

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 27 April 2010 in the Dulwich Committee Room, King's College Hospital

Members	<p>Michael Parker (MP) Robert Foster (RF) Prof. Alan McGregor (AM) Dr Martin West (MW) vacancy vacancy Tim Smart (TS) Michael Marrinan (MM) Roland Sinker (RS) Simon Taylor (ST) Dr Geraldine Walters (GW)</p> <p>Angela Huxham (AH)</p>	<p>Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Executive Medical Director Executive Director of Operations Chief Financial Officer Executive Director of Nursing & Midwifery Executive Director of Workforce Development</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 Sally Lingard</p> <p>Jenny Yao</p> <p>Dr Charlotte Anderson Sarah Dunton John Moxham</p> <p>Vivian Bazalgette</p>	<p>Assistant Board Secretary (minutes) Associate Director of Communications & Marketing Assistant Director of Quality Improvement Staff Staff Director of Clinical Strategy, King's Health Partners Trustee, KCH Charity</p>
Governors and public	<p>Humera Manzoor Anis Rahman</p>	<p>Public Public</p>

Item	Subject	Action
010/53	Welcome and Apologies Apologies – Maxine James.	
010/54	Declarations of Interest None.	
010/55	Chair’s Action Since the previous Board meeting, the Chair had signed the following tender ratification documents: <ul style="list-style-type: none"> • Supply of neutral wholesaler services covering the distribution of medical consumables. • Electrophysiology and radiofrequency ablation consumables. 	
	These actions were ratified by the Board.	
010/56	Minutes of the meeting held on 23 March 2010	
	The minutes of the meeting held on 23 March 2010 were approved subject to the following amendments:	
	<u>010/45</u> Change para 3 to "RF commented that, at a recent King's Fund seminar, some NEDs from other organisations had expressed the view that they did not have the time to acquire in depth understanding of operational issues. Hence, there may be implications nationally implementing the Francis Report recommendation that NEDs should be more aware of operational pressures."	
	<u>010/46</u> (Para 2, 1st sentence) Change to "AM commented on the lengthy waiting time in Phlebotomy and the need to address delays."	
010/57	Matters Arising 010/39 - national policy concerning end of life care was comprehensive and the specific case concerned a particular aspect of this policy. The Trust was ensuring that the policy was extended to all departments.	

010/44 - Steve Thomas had been appointed to job share with Prof Stephanie Amiel. The final wave of CAG appointments had not yet been confirmed to the Trust.

10/46 - an additional cubicle was being added to the Phlebotomy section to enable more patients to be seen. It was queried as to why patients were not being encouraged to attend GP surgeries for blood tests rather than the Trust. It was suggested that cost might be an issue as the Trust did not charge for the service, therefore there was no cost to the PCT. RS would clarify the situation.

010/58 Chair and NEDs Report

The Chair and NEDs Report was noted.

010/59 Chief Executive's Report

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

- In the run up to the general election, public sector organisations were in a period of 'purdah' restricting information conveyed to the public on future government initiatives. In the event of a hung parliament, this situation would continue.
- The Trust had reported a small deficit for the full year (considered by Monitor to be a technical surplus) - a remarkable achievement given the scale of the challenges. Simon Dixon, Deputy Director of Finance, had negotiated a settlement with the District Valuer that was significantly better than expected. It was recognised that the Trust's financial performance had deteriorated during the year, and lessons had been learnt concerning the need for ever tighter oversight and a swift escalation route.
- The Trust had met all national targets in the previous month.
- The Trust was experiencing an increase in patient acuity. Collaboration with the London Ambulance Service would enable trauma cases to be treated in the most appropriate setting.
- 2010/11 would be considerably more challenging than 2009/10 as a result of changing national priorities aimed at increasing out of hospital care.
- The Trust would be holding its annual community events for members in May. Events would be publicised via newsletters and email reminders to staff and patients. In response to a suggestion about radio advertising, it was felt that this would change the nature of the meetings to public events rather than member events designed to facilitate members' feedback on the Trust's annual plans.

