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 29 June 2010 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
	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:	Rita Chakraborty	Assistant Board Secretary (minutes)
	Jenny Yao	Asst Director of Quality Improvement
	Sir Anthony Merrifield	Chair, KCH charity
	Prof Anne Greenough	Director of Education and Training, King's Health Partners
Staff/ Public	Humera Manzoor	PhD student

Item	Subject	Action

010/99 Welcome and Apologies
Apologies – none.

010/100 Declarations of Interest
None.

010/101 Chair's Action
None.

010/102 Minutes

010/102.1 The minutes of the meeting held on 25 May 2010 were approved subject to the following amendment:

010/84

(line 1) Change 'reminder' to '*reminded'*.

010/102.2 The minutes of the meeting held on 03 June 2010 were approved.

010/103 Matters Arising
010/81 Performance Report

- RS clarified the difference between C. difficile and Norovirus. Norovirus could develop into C. difficile if spores were present in a patient's stool.
- Care for patients with multiple conditions - Mike Marrinan would pick up this issue as part of the transformation workstream.
- Phlebotomy services – there was high demand for the service at Denmark Hill and Dulwich Hospital. The service was moving to a central location in the GJW. In order to reduce pressure, additional cubicles and staff will be provided; GPs will be encouraged to carry out more phlebotomy services in their surgeries, and there will be referrals of haematology patients to phlebotomy only if appropriate.

010/104 KHP Update
Prof Anne Greenough gave a verbal update on KHP's work.

- The partnership agreement had been signed.
- Frances O'Callaghan had been appointed Director of Performance & Delivery
- The vacancy for Director of Research was out to advert. It would be a 0.5 whole time equivalent (WTE) post supported by a Research Management role of 0.25 WTE.

- Recent CAG appointments –
    - **Liver, Renal, Urology, Transplant, Gastro/GI Surgery** - Professor Nigel Heaton and Professor Steven Sacks
    - **Clinical Neurosciences -** Dr Jozef Jarosz and Professor Chris Shaw
    - **Orthopaedics, Trauma, Emergency ENT and Plastics -** Mr Peter Earnshaw and Mr Joydeep Sinha
- An integrated healthcare pilot was being developed
- Integration of community services continues.
- A Director of Public Health Policy had been appointed to the Basic Sciences Institute
- A new website and extranet would be launched soon with plans for an e-newsletter. Staff would be given password access to secure areas of the website. Developments later in the year would include 'how to' guides on topics such as research funding.
- Each CAG will identify an education and training lead.
- Good progress was being made on the global health 'enabling work stream'
- 18 Academic Training Fellows and 17 Lecturers will be appointed this year.
- An independent Chair had been appointed to the Board of the HIEC and the first meeting would take place in July.
- International links were developing with University of California, San Francisco, concerning genetics.

MP asked that the Board of Directors of KCH have earlier involvement in KHP discussions around service reconfiguration.

TS informed the Board that there had been positive feedback on Robert Lechler's presentation to the National Association of NHS Charities.

010/105 Chair and NEDs Report

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

<u>Maxine James</u>

20 May – attended Board of Governors

25 May – attended Board of Directors

03 June – Chaired Audit Committee (in absence of Martin West & Robert Foster). Also attended Board of Directors

08 June – Chaired Equality & Diversity Committee

010/106 Chief Executive's Report

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

- The net income in month 2 was lower than expected. This was due both to lower than anticipated income growth and increased spending on non-pay items. A tight rein would be maintained on expenditure to avoid a deficit situation.
- The Trust was on track to deliver against national targets in Quarter 1.
- The update on the NHS Operating Framework had been published and **would be circulated to Board members.** Targets for A&E and 18 weeks referral to treatment targets would be replaced with outcomes. The Board away day on 13 July would spend some time discussing performance targets during this interregnum before outcome measures are published. Monitor had not yet published adjusted guidance or indicated how it would be changing its approach in response.
- The Transformation Programme was focussing on 4 key workstreams; a steering group was meeting monthly to lead on this work.

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

010/107 Finance Report month 2

Simon Taylor presented the month 2 finance report.

At month 2, the Trust was in deficit by £1.325m against a projected breakeven position. Although income was £1.7m below expected levels for the year to date, this level was above the previous year. Costs were being addressed primarily through the programme to reduce length of stay.

Bank and agency costs had fallen by 17% although there was a mixed performance across divisions as a whole.

