King's College Hospital NHS
NHS Foundation Trust

King's College Hospital Board of Directors

PUBLIC

Time of meeting	**3.00pm**
Date of meeting	**Tuesday 14 December 2010**
Venue	**Dulwich Committee Room, King's College Hospital**

Members	Michael Parker Robert Foster Maxine James Prof. Alan McGregor Marc Meryon Dr Martin West Prof. Sir George Alberti Tim Smart Angela Huxham Michael Marrinan Roland Sinker Simon Taylor Dr Geraldine Walters	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Workforce Development Medical Director Director of Operations Chief Financial Officer Director of Nursing & Midwifery
Non-voting Directors	Ahmad Toumadj Jane Walters Jacob West	Director of Capital, Estates & Facilities Director of Corporate Affairs Director of Strategy
Attendees	Rita Chakraborty Sally Lingard Liz Wells Sir Anthony Merrifield Prof. Robert Lechler	Assistant Board Secretary (Minutes) Associate Director, Communications & Marketing Head of Emergency Planning and Clinical Site Management Chair, KCH Charity Executive Director, KHP
Circulation to	Board of Directors Circulation List	

AGENDA

		Enclosure	Exec Lead	Time
1.	**1.1 Apologies** **1.2 Declarations of Interest – to receive**			

	1.3 Chair's action **1.4 Action Tracker**	 **Enc. 1.4**		
2.	**FOR REPORT**			
	2.1 Chair's and Non-Executive Directors' Report **2.2 Chief Executive's Report** **2.3 Business Continuity Update** **2.4 KHP Update**	**Enc. 2.1** **verbal** **Enc. 2.3 To Follow** **Enc. 2.4 + Appx1 & 2**	**M Parker** **T Smart** **R Sinker/ L Wells** **R. Lechler**	**3.05pm** **3.10pm** **3.20pm** **3.30pm**
3.	**FOR INFORMATION**			**3.40pm**
	3.1 Quarterly Energy Report **3.2 Confirmed Minutes of Board Committee Meetings** - **Finance & performance 26th Oct 10** - **Audit Committee 23rd Sept 10** **3.3 Register of Directors' Interests** **3.4 2011 Board of Directors' Work Plan**	**Enc. 3.1** **Enc. 3.2a** **Enc. 3.2b** **Enc. 3.3** **Enc. 3.4**		
4.	**AOB**			**3.50pm**
	DATE OF NEXT MEETING: **Tuesday, 25 January 2011 at 3.00 pm in the Dulwich Committee Room**			

Tues 14 December, 5.00pm – the Board meeting will be followed by the Staff Christmas party in the Board Room.

Enc 1.4

Board of Directors – 14 December 2010
Action tracking list

Agenda Item/Date	Action	By whom	By when	Status
28 SEPT 2010				
	NONE			
26 OCT 2010				
010/161 Performance Report - month 6	RS to report to the next Finance and Performance Committee on the introduction of the radiotherapy measure in 2011 and how the trust will manage performance given its reliance on external providers.	Roland Sinker	Nov 2010	complete
010/167 Monitor Submission, Q2 2009-10	FT Financing Facility should be informed of the trust's governance declaration.	Simon Taylor	Nov 2010	complete
30 NOV 2010				
Annual Workforce Report	Higher sickness absence rates for support staff and technical staff - feedback on causes and actions	Angela Huxham	January 2011	
KHP update	Circulate presentation on Veterans' Administration	John Moxham	Dec 2010	

Enc. 2.1

King's College Hospital NHS
NHS Foundation Trust

Report to: **King's College Hospital Board of Directors**

Date of meeting: **16th December 2010**

By: **Michael Parker, Chairman**

Subject: **Chairman and Non-Executive Directors' Report**

Michael Parker - Chairman

22nd November 2010	Attended meeting with Sola Afuape, Mentoring for Diversity Consultant re: NHS London Band matching Attended the Windsor Fellowship Inaugural lecture with Lord Adebowale
23rd	Attended visit to Kings by Anne Milton MP, Secretary of State for Public Health. Attended meeting with Peter Bebb, Director, National Audit Office Attended meeting with Robert Lechler Attended Diversity Practice discussion dinner event
24th	Attended meeting with Professor Swee Thein re: Sickle Cell Centre proposal Attended KCL evening lecture and dinner with Dr June Crown
25th	Chaired Board of Governors meeting
29th	Attended Transformation Partnership Board meeting
30th	Chaired Finance & Performance Committee meeting Chaired Board of Directors meeting
2nd December 2010	Attended Consultant Development Meeting
3rd	Attended visit to Kings by Kurdistan Ministerial Party

Robert Foster

25th November 2010	Attended Board of Governors meeting
30th	Attended Finance & Performance Committee meeting Attended Board of Directors meeting Go See: Murray Falconer Ward

Professor Alan McGregor

22nd November 2010	Attended Wellcome Trust Clinical Research Facility (CRF)
23rd	Attended meeting with Tim Smart re: MRSA
25th	Chaired the Wellcome Trust CRF Project Board meeting Attended Board of Governors meeting
26th	Attended meeting with Ann Wood re: Ambulatory Care Division and CAGs
29th	Attended meeting chaired by Elaine McDonald re: Use of the Wellcome Trust Clinical Trials Facility
30th	Attended Clinical Directors meeting Attended Finance and Performance Committee meeting Attended Board of Directors meeting
2nd December 2010	Attended meeting of the Search Committee for an Academic Lead of the Liver Unit
7th	Attended meeting with Stephanie Amiel re: the DENOVaRS CAG

Martin West

25th November 2010	Attended Board of Governors meeting Attended meeting with Internal Auditors, KPMG
30th	Attended Women's Services Redevelopment Project Board Attended Performance & Finance Committee meeting Go-See: Princess Elizabeth Ward Attended meeting with Tim Smart Attended Board of Directors meeting
2nd December 2010	Chaired Audit Committee meeting
7th	Attended Emergency Department Project Board meeting

Maxine James

26th November 2010	Attended LGB Staff Group meeting
30th	Attended Board of Directors meeting

Marc Meryon

25th November 2010	Attended Board of Governors meeting
30th	Attended Board of Directors meeting
2nd December 2010	Attended Audit Committee meeting

Professor Sir George Alberti

23rd November 2010	Attended meeting with Dr Glucksman re: Urgent Care Centres
24th	Attended meeting with Michael Marrinan re: Clinical Pathways
25th	Attended meeting with Professor Wessley, Institute of Psychiatry Attended meeting with Dr Cairns re: Inpatient Care Attended meeting with Roland Sinker re: Acute Care Attended Board of Governors meeting
1st December 2010	Attended Audit Committee meeting Attended and presented at the Consultant Development meeting

CHIEF EXECUTIVE'S BRIEF

December 2010 Issue 55

King's

An update from the Chief Executive to all staff at King's College Hospital

I want to start this brief with a patient story. His name is Stefan Jedrzejczak RIP. He was a patient here in 2009, and his story features in the recent Patient Association report 'Listen to patients, Speak up for change'. It is a story of a man who was very vulnerable but who did not receive the care here of which any of us would be proud. I would like every ward team to read this at their next team meeting, and tell me what their learning from it is. None of us should tolerate patients being treated like this, and it reminds me why we are here, and why we need to keep reinforcing the King's Values. The story can be found on the X drive at Corporate Services/Corporate Communications/Key Documents .

Obviously everyone is aware of two things at the moment. Winter has arrived with a vengeance, and we need to do more with less. The whole of the public sector is challenged, and we are no different, although we have the very big advantage of being part of an Academic Science Centre, which is entirely consistent with our Value 'Always Aiming Higher'. At this point in the year, we have delivered very well on our savings plan, but it can't stop there. As I have said before, I would like nothing more than to give good news, especially at this time of year, but we are under enormous pressure financially as well as operationally. So we need to keep converting agency posts to permanent staff, and using Bank sensibly to maintain flexibility. I know that some wards are still staffed too thinly, and that must be rectified. Roland and Geraldine are working with colleagues across the Trust to make sure that we only fill essential vacancies, because we need to ensure patient safety and drive up quality at the same time as reduce costs further. I sense that everyone knows this, and is playing their part, and I thank you for that.

However, we are not doing so well on MRSA infections. We have not simply breached the annual target, we are still seeing more cases. Everyone must challenge any colleague who is not practicing according to guidelines. I am meeting every consultant whose patients have an avoidable bacteraemia so they understand the seriousness of poor professionalism. The Board will not tolerate anyone wilfully putting patients at risk. When we re-launch the Go-See programme, I will also be holding Board members to account for taking this seriously. I think Board members should be the greatest allies of front line staff when it comes to behaviour. I know that our Governors think that is vitally important. At the same time we should celebrate where we are doing well. General Critical Care have been free of any bacteraemias for 700 days. So it can be done.

I was very proud of King's at the HSJ Awards last week. Despite not winning, we were shortlisted twice, and it was good to see us represented among the best that the NHS has to offer. We also came out well in the Dr Foster Report that was published at the weekend. Our mortality rates are getting better, and by another measure of mortality, we are among the best in London, despite our challenging case mix. And I was very proud of our Maternity team when this week's Annual Maternity Report gave us the best assessment in London. Well done. And I was VERY proud of our staff in the Haven at an event three weeks ago to celebrate 10 years of the Haven network. Jan Welch and Jo Delaforce have played a leading part in establishing this network, which does such important work in very difficult circumstances, and to see them recognised at an event co-hosted by the Mayor and the Met Police was very rewarding. They are exemplars of the King's Values.

As are so many people. I have received letters this month telling me about a healthcare assistant who offered to pay for a taxi home, about another healthcare assistant who went well beyond his job description to care for a patient at the end of his life. Of course I receive lots of compliments about some of our great surgeons and doctors, but when I see nurses and other members of staff getting recognition, it is especially gratifying. Our patients and their families value the work you all do, and I am proud to be part of the team.

We are coming up to the Christmas holidays, when whatever your beliefs, people traditionally celebrate with their families, and re-charge their batteries. I hope you have the chance to do that. But if you are working over Christmas: thank you. It is a difficult time for people to be in hospital, or to be visiting loved ones, and you have a special role to play on that day. I hope to see some of you then.

Tim Smart
Chief Executive

An update from the Chief Executive to all staff at King's College Hospital

Preparing for cold weather

As we are now officially in winter, it is important staff prepare for severe weather conditions. As we have seen in previous years, this can lead to an increase in patient admissions, particularly among older people. In extreme weather conditions, such as snow, it can also potentially affect our ability to deliver patient services. Staff working in all areas should make sure stocks and supplies (particularly linen and consumables) are checked regularly.. If snow is forecast, staff should use travel information websites (such as www.tfl.gov.uk or www.rail.co.uk) to plan journeys in advance. For more information about planning for adverse weather conditions, please speak to Liz Wells on x 2983.

Winter Diversity Event

King's is hosting a drop-in event in the Board room on Tuesday, 21 December between 11am – 2.30pm to celebrate staff diversity. The Winter Diversity Event will be the first of its kind to be held at King's, and is designed to raise awareness of equality and diversity issues affecting staff. There will be a number of exhibition stands in the Board room, including the hospital's Cultural Diversity Group, the Lesbian, Gay, Bisexual and Transgender Group, the Disability Staff Interest Group, the Education and Training Department, and the Occupational Health and Well-Being Group. Partner organisations - including Mencap and Stonewall - will also be attendance. We are working closely with both organisations to help us become a more inclusive organisation, both as an employer and as a service provider. The event is open to all staff, and Tim Smart, Chief Executive, will officially open proceedings at 12.30pm. Light refreshments will be provided.

Flu vaccinations – reminder to all staff

Occupational health are continuing to provide seasonal flu vaccines to staff. These are available on a first come, first served basis. It is important that staff working with vulnerable and immuno-compromised patients are vaccinated. This includes staff working in Critical Care and the Emergency Department, as well as renal, haematology and children's services.

The Occupational Health team are running walk-in clinics (no appointments needed) every Thursday morning between 9am and 12.15pm. The clinics are held in the Occupational Health and Wellbeing Department on the 3rd floor of Jennie Lee House. Additional walk-in sessions are also going to be held in the Board room – please check Kingsweb in the coming weeks for dates and times.

Please contact the Occupational Health team on ext 3387 if you need further information, or if you are in any doubt as to whether you should have the vaccine or not.

Channel 4 – Emergency Department filming

During October and November, Channel 4 were filming a documentary series about our Emergency Department (ED). Filming for the series has now finished, and the team in charge of the production have started the lengthy editing process, which will result in 14, one-hour programmes to be broadcast on Channel 4 in summer 2011. Channel 4 and the production team have asked that we pass on their thanks to staff working in the ED, as well as many other departments across the Trust. For further information, please contact Chris Rolfe in Communications (x 3006) or Briony Sloper in ED (x 6017).

Staff survey deadline – final reminder

This is a final reminder to staff about the importance of completing the staff attitude survey, which 850 of you will have received. As an organisation, we can only improve the working lives of staff if we have meaningful and honest feedback from staff. All staff who return a completed questionnaire will be entered into a prize draw to win up to £150 of Marks and Spencer's gift vouchers. For more information, please speak to Jane Matty on x 6115.

Tackling MRSA at King's

Every month, we plan to include information in this briefing about the date of the last recorded case of MRSA bactaeremia at the Trust, and in which clinical area it occurred. This is one of many things we are doing to refocus efforts across the Trust in a bid to reduce unavoidable infections, which is a crucial patient safety issue.

Date of last MRSA bacteraemia: 29 October
Clinical area: Cardiac
(Victoria and Albert Ward, HDU)

Trust Christmas party

On Tuesday, December 14, the Trust will be holding its annual Christmas drinks in the Board room. The event starts at 5pm (after the Trust Board) and is open to all members of staff – drinks and mince pies will be served.

King's College Hospital NHS
NHS Foundation Trust

Enc 2.3

King's College Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Date of meeting:	14th December 2010
Subject:	Winter Resilience Plan 2010
Author(s):	Liz Wells, Head of Emergency Planning and Clinical Site Management
Presented by:	Roland Sinker, Director of Operations
Sponsor:	Roland Sinker
History:	Not previously considered by the Board
Status:	For report

1. Background/Purpose

King's College Hospital has robust escalation policies to manage surges in the number of admissions via the emergency department and the flow of routine admissions throughout all divisions. King's is constantly under pressure to meet the needs of the patients we serve. One element of this is the safe management of increased pressures on the bed state as either a planned event of in response to an emergency. These pressures can be increased during the winter months. **The Winter Resilience Plan** seeks to clarify how employees and the trust respond to the changing needs of a dynamic organisation.

