King's College Hospital NHS
NHS Foundation Trust

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 25 May 2010 in the Dulwich Committee Room, King's College Hospital

Members	Robert Foster (RF)	Non-Executive Director (Chair)
	Maxine James (MJ)	Non-Executive Director
	Prof. Alan McGregor (AM)	Non-Executive Director
	Dr Martin West (MW)	Non-Executive Director
	vacancy	Non-Executive Director
	vacancy	Non-Executive Director
	Tim Smart (TS)	Chief Executive
	Michael Marrinan (MM)	Executive Medical Director
	Roland Sinker (RS)	Executive Director of Operations
	Simon Taylor (ST)	Chief Financial Officer
	Angela Huxham (AH)	Executive Director of Workforce Development
Non-voting Directors	Ahmad Toumadj (AT)	Director of Capital, Facilities & Estates
	Jane Walters (JW)	Director of Corporate Affairs
	Jacob West (JW1)	Director of Strategy
In attendance:	Paula Townsend	Deputy Director of Nursing
	Rita Chakraborty	Assistant Board Secretary (minutes)
	Chris Rolfe	Head of Communications
	Judith Seddon	Asst Director of Governance
	Jenny Yao	Asst Director of Quality Improvement
	Heather Gilmour	Trustee, KCH charity
Staff/ Public	Humera Manzoor	PhD student
	Rashmi Agrawal	Public Governor
	Kim Ng	Staff member and Darzi fellow

Item	Subject	Action

010/73 Welcome and Apologies

Apologies – Michael Parker, Geraldine Walters (Paula Townsend to deputise).

010/74 Declarations of Interest

None.

010/75 Chair's Action

None.

010/76 Minutes of the meeting held on 27 April 2010

The minutes of the meeting held on 27 April 2010 were approved subject to the following amendment:

010/59

(2nd bullet, line 1) Change to "The Trust had report a small deficit for the full year (considered by Monitor to be a technical surplus)…"

010/77 Matters Arising

010/46 – the report on Phlebotomy services would be circulated by RS to the Board.

010/78 Chair and NEDs Report

The Chair and NEDs Report was noted with the following amendments:

Robert Foster – 22 April – attended Go See on Murray Falconer Ward.

It was noted that the Go See programme would continue and directors were encouraged to visit their allocated wards regularly.

Maxine James – 11 May – chaired members' community event in Bromley

010/79 Chief Executive's Report

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

- Despite the financially challenging environment, the Trust had not fallen behind plan.
- TS encouraged Board members to read the policy guidance issued by the Secretary of State for Health. It was noted that Ruth Carnall, Chief Executive of NHS London, had

commented on the clear direction expressed in the guidance and recognition by the Secretary of State of the unique challenges faced by London. A greater role was planned for patients and GPs and planned service reconfigurations would be reviewed by local stakeholders.

- A&E performance had tailed off recently. Although the 98% threshold was achieved for April, the Trust was not likely to reach this in May. This was one of the quarterly targets that Monitor tracked on a quarterly basis, therefore the Trust hoped to rectify the situation in June. NHS Southwark had been informed.
- Executive staff from KCH and GSTT had met recently to discuss back office efficiencies.
- An announcement had been published on the Trust website concerning liver services confirming that clinical governance processes comply with the letter and spirit of the law. The Trust had received formal confirmation of its compliance.
- The NHS national inpatient survey 2009 had been published recently and a report would be presented to the June Board. The Trust was paying particular attention to performance against the new cleaning contract. The Trust's rating for 2009, as with most other trusts, would be amber.

The Board encouraged the Trust to invite the Secretary of State for Health to visit the site, especially given his interest in stroke services.

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

010/80 Finance Report month 1

Simon Taylor presented the month 1 finance report for 2010/11.

There were some caveats to the report:

- not all CIPs had been allocated to areas
- activity numbers had now been confirmed and showed a slight decline in month 1
- there was no prediction of a major increase in activity

The treasury management report for month 1 was also attached.

The following comments and were raised:

- The variable pay under-spend for all staff group except professional/technical/scientific reflected the significant savings achieved by other groups through reduced agency spending and improvements in recruitment and retention.
- All corporate functions would be allocated a higher proportion

of CIPs than last year.

The Board noted the finance report for month 1.

010/81 Performance Report month 12

Roland Sinker presented the performance report for month 12 (2009/10) and drew attention to the following aspects:

The Trust continued to be on target for all national targets with ALOS marginally off target.