The change in divisional structure appeared to have slowed down the implementation of CIP targets. The forthcoming performance meetings would address this.

The following comments were raised and noted:

- Activity was changing week by week; therefore the Trust needed the flexibility of agency and bank staff to cope with short term fluctuations.

MP commented on the need to avoid a repetition of creeping costs that had impacted last year.

Savings of £50m would be derived from greater income and lower costs through ALOS. However, the Trust would need to consider an alternative savings plan; therefore, there could be some difficult choices to make.

AM asked how the change in patient care for a post-operative period of 30 days would impact on the Trust's savings plans. RS clarified that this change would not come into force until 2011/12 as the contracts with PCTs had been signed for the current year.

RF asked whether there were any opportunities for increasing income from private patient care. ST responded that certain procedures were lucrative but a shortfall could not necessarily be replaced with other work. TS informed the Board that there was an injunction against KCH by a non-UK, non-EU patient because the Trust had declined to put him on its waiting list in line with the recommendations of the Buggins report into the transplantation of livers into non UK citizens. The recommendations of the report have not yet been implemented by the government.

There was a discussion concerning treatment of asylum seekers and the Trust's ability to recoup costs of treatment. Brian Chaber and his Private Patients team in the Division were looking into to the number cases. It was a complicated issue as there was a right to emergency and elective treatment. Eligibility was determined by a patient's response to certain questions on admission and language and learning disabilities were potential barriers to a clear assessment. **RS would update the Board on the number of ineligible patients treated in the past year.**

It was noted that the private patient cap was likely to be removed, offering greater potential income from this source. However, the Trust's private facilities were in need of major upgrading if this opportunity was to be fully utilised.

ST would ensure that future finance reports included a rolling 12 month cashflow.

The Board noted the Finance and Treasury Management reports for month 2.

010/108 Performance Report month 1

Roland Sinker presented the performance report for month 1 (2010/11) and drew attention to the following:

The Trust was on target for all national targets. ALOS was marginally off target.

Length of stay targets would be set across divisions.

A&E performance
The Trust was confident of achieving the target of 98% for Quarter 1.

MRSA
The Trust's infection control plans were robust and had been shared with external organisations including Monitor and NHS London. 6 cases had been reported in quarter 1 against a full year maximum of 9 permitted. The implications with Monitor or CQC of exceeding this limit were not clear.

Average length of stay
It was recognised that length of stay was a key area for achieving the projected savings of £50m but that the pace of change would not be swift.

The Board noted the performance report for month 1.

010/109 CQUIN Indicators

RS explained that there were three aspects to the Trust's compliance framework:
Monitor
Targets are given a weighting and a missed target(s) will affect the Trust's quarterly rating.
Care Quality Commission
It was likely that areas assessed by CQC could move to Monitor, and vice versa.
Commissioning for Quality and Innovation (CQUIN) indicators
£6m income was dependent on achieving the specified indicators and actions would be drawn up to ensure that the targets were met.
The Board would receive a monthly progress update on CQUIN targets.

RS thanked Jenny Yao for her input into this project.

010/110 Patient Experience Report

TS and JW presented the monthly patient experience report, highlighting the following areas:

- Improved scores for cleaning
- A trend of lower complaints continues
- The response rate to the 'How Are We Doing?' survey fell to 42% and needs to improve.
- CQUIN benchmarks – 3 out of 5 were achieved in May
- Lower scores on DSSA in the second month of trust wide monitoring of patient experience of this indicator

It was noted that Trust staff were voicing increasing concerns about cleaning standards. A warning had been sent to HpC/Medirest requiring improvement by the end of June. Failure will mean that the Trust brings in its own staff to raise standards and will charge the contractor accordingly. It was commented that the introduction of shared rotas had not been communicated to ward staff effectively.

Geraldine Walters gave a brief update on progress on delivery of the action plan on delivering single sex accommodation.

Daily breach reporting commenced on 01 June and some hotspots had been identified; for instance, there was a bed on Fisk and Cheere Ward, a high dependency unit, which was positioned in the wrong place resulting in daily breaches.

Endoscopy was a non-sleeping area and, therefore, not subject to the requirement for single sex accommodation. AM suggested that, as endoscopy patients were sedated before a procedure and returned to a shared recovery area afterwards, it would be advisable to segregate the area in the future, when funds were available.

AT added that structural alterations to ensure compliance on inpatient wards would be completed by the end of July. The Trust would then have until April 2011 to tackle relevant operational issues.