2. Action required

The Board is asked to note this policy

3. Key implications for the Board

Legal:	To monitor and achieve mandatory targets eg 18 weeks, emergency care.
Financial:	Loss of income regarding elective and tertiary referral work.
Assurance:	Safe patient care in ED and the rest of the hospital.
Clinical:	Linked to all clinical activity, With the safe delivery of high quality timely care.
Equality & Diversity:	n/a

Performance:	Failure to comply or implement the Winter Resilience plan will affect ED performance figures, emergency care targets, 18 weeks and cancer targets.
Strategy:	n/a
Workforce:	n/a
Estates:	n/a
Reputation:	Not being resilient over winter would seriously damage the reputation of KCH as a Tertiary referral centre and local hospital.
Other:(please specify)	

4. Appendices

a. Winter Resilience plan 2010

Executive summary

Kings College Hospital has robust escalation policies to manage surges in the number of admissions via the emergency department and the flow of routine admissions throughout all divisions. Kings is constantly under pressure to meet the needs of the patients we serve. One element of this is the safe management of increased pressures on the bed state as either a planned event or in response to an emergency. These pressures can be increased during the winter months. **The Winter Resilience Plan** seeks to clarify how employees and the trust respond to the changing needs of a dynamic organisation. This report and the plan aims to give the Board assurance in relation to managing capacity during the winter months.

The Winter Resilience Plan

This is a plan that seeks to clarify how employees and the trust respond to the changing needs of a dynamic organisation. The policy without exception applies to all individuals within the trust who are involved in providing services to our inpatients. The plan is attached as Appendix (a)

Key personnel who have responsibility in the Winter Resilience Plan are:

- Clinical site management team
- Director of operations
- Divisional managers
- Medical staff
- Nursing staff
- ED Staff
- Discharge coordinators
- Hospital discharge team Lambeth and Southwark
- Heads of Nursing
- Facilities- House Keeping Porters Linen

This responsibility may also be appropriately delegated to the wider team.

Additional Actions

A number of key measures have been initiated during the run up to winter to support the winter resilience plan for this year.

1. The Director of Operations has delayed the relocation and development of the Admissions and Discharge lounge. This action will enable the release of 12 beds for winter pressure and 16 beds for the opening of a medical assessment unit

2. Instigated weekly Trust wide performance meetings with ED and all Divisions including medical, nursing and managerial staff - each week themed agenda with actions

3. Daily 5pm meeting moved from Ferguson room to the Director of Operations office Monday to Friday, attended by senior divisional leadership and ED Consultant. Weekend planning is shared on Friday, Clinical Site Manager present and informed of actions

4. Modelling has been carried out regarding the closure of QMS and suggests no impact on KCH Emergency Department or maternity services. Progress will be monitored.

5. Three new systems have been implemented to give visual representation and situation reports on hospital capacity: Capacity Management System (CMS), London Ambulance Service (LAS) handover tool and Sector /LAS escalation.

6. Bed management system ongoing and will be monitored by the Clinical Site Manager team over the winter.

7. Business continuity plans in place to provide staff accommodation and ensure transport, utilities and hotel services continue as normal

Recommendations

The board is asked to note this policy.

Appendix a

King's College Hospital NHS
NHS Foundation Trust

WINTER RESILIENCE PLAN 2010

START DATE:	**September 2010**	**REVIEW DATE:**	**August 2011**
COMMITTEE APPROVAL	Director of Operations	***Chair's*** *Signatures:*	
DISTRIBUTION:	All Staff		
LOCATION:	X drive – Emergency Preparedness – Plans, Kwiki CSM office, Major Incident Silver Control Room, Major Incident Bronze Control Room		
RELATED DOCUMENTS:	Major Incident Plan/Mass Casualties Business Continuity Plans Bed Escalation Policy Bed Management Policy		
AUTHOR/FURTHER INFORMATION:	Liz Wells		
PERSONNEL RESPONSIBLE FOR UPDATES	Divisional Managers, Head of Emergency Planning and Clinical Site Management		
KEY LEADS	Director of Operations or Deputy (Divisional Manager) Head of Clinical Site Management		
VERSION NUMBER	2.0		

Introduction

All Trusts are required by NHS London (NHSL) to produce evidence based Pressure Surge (winter) plans based on projected demand and capacity, for Winter 2010/11.

Kings College Hospital (The Trust) has robust escalation policies to manage surges in the number of emergency admissions via the Emergency Department (ED). These have been tried and tested over a number of years. Capacity planning and escalation in the winter seeks to balance elective and emergency work in conjunction with waiting list and emergency performance targets. The entire bed pool is reviewed on an annual basis and bed allocations to specialties are based on contracted activity, waiting lists and emergency needs. Allocations are flexed at points through out the year to accommodate and reflect this.

Despite the impact that winter has on demand and capacity, the Trust needs to maintain the following standards, directives, legislation and targets;

- Ambulance turnaround time ‹15 minutes
- Prevention of HCAI Health Act breaches
- Emergency 4 hour access target
- Urgent/immediate tertiary access
- 18 week & cancer wait elective access targets
- DSSA standards
- *And;*
- Reduce outlying – displaced patients have an increased LoS and a higher incident of never events
- Plan seasonal bed closures to reduce Bank and Agency staffing

Directorates will be required to submit local winter returns based on key risk areas identified following completion of the Trust plan. For the purpose of this plan winter refers to 1 October to 31 March.

King's is constantly under pressure to meet the needs of the patients we serve. One element of this, is the safe management of increased pressures on the bed state; as either a planned event or in response to an emergency.

The Trust bed management system, processes and procedures are under development at present and the existing policy will remain in the interim until these are completed. The Trust policy template and format will be followed with the new bed management policy when developed.

Objective

The “Winter Resilience Plan” seeks to clarify how employees and the Trust respond to the changing needs of a dynamic organisation. The following procedure is to assist the organisation to respond in a co-ordinated manner to the demands of emergency pressures, ensuring the safety of patients at all times.

Scope of Plan

The plan will apply without exception to all individuals within the Trust who are involved in providing inpatient services to patients.

Key personnel who have responsibility in “Winter Resilience Plan are:

- Clinical Site Management Team.
- Director of Operations.
- Divisional Managers.
- Medical Staff
- Nursing Staff
- ED Staff
- Discharge Co-ordinators
- Hospital Discharge Team (Lambeth and Southwark)
- Heads of Nursing
- Facilities – housekeeping, porters and linen.

1. Annual leave planning.

Systems of planning leave for extended holiday periods are in place with executive and general management cover co-ordinated via the Director of Operations. The normal senior management cover will continue.

2. Emergency Care Planning

Average attendances have increased significantly since last year and continue to increase with the development of Trauma, Stroke and PAMI services.

Within the Emergency Department (ED) the average daily attendance has increased by 2% in Majors and Resus from last year. Attendances continue to increase with a growth in Paediatrics, Elderly, Mental Health, the Trauma, Stroke and PAMI services. The fluctuation in the daily attendance, with a

daily mean of 349 rising up to 439, can cause some difficulties in managing the service.

There are plans in place for a “Meet and Greet” nurse who will Triage patients on arrival and if appropriate, then redirect the patient to the most appropriate service for their needs e.g. patients own GP, Lister GP walk in service, or advice on the national flu line if appropriate.

Southwark Primary Care Trust (The PCT) provide a “Patient Advice and Liaison Officer Service” (PALS), within ED, which offers help to patients with regards to registering with a GP service, redirects patients to primary/community services if the patient does not require emergency treatment and provides information to patients about local NHS services within the community.

The Mental Health Liaison Team which comprises nursing staff, doctors and crisis practitioners are based within ED to ensure 24/7 cover. Patients are seen, assessed and treated in a timely manner to expedite admissions to the appropriate ward or discharge home.

Within the Clinical Decision Unit there are in post a Social Worker, Physiotherapist and Occupational Therapist who work closely with the community services to enhance the referral to appropriate agencies in providing home care packages and enable admission avoidance.

The London Ambulance Service have provided access to their tracking system which enables the performance manager in the ED to track incoming ambulances and monitor the number of crews in the ED waiting to handover patients. The objective is to meet 15 minute handover target with a further 15 minute dead line to have the ambulance ready for the next call (See appendix 2).

The Capacity Management System is a web based tool (see appendix 3) which provides an overview of the Acute Trusts in London. The system is based on information about capacity and ED activity; this is calculated to provide an access pressure score and RAG rate the Trust (Green, Amber, Red and Black). The data is collected 2 – 4 hourly and gives a snapshot of activity. This is then interpreted by the London Ambulance Service (LAS) and the Sector. The LAS will commence sending ambulances to neighbouring Trusts for an hour to aid relief of pressure within the ED and send a Divisional Service Officer (DSO) to the Trust to assess and work with the Trust to recover. The Sector also monitors the RAG rating across the patch and will call when Trusts have a RED rating, to monitor whether pressure is within capabilities or the necessity of convening a Sector conference call to discuss the need for a “Divert” (as per Emergency Department Capacity Management and Closure Policy, see appendix 4).

Queen Marys’ Hospital, Sidcup has closed the Emergency Department and Maternity Unit over the winter. The attendance and admission modelling

suggests no impact on us at Kings but we will monitor out of area patients in both areas over the winter period.

3. Access

A Medical Admissions Unit of 60 beds within Medicine opened last year and has now matured. There is a senior nurse and clinician leading and ensure a timely referral to specialists if required and / or accelerated care pathways which reduce length of stay and therefore free up capacity for emergency admissions. This also reduces the use of elective beds for emergency patients and minimises the cancellation of elective procedures.

We have also recently developed an Acute Surgical and Trauma Unit to accommodate both trauma patients and acute surgical admissions. Again working along the model of the MAU this will support emergency admissions and enable elective activity during the winter months.

The development of an Admission and Discharge ward has been postponed until March/April 2011 to enable additional capacity (12 beds) for patients waiting continuing care placement. In cohorting these patients we can monitor and give timely escalation when required to Social Services and the Sector. These 12 beds will close over the Christmas period and open in January as winter pressure beds.

The remaining capacity on Annie Zunz Ward is to develop a 16 bedded Medical Assessment Unit, planned to open beginning of January 2011. The unit will be direct access by GP referral patients and those patients who required extended assessment to establish the need for admission or discharge with follow up from community or specialist out-patient clinics.

The bed meetings are operating 3 times/day over the winter (10.00, 14.00 with bed managers and 17.00 with Director of Operations and Divisional Managers) and will continue to balance elective work with emergency patients. There are clear routes of escalation internally within the Divisions and externally with daily Sector conference calls and CMS evaluations. The Daily Bed report with internal RAG rating will continue to be sent to the management teams both internally and externally. Weekend planning across all Divisions is collated on Friday and assurance given by the Divisions to the Director of Operations. Weekly ED performance meetings are now in place to discuss any issues within ED and across the Trust, as a platform for discussion, actions and learning. With the commissioning of a new “Electronic Patient Status Board” (ePSB) across all wards there will be transparency of capacity available to enable management of capacity needs. Having visibility of capacity and numbers within the ED will enable proactive measures to manage daily capacity. This is part of the transformation programme “patient flow” work stream.

4. Bed planning – Christmas & New Year

The usual system of a Trust wide co-ordinated flexible bed plan will be in place to cover the holiday period and early into the New Year to ensure that emergency access is maintained throughout and that elective work comes back on line quickly after the holiday period.

All care groups will be asked to submit their plans for Christmas and the New Year by end October 2010 for co-ordination by the Bed Management Teams.

Any increase in the number of delayed transfers of care will be escalated via Hospital Discharge Teams in the morning to enable prioritisation of case management.

The Trust has allocated wards and protected speciality beds for elective and tertiary referral admissions throughout the autumn and winter to ensure that performance against waiting time targets is sustained.

A predictor tool is used for emergency admissions, to proactively monitor number of beds required on a daily basis.

Critical Care facilities are managed by the intensive care consultant for each adult unit and for the paediatric unit. All Critical Care units use their capacity flexibly and plans have been devised to increase capacity if required during the winter.

It is the intention in the New Year to commence the new bed management system from the "Patient Flow" work stream, within the transformation programme. The development of 24 hour, 7 day a week bed management cover within Trauma, Emergency and Acute Medicine, Liver, Renal and Surgery, Network Services Divisions. This will initially be monitored by the Clinical Site Management Team until the staff are settled and the system is up and working efficiently.

5. Flu

All Trust staff will offered the flu vaccine via Staff Health and have a staff vaccination programme, this includes Group vaccinations in a central area, open clinics and visits to speciality/vulnerable areas.

6. Infection Control

The Infection Control team attend the daily bed management meetings and monitor any cases of Diarrhoea and Vomiting, influenza etc. This enables management, confinement and prevention of an outbreak across the Trust.

7. Escalation Arrangements

The aim of this procedure is to provide a systematic approach to accelerating the management of beds in response to increased emergency pressures. This process should guide staff in their roles, reducing disruption to a minimum both in and out of hours.

The three stages of Bed Alert are:

- ***Normal (As normal escalation Green)*** – no untoward bed demands.
- ***Medium (Green Plus/Amber)*** – increasing pressure due to numbers of admissions and/or delayed discharges with some disruption to elective activity.
- ***High (Amber Plus/Red)* –** sustained pressure on beds with increasing numbers of outliers and /or delayed discharges seriously affecting the normal elective activity to the organisation.