- A contingency plan was in place if the PFI contract resulted in delays to the intended location of the Emergency Department CT scanner. TS thanked the KCH charity for their support in the purchase of the scanner.

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

010/60 Finance Report month 12

Simon Taylor presented the month 12 finance report.

Analysis had been carried on the full financial year to ascertain where pressures had occurred.

Working capital was £10m above plan.

Short term risks included the possibility of requisitions being delayed by staff until the new financial year.

Staff cost controls would remain in place until robust savings plans had been delivered.

The Board noted the finance report for month 12.

010/61 Draft Plan 2010/11

Simon Taylor presented the draft financial plan for 2010/11 and highlighted the following:

- Efficiency savings remained at £50m, as estimated in September 2009 for the downside planning exercise.
- Where there was uncertainty, figures were shown in red.
- Cost Improvement Plans were significantly higher than in previous years.
- The capital plan assumed a break even budget.
- The 3 capital priorities were Maternity, Critical Care and Trauma services.

The Board discussion included the following observations:

- The possibility of ring fencing funding for Critical Care earlier than 2011/12. There were short term contingencies to expand capacity and the Business Resource and Strategy Group would consider phasing shortly.
- In the event of political changes, forecast figures for 2010/11 were unlikely to alter but there could be implications for years 2 and 3, ie 2011-2013.
- There were considerable challenges ahead with risks in some areas that would require rigorous management.

- Income from commercial developments could contribute in the future, particularly if there was easement in the private patient cap.

The Board noted the Draft Plan 2010/11.

010/62 Performance Report month 11

Roland Sinker presented the performance report for month 11 and drew attention to the following:

- The Trust continued to be on target for all national targets with ALOS marginally off target.
- There was a minor downward trend in A&E performance over the winter.
- ALOS data by division was included in the report.

The Board noted the performance report for month 11.

010/63 Draft Annual Plan 2010/11

Jacob West presented a report on the draft Annual Plan to Monitor outlining the context, process, timetable and a summary of the vision and strategic priorities. A fuller summary would be circulated to Board members during the following week with the complete document, including financial projections, presented for Board approval on 25 May.

Staff, governors, members and external stakeholders would be invited to give feedback on the Trust's plans.

This year's document template was more prescriptive and required a detailed 3 year plan.

The Board offered the following comments:

- Quality of patient care remained the priority.
- Information circulated internally would be in a more accessible format
- AM enquired as to why Cardiology was not listed as a priority tertiary service under strategic priorities. JW1 responded that collectively, priorities across the KHP organisations were aligned. MM added that the Trust's aim should be to achieve academic pre-eminence in all lead specialist services within a specified timeframe.

The Board noted the draft objectives for inclusion in the Annual Plan and the process for its completion.

010/64 KHP update

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

CAGs

- Frances O'Callaghan had been appointed KHP Director of Performance and Delivery.
- King's Health Partners had appointed a second wave of Clinical and Academic Group (CAG) leaders:
 - Diabetes, Endocrinology and Metabolism, Nutrition, Obesity, Vision & related Surgeries - Dr Stephen Thomas had been appointed to join Professor Stephanie Amiel as joint Leader.
 - Allergy, Respiratory, Critical Care and Anaesthetics - Professor Tak Lee and Dr Richard Beale had been appointed joint Leaders.
 - Dental - Professor Nairn Wilson
 - JM would look into the co-ordination of these recent announcements.
- CAG leader appointments in Medicine, Women's health and Imaging would follow.
- The mental health CAGs would be led by 'trios' of Clinical, Managerial and Nursing Leads
- Guidance and documentation on the accreditation process+ was being considered and further information would be

Clinical Strategy

- The vertical integration process was progressing
- The success of capitation funding was reliant on GP collaboration

Research

- Graham Thorneycroft was leading on health services
- A health indicators scorecard was being developed, as were metrics

The Board discussion included the following observations and clarifications:

- Frances O'Callaghan's role would include all aspects of Lynn Carlisle's previous role as well as ensuring delivery of KHP performance.
- In comparison with other London AHSCs, KHP was progressing strongly and this view was shared in the wider health community.