The Board noted the Patient Experience report

010/111 2009 NHS national inpatient survey

JW presented a summary of King's results in the CQC survey for

2009.

The Trust had been scored ‘amber’ overall – within an expected range - but had fallen in comparison with other London acute trusts, as well as nationally.

One of the main areas was communication between patients and staff. There was another issue in relation to feeding.

There was a discussion about the sporadic refilling of hand gel dispensers. Medirest are not contractually obliged to refill hand gel dispensers outside wards.

The following actions were noted:

- Tackling areas with poor feedback was the focus of a major workstream within the Transformation Programme
- The need to recruit more permanent staff. The high number of agency staff last August , and the rotation of junior doctors coincided with the timing of the survey.
- The sample of patients for the 2010 survey would be drawn from patients in the hospital during July. A series of actions were underway to improve communication on the wards, including briefings to groups of staff, piloting hourly ward rounds, and training for ward receptionists.

AM suggested that some simple changes in the process of discharge and explaining the side effects of medication could help to improve patients’ experience when leaving hospital, which was a particularly low score.

The Board noted the report on the 2009 national inpatient survey.

010/112 Infection Prevention and Control Quarterly Update

GW presented this report.

Matrons were expressing concern at the standards of cleaning on some of the wards.

Mock inspections had revealed a marked improvement in a number of areas previously raised by the CQC. However, there appeared to be a great deal of clutter in corridors and storerooms, which needed to addressed.
Secondly, endoscopy decontamination remained a concern. The Trust had employed a consultant specialising in decontamination to mitigate the risks within the current footprint of the department.

Root cause analysis of MRSA cases had revealed gaps that were being systematically addressed.

Awareness of infection prevention and control seemed to have improved since April.

MRSA screening had doubled since April.

There was a lengthy discussion about the benefit of placing gel dispensers outside ward entrances, given that the doors themselves were a main source of germs.

The Board agreed that staff members who consistently visit wards without displaying bare arms, and who refuse to comply with the Trust's regulations, should be subject to disciplinary action.

Following clarification of the legal and HR position, the Trust will take disciplinary action against staff that refuse to comply with the Trust's regulations for displaying bare below the elbow when in ward areas. The Board will receive an update on the situation in July.	**MM/GW - July**

010/113 Quarterly Report on Safeguarding Children

GW introduced a quarterly report on safeguarding children.

Details were included of the number of referrals to the Safeguarding Children's Team together with some of the reasons for referral.

There continued to be an increase in referrals and in complexity of the cases.

The Trust was fully compliant with the vetting and barring scheme procedures.

The number trained at level 1 had increased by 12% in the last quarter.

Progress with the work plan included:

- Revised Child Protection policy
- Guidance on management of DNAs
- Progress towards a flagging system for all children with safeguarding concerns, those on a child protection plan and those known to social services
- Safeguarding declaration on the Trust website

- Clinical supervision for relevant staff

The Board noted the Quarterly Report on Safeguarding Children.

FOR DECISION

010/114 Infection Control Governance Policy

GW introduced the Infection Control Governance Policy for approval.

The policy addressed national guidelines and the Trust's legal duties with regards to infection control governance.

The aim of the policy is to ensure that the Trust has an appropriate and robust Infection Control framework in place to minimise the risk of infection; that there are effective and efficient systems, processes and reporting structures in place to identify and manage infection control risks.

The Board approved the Infection Control Governance Policy.

FOR INFORMATION

010/115 The Board noted the following confirmed committee minutes:

- Audit – 04 March
- Finance – 18 May
- Equality & Diversity – 23 February

010/116 AOB

1. Jenny Yao would be leaving the Trust in July and she thanked Board members for their co-operation and support during her time at KCH, as well as other staff not present.

2. Plans for the reorganisation of the School of Medicine would reach a conclusion in coming months. The hosting at KCH of a global meeting for sickle cell academics and clinicians demonstrated its excellent reputation in the research and clinical spheres, which was of strategic importance. MP declared an interest in this discussion, as President of the Sickle Cell Society.

3. TS informed the Board that the Trust had achieved a 'Gold' award for Investors in People.

4. RS was due to go on paternity leave shortly and, in his absence, Peter Fry would deputise.

5. TS encouraged Board members to read 'The Healthy NHS Board – Principles for Good Governance', copies of which were available at the meeting.

010/117 Date of Next Meeting:
Tues 27 July 2010, 3.00 pm - Dulwich Room.