Normal (Green) Bed Management Arrangements

Bed State Key Performance Indicators	Action required	By Whom
• Total ED stay to admission to ward time less than 4 hours. Beds available for allocation at 3 hours. • Delayed discharges <20 patients. • Beds sufficient to meet emergency demand. • No or limited routine cancellations. • No impact of outliers on specialities. • No restriction to EBS.	• Continued regular review of inpatients	• Medical Staff
	• Monitoring of DTA-bed time • Daily bed report • Daily bed meeting	• ED, Clinical Site Managers and Divisional Bed / Admission Managers
	• Monitoring of delayed discharge	• Discharge Coordinators/Hospital Discharge Team
	• Maximise beds on medical wards/Medical Admissions Unit and Surgical Admissions Unit	• Clinical Staff • Bed Managers • Clinical Support Workers
	• Routine communication by ED Consultant and on take Medical/Surgical Consultant	• On take Medical /Surgical Consultant • Clinical Site Manager

Bed Pressure (Green Plus/Amber) - Medium alert

Bed State Key Performance Indicators	Action required	By Whom
As above normal pressure plus		
• Beds are not allocated to emergency admissions at 3 hours	• Alert Head Nurse, Clinical Site Management and Head of Nursing, ED	• Modern Matron/ Clinical Site Manager
• Predicted emergency capacity is borderline in meeting demand i.e. 1) Delayed discharges >20 patients. 2) Insufficient beds to meet demand without affecting electives. 3) Stage 1 - 10 med/surg. outliers in specialities for 7 days 4) Stage 2 - 15 med/surg. outliers for further 5 days 5) Cancellation of some admissions 6) Restriction to EBS – Own District Only 7) Difficulties in repatriating regional patients	• All clinic admission to be reviewed and admission delayed when possible • Consultants/Specialist Registrars to be contacted to undertake urgent wards rounds • Review and move Medical Admission Unit/Surgical Admissions Unit patients • Inform – DMs and Director of Operations	• Clinical Site Manager • All medical/surgical on take consultants/SpR • Head Nurse, Clinical Site Management
	Open closed beds • Stage 1 – Negotiate use Neuro/surgical/liver beds to house other speciality electives and free space on emergency capacity • Stage 2 - open 12 winter pressure beds –Annie Zunz ward • Inform Dir. Of Operations	• Divisional Manager Medicine • Clinical Site Managers • Head of Nursing
Outlying patients should be placed to ensure that patient safety is not compromised	• Daily bed meeting at 10.00 • Delayed discharges review and accelerate discharge plans where possible involving social services	• Clinical Site Manager • Local admissions / bed managers • Discharge Coordinators • Hospital Discharge Team

	• Divisions to prioritise electives for admission i. Urgent ii. Long Waiters iii. Previously cancelled	• Clinical Staff • Local admissions / bed managers • Divisional Managers • Clinical Site Managers
	• Ensure that patients requiring repatriation are identified on site report and Dir of Ops or Head Emerg Plan/CSMgmt informed.	• Local admissions / bed managers • Clinical Site Manager
	• "Own District Only" – inform all admitting clinicians re ODO status	• Clinical Site Manager • On call teams

Bed Pressure (Amber Plus/Red) - High Alert

Bed State Performance Indicators	Action required	By Whom
As above medium pressure plus		
Trust reporting AMBER for 4 days Emergency capacity is insufficient meet current demand and likely to be ongoing. Restriction to EBS • Ensure all clinically stable or those awaiting social placement to Intermediate Care or community based bed • Stage 3 - 20 med/surg outliers in specialities for 5 days • Stage 4 - 20 med/surg outliers for further 5 days	• Alert Director of Ops and Divisional Managers • Inform Chief Exec • Inform Social Services • Inform Sector	• Head Nurse, Clinical Site Management • Director Of Ops • Hospital Discharge Team Leader
	• On take ED/Medical Consultant to review all clinic admissions, to attend 11.00 bed meetings in MI room ED, heightened presence in ED. • Emergency review of identified patients by Consultant to facilitate discharge. Jnr. Clinical staff to be informed by Consultant of decision to discharge and that they to prioritise discharge summary and TTAs • Consultants/ registrars to be contacted to undertake emergency wards rounds • Inability to maintain elective only wards and results in cancellation of majority or all elective admissions	• Head Nurse, Clinical Site Management • All on take consultants • DMs
	Use of protected elective only beds • Stage 3 – Use Liver beds on Trundle ward • Stage 4 – Use of Murray Falconer Ward • Identify patient suitable for transfer	• Divisional Managers • Head Nurse, Clinical Site Management • Head of Nursing • Inform Dir. Of Operations

	• Twice daily bed meeting at 10.00 and 14.00	• Head Nurse, Clinical Site Management • Medical Consultant • Local admissions / bed managers • Discharge coordinators and hospital discharge team to join 14.00 meeting
	• Assessment of provision for continuity of Tertiary speciality referrals	• Head Nurse, Clinical Site Management • Divisional Managers • Dir. of Ops
	• Decision on potential for critical care – ITU/HDU. • Close to EBS / HEMS if necessary	• Critical Care Consultant • DMs • ED Consultant • Dir. of Ops • Head Nurse, Clinical Site Management
	• Notification to CEO Sector	• Dir. Of Ops • Info- Chief Exec
	• Sector – ask to divert speciality referrals to other providers	• Dir. Of Ops
	• Briefing meetings with Trust Management to appraise of Situation	• Head Nurse, Clinical Site Management • Dir. Of Ops • Divisional Managers
	• Reporting of situation to Sector and NHS London	• Chief Exec • Dir. Of Ops

	• In extreme circumstances seek to invoke the "ED Protocol" (Divert) for a specified period only.	• ED Consultant in consultation with Head Nurse, Clinical Site Management Divisional Manager (Medicine) and Dir. Of Ops or Back up Manager • CEO or Deputy to make call as per policy

8. Business Continuity Management

At present the Trust is undertaking a service level Recovery Time Objective (RTO) assessment against each Impact Category: - Patient Care, Safety, Staff Welfare, Reputation and Financial Impact. This initiative also includes an initial assessment of any critical elements of services which could – potentially - be continued at an alternative location/site e.g. Payroll. Local service managers have been identified and mapped into Shadow Planner (BCM software) to demonstrate full Trust-wide engagement. Each service is documenting the dependencies required; these will continue to be mapped and this process includes the identification of minimum safe levels of service.

9. Communications

Normal arrangements including 24 hour on call remain in place.

10. Reporting

Normal arrangements are in place via daily SITREP reports.

Useful Contact Numbers:-

INTERNAL

Silver Control Room – 020 3299 5292

Clinical Site Manager – Bleep 333

Back up Manager – via switchboard

Director on call – via switchboard

Head Nurse, Clinical Site Management – Bleep 413

Head Emergency Planning and Clinical Site Management – Ext 2983 or Bleep 512

Pharmacist – 09.00 – 17.00 Ext 3347 (Out of Hours – via switchboard)

Procurement – 09.00 – 17.00 Ext 1168

Facilities Officer - 09.00 – 17.00 Ext 3466 (Out of Hours via switchboard)

Unit Works - 09.00 – 17.00 Ext 2843 (Out of Hours via switchboard)

Mortuary Service – 09.00 – 17.00 Ext 3504 (Out of Hours via switchboard)

Relative Liaison Officer 09.00 – 17.00 Ext 3426

Customer Services Manager IT 09.00 – 17.00 – Ext 363 (Out of Hours via switchboard)

EXTERNAL

London SHA on call Director 0844 822 2888 Pager "NHS 01"

L.A.S 0207 921 5197

Emergency Bed Service - CMS

HEMS

Southwark PCT on call Director 0844 822 2888 pager "Southwark 1"

Lambeth PCT on cal Director – 0844 822 2888 pager "Lambeth 1"

Guys & St Thomas' Hospital NHS Foundation Trust
Direct line ED – 020 7188 7188 Ext 88899
Tie line #6151

Lewisham University College Hospital NHS Trust
Direct line ED – 020 8333 3058
Tie line #6129

Queen Elizabeth Hospital NHS Trust
ED – 020 8836 6000 Ext 2002/2818
Tie line #

Princess Elizabeth Hospital NHS Trust (Bromley)
ED – 0168 986 3000 Ext 63484/85/86
Tie line #6116

St. Georges Healthcare NHS Trust
Direct line ED – 020 8725 1279
Tie line #6148

Mayday Healthcare NHS Trust
Direct line ED – 020 8401 3015
Tie line #6132

Enc. 2.4

King's College Hospital NHS
NHS Foundation Trust

Kings Health Partners

Performance Council – Report to Partners Board

November 2010

1.0 Introduction and Context

The inaugural meeting of the Kings Health Partners Performance Council took place on 9 November 2010. This short report has been prepared to brief the Partners Board on the discussion and the emerging issues which will now be the focus of the group over the next 12 months. The formal minutes will be made available for the Board.

The Board agreed to establish a Performance Council as a mechanism for overseeing the "value added" of Kings Health Partners and to ensure ambitious metrics were agreed which would require delivery by all the Partner organisations. As a result , the work to date has focussed on agreeing the 6 Kings Health Partners metrics , identifying the mechanisms for collecting and monitoring these, understanding how CAG scorecards can be created and understanding how the CAGs will potentially work within new performance arrangements. In addition, it is recognised that the Performance Council has responsibility for the oversight of the totality of the tripartite mission and as such mechanisms to refine this process , avoiding duplication but creating appropriate assurance will be the focus of ongoing review.

The Terms of Reference for the Performance Council are attached and were agreed at the meeting, recognising the potential need for re-iteration as the Council becomes more firmly established. It should also be recognised that the Partners Board recently conferred responsibility for accrediting CAGs for Module 1 and 2 to the Performance Council and thus all CAGs will be reviewed as part of the process and prior to attending the Board for formal accreditation.

The Cardiovascular CAG attended the meeting on 9 November as part of a planned rolling schedule of CAG attendance.

2.0 Issues and discussion

The meeting was well attended by the Partner organisations and the following issues were raised

- Attendance of KCL – it was noted that the Head of School will attend for the relevant CAGs.
- Meeting times – it was agreed that given the importance of getting CAGs accredited, further time would be devoted to the initial series of meetings possibly extending over half days and whole days in order to get CAGs moved through Modules 1 and 2.

- Development of Performance Metrics – a mock scorecard was reviewed and this is attached. It was noted that there were currently limitations in terms of populating this and organisational support was given to take this forward. It was recognised that there were also other limitations. There is no financial information on this scorecard and the development of service line reporting , particularly across the acute organisations was recognised as a key mechanism for beginning to address this in a comparable form. In addition, the scorecard will not allow for oversight of the strategic developments which will be required via Module 2a and 2b and it is likely that a more narrative form will be required for this. The mental health CAGs are likely to be further advanced in terms of scorecard alignment given that CAGs are now the operational vehicle for the organisation and it will be important that there is good understanding of these developments by all the Partners.

3.0 Attendance of Cardiovascular CAG

The Cardiovascular CAG attended the meeting and was congratulated for the good progress they had made with Module 1 (Mobilisation) and Module 2a (baseline strategy description). Only limited progress had been made however with Module 2b with regard to strategy development including research , training & education as well as clinical strategy. The Performance Council reviewed this module with the team and whilst recognising the demands on time, felt that it was now imperative for the module to be fully completed by 7 December. Good progress had been made with the development of a "big idea" around the possibility of a developing a strategy focussing on a single site for service delivery but it was noted that further detail was required by specialty and with regard to research and teaching interfaces.

The team also raised the reality of using KHP co to "bank" money which the CAG was generating with particular reference to the recent international TAVI meeting.

4.0 Next meeting

The next meeting will be held on 7 December. The Addictions CAG and the Pharmaceutical Sciences CAG will be attending to present Modules 1 & 2 and the Cardiovascular team will be asked to re-attend.

Frances O'Callaghan

Director of Performance & Delivery

November 2010

Enc. 2.4 Appx1

King's College Hospital NHS
NHS Foundation Trust

Performance Council DRAFT Terms of Reference
For discussion

Membership:

KHP Executive Director
KHP Director of Clinical Strategy
KHP Director of Teaching and Training
KHP Director of Performance and Delivery
KHP Director of Research
GSTT Chief Operating Officer/Chief Nurse
KCH Executive Director of Operations
SLAM CE or delegated person
GSTT Medical Director
KCH Medical Director
SLAM Medical Director
KCH Chief Nurse
SLAM Chief Nurse
GSTT Finance Director
KCH Finance Director
SLAM Finance Director
KCL Head of School as relevant to the CAGs being reviewed
Other co-opted members as required

Terms of Reference:

1. To consider accreditation applications from CAGs
2. To request attendance at it's meetings CAG leaders with appropriate members of their teams to discuss and clarify any points or issues raised by Council members for the purposes of substantiating their case for accreditation
3. To agree CAG objectives, metrics and performance scorecard for tracking progress.
4. To recommend to the Partnership Board those CAG's it deems suitable for accreditation.
5. To receive progress reports from the CAG Steering Group regarding overall progress of all CAGs towards accreditation.
6. Where CAG's are significantly deviating from their agreed accreditation trajectory agree proposed actions to be taken by the CAG Steering

Post accreditation

7. To meet with each CAG leadership team at 6 monthly intervals to:
   - Review CAG performance against agreed metrics set out on the CAG scorecard
   - To discuss and consider other issues or obstacles to achieving CAG objectives.
8. Where performance falls significantly below expected standards the PC retains the right to recommend mitigating action to the Partnership Board e.g. 'CAG under special measures' etc
9. KHP Executive Director to provide 6 monthly formal report on all CAG's performance to the Partnership Board – potentially by way of a KHP scorecard developed to aggregate performance across agreed KHP metrics.

Enc. 2.4 Appx2

King's College Hospital NHS
NHS Foundation Trust

KING'S HEALTH PARTNERS GLOBAL HEALTH

STRATEGY PAPER FOR KING'S HEALTH PARTNERS BOARD MEETING

THURSDAY 18TH NOVEMBER 2010

BACKGROUND

Definition

Global health is an emerging discipline that is increasingly being adopted by governments, international agencies, academic institutions and civil society, as it recognises that health challenges and their solutions increasingly transcend national borders

A definitive interpretation of the term 'global health' remains elusive and hotly debated, but the key themes are well described by the following:*"Global Health is an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global Health emphasizes transnational health issues, determinants and solutions; involves many disciplines within and beyond the global health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level care".* Koplan et al, The Lancet (2010).

At King's Health Partners this definition has been integrated with the tri-partite mission by categorising our approach to global health within the following themes:

- Education & Training
- Service Delivery & Capacity Building
- Research & Policy Development

Why Global Health Matters to King's Health Partners

The emergence of global health as an academic discipline is in recognition of two keyneeds: to develop innovative solutions to global problems, supported by a strong evidence base; and to implement existing interventions more effectively through health care worker training and health service capacity building.

The importance of AHSC involvement is emphasised in key government reports, including Health is Global (2007) and the Crisp Report (2007), and in the recent challenge in *The Lancet* that "Academic medicine must take more responsibility for global health". Alongside this political commitment, significant financial support has been brought online to enable increased global health research and capacity building, such as through The Bill & Melinda Gates Foundation, the Global Fund and DFID.

From a global perspective, investment in efforts to reduce inequalities within and between countries and to strengthen capacity in fragile states is an integral part to UK and EU global security strategies. Alongside this renewed focus on unstable regions is a recognition that the emergence of countries such as India, China, Brazil and South Africa as global powers is fundamentally changing the political and economic landscape. King's Health Partners cannot remain a world-leading Academic Health Science Centre and extend its global reach without responding to these trends in a serious way.

Global health has local dimensions that are of equal importance. King's Health Partners, being situated in South London, must meet the needs of communities that are both culturally diverse and economically deprived. Global health can inform our practice in this area, and learning from Southern partners is key to developing our own leadership and diversity training. We are also seeing significant and growing demands

for opportunities to engage with global health from our staff and our students, and enabling this will be important for recruitment, retention and motivation. **KING'S HEALTH PARTNERS AS A WORLD LEADER IN GLOBAL HEALTH**

King's Health Partners is well positioned to respond to this challenge and to submit grant applications to fund significant research, training and capacity building activities. The four partners have a proud and established history in areas related to global health and we are already world leaders in conflict, global mental health and capacity building. We will only be able to reach our full potential in this field, however, if a wide range of academics and clinicians from across the AHSC are brought together to collaborate and focus their efforts in priority areas.

The creation of the AHSC has already enabled us to begin drawing together these pockets of excellence, integrating activities to form critical mass and identifying our unique strengths. As such, global health perfectly represents the added value and unique contribution of the AHSC and could help to demonstrate and validate this approach to all parts of the organisation.