- Vertical integration with community services was a great achievement which would only be realised if it was a collective endeavour with GST and SlaM.
- Robert Lechler's announcement concerning academic chair appointments showed that only 1 out of 31 of these related to KCH's Denmark Hill site. The Board needed to ensure academic excellence on this site and this required investment by KCL at the KCH campus. JM would convey the Board's concerns to RL.
- The main threat to the success of KHP's agenda was how to translate 4 partners' strategic priorities into a single AHSC.
- Discussions with Royal Marsden continued – collaboration on a small scale was most likely.
- The Board suggested that Frank Walsh, Director of Research attend a future meeting
- Concern had been expressed regarding the KHP communication protocols. SL to investigate.

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

010/65

Quality Focus

Geraldine Walters presented detailed action plans and updates on the recommendations from 2 reports into Mid Staffordshire NHS Foundation Trust by the Healthcare Commission and an independent enquiry chaired by Robert Francis QC. An initial report had been presented to the Board in March 2010.

References to Board committees would be updated once the revised governance structure was agreed.

GW noted that recommendation 1 – to not provide a service where it cannot achieve a specified standard – was difficult to assess. In such an event, a decision would be made once information from divisions had been triangulated for verification.

Recommendations 4, 19 and others were reliant on the reduced use of temporary staff and fewer vacancies in nursing. GW acknowledged this as a priority. Additional support staff were being brought onto wards to free up nursing time used for administrative work. This would also help staff to attend more clinical training.

From May, the monthly trust Patient Experience Report would appear regularly on the Board agenda.

The Board noted the report on quality issues.

010/66 Single Sex Accommodation Delivery Plan

GW presented an action plan to ensure the Trust's compliance with same-sex accommodation requirements by April 2011. The main areas of non compliance included day surgery, the clinical decision unit in the Emergency department and intensive care and high dependency areas. The trust was working actively to address areas of non compliance, and instituting more rigorous monitoring of any possible breaches.

There was uncertainty as to how the lead PCT would respond to any non-compliance in terms of with-holding payment.

The regular monthly Patient Experience Report to the Board from May would include patient survey data on delivering same sex accommodation

It was confirmed that, for areas where compliance was currently not being achieved, such as Day Surgery, better patient information was being produced, and consenting procedures revised

The Board noted the report and progress in implementing the Single Sex Accommodation Delivery Plan.

010/67 Staff Pay Awards 2010/11

Angela Huxham presented a report on changes to staff pay structures and pay levels for 2010/11.

The Board noted the report on staff pay awards 2010/11.

010/68 Annual Report 2009/10

Jane Walters presented a report on the Trust's forthcoming annual report and accounts 2009/10, which was a statutory requirement.

Some additional reporting sections had been introduced for the year.

A separate annual review would be produced as an online document and would serve as the Trust's 'corporate brochure'. It would be easily accessible online to all. A further summary version would be produced for distribution to trust members. MP requested that the annual report and accounts should also be produced to the Finance Committee as was the case in previous years.

The final draft of the report would be circulated to all Board members for comment, and presented to the Audit Committee and Board of Directors for approval on 3 June 2010.

The Board noted the report and timetable for production of the annual report.

010/69 Q4 2009/10 Monitor Submission

Tim Smart presented a report with appendices to request the Board's approval for the signing of the governance declaration (January-March 2010) for submission to Monitor. The Trust would be declaring compliance with all targets ('green') following 2 quarters as 'amber'.

The Board APPROVED its signing by the Chief Executive.

FOR INFORMATION

- 010/70** The Board noted the following confirmed committee minutes:
- Performance – 11 March 2010
 - Finance – 19 February 2010

010/71 AOB

None

**010/72 Date of Next Meeting:
Tues 25 May 2010, 3.00 pm - Dulwich Room.**