Report.

010/31 Safeguarding Vulnerable Adults

Geraldine Walters presented a report on the responsibilities of the Trust with regards to safeguarding vulnerable adults and progress against CQC and other key requirements.

There was a significant challenge in capturing all the requirements of the various legislations relating to vulnerable adults including the Mental Capacity Act, Deprivation of Liberty Act and 'no secrets' guidance.

The NHS London target for 90% of staff to be trained in learning disabilities/safeguarding by March 2010 was particularly challenging. Presently, 30% of staff had been trained. Unless faster progress was made, the Trust was at risk of moving from green to amber status from July 2010 as a result.

Secondly, the purchase of a flagging system would cost £50k. It was suggested that a KHP-wide approach could be adopted to the purchase and/or sharing of such a system.

JM noted that the Trust's legal obligations to patients with learning disabilities were already in existence; the onus was on the Trust to make adequate adjustments for care for those patients with physical disabilities. The Trust was also obliged under its terms of authorisation to meet all legal obligations. It was recognised that significant resources would be needed to ensure adequate capacity and capability. However, the Board should be reassured that progress had been made.

The flagging system would record both in patients and outpatients considered to be vulnerable adults. Staff were also working with outside agencies to ensure greater awareness in the wider community.

The Board noted the update on Safeguarding Vulnerable Adults.

010/32

KHP update

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

Partnership Agreement

Version 13 had been circulated. KCH and KCL had provided comments on a previous version. The partners' legal teams would be meeting next week with Eversheds and executive directors to move the process forward. This would be followed by Eversheds meeting with intellectual property leads from each partner organisation.

The next version of the agreement would be circulated to partner boards in March; KHP Partnership Board would consider the final document in April and this would then be ratified by partner boards in May.

RL noted the Board's suggestion to use 'track changes' on subsequent versions.

Programme Office

The position of Director of Performance and Delivery would be advertised shortly. External interest was welcomed.

CAGs

- CAG leader roles for the first wave workstreams had been received. Interviews will take place on 17 March. Advertisements for subsequent CAG leader roles (second and third waves) will follow.
- TS suggested circulating the article published in KCL's 'Insight' magazine

Vertical Integration

The process had gone well so far. A final decision would be made at a joint meeting of Lambeth and Southwark PCTs on 25 March.

Budget

The next 12 month plan was being drafted.

Academic/Clinical recruitment

The following posts were being filled:

- Academic lead for Liver
- Chair of Stroke Medicine
- Diabetes/Obesity (with funding assistance from Schroder and Tate & Lyle)
- Chair, Vascular Surgery
- A public health position was also likely in the near future

Public Health

A brainstorming meeting on public health had taken place with the following proposed strands:

- An extra focus on existing challenges
- 'new public health' – a new approach to intractable problems
- Genomics

Graham Thorneycroft and Charles Wolf would now draft these proposals in order to seek funding.

GMEC

KHP was playing a prominent role, in particular:

- Discussions with UCL concerning partnership on neurosciences.
- There was also greater clarity on referrals by GSTT to Queen's Square (Royal Hospital). In a small number of situations, referrals will continue but a list of these circumstances would be provided to the Trust.
- PET imaging/radio-chemistry

International

- THET partnership has been signed
- A centre for global mental health is being developed
- The Hopkins exchange programme has been relaunched
- MoU has been signed with UCSF and workshops have begun

Other funding opportunities were being explored.

Royal Marsden/ICR planned to launch a 'mini-AHSC' in the summer. They were currently in discussions with both KHP and Imperial AHSC on closer working.

TS commented on the growing momentum of KHP and acknowledged RL's key role in this.

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

010/33 **AOB**
None.

010/34 **Date of Next Meeting:**
Tues 23 March 2010, 3.00 pm - Dulwich Room.