We should be ambitious in our vision for the future. The end point for this phase of activity must be committed and long-term engagement from all nine KCL Schools and all of the Clinical Academic Groups. We have particular strengths which, with the right support, could be world-leading centres of excellence for King's Health Partners and include:

- Education &Training
    - Global health Teaching
    - UK and European Leadership on Global Health Education
    - UK Leaderson Overseas Training Opportunities
- Service Delivery & Capacity Building
    - Health Systems Strengthening
    - Work in Fragile States
    - Health Worker Training in LAMICs
- Research & Policy Development
    - Global Mental Health
    - Cancer &Palliative Care
    - Social Science Research
    - Dentistry
    - Health Systems Research

King's Health Partners potential in Global Health will only be realised through effective partnership. Our 10 year partnership with the Tropical Health and Education Trust (THET) was strengthened in February 2010 through the signing of a MoU and the co-location of the THET Somaliland and THET Executive Team at Denmark Hill. Our partnership with University of California in San Francisco (Immunology, Genetics and Global Health) was signed in 2009 and then developed through workshops in May and September 2010. The global health offices are actively developing joint working on capacity building, distance learning and planning the first PhD at the Global Health offices involving a colleague from UCSF Global Health Sciences. We also have partnerships with Medicine Africa (an innovative social networking education website), Medsin (the national student global health network) and Alma Mata (the national postgraduate doctor global health network) and are working with a number of NGOs in our priority countries (egWelbodi Partnership).

We are only at the start of unlocking this potential however, which will only be achieved through strong leadership and the strengthening of the Global Health Offices to become an education, capacity building, networking and administrative hub.

TURNING THE VISION INTO REALITY

Leadership and Governance.
Global health requires strong leadership in order to set and implement appropriate strategy across the AHSC. Realising the potential of the tri-partite mission will require strong inter-disciplinary synergies and collaborations to be released across all KCL Schools and CAGs.

Asteering group currently leads on Global Health. This includes Professor Stephen Challacombe, Professor Martin Prince, Professor Denise Lievesley and Mr Andy Leather. We propose that the steering group is now disbanded and that a King's Health Partners Global Health Board is formed, chaired by SC. The Global Health Board would report directly to the King's Health Partners Board and this might be facilitated by the Director of Performance & Delivery who would also sit on the Global Health Board. There would be representation from all 9 Schools, from GSTT, KCH, SLAM as well as student and THET representation. The Board would meet quarterly.

Martin Prince and Denise Lievesley would lead on Global Health Research Strategy. Andy Leather would provide strategic leadership for the educational programmes and country capacity building work, as well as engage with global health partners and CAG leaders to maximise internal and external synergies and collaborations.

The Global Health Offices
A purely virtual network of academics, clinicians, students and external partners will not be enough to facilitate strong collaborations, or to effectively support new initiatives or strengthen existing ones.

The offices would provide a geographical home for King's Health Partners Global Health and act as the base for two aspects of the tri-partite mission of global health, namely Education & Training and Service Delivery & Capacity Building. In both of these areas, King's Health Partners has the potential to be a major centre for networking, expertise and research – not only in the UK, but also at the European and global levels. Additional resources, in particular to develop new teaching programmes and to support grant writing for capacity building initiatives, will be essential to achieve this.

The offices would provide administrative support for global health communications and events, creating a vibrant global health community across KHP which is engaged in the tri-partite global health mission. The offices would also enable effective co-ordination for networking across the AHSC and with strategic external partnerships.

We are enormously grateful for the past and present financial contributions from all 4 Partners Organisations. These include contributions **from KHP** (2PAs for AL leadership role); **from KCL** (pro-bona accommodation for the Global Health Offices, 1 PA for AL teaching role, £50,000 pump-priming grant and from June 2011 a Teaching Fellow in Global Health);**from KCH** (£30K annual contribution for the administrative base of the Somaliland work over the last 5 years and PA for AL Somaliland work); **from SLAM** (support for Maudsley International) and **from GSTT** (support for Zambia and Tanzania links).

An increase in contributions (£25K per annum per partner; total of £100K) would allow for:

- Capacity Building Fellow post (£45K)
- Global Health Offices Administrator post (£30K)
- Budget for events, publicity, communications (£25K)

The Board are asked to consider.

Andy Leather and Stephen Challacombe, November 2010

Enc. 3.1

King's College Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Date of meeting:	14 December 2010
Subject:	Incorporating Carbon reduction into our Business and Energy Performance at King's
Author(s):	Tania Palk – Environmental & Logistics Manager, Cathal Griffin – Carbon Reduction Officer
Sponsor:	Ahmad Toumadj
History:	First Draft
Status:	Information

1. Background/Purpose

On the 15th of April 2010 the Department of Health (DOH) sent a letter outlining NHS London's approach to support Trust's to reduce their CO2 emissions by 10% by 2010 in line with the NHS Strategy saving carbon improving Health. Michael Parker, Chairman, requested a report on how KCH is performing against this. This report summarises the Trust's current performance against targets that were set in the Carbon management plan and additional actions required to reduce CO2 emissions.

2. Action required

The Board is asked to note:

1. King's Cuts Carbon awareness campaign events
2. Environmental Champion events
3. Consider Trust lighting strategy

3. Key implications

Legal:	Carbon Reduction Commitment and Climate Change Act.
Financial:	£200,755 – energy efficient lighting.
Assurance:	Environmental Committee manages on site risks such as energy reduction and waste management. Sustainability Committee will allow sustainability to be incorporated throughout the organisation rather than being led from CEF. NHS organisations that can engage with local communities and stakeholders can adapt to changing needs.

Clinical:	Can help to speed up patient recovery rates by using the Good Corporate Citizen model.
Equality & Diversity:	Promote equal access to healthier lifestyle and reduce health inequalities.
Performance:	A very small reduction of 73 tonnes (less than 1%) of CO2 was seen from the 2008/9 baseline in 2009/10. However the introduction of the CHP has seen a dramatic decrease in CO2 emissions.
Strategy:	Works alongside NHS Strategy 'Saving carbon improving health', the Good Corporate Citizen Model, Trust carbon management Plan, KHP Sustainability group and Estates strategy.
Workforce:	Helps to promote sustainable lifestyles for the workforce and the local community. Being an environmentally friendly and sustainable organisation may also help to attract staff.
Estates:	Sustainably designed and operated buildings will be more cost effective over their life cycle and provide a better working environment.
Reputation:	Improved reputation as sustainable organisation that minimizes environmental impact.
Other:(please specify)	

4. Appendices

a. Report

1. Background/purpose

The Department of Health (DOH) sent a letter outlining NHS London's approach to support Trust's to reduce their CO2 emissions in line with the NHS Strategy saving carbon improving Health.

To meet the UK's commitment under the Climate Change Act, the NHS has agreed to achieve the following carbon reduction targets:

- 10% by 2015
- 34% by 2020
- At least 80% by 2050

The Current Trust position:

- We have a Board of Directors (BOD) approved carbon management plan (CMP). Although this plan does not fully encompass the 10 elements that are outlined in the NHS Strategy Saving Carbon improving Health. It does set and exceed the targets required for carbon reduction.
- King's has dedicated carbon reduction leads as follows;
  Ahmad Toumadj – Director of Capital Estates and Facilities
  Tania Palk – Environmental & Logistics Manager and
  Cathal Griffin – Carbon Reduction Officer
- Both Environmental & Logistics Manager and Carbon Reduction Officer attend the NHS London Carbon Leads network and will continue to deliver initiatives to the Trust as directed via the Network.
- The Trust has done some work within the Corporate Citizen Model framework.

The Carbon Management Plan was approved by the BOD in May 2009 and was the result of the Trust successfully completing the Carbon Trust NHS Carbon Management Programme. Targets were set within the plan to reduce CO2 emissions by 25% by 2014. The body of this report will focus on how the Trust is performing against the targets and objectives laid out in the plan and additional actions the Trust will be taking to ensure that the targets are met. In addition to this the Trust also needs to address actions required to fully encompass the points laid out in the NHS strategy Saving Carbon and Good Corporate Citizen to ensure that CO2 reduction is incorporated into our business.

2. Executive Summary

Whilst the Trust is currently compliant with the requirements for the Carbon Reduction Commitment and the Climate Change Act, to incorporate carbon reduction throughout the business it is recognised that sustainability and

carbon reduction needs to be more fully integrated within the Trust. The Trust has seen a very small reduction of 73 tonnes of CO2 from the 2009/10 baseline; this is less than 1%.

Many of the large quick win projects to reduce CO2 within the estate, with the exception of lighting, have been planned for. The first quarter of this year shows the positive affect that Combined Heat and Power (CHP) Plant has had on CO2, with a reduction of 9% compared to the same quarter last year. This should result in a favourable saving of carbon for 2010/11 baseline.

In order to hit the Climate change Act target of 80% reduction of CO2 by 2050, CO2 reduction needs to be fully incorporated into the business. This would also align with NHS Strategy 'Saving Carbon Improving Health' and Good Corporate Citizen Model. Whilst many of the capital projects have been carried out within the Trust carbon management plan (CMP) such as PIR lighting controls, insulation and combined heat and power (CHP), the results of the Energy audits indicate that the awareness campaign and getting staff to switch off has not been so successful.

In addition to this the current CMP does not fully address other key areas that should focus on carbon reduction and sustainability. These include workforce, community engagement and some elements of procurement. Saving carbon improving health attributed 60% of the NHS CO2 emissions to procurement.

In order to begin to address these issues, the following key actions will take place.

1. Quarterly Environmental Champion Meetings.
2. Funding to be allocated for more efficient lighting strategy. (Submitted to November BRSG)
3. Continue to work alongside King's Health Partners (KHP), Saving Carbon Improving Health and Good Corporate Citizen model to deliver sustainable and low carbon initiatives.

3. Progress against key targets, objectives and projects as outlined in the Carbon Management Plan.

CO2 Baseline

KCH set a 25% reduction on emissions from a 2007/8 baseline by 2014. This baseline also incorporated all anticipated new builds which are due to happen within this time by including an average emission factor based on m3 for the site. These included the Clinical Research Facility (CRF), Infill block 4, Sydenham Dialysis, Neuro Theatre, Unit 7, Unit 5, Oxford Renal, Unit 2 and the additional capacity of the new CHP plant. This explains why a large reduction of CO2 of 8% is seen in the 2008/9 year, as many of these buildings were not in use. All are now in use with the exception of CRF which is currently in construction, Oxford Renal and Infill block 4.

Year	Tonnes of CO2	Reduction
2007/8	27,782	N/A
2008/9	23,620	4162 tonnes (8%)
2009/10	23,547	73 tonnes

Whilst the Trust has continued to decrease CO2 emissions the last financial year has seen a minimal decrease. Potential reasons for this are;

- the late commencement of the combined heat and power plant (CHP).
- energy awareness campaigns not being as effective as predicted.
- lighting project not as far developed.
- Increase in energy consumption due to activity/more equipment.

Update on Key Projects/Objectives identified in the Carbon Management Plan

Combined Heat and Power (CHP) - The CHP enables the Trust to generate electricity for use on the main site and to export any excess electricity to the grid. The predicted saving was 2555 tonnes for the 2010/11 baseline. The electricity generated is produced by generators which are powered by gas. The production of electricity results in a decrease in electricity imported from suppliers and an increase in gas imported to the main site in order to operate the CHP generators. In the first quarter of 2010 the Trust has made good progress in the management of its Energy and carbon emissions in comparison with the same quarter of 2009. The positive trend can be seen in the results below to be as a direct result of the combined heat and power plant (CHP) which became operational in March 2010.

This has resulted in:

- Net CO_2 reductions of 523 tonnes or 9%.
- Reduction in electricity consumption of 4,840,786 kWh or 67%
- An increase in gas consumption of 14,892,271 kWh or 147 %.
- Cost reduction in gas and utility charges of 18%. This amounted to £148,711.

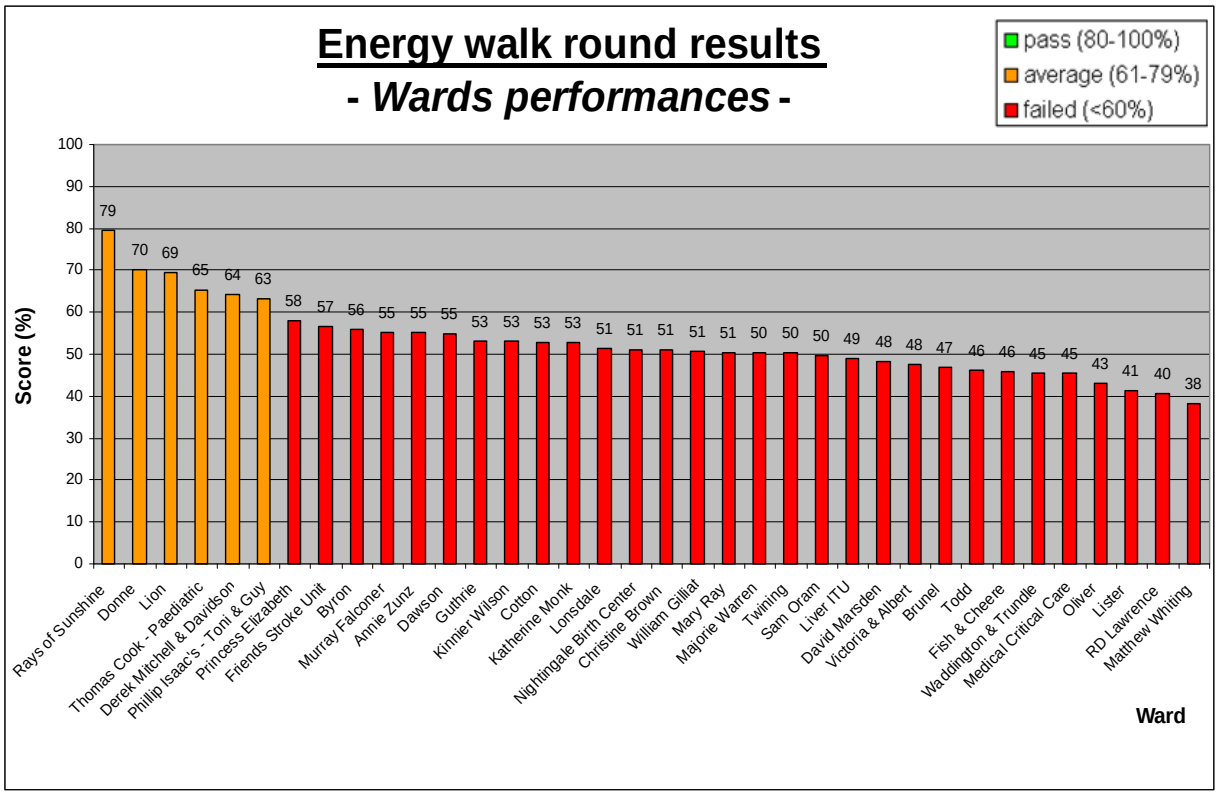
- Dalkia - Energy centre management service charges of £116,930.
- Exported electricity of 2,409,255 kWh. Revenue generated from electricity export of £100,691.

