

**King's College Hospital NHS Foundation Trust Board of Directors - PUBLIC**

Minutes of the meeting of the Board of Directors held at 14:30 on Tuesday, 24 July 2012 in the Dulwich Committee Room, King's College Hospital.

**Members:**

Graham Meek (GM)	Non-Executive Director, Vice Chair
Prof. Alan McGregor (AM)	Non-Executive Director
Marc Meryon (MM1)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director
Tim Smart (TS)	Chief Executive
Angela Huxham (AH)	Director of Workforce Development
Dr. Michael Marrinan (MM)	Medical Director
Roland Sinker (RS)	Director of Operations
Simon Taylor (ST)	Chief Financial Officer
Dr. Geraldine Walters (GW)	Director of Nursing & Midwifery
Jane Walters (JW) - <i>Non-voting Director</i>	Director of Corporate Affairs
Jacob West (JW1) - <i>Non-voting Director</i>	Director of Strategy

**In attendance:**

Tamara Cowan (TC)	Assistant Board Secretary (minutes)
Sally Lingard (SL)	Associate Director of Communications
Fiona Clark (FC)	Lambeth North

**Apologies:**

Prof. Sir George Alberti (GA)	Chair
Chris Stooke (CS)	Non-Executive Director

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/100	<u>Apologies</u>  Apologies for absence were noted.	
012/101	<u>Tribute to John Collinson OBE</u>  TS advised that the Trust had recently learnt of the death of John Collinson OBE.  The Trust would like to express its great appreciation for all the work John did for the King's College Hospital charity. John was also a huge figure in the NHS Charity sector and has done some great work.  His family has asked for complete privacy whilst they mourn his passing but a memorial service is being organised to pay tribute to him. The charity will also make a donation to the MacMillian charity as per the request of his family.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/102	<b><u>Declarations of Interest</u></b>	
	There were no declarations of interests raised.	
012/103	<b><u>Chair's Action</u></b>	
	There were no chair's actions.	
012/104	<b><u>Minutes of previous meetings – 26 June 2012</u></b>	
	The minutes of the meeting held on 26 June 2012 were approved as a correct record:	
012/105	<b><u>Action Tracking/Matters Arising</u></b>	
	There were no items on the action tracker or any additional matters arising raised for discussion.	
012/106	<b><u>Chair's and Non-Executive Directors' (NED)Report</u></b>	
	The report of Chairman and NED activity for the period was noted.	
012/107	<b><u>Update on Council of Governors Activities</u></b>	
	The Chair provided an update on Governor activities:	
	<ul style="list-style-type: none"> <li>• Nicky Hayes has been elected Lead Governor and would meet with GM and JW for an induction in the coming weeks;</li> <li>• Governors met on 18 July and discussed the production of the SOC;</li> <li>• Governors will attend a Joint KHP Governors meeting on 26 July which is being hosted by SLaM at St Thomas' Hospital;</li> <li>• A Governor Surgery will be held on 02 August where Governors will receive presentations on Patient Safety, Deteriorating Patients, Update on Trust Performance and Workforce Strategy; and</li> <li>• Plans are also underway for the next Council meeting on 13 September which will be followed by the Annual Public Meeting.</li> </ul>	
012/108	<b><u>Chief Executive's Report</u></b>	
	The Board noted the Chief Executive's report for the period.	
	TS reported:	
	<ul style="list-style-type: none"> <li>• Financially the Trust has made a good start but at the end of quarter 1 it was marginally off plan. There are robust plans to ensure the rest of the year does not follow the same pattern;</li> </ul>	

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- Performance is going to plan and the Trust continues to work hard on referral to treatment times and prioritising long waiters;
- The Trust is working with others to identify the underlying system-wide issues which are attributing to the increased pressures faced by the acute healthcare sector;
- South London Healthcare Trust (SLHT), which is now under the control of a Trust Specialist Administrator (TSA). KHP is currently working with the TSA to stabilise the operations of SLHT in the hope of preserving the healthcare landscape;
- The Trust held its Long Service Awards on 09 July. The ceremony recognised the dedication and loyalty of 72 members of staff who had completed between 25 and 41 years of service at the Trust; and
- The Olympic Torch relay will pass through Camberwell via Coldharbour Lane on 26 July. Two members of the Trust staff will participate in the relay.

**012/109**      **Finance Report – Month 3**

The Board noted and discussed the finance report for the period.

It was noted that the Finance and Performance Committee had conducted an extensive review and discussion around the finance report earlier.

The following key points were noted:

- The Trust has in place a robust governance framework and are closely monitoring CIPs; and
- Service Line Reporting (SLR) has been introduced and will enable the Trust to gain a better understanding of speciality level cost profiles and income framework.

**012/110**      **Performance Report – Month 3**

The Board noted and discussed the performance report for the period.

It was noted that the Finance and Performance Committee had conducted an extensive review and discussion around the performance report earlier.