A&E performance

There was a downward trend in A&E performance and a prediction that the Trust would not reach the 98% target in May. A detailed recovery plan had been drafted and was being shared with partner organisations and with Monitor.

A combination of factors had caused this. Acuity of patients had increased by approximately 10% with more ambulances, red phones and trauma patients arriving at the hospital. This was linked to the A&E performance of neighbouring trusts in the south east London region and to KCH's trauma centre status.

The expectation was that numbers will continue to increase and attendances by elderly patients will also continue to increase.

The recovery plan was addressing a number of issues; the interface of ED with the rest of the hospital including diagnostics and critical care; staffing and, in particular, the use of specialist nurses in ED, and management by London Ambulance Services (LAS) across the south east London network. Better co-ordination with LAS was having a positive impact. Additionally, more effective assessment of patients would ensure treatment for those most in need of urgent care.

TS acknowledged that the Trust faced a huge challenge but was confident that, as the best performing of the 3 London trauma centres, it would be managed.

It was suggested that demand could even out across in the longer term. RS responded that the levels looked to be increasing steadily.

MRSA

Although the Trust had remained within target for MRSA cases in 2009-10, a lot of work was needed to stay within the lower limit of 9

cases for 2010-11. Monitor and the Trust were agreeing a staged plan to front end the numbers. An MRSA action plan would focus on screening, root cause analysis and infection control governance.

Screening all elective and emergency patients would require a huge effort, whilst longer stay patients would need additional screening during their stays.

AM sought clarification on the relationship between Cdifficile and Norovirus.

AM observed on Go See visits to wards that cleaners and meal staff were seen as independent of ward staff, although they should be subject to the same hygiene practices. It was confirmed that performance monitoring had been introduced from May and Medirest had been tasked with ensuring that their staff comply with hygiene standards.

Average length of stay

RS reminded the Board that an action plan to address the variance against target for both elective and non-elective patients had been shared in April. There were signs of a more systematic approach emerging in some areas.

AM asked whether the process of specialists seeing patients in the Medical Admissions Unit (MAU) could be replicated in other areas of the hospital. RS responded that this was possible but would impact on specialist cover elsewhere. MM commented that consideration needed to be given to the co-ordination of care for patients with multiple conditions.

The Board noted the performance report for month 11.

• **Clarification on the relationship between Cdifficile and Norovirus.**	**RS – June 2010**
• **Consider how to improve co-ordination of care for patients with multiple conditions.**	**RS – June 2010**

010/82 Patient Experience Report

TS and JW presented the patient experience report, which would feature every month on the Board agenda and was as a result of the action plan developed by the Trust following the Francis report into

Mid-Staffordshire NHSFT.

The report integrated data from How Are We Doing surveys, PALS and complaints, patient perception on same sex accommodation and CQUIN targets.

Survey benchmark scores were set at the top quartile of London teaching hospitals.

There would be a monthly focus which, for this month, was on improving patient discharge and reducing average length of stay.

Gathering positive feedback systematically was acknowledged to be more difficult but both positive and negative comments from HRWD surveys was shared with individual wards.

The Board noted the Patient Experience Report.

010/83 NHS national staff survey

AH introduced a report on the staff survey. Analysis had been undertaken both nationally and London-wide.

It was noted that the upward trajectory with regards to bullying and harassment appeared to have turned. Significantly, staff perception of how the Trust tackled these issues had improved with King's now in the top 20% for this score.

Heather Gilmour noted that it would be useful to explore the correlation between patient and staff survey scores.

The Board noted the report on the national staff survey.

FOR DECISION

010/84 Annual Plan 2010/11

Strategic Overview

Jacob West outlined the various elements that the Trust was required to submit as part of the annual plan, which, following approval by the Board would be submitted to Monitor by the end of May.

The draft plan had been circulated to Board members for comment, and had been considered by the Governors Strategy Group and Board of Governors on 20 May. It had also formed the focus of the members' Community events held earlier in the month.

The strategic overview document set out the Trust's strategic vision, objectives and key milestones over the next 3 years.

Alan McGregor commented on the importance of including evidence from PSSQ in helping deliver the Trust's strategic priorities and for the Centre to secure future funding.

Under priority 9 (contributing to the delivery of KHP vision), it was suggested that emphasis should be placed both on undergraduate clinical skills and postgraduate simulation facilities for training.