This result is particularly good in that due to the colder weather the level of degree days increased by 55% in this quarter compared to 2009. This equates to a higher demand on the level of heating required. It would be reasonable to assume that electricity and gas consumption, costs and CO_2 would also increase by the same percentage to deal with this colder weather.

For additional information on the CHP data please see appendix 1.

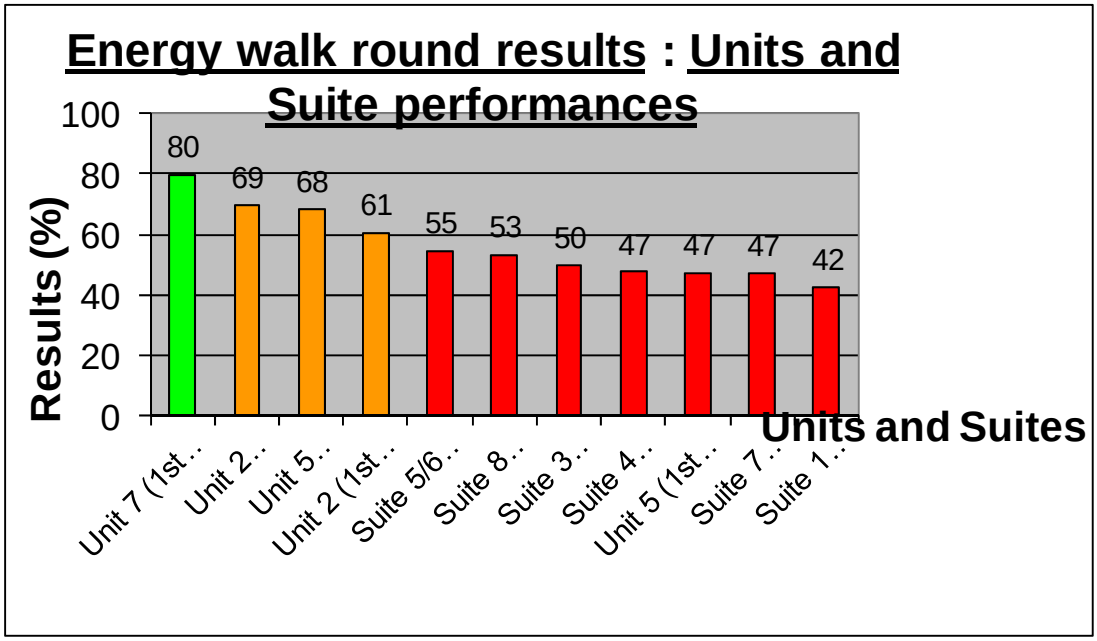
Awareness campaign **–** Good awareness campaigns should save 5% of site CO2 emissions although this is difficult to measure. The results of the Trust Energy Audits demonstrate that despite the launch of the King's Cuts Carbon Campaign and ongoing awareness, lights, PC's and office equipment are often left on when not in use. When questioned 64% of the areas had heard of the King's Cuts Carbon Campaign. However only 31% had an Environmental Champion. For an effective environmental campaign to take place these would be required to be present, actively promoting and monitoring sustainability.

The results below found that none of the wards actually passed the audit. Those that were found to have better results did so because they had been recently refurbished and there for had more lighting controls that were in built. Lighting was the key factor for wards not passing the audits. Please see appendix 2 for additional information.



Energy Audits – Office Areas/Suites

These areas were audited out of hours to look at whether or not areas were switching off equipment. The administrative areas scored more highly than the clinical areas. The largest area of non-compliance was lighting and office equipment not being switched off. There has tended to be some expectation that domestics will carry out this function. This is not within their job role and they would not be able to log on to PC's to switch these off. Please see appendix 3 for additional information.



As a result of these audits additional support will be provided to the voluntary Environmental Champions, to educate them on reducing CO2 throughout their departments. A quarterly programme will be set for 2010. The Trust is also planning an Environmental awareness event on the 25.11.10. By running these events and continuing with the King's Cuts Carbon Newsletter it is hoped that additional awareness and the recruitment of additional Environmental Champions will take place. Environmental training has also now been included at corporate induction. Issues associated with lighting are addressed in the relevant sections below.

PIR lighting - Installed in all waste rooms and some store rooms, 27 tonnes of carbon was estimated to be saved by this.

Energy Saving Lighting - At the time that the CMP was written a project was put forward to retrofit inefficient lighting with 'Save It Easy' converters. Due to funding a trial has only recently been set up in the Ruskin Wing. However, technological advances has also meant that LED lighting has evolved that can offer further energy savings and cost benefits. The inclusion of PIR's and

more energy efficient lighting will continue to be installed in new projects and refurbishments.

As outlined in the energy audits a huge amount of energy is wasted throughout the Trust via lights being left on. Some areas such corridors etc are required to have lights left on 24 hours a day these should be replaced with more energy efficient lighting as outlined below.

Initial funding required

Project	**Cost**	**Potential CO2 saving**	**Potential £ Saving**	**Pay back**
LED lighting	£200,755	312 tonnes per annum	£56,947 per annum	3.5 years

Due to the initial large capital cost of this project, this could be split down into a 3 year project. So that when re-lamping needs to occur there isn't a large maintenance pressure. The life span of the lamps is 5.7 years. A business plan has been submitted to BRSG to review this.

Waste Reduction – KCH recycled 34% of domestic waste stream in 2009/10 and reduced overall waste by 6%.

Carbon Reduction Officer - recruited in November 2009. Much of the initial focus of this role has been on preparing the Trust for the Carbon Reduction commitment, accreditation for the Carbon Trust Standard, invoice validation and developing monthly reporting.

The Trust has registered for the CRC scheme and is looking at developing a carbon reduction trading strategy with the finance department and in discussion with King's Health Partners. The Carbon Trust Standard is a certification that was created to recognise organisations that commit to measuring and reducing their carbon footprint and to encourage good practice in carbon measurement, management and reduction by businesses and public sector organisations.

Under the rules of the government's Carbon Reduction Commitment Energy Efficiency scheme, organisations that carry the Carbon Trust Standard will initially be rewarded in the energy efficiency league tables that are to be published as part of the legislation. The Carbon Trust Standard Application has progressed well over this quarter with a number of important actions having been implemented that are key to scoring points in the marking system.

The project to develop automatic monitoring and targeting across all main gas and electricity supplier meters is progressing but more slowly than planned.

Lagging and Insulation - Restrictions in budget has meant that not as much work has been carried out, however, 200 meters of pipe work carrying steam

and hot water was insulated. This will save £2,700 per year, payback 2.5years.

Voltage Optimisation - The voltage supplied to some buildings is higher than it needs to be, leading to excessive losses in many types of equipment. One way to implement voltage reduction on a site is by supply transformer tap-down. Estates are currently investigating this option with Simon Odam (consultant) with the intention of carrying out a pilot project in a low risk building. An obvious advantage of this approach is the very low cost involved. However, a disadvantage may be the risk of the voltage on the site becoming too low if the voltage on the supply grid drops to a lower level.

Green Procurement - Promotion of recycled content stationary. The Trust does not use recycled content paper in printers and photocopiers. The more efficient use of MFDs would pay for any additional short term cost. Working with Lambeth to support local procurement. Consolidation centre via LPP to reduce waste.

Travel - Active King's meets monthly which also incorporates active travel. Plans for KHP Group to meet. London remade survey carried out on delivery vehicles. The offsite consolidation centre will also reduce deliveries to site.

Projects that are not included within the CMP

Since the completion of the CMP additional projects have been identified and funded to reduce CO2. £100k has been dedicated to producing solar energy on site for the Clinical Research Facility, when this building is completed. In addition to this Salix funding of £360,000 has been approved for a flue gas recovery project which commenced in July 2010 and will be installed by October 2010. This will deliver a saving of 1,564 tonnes of CO2 per year and £112,000.

Predicted savings for 2010/11

Combined Heat and Power (2555 tonnes) + Flue Gas Recovery (1564 tonnes) = 4119 tonnes. This equates to a 17.5% reduction on 2009/10 baseline.

However in 2010/11 we will see the opening of the CRF which is an energy intensive building due to all the laboratory equipment within it and the installation of a new CT scanner in GJW. Therefore we need to continue to raise awareness on energy conservation so that the Trust can continue to reduce CO2 and save money.

4. Additional actions KCH will take to incorporate carbon reduction throughout the business.

The Trust committed in its CMP to address other issues of sustainability and carbon reduction such as procurement, governance and finance. The current

governance structure addresses issues of carbon reduction within the estate under the Environmental Committee, Energy Project Group, Travel Project and Waste Project Group. These groups have primarily focused on issues within the Estate, however we will now look to include agenda items that focus on procurement, finance and other key issues.

In 2010 the Environmental & Logistics Manager will also look to run a series of quarterly Environmental Champion meetings. Environmental champions are a list of volunteers, which have been recruited via the various King's Cuts Carbon awareness events, that are prepared to implement and champion environmental initiatives within individual wards and departments. The quarterly meetings will be used to engage these members of staff and look at what they can do within areas to influence colleagues to switch off and recycle. It is hoped that this will reflect in more positive energy audits when they are carried out next year.

In addition to this KCH will also look to continue to work along side other members of the King's Health Partners via the monthly Sustainability Committee. By working in partnership on ideas such as awareness, CRC and ISO 14001, current best practise on Environmental initiatives will be brought back for implementation throughout the Trust.

5. Conclusion

Whilst the Trust has a valid CMP in place that exceeds initial targets laid down by the NHS Carbon Strategy, lack of awareness and ownership throughout the Trust has meant that energy reduction targets have not been met for 2009/10. Rather than just focusing on buildings, what is procured and how services are carried out within them also need to be considered as part of the sustainability agenda. By recognising that sustainability and carbon reduction is an issue that needs to be addressed by the whole organisation it is hoped that the CO2 reduction and expenditure on utilities should improve in the forthcoming years.

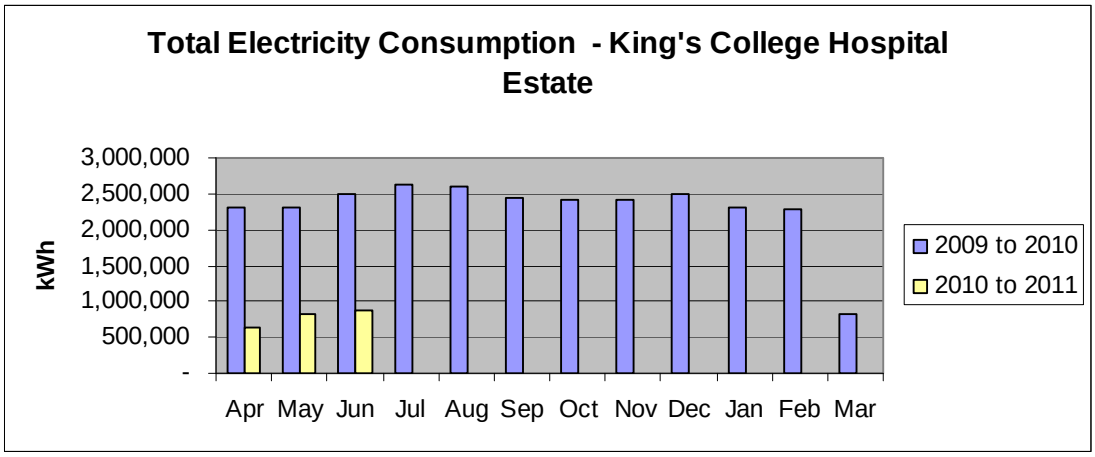
In order to achieve this the Trust will work along side Environmental Champion's within each ward and department who is allocated responsibility for these issues. In order to continue to save both CO2 and money it is also strongly recognised that further investment is made into the Trusts lighting strategy. The Environmental Committee will also be revised to incorporate and focus on other key areas such as procurement and finance. This will enable objectives and targets for carbon reduction to be set in areas that the current CMP does not address. By working in partnership with the other King's Health partners, best practise and support will be provided to these initiatives.

Key projects such as the CHP have started to deliver key savings for 2010/11. It is hoped that this project along with the flue gas recovery will see a very large saving of CO2 reduction from the 2010/11 baseline.

Appendix 1

Energy Consumption

Figure 1 Imported electricity consumption across the KCH Estate – April to June 2010



Imported electricity consumption reduced considerably on the main hospital site from March 2009. This was the result of the start of the operation of the combined heat and power plant (CHP) on 3rd March 2009.

As the gas and electricity supplied to the main KCH site is a large percentage of the total energy consumed by the Trust it will have a noticeable effect on the overall consumption figures.

The graph below illustrates the large increase in gas consumption since March 2009 as the Trust now generates some of its own electricity on site by using gas powered engines.