The following key points were noted:

- Emergency Department is doing better in July but remains one of the core challenges for the Trust;

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	<ul style="list-style-type: none"> <li>• As planned, the Trust failed its referral to treatment (RTT) targets. Although the Trust continues to working hard to delivery is RTT plans but the position remains fragile going into quarter 2;</li> <li>• During this challenging period the Trust has several action plans to address these issues: <ul style="list-style-type: none"> <li>○ Emergency Access Targets – Comprehensive plans to cover four domains which are monitored at monthly and weekly Emergency Care Board meetings;</li> <li>○ RTT – Weekly RTT review meetings continue to ensure plans are in place to treat backlog patients. A monthly trajectory for RTT admitted completed performance has been developed and submitted to the South East London Cluster at a Trust and specialty level. It is important that the Trust provide care to patient as soon as possible.</li> </ul> </li> <li>• The number of mixed sex accommodation (MSA) breaches is a key example of why the Trust is in dire need of infill blocks 4/5;</li> <li>• Hand hygiene remains a concern, although there has been a marginal improvement. It is hoped that once the VERITAS system in place the Trust will be able to conduct better root cause analysis; and</li> <li>• The Trust is working with others to ensure that patients are not arbitrarily diverted to King’s when there are better alternatives.</li> </ul>	

**QUALITY AND SAFETY FOCUS**

**012/111 Quarterly Patient Experience Report**

The Board noted and discussed the quarterly patient experience report which would also be considered in-depth at the Quality and Governance Committee on 26 July.

The following key points were noted:

- Patient experience results were the best they have ever been given current challenges faced by the Trust;
- Engagement with patients has improved;
- National Patient Survey performance has dipped significantly which could be correlated to the increase in patient numbers and the excessive demand on emergency services. The Trust continues work to improve emergency patient service delivery such as the outpatients initiative;
- The Trust’s external profile is picking up and it is receiving very positive feedback on patient websites such as NHS Choices;

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- Volunteer programme continues and remains a resounding success. Sarah Bunn has joined the Trust to take over from Sam Block as Head of Volunteering;
- Two key priorities lay ahead for the volunteering programme, complete coverage of all clinical areas and outpatients and to develop new opportunities for volunteers;
- The Trust recognise the significance of the volunteering group and that they represent a significant opportunity to engage with the local community;
- The Trust is collecting relevant data to better evaluate the impact of volunteers;
- Different systems are in place across the KHP partner organisation and in due course it is feasible for the partners will work closer together on their volunteering programme; and
- The Trust is looking to widen its surveying of patients to include family and friends. It was agreed that anonymous surveying of staff should be undertaken to gauge the level of service being provided.

**012/112**      **Quarterly DIPC Report**

The Board noted and discussed the quarterly DIPC report which would also be considered in-depth at the Quality and Governance Committee on 26 July.

The following key pointes were raised:

- The Trust is employing a more sensitive testing regime for C. Difficile, although it is not mandatory;
- The Trust conducts an extensive review of every case of C. Difficile and looks at all patients that were positive on the third test;
- The Trust intends to conduct an independent assessment of commode cleaning and an in-depth audit of antibiotics which can sometimes cause diarrhoea in patients; and
- A new KPI for antibiotic prescription has been developed.

**012/113**      **NHS Pay Awards and Pension**

The Board noted and discussed the NHS Pay Awards and Pensions report.

Although not directly related to the discussions of the Board, SS advised that she was a Trustee at the National Employment Savings Trust (NEST).

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The following key points were raised:</p> <ul style="list-style-type: none"> <li>Nearly 25% of the Trust staff were not enrolled in NHS pension scheme;</li> <li>The Trust will be required to start automatically enrolling staff into the NHS Pension Scheme in April 2013, following that, every three years. The impetus will then be on staff to opt-out; and</li> <li>Undertaking this process may have cost implications for the Trust.</li> </ul> <p><b>It was agreed that:</b></p> <ol style="list-style-type: none"> <li><b>The Trust would ensure that staff are presented with all relevant information to ensure they full understand the benefits of participating in the NHS Pension Scheme; and</b></li> <li><b>AH would conduct an analysis of the members of staff in the pension scheme detailing the diversity profiles of those in and out of the scheme. This report would be presented to the Equality Diversity Committee.</b></li> </ol>	<p>AH</p> <p>AH</p>
012/114	<p><b><u>KHP Update</u></b></p> <p>The Board, following extensive discussions at the private Board and an earlier Board seminar had agreed along with KHP partners to proceed to the next stage, which would be to develop a Full Business Case (FBC).</p> <p>However, before commencing development of the FBC the partners needed greater clarity on the legal and regulatory timeline and the South London healthcare provider landscape. It is also important that KHP engages the appropriate specialist advice and gain better understanding of the budgetary implications. For these reasons another checkpoint will be built into the process.</p> <p>The programme managers' office, setup to develop the Strategic Outline Case (SOC) will continue to meet in the interim with representatives from the Trust and other KHP partners.</p> <p>KHP will respond to the letter from the local MPs and the King's Fund would be appointed to the role of independent challenge for the project.</p>	
012/115	<p><b><u>Quarterly Monitor Submission – Quarter 1</u></b></p> <p><b>It was agreed that the Board:</b></p> <ol style="list-style-type: none"> <li><b>Approved the declarations detailed in the report, subject to changing the financial risk rating to 3, in line with Monitor's reporting requirements; and</b></li> <li><b>Authorised GM and TS to sign-off the final submission and the Governance Statements.</b></li> </ol>	

<b><u>Item</u></b>	<b><u>Subject</u></b>	<b><u>Action</u></b>
012/116	<b><u>Confirmed Board Committee Minutes</u></b>  The Board noted the following Committee minute:  – Finance & Performance Committee – 22/05/2012.	
012/117	<b><u>Any other business</u></b>  There were no other items of any other business raised for discussion.	
012/118	<b><u>Date of next meeting</u></b>  Tuesday, 25 September 2012, 14:30, Dulwich Room, King's College Hospital.	