Rashmi Agrawal, Public Governor, commented that the overview addressed the issues discussed at the Governors' Strategy Working Group. For the future, he would like to see more specific information on quality outcomes.

Financial Summary

Simon Taylor outlined the financial summary and templates.

The target of £50m savings would be achieved through cost improvement plans and income generation. It was felt that the estimates for downsizing were reasonable.

Mike Marrinan welcomed the proposed capital investment in critical care.

Board Statements

Jane Walters outlined changes to the board statements since last year and asked the Board to note the supporting schedule of assurance circulated previously.

There were some queries concerning the wording of the statements provided by Monitor.

Under the Schedule of Assurance, 4.1 (risk management), MW suggested that a reference should be made to external reports and, under 4.3, a mention could be made to the Cass Business School course for non-executive directors that some Board members had attended.

In the absence of the Chair, it was agreed that Robert Foster would sign the statement on behalf of the Board.

Membership Report

JW outlined the current position of membership and plans for the coming year.

Total membership numbers had remained similar throughout the year. Given the Trust's financial position, governors had agreed to the use of cost-neutral methods of recruitment for the coming year. The approach of including forms with patient surveys had been applied during the last 6 months and the results were promising.

There was a discussion about how to recruit more young people, particularly in the 16 – 25 age category. The Trust had had limited success in recruiting new members through partnering with KCL and London South Bank University.

MJ reminded the Board of her previous suggestion of closer ties with 6th form colleges and schools. MM was also involved in encouraging younger people to consider working in the NHS. JW would share these suggestions with the governors' Membership Committee.

The Board noted and **approved** all the Annual Plan documents for signing and submission.

010/85 Trust governance structure and committee terms of reference

TS outlined the proposed changes to the governance structure following a recent review. The primary purpose of Board committees was to provide assurance to the Board

Audit, Remuneration and Appointments, and Equality and Diversity Committees would remain unchanged. A Strategy Committee would be established, and membership would include all Board members. The separate Finance and Performance Committees would be

merged into one committee, and the Governance Committee would be re-constituted as the Quality and Governance Committee to reflect a greater focus on quality issues.

It was noted that the Investment Committee would report to the Strategy Committee rather than to Finance and Performance.

TS thanked the Chair (in his absence) for his guidance and his Board colleagues for their assistance through this process.

There would be further discussion about scheduling of meetings, and a revised committee timetable for the remainder of the year would be drawn up and circulated.

Revise and circulate timetable of committee meetings.	**RC – June**

010/86 Update on revised Monitor Code of Governance

JW introduced a report on recent changes to the Code of Governance for foundation trusts. This was best practice advice and any deviation would need to be declared in a statement within the Trust's annual report. The changes would apply from the 2010/11 reporting period.

RF noted that there were some significant differences from the draft document.

MW queried whether there was a cost implication associated with A.3.6, which encouraged the use of independent advice, when deemed necessary by the Board. JW responded that this was not likely to occur regularly as, wherever possible, internal resources would be used in the first instance.

The Board noted the changes to the Code of Governance and its implications.

FOR INFORMATION

010/87 The Board noted the following confirmed committee minutes:

- Finance – 25 March 2010
- Finance – 22 April 2010
- Performance 08 April 2010

010/88 AOB

1. The Board of Governors would be informed that the Board of Directors had approved the signing of the KHP Partners Agreement.

2. AM asked whether there should be representation from KHP or GSTT in relevant Trust meetings going forward. The following changes were being introduced:
    - All CAG leaders would be invited to attend performance management meetings beginning in June.
    - GSTT clinicians would be invited to attend the Trust's Clinical Directors meeting every 2 months and it was hoped that GSTT would reciprocate this arrangement.
    - A joint KCH/GSTT meeting of executive teams would be held once a month.

3. TS outlined the timetable and accountability lines:
    - All 4 partners would sign and notarise the legal agreement.
    - A statement would be sent to Monitor confirming that all 3 foundation trusts comply with their requirements for AHSCs.
    - Interviews for the remaining CAG leader posts would take place soon. In the next few months, the first CAGs would submit themselves for accreditation.
    - There would be no change in the Trust lines of accountability to Monitor and the Care Quality Commission.

4. TS informed the Board that Prof Frank Walsh had resigned as KHP Director of Research and a recruitment process to find his successor was under way.

010/89 Date of Next Meeting:
Tues 03 June 2010, 12.30 pm - Dulwich Room.