Figure 2 Total imported gas consumption across the KCH Estate – April to June 2010

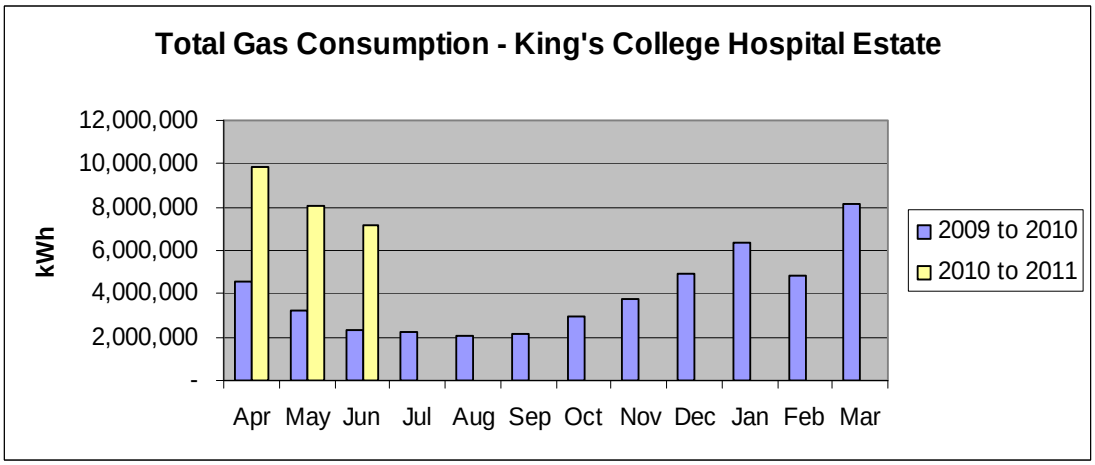
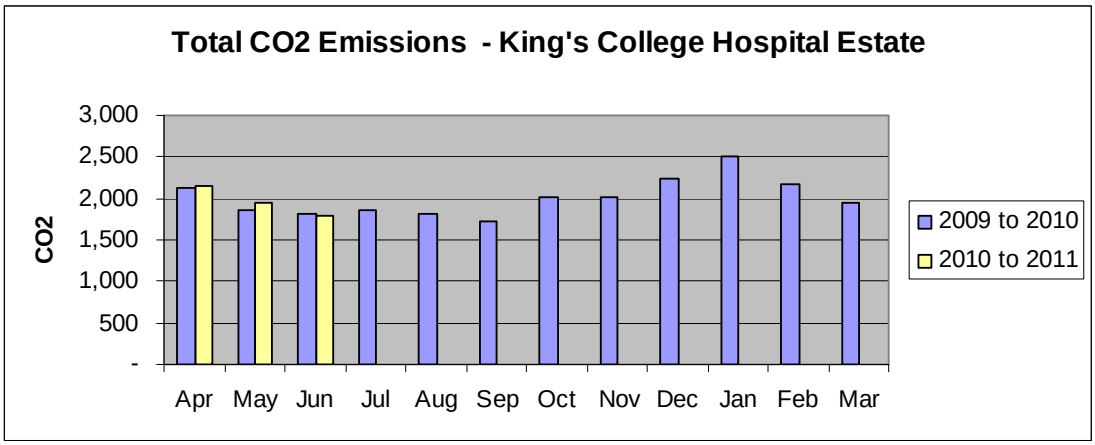


Figure 3 Total CO_2 Emission from imported Gas & Electricity – April to June 2010



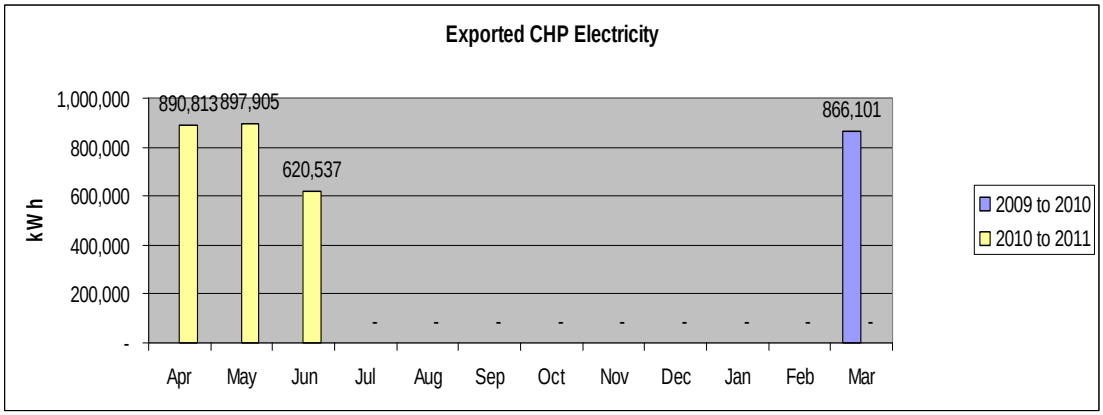
The above graph shows that the total CO_2 emissions associated with imported gas and electricity in the first quarter of 2010 /11 remained very similar to the figures in the same period of the previous year.
This can be seen as a positive trend as the colder weather conditions in this quarter resulted in an increased need for heating at all sites and a corresponding increase in CO_2 emissions.

Exported Electricity

Excess electricity not consumed on site is exported to the grid and revenue gained from this. The export data in kWh and revenue generated is shown below.

Although the export of electricity does generate electricity it is not always positive and must be managed correctly. The export data in kWh and revenue generated is shown below.

Figure 4 Exported Electricity kWh– April to June 2010



Net CO_2 emission and energy consumption (kWh).

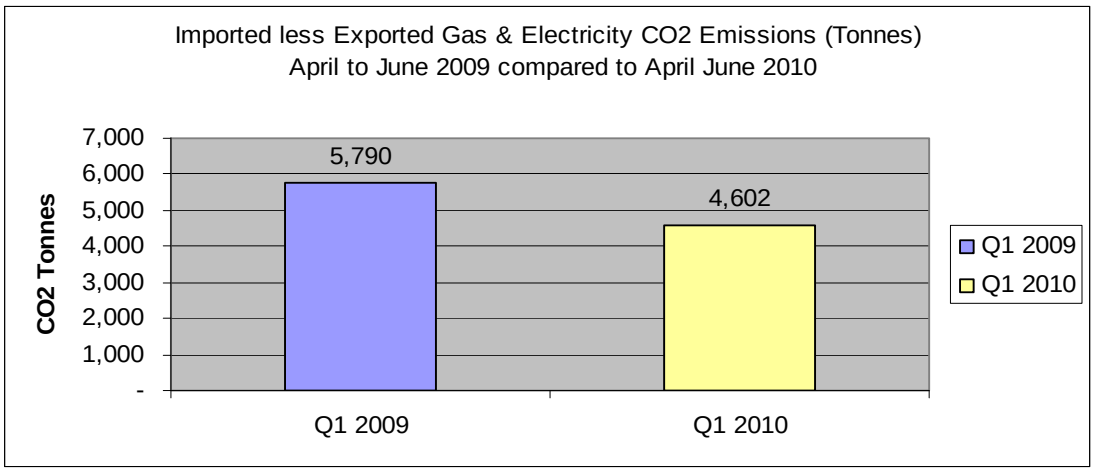
In order to calculate the emissions balance to give a meaningful comparison of the total gas and electricity consumption and emissions between the first quarter of 2010 and the same period in 2009 the effect of exporting electricity must be accounted for.

Thus the exported electricity figures are subtracted from the total gas and electricity consumption to give the 2010 consumption and CO_2 figures which can be compared to 2009.

The CO_2 conversion factors used in the calculations are 0.541 for imported electricity and 0.28500 for electricity produced by the CHP and exported to the grid.

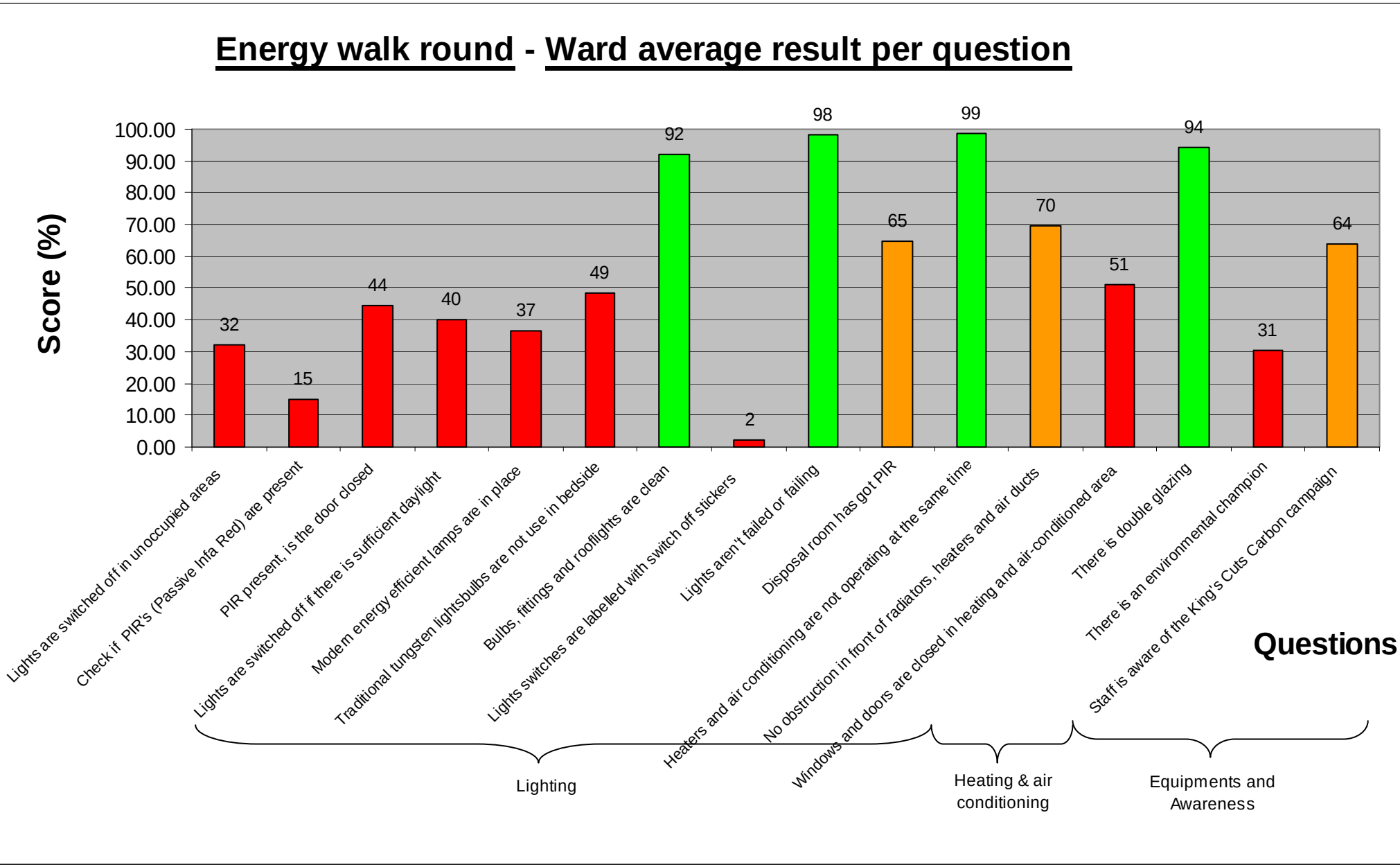
The net result is an increase in gas and electricity kWh consumption of 44% and a reduction in CO_2 emissions by 9%.

Figure 5 Net CO_2 Emissions (Tonnes)

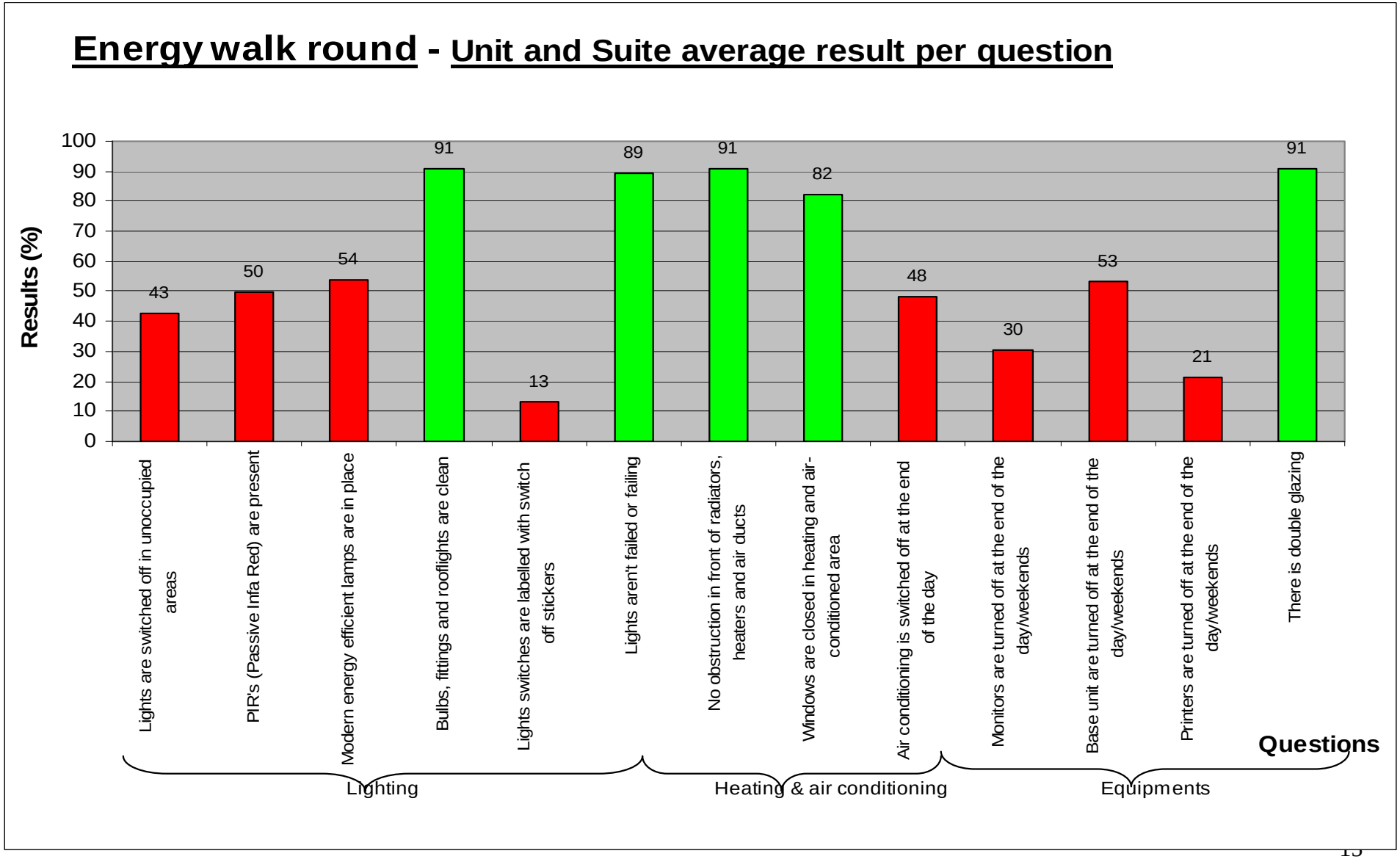


The above graph shows a net reduction in carbon emissions of 523 tonnes in quarter 1 of 2010 compared to the same period of last year. This is a reduction of 9%.

Appendix 2


Energy walk round - Ward average result per question
Score (%)
100.00
90.00
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
32
15
44
40
37
49
92
2
98
65
99
70
51
94
31
64
Lights are switched off in unoccupied areas
Check if PIR's (Passive Infa Red) are present
PIR present, is the door closed
Lights are switched off if there is sufficient daylight
Modern energy efficient lamps are in place
Traditional tungsten lightsbulbs are not use in bedside
Bulbs, fittings and rooflights are clean
Lights switches are labelled with switch off stickers
Lights aren't failed or failing
Disposal room has got PIR
Heaters and air conditioning are not operating at the same time
No obstruction in front of radiators, heaters and air ducts
Windows and doors are closed in heating and air-conditioned area
There is double glazing
There is an environmental champion
Staff is aware of the King's Cuts Carbon campaign
Questions
Lighting
Heating & air conditioning
Equipments and Awareness

Appendix 3


Energy walk round - Unit and Suite average result per question
Results (%)
100
90
80
70
60
50
40
30
20
10
0
43
50
54
91
13
89
91
82
48
30
53
21
91
Lights are switched off in unoccupied areas
PIR's (Passive Infa Red) are present
Modern energy efficient lamps are in place
Bulbs, fittings and rooflights are clean
Lights switches are labelled with switch off stickers
Lights aren't failed or failing
No obstruction in front of radiators, heaters and air ducts
Windows are closed in heating and air-conditioned area
Air conditioning is switched off at the end of the day
Monitors are turned off at the end of the day/weekends
Base unit are turned off at the end of the day/weekends
Printers are turned off at the end of the day/weekends
There is double glazing
Questions
Lighting
Heating & air conditioning
Equipments

Enc. 3.2a

King's College Hospital NHS
NHS Foundation Trust

King's College Hospital Board of Directors

FINANCE & PERFORMANCE COMMITTEE

Minutes of the meeting of the Finance & Performance Committee held at 10am on Tuesday 26th October 2010 in the Dulwich Committee Room.

.

Present:	Michael Parker (MP)	Trust Chair/ Committee Chair
	Robert Foster (RF)	Non-Executive Director/ Committee Vice-Chair
	Martin West (MW)	Non-Executive Director
	Alan McGregor (AM)	Non-Executive Director
	Maxine James (MJ)	Non-Executive Director
	Tim Smart (TS)	Chief Executive
	Simon Taylor (ST)	Chief Financial Officer
	Roland Sinker (RS)	Executive Director of Operations
	Angela Huxham (AH)	Executive Director of Workforce Development
	Geraldine Walters (GW)	Executive Director of Nursing & Midwifery
	Mike Marrinan (MM)	Executive Medical Director
	Jane Walters (JW)	Director of Corporate Affairs
	Jacob West (JW1)	Director of Strategy
	Simon Dixon (SD)	Deputy Director of Finance
	Peter Fry (PF)	Assistant Director of Performance & Contracts
	Sue Field (SF)	Head of Capacity Planning & Service Development
In Attendance:	Leonie Mallows (LM)	Committee Assistant (Minutes)

Item	Subject	Action by whom & when
10/01	**Apologies** Ahmad Toumadj, Director of Capital, Estates & Facilities.	
10/02	**Declarations of Interest** None.	
10/03	**Committee Terms of Reference** Chair suggested adding a 6th ToR to read: 6. Address any other matters arising to do with the Trust's Finance and Performance	

10/04	**Minutes of the Finance & Investment Committee meeting held on 23rd September 2010** P6, para 2: reverse order of words to read '…the determining factor *was in* the understanding and willingness…' Subject to this amendment, the minutes were **approved.**	
10/05	**Finance & Investment Committee Action Tracker** 10/53 Report on Potential Overseas Activities 10/65 Commercial Services Update Remove both actions and add to Strategy Committee Action Tracker. 10/62 Capital Works Project Management 10/64 Matters Arising/ Action Tracking 10/75 Matters Arising/ Action Tracking All noted as completed. 10/71 Finance Report Now that an effective decision making process between KE and Quality & Governance is in place, this action can be removed. MM added that papers can be provided to cover off this point of governance. 10/81 Finance Report This action is ongoing. TS reported that KCH can expect to receive a proportion of £50m from Project Diamond. Chair raised the issue of the requirement for all those involved in setting up contracts to declare their interests. JW reported that staff are required to self-declare and that Procurement holds a register. Concerns were voiced about the robustness of the Trust policy on this; comparisons were made with the processes of private sector organisations. TS suggested seeking a precedent by way of KHP Partners; TS also stated he felt that current policy was appropriate for a public sector organisation. Chair requested that it be reviewed and that following a review, as an action for the next meeting, it is made accessible to the committee. TS suggested producing closure reports for each of the newly merged committees, to feed into annual report. Exec leads to draft; MP and RF approve reports for F&I and Performance, respectively.	**LM** **JW & David Lawson** **MP & RF 25/01/11**
10/06	**Minutes of the Performance Committee meeting held on 9th September 2010** The minutes were **approved.**	

10/07	**Performance Committee Action Tracker** 10/45 International & Private Patients Performance Review Remove this action and add to Strategy Committee Action Tracker.	**LM**
10/08	**Finance Report** Simon Taylor presented the Month 6 report: Deficit As suggested earlier in the discussion, the outcome of Project Diamond should have a substantial positive influence over figures. Expected savings from Phase 2 will also decrease deficit risk. Debtors Major area of concern is outstanding debts. TS commented that PCTs (inc. Lambeth and Southwark) were being encouraged to act as good commissioners by challenging outgoing payments. Added that over performance is caused by increased inpatient activity and associated risks; a cash flow, not an out turn issue. MJ asked whether we should be negotiating a discount now, in preparation for the possibility of writing off some of the debts in March/ April. ST and PF confirmed that it was better to wait 2-3 months, and then in January look at the month 8 projections. TS stated that issues with PCTs around challenging invoices, transfer of responsibility, contract ownership and staff morale would be addressed at Board to Board meeting this afternoon. Financial Risk Rating ST stated that at end of Q2 the Trust has a rating of 3 and should finish the year with this rating, although TS highlighted that we are currently a marginal 3. CIPs ST reported that unachieved Corporate CIPs are to be replaced with Phase 2 CIPs. ST commented that although a £3m deficit, this is an impressive position considering where we were in January, with no CIPs in place. TS suggested that a key issue was that there is no contingency; that an organisation as large as KCH should be able to withstand, for example, Project Diamond failing to deliver funding. Chair asked to be kept updated about changes in tariff. Discussion followed about the additional pressures placed on the Trust: due to its status as a teaching hospital.	

	GW raised concern over whether maintaining underspend is reliant on vacant posts remaining unfilled. ST confirmed that some of the vacant posts would have to be filled. Chair asked for 08/09 figures to be included on agency graphs to allow more of a trend to be observed. Also asked for clarification that the graphs on p12/13 refer to 'cost savings and income generation'. <u>Revised 3 Year Capital Plan</u> ST reported that plans for a number of major schemes have had to be revised due to delays incurred when moving things/ people around. MW highlighted the interconnection between delays, changes to plans/ design and the potential cost to KCH and the risk that this situation created to our reputation in front of funders, such as those associated with the PFI. ST and SF highlighted space issue and overriding principle of having the capital available in order to proceed. MW recommended RIBA guidance on the process of cost estimates/ development. TS recommended more time on design at the beginning to avoid unfortunate position of CRF, and that appropriate decisions would be made with regard to proposed design changes. Chair concluded that this is an issue which requires a serious look and that the committee are to be kept up to date with developments.	
10/09	**Treasury Management Report** The Committee noted the report with no further comment.	
10/10	**Savings Plan Update (CIPs)** RS presented a verbal update. <u>Corporate and Divisional (Operational) CIPs</u> Currently being refined. At next meeting this will be a more substantive agenda item and a full list will be provided. Divisional CIPs worth £26m were considered by KE this week. A subset of KE (GW, MM, RS) have risk assessed the plans in terms of low, medium and high risk. TS interjected to confirm definition of 'risk'. It is mandated that safety will not be compromised. Risk exists only in terms of patient experience. RS gave an example to illustrate: 10% reduction in Pharmacy staff was	**RS 30/11/10**

	approved. A reduction in nursing staff in ED was not approved. Of £26m, £15m has been agreed and is in process of KE – Board – consultation. A further £1.5m still to be considered. Chair queried the reduction in Pharmacy staff and their role in safeguarding against doctor errors. MM reported that the new electronic prescribing system has been effective in reducing errors. <u>KCH-GSTT Joint Savings</u> TS suggested KCH should be looking to accelerate this and was expecting ST to write to him on the issue of True-up and to keep Chair and committee informed. RS reported a joint savings meeting on 5th/6th October, looking at accelerating CAG savings. RF asked if GSTT felt the same urgency. Discussion followed on the difficulty of comparing organisations with different structures, grading etc; the importance of working in partnership with KHP. RS stated KCH plans would stop short of anything that would damage KHP. TS pointed out that on occasions that could happen, for example, the bus shuttle service, which KCH no longer funds. <u>Committee – Board Process</u> Chair and TS clarified that this committee would take an in-depth look at issues and then the same paperwork and information would be provided to the Board.	
10/11	**Performance Report** RS presented the report. The report is in a new format devised after consultation with MP, with internal view first followed by section that reflects the way that Monitor/CQC review KCH. <u>Trust Performance Summary</u> Two areas of concern:- 1. ED is an area of concern: issues around junior doctors decision making, daily performance management and escalation. Chair and RF queried whether committee could assume that in depth actions to resolve issues identified in report were taking place. RS confirmed this. MW raised concern over levels of statutory and mandatory training, AH assured that this is being addressed.	

	TS raised concern over the inclusion of the two right hand columns in a public document that would record KCH internal view of performance as negative. It was decided that these columns would be removed for the public Board meeting.	**JW asap**
	Discussion followed about the clarity and helpfulness of the report. Chair suggested an executive summary and more actions. RS agreed.	**RS**
	2: MRSA and Infection Control MRSA rate is high and being reported elsewhere in detail. Also RS reported that MRSA elective screening in Cardiac would be addressed with the Division. Also, meeting with GW to improve C-Diff rate.	
	TS voiced concern about below target performance in Liver. GW reported that this Division experiences peaks and troughs, largely due to leadership/ nursing issues, that it is a highly challenged area but would continue to push.	
	<u>TEAM</u> Area of concern is ED and the emergency pathway. Recent visit from DoH Intensive Support Team confirmed this. Anna Clough is due to go on maternity leave in three weeks. Ian Jackson will cover.	
	<u>Liver, Renal & Surgery</u> Unfavourable financial position largely due to drugs expenditure. Agency-spend and staffing levels will be under review. Unachieved CIPs in Surgery due to laparoscopic consumables.	
	<u>Networked Services</u> RS reported that a lack of a systematic approach to patient repatriation across the network has been revealed. The HRWD outcome for Haematology was unexpected and will be investigated with the Division.	
	<u>Women's and Children's</u> Performing well: child health consistently strong and maternity improved following recent challenging times. Triumvirate of management working well and introduction of key influential new staff, for example, Leonie Penna have contributed to this.	
	<u>Critical Care, Theatre & Diagnostics</u> MJ queried the Risk Adjusted Mortality statistic on p9 heatmap. MM reported that monthly reviews take place and there are no current concerns.	
	<u>Coding</u> Chair and TS raised issue of coding. RS will produce an indepth report. PF added that both internal and national coding is tracked.	**RS 30/11/10 defer**

	<u>Regulatory/ Contractual Performance</u> RS reported governance rating currently amber-green. TS added that regrettably it is likely to be red by end of Q4. CQC summary report is to be presented at next meeting. Chair asked for clarification over 22nd October deadline for finalising CQUINs rating. RS confirmed that payment was dependent on deadline being met. In the course of the discussion, Chair reiterated the need for timely submission of reports to allow for circulation, particularly to NEDs, well in advance of meetings.	**RS 30/11/10**
10/12	**2011 Committee Work Plan** Chair will produce this work plan for the next meeting. RS to be involved.	**MP 30/11/10**
10/13	**AOB** Chair indicated that issues arising from the ARMS assessment would be introduced to the committee's discussions. He added that Finance & Investment and Performance appear to have incorporated well into one committee. TS acknowledged the work of MP, ST, RS and PF into producing the Performance report pro-forma and that it represented a step forward.	
	Date of Next Meeting: Tuesday 30th November 2010 **Time: 10.00** **Venue: Dulwich Committee Room**	

Enc. 3.2b

King's College Hospital NHS Foundation Trust

King's College Hospital Board of Directors

Audit Committee

Minutes of the meeting of the Audit Committee held at 10.00am on Thursday 23 September 2010 in the Dulwich Committee Room, King's College Hospital

Present	Martin West (MW)	Non-Executive Director/Committee Chair
	Marc Meryon (MM)	Non-Executive Director
Attendees	Tim Smart (TS)	Chief Executive
	Simon Taylor (ST)	Chief Financial Officer
	Jane Walters (JW)	Director of Corporate Affairs
	Lynda May (LM)	Local Counter Fraud Manager
	Terry Smith (TS)	Local Counter Fraud Specialist
	Suresh Patel (SP) (except item 2.7)	Audit Commission
	Jo Wasmuth (JW1) (except item 2.7)	Audit Commission
	Neil Hewitson (NH) (except item 2.7)	KPMG
	Andrew Bostock (AB) (except item 2.7)	KPMG
	Erika Grobler (item 1.5)	Deputy Director of Infection Prevention and Control
	Rita Chakraborty (RC)	Assistant Board Secretary (minutes)

Item	Subject	Action
010/22	**Apologies** Robert Foster, Maxine James, Ahmad Toumadj, Phil Johnstone. Terry Smith (for lateness)	
010/23	**Declarations of Interest** None.	

010/24 Minutes of the meeting held on 03 June 2010

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

010/25 Minutes of the meeting held on 27 July 2010

The minutes of the meeting held on 27 July 2010 were approved.

010/26 Matters Arising/Action tracking

Tim Smart asked that all executive directors ensure that, where they are unable to attend a committee meeting, a deputy attends in their place.

10/19.5 Compliance with the Hygiene Code

Erika Grobler confirmed that IC-TAP had been withdrawn, as recommended in KPMG's report, and had been replaced with national learning core modules.

Modules were updated regularly, linked to the electronic staff records system, and included training for non clinical staff based in patient areas.

A review of the infection prevention and control governance structure and its meetings had resulted in a revised IPC committee, which was due to hold its first meeting in November.

KPMG will report back at a later date on progress against the recommendations from their original report.

010/27 Update on PFI Hard FM Provision

MW sought assurance that critical care and staff based in life dependency areas will be consulted in advance of any work to gear works.

MW asked whether the Trust had been making the correct deductions for breaching contractual terms for 24/7 helpdesk cover. ST confirmed that the correct deductions had been charged in this regard.

TS commented that the situation had improved following the formalising of the management structure and changes in HpC personnel changes. A conflict of interest arose as Sodexo was one of the two major shareholders in HpC. However, the recent

involvement of Barclays Private Equity as a major HpC shareholder had led to improvements.

10/28 Audit Commission (External Auditor)

The timetable for preparation and submission of the annual accounts and annual plan for the forthcoming year were expected to be similar to the 2009/10 deadlines.

The audit plan will be forwarded to the next meeting in December.

Additional work was being undertaken in relation to the pathology joint venture.

Suresh Patel will step down shortly as audit lead for the Trust as he has served for more than 6 years. Jo Wasmuth will replace him.

Following the recent announcement of its abolition in 2012, the Audit Commission had written to the Trust to give assurances of continuity of service in the meantime.

MM asked what measures would be introduced by the Audit Commission to ensure staff retention during this period. SP responded that arrangements were being considered for retention of employment with successor bodies. The Audit Commission was due to conclude the Trust's audit for 2010/11 in June 2011.

ST added that, in the event that sufficient staff were not available to conduct the annual audit of the Trust's accounts, assurance had been received that staff would be brought in from overseas.

On behalf of the committee, MW thanked Suresh Patel for the quality of his contribution and professional approach. MW welcomed Jo Wasmuth to her new role.

10/29 Waivers

The waivers cumulative 2009/10 and 2010/11, and the annual comparison chart, were noted. The positive effect of Sprinter had resulted in almost zero waivers.

10/30 KPMG (Internal Auditor)

10/30.1 Progress Report

The Trust was on target with regards to delivering its phased savings plan and KPIs.

10/30.2 Symbiant Report

The number of high priority areas had fallen from four to one and the outstanding issue had been addressed.

MW enquired whether Trust staff were contractually required to keep their training up to date. NH responded that some staff were required to undertake specific training as part of continuing professional development but this was not formalised in the employment contract.

The Education and Development Team were responsible for keeping training records up to date. MM asked who inputs the data onto the system. JW explained that data on training was updated through a combination of alerts when staff complete e-learning modules or via manual updates.

The issue of staff's contractual obligations with regards to training would be clarified with HR.

TS noted that the report provided by internal audit gave assurance that an effective training record system was now in place.

AB added that Electronic Staff Records had been fully implemented.

JW noted that the Acute Risk Management Standards (ARMS) assessment process had required the Trust to provide evidence that all staff had attended mandatory training.

10/30.3 Core Financial Systems

The annual review would be carried out in two parts of which this was the first. The report carried substantial assurance.

There were robust and well designed controls in place.

Eight medium level recommendations including payroll overpayments by McKesson. This will be discussed at the next meeting between the Trust and McKesson.

10/30.4 Cost Improvement Plans

Work had been undertaken by PwC on behalf of Monitor to review the Trust's annual plan 2010/11 and the level of risk to achieving the stated cost improvement programme.

ST reported that PwC had commented that the data provided to Board members in order to understand risk and to hold the executive directors to account was insufficient in its transparency.

The internal auditor's recommendations reflected PwC's observations. TS confirmed that the internal auditor's response was attached by PwC in its report to Monitor. A light touch follow up by Monitor would follow. The next Board of Directors meeting will include the cost improvement programme as a separate agenda item.

MW made a general observation that actions, such as the introduction of regular agenda items to Board and committee agendas (rec 6), and the establishing of KPIs, should be presented as 'SMART' objectives to enable tracking using Symbiant.

ST responded that PwC would be offering suggestions on how to implement their recommendations. CIP reporting will be strengthened and the Board and appropriate committees will be involved in this development. The focus of this reporting will be the main deliverables and exceptions. The real time nature of the CIP programme, and regular refreshing of savings plans, made its measurement somewhat difficult.

MM suggested including an example of a CIP within the report.

TS suggested that, given the widespread commitment to carbon reduction, KPMG should consider printing reports of a lower print quality.

10/31 Counter Fraud

Lynda May invited comments and observations on the following reports:

10/31.1 Progress Report

The counter fraud e-learning package had been update and LM had suggested that a slot should be added to the staff corporate induction. It was the responsibility of line managers to bring the counter fraud policy to their staff's attention as was part of local induction.

MW asked whether the Trust was compliant with money laundering regulations, for instance, with regards to the sale of assets. ST responded that the Trust was compliant in spirit, if not to the detail.

10/31.2 Investigations Report

10/31.3 Review of claim form for additional work by consultant surgeons

10/31.4 Review of pharmacy overtime claim forms

10/31.5 Leaflet on £50 notes

10/31.6 2 x Counter Fraud Bulletins

The counter fraud reports were noted.

10/32 Audit Committee Annual Report 2009/10

The committee was asked to offer any comments or amendments to the report before its circulation to the Board of Directors for information in October.

The timing of the external auditor appointment would be June 2011.

The report was approved.

10/33 Audit Committee Self Assessment 2009/10

The assessment was approved subject to minor amendments.

[representatives from the Audit Commission and KPMG left the meeting]

10/34 Reappointment of External Auditor

The existing contract was for a period of 3 years. However, Monitor's audit code recommended that it was good practice for the Board of Governors to receive an annual report on the performance of the auditor and to confirm their appointment for the following year.

The absence of the Audit Commission following its dissolution would reduce the number of audit firms with a specialty in health.

It was also noted that a re-tendering process for the internal audit contract would be undertaken during 2011.

MW declared that he could have a conflict given that he was employed by Deloittes, who provide audit services to the health sector and, therefore, could potentially tender for Trust business.

The committee was asked to recommend to the Board of Governors reappointment of the external auditor for one year to June 2011 and this was approved.

It was further recommended that a dual search for external and internal audit services should be undertaken in 2011.

10/35 AOB

MW enquired whether a due diligence process had been carried out for the community services contract, which GSTT will manage on behalf of King's Health Partners.

ST responded that this was a complicated issue but the Trust was ensuring that its interests are discharged appropriately.

Date of next meeting:

Thursday 02 December 2010, 10.00am
Dulwich Committee Room

Register of Directors' Interests as at 24 May 2010

Title	Name	Forename(s)	Position	Body in which interested	Nature of interest	Date of Declaration	Date of cessation of interest
Mr	Parker	Michael	Chair (since 01/12/02)	Parker's Certified Accountants and Registered Auditors	Principal	01-Jul-04	31/09/08
				Central London Fabian Society	Vice Chair & Treasurer	01-Jul-04	
				Harambee Limited (now dissolved)	Director	01-Jul-04	
				Parker's Rice Limited (soon to be dissolved)	Director	01-Jul-04	31-Dec-08
				Parker Sidebang Limited	Director	01-Jul-04	31-Dec-08
				Pathway Housing Association	Member of Management Committee	01-Jul-04	30-Nov-09
				Africa Infrastructure (UK) Ltd	Director	01-Apr-05	31-Dec-08
				Tropical Health and Education Trust	Trustee	01-Apr-05	31-Jul-09
				Labour Party	Member	15-Feb-06	
				Labour Finance and Industry Group	Member	15-Feb-06	31-Dec-08
				Food Standards Agency	Board Member	05-May-06	
				NHS Employers	Chair Rep	01-Jun-06	31-Mar-09
				Co-operative Society	Member	10-Jan-07	
				Royal College of Nursing	Chair, Board of Governors	01-Jan-07	31-Mar-09
				Royal College of Nursing	Audit Committee (Advisor)	01-Jun-06	
				Royal College of Nursing	Pensions Committee (Advisor)		
				KCH Commercial Services	Director	10-Apr-07	
				Appointments Commission	Member, National Equality & Diversity Cttee	29-Jan-08	31-Mar-09
				NHS Institute	Breaking Through Steering Group Member	29-Jan-08	31-Mar-09
				ACCA	Member, Corporate Governance & Risk Management Committee	29-Jan-08	
				ACCA	Member, ACCA Health Panel	29-Jan-08	
				Board Leadership Programme	Member	01-Aug-07	31-Mar-09
				NHS London Provider Agency	Advisor	01-Aug-07	31-Mar-09
				People's National Party UK	Political Education Officer	29-Jan-08	31-Mar-08
				People's National Party UK	Auditor	01-Apr-08	
				Mary Seacole Memorial Statue Appeal	Trustee & Hon Treasurer	29-Jan-08	
				Chairman's Forum	Member	01-Jan-06	31-Mar-09
				Big Issue, Malawi	Patron	01-Jan-09	
				Sickle Cell Society	President	01-Jan-09	
				Notting Hill Housing Associaton	Shareholder	01-Jul-04	30-Nov-09
Mr	Foster	Robert	Non-Executive Director	Jersey Competition Regulatory Authority	Non-Executive Director	01-Apr-05	
			(since 18/03/04)	Advisory Council of Oxford Capital Partners (VC)	Member	01-Apr-05	
				The National Lottery Commission	Commissioner	01-Apr-05	
				The Lottery License Project Board	Chair	01-Apr-05	

Register of Directors' Interests as at 24 May 2010

Title	Name	Forename(s)	Position	Body in which interested	Nature of interest	Date of Declaration	Date of cessation of interest
Dr	West	Martin	Non-Executive Director	Willow Housing and Care	Independent Board Member	24-Jul-07	29-Apr-10
			(since 22/07/07)	Drivers Jonas	Partner	24-Jul-07	29-Apr-10
				Drivers Jonas Deloitte	Director	29-Apr-10	
				KCH Commercial Services Ltd	Director	08-Jul-08	
Ms	James	Maxine	Non-Executive	Equinox Recruitment Consultants Ltd	Director	01-Jul-04	
			(since 01/05/04)	Labour Party	Member	01-Jul-04	
				Labour Party (Streatham)	Councillor Candidate	16-Jan-06	
				Labour Party (Streatham) Ethnic Minority Forum	Chair	16-Jan-06	
Prof.	McGregor	Alan	Non-Executive Director since 01/10/2003	Scientific Advisory Committee of Linbury Trust	Chair	01-Apr-05	
				UK Research Council's Basic Technology Programme	Chair	01-Apr-05	
Mr	Smart	Timothy	Chief Executive (since 01/11/08)	Brink's Company (NYSE)	Director (resigned)		Aug-08
				I3IT	Director (resigned)		Spring 2008
				The Place2Be (Child Mental Health)	Trustee	17-Nov-08	
				V'-youth volunteering	Trustee	17-Nov-08	
Mr	Taylor	Simon	Chief Financial Officer	Cherimoya Limited	Director	01-Jul-04	
				KCH Commercial Services Ltd	Director	30-Jan-07	
				Agenentis Ltd	Director	30-Jan-07	

Title	Name	Forename(s)	Position	Body in which interested	Nature of interest	Date of Declaration	Date of cessation of interest
Mr	Sinker	Roland	Exec Director of Operations since 06/07/2009	KCH Commercial Services Ltd	Director	11-Aug-09	
				Agnentis Ltd	Director	11-Aug-09	
				Roland Sinker Ltd	Director	11-Aug-09	
Ms	Jane	Walters	Director of Corporate Affairs & Trust Secretary	St Christophers' Hospice wef	Trustee since July 2010	11/08/2010	

Register of Directors' Interests as at 24 May 2010

Mrs	Huxham	Angela	Exec Director of Workforce Development since 04/05/2009	Employment Tribunals Service	Serving judicial member since 1995. Not permitted to sit on ET cases involving KCH	22-Sep-09	
				NHS Pensions Scheme Governance Group	Management side Chair	04-May-10	
Dr	Geraldine	Walters	Executive Director of Nursing & Midwifery since 07/09/2009	Royal College of Nursing	Member of Audit Committee	21-Sep-09	
				Buckinhamshire New University	Visiting Professor (salaried)	21-Sep-09	
				National Clinical Audit Advisory Group	Member	21-Sep-09	
				London Network of Nurses & Midwives	Chair	21-Sep-09	
Mr	Mike	Marrinan	Acting Medical Director since 22/09/2009 and Exec Medical Director since 03/02/2010	Labour Party	Member	24-Sep-09	
Mr	Meryon	Marc	Non-Executive Director since 02/08/2010	Kennedys	Partner (1998-2007)	10/08/2010	2007
				Biroham Dyson Bell LLP	Partner (Since 2007)	10/08/2010	
Mr	Alberti	George	Non-Executive Director	Diabetes UK	Chair	23/11/2010	
				Great North air Ambulance Service	Board Member	23/11/2010	
				NHS London on NHS aspects of Violencce	Consultant	23/11/2010	
				Monitor on Mid-staffordshire NHS Trust	Consultant	23/11/2010	

King's College Hospital Board of Directors
Work Plan 2011 (DRAFT)

Item	Via Committee	By	25th Jan	22nd Feb	29th Mar	19th Apr	26th May	2nd Jun	28th Jun	26th Jul	27th Sep	25th Oct	29th Nov	13th Dec
Standing Items														
Chair & NEDs Report		MP	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔
CEO's Report		TS	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔
Finance and Performance Report		ST/RS	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔
Board Committee minutes			✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔
Risk Exception Reports		MM												
Quality Focus/Patient Experience		TS	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔
Strategy (private session)		JW1/TS	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔
Corporate Governance														
FT Constituton	Board of Govs	JW											✔	
Board Evaluation		JW					✔							
Declarations of Directors' Interests		JW											✔	
Monitor Reporting														
Annual Plan (Draft+Final)	Board of Govs	JW1/TS				✔	✔							
Trust Annual Report 2010/11	Audit	JW				✔		✔						
Quality Report (inc into AR 2010/11)	Audit	TS				✔		✔						
Quarterly Submissions	Finance and Performance	TS	✔			✔				✔		✔		
Annual Accounts & Audit														
Annual Accounts (2010/11)	Audit	ST						✔						
Statement of Internal Control	Audit	ST						✔						
Annual Governance Report (Auditors)	Audit							✔						
Annual Audit Letter (Auditors)	Audit												✔	
Self Governance Evaluation Report (Auditors)	Audit												✔	
Governance and Risk Management														
Risk Register (Quarterly)	Governance	JS		✔			✔				✔		✔	
Quarterly Integrated Governance & Risk Report	Governance	JS		✔			✔				✔		✔	
Board Assurance Framework Review (Quarterly)	Governance	JS		✔			✔				✔		✔	
Board Assurance Framework Policy	Governance	JS								✔				
Business Continuity Planning Update	Governance	JS								✔			✔	
Annual Integrated Risk & Governance Report	Governance	JS					✔							
Audit Committee Annual Report	Audit	MW									✔			
Infection Control Annual Report	Quality and Governance	GW								✔				
Quarterly Update from DIPC	Quality and Governance	GW	✔			✔			✔			✔		
Safeguarding Children Annual Report	Governance	GW									✔			
Information Governance Annual Report	Governance	ST			✔									
Single Sex Accommodation Updates		RS/GW			✔				✔		✔			✔
Trust Strategies														
Corporate Strategy/Annual Plan		JW1	✔			✔	✔				✔			
Risk Management Strategy	Quality & Governance/Audit	JS					✔							
Transformation Programme	Finance and Performance	RS	✔						✔					
Estates Strategy		AT			✔							✔		
R & D Strategy		JWendon	✔											
Investment Strategy	Strategy	JW1				✔								
Carbon reduction		AT		✔			✔				✔			✔
HR Strategy		AH								✔				
Finance														
2011/12 Budget	Finance and Performance	ST				✔								
HR														
Pay Awards		AH				✔								
Clinical Excellence Awards		AH					✔							
Staff Survey		AH					✔							
Patient Experience														
National Patient Survey	Finance and Performance	JW								✔				
Complaints Annual Report	Quality and Governance	JW									✔			
PSSQ Update			✔									✔		
King's Sensory Project		RS/JW/TS	✔											
Healthcare for All/Six Lives (required in 2011?)	Quality and Governance	GW												
Suggested Board Seminar Topics**			**27th (pm)**			**14th (pm)**			**30th (pm)**			**27th (pm)**		
Board Training e.g. equality/diversity							✔							
Board workshop with governors												✔		
Board evaluation						✔								
King's Health Partners														
Estates														
R & D														
BAF update												✔		
Commercial Services														
Private Patients														
PSSQ							✔							
Additional workshops														

****Seminar dates to coincide with the BoD Strategy Committee meetings; 27th Jan, 14th Apr, 30th Jun, 27th Oct**