

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, 30 October 2012 in the Dulwich Committee Room, King's College Hospital.

Members:

Graham Meek (GM)	Non-Executive Director, Acting Trust 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)	Chief Operating Officer
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:

Prof Sir George Alberti (GA)	Trust Chair
Prof Robert Lechler (RL) – item 012/148	Chief Executive, KHP
Polly Edmonds (PE) – item 012/149	Consultant in Palliative Medicine, Assistant Medical Director & Cancer Lead
Judith Seddon (JS) – item 012/157-158	Associate Director of Governance & Assurance
Sally Lingard (SL)	Associate Director of Communications
Anne Traynor (AT)	KCH Charity Representative
Leonie Mallows (LM)	Corporate Governance Officer (minutes)
Nanda Ratnavel	Public Governor
Christine Klaassen	Patient Governor
Fiona Clark	Public Governor
Liam Greene	Novartis
Tim Killen	

Apologies:

Chris Stooke (CS)	Non-Executive Director
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/143	<u>Apologies</u>	
	Apologies for absence were noted.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/144	<u>Declarations of Interest</u>	
	There were no declarations of interest.	
012/145	<u>Chair's Action</u>	
	There were no chair's actions.	
012/146	<u>Minutes of previous meetings – 25 September 2012</u>	
	The minutes of the meeting held on 25 September 2012 were approved as a correct record.	
012/147	<u>Action Tracking/Matters Arising</u>	
	The action tracker was noted and there were no matters arising.	
012/148	<u>KHP Update</u>	
	Professor Robert Lechler gave a verbal update on matters relating to King's Health Partners reporting the following key points:	
	<ul style="list-style-type: none"> ▪ Following publication of the Trust Special Administrator's draft report and recommendations, the opportunities inherent in the recommendation for KCH to acquire the Princess Royal University Hospital on behalf of KHP are recognised. The Chief Operating Officers of each Trust are meeting later this week to discuss these opportunities; ▪ With regard to development of the Full Business Case, a Director of Transformation/Transition will be appointed shortly. Progress is being driven by a combination of internal teams, CAGs and external help from legal and economic advisors; ▪ A report is being produced which captures KHP achievements to date, a re-focussing of the KHP strategy and renewed focus on mental health and integrated care. 	
	The following key points were also raised in discussion:	
	<ul style="list-style-type: none"> ▪ Work is on-going to become an Academic Health Sciences Network (AHSN) including a developing relationship with St George's; ▪ It is hoped that the two-stage internal process will be completed in January 2013 and that the application to become an AHSN will be approved in the first wave early next year; ▪ KHP recently met with five local MPs to discuss the proposed merger. Views amongst the group were not homogenous and some individual MPs are keen to participate in the King's Fund challenge group; 	

Item**Subject****Action**

- Given the recent results of the GMC student survey, King's College London medical school is developing an action plan to improve the experience of future student cohorts and to embed a culture that values teaching. Some elements are immediately reversible; others will require careful implementation and a wide range of people including consultants and CAGs.

012/149**National Cancer Patient Experience Survey & Action Plan**

Polly Edmonds presented a summary of the results of the 2011 national cancer patient experience survey reporting the following key points:

- London hospitals in general did not perform well and KCH was ranked 6th out of the 8 acute teaching hospitals surveyed in London;
- Compared with KCH performance in 2010 only 5 sections of the survey recorded an improvement and 9 sections deteriorated;
- Comparison by tumour group shows improvement in one area;
- There was a 53% response rate across all tumour groups compared to a national average of 68%;
- A detailed action plan is now in place and is being monitored monthly by Anne Duffy, Head of Nursing for Cancer and Palliative Care; and
- Guy's and St Thomas' performance has improved this year. Catherine Delaware from the GSTT Cancer Programme team will work with Anne Duffy two days a week to share learning and best practice.

The Board discussed the results at length. Comments and observations included:

- Although the patient experience survey does not measure outcomes, there is concern that patient confidence in cancer treatment at KCH will be undermined by the results of this survey;
- KCH has very positive outcomes and survival rates although this information is not readily available to patients. However, as the outcomes and services database is shortly to become a requirement this type of information will be more visible;
- Benchmarking results against the Shelford Group has revealed that district general hospitals tend to perform better, suggesting that the complex pathways at KCH result in a different patient experience;
- The purpose of the survey is to disaggregate patient experience and treatment in order to emphasise that both are important elements of care;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> ▪ Positive engagement with the action plan so far includes meetings with the on-site Macmillan centre to improve outreach, doctors' enrolment on advanced communications courses and a Macmillan value standards pilot; and ▪ The existing action plan may benefit from a SMART objective approach at a more granular level which holds individual clinics and clinicians to account. <p>The Board also noted that the sample for the 2012 survey will be taken from patients receiving treatment now.</p> <p>It was agreed that:</p> <ol style="list-style-type: none"> 1. PE would return in six months to give an update on progress; and 2. JW would undertake some research into the demographics of the respondents and report back to the Board in due course. 	<p>PE/LM</p> <p>JW</p>
012/150	<p><u>Chair's and Non-Executive Directors' (NED) Report</u></p> <p>The report on the activities of the Chairman and non-executive directors for the period was noted.</p>	
012/151	<p><u>Update on Council of Governors Activities</u></p> <p>The Chair provided an update on Governor activities:</p> <ul style="list-style-type: none"> ▪ All governor sub-committees and groups have now held their autumn meetings, with NEDs in attendance; ▪ A Governor Development Day was held on 18 October, which was facilitated by Sue Slipman; ▪ Governors convened a meeting at short notice on 25 October prior to the publication of the TSA's report on SLHT. The meeting provided the opportunity to engage and inform governors about the process. A further meeting of the Council will be held on 08 November to garner governor views on the content of the TSA's report. SLHT will also be discussed with governors on 05 December; ▪ Caroline Hewitt is stepping down as stakeholder governor for Lambeth PCT; she will be replaced by Sue Gallagher with effect from 01 November. 	
012/152	<p><u>Chief Executive's Report</u></p> <p>The Board noted the Chief Executive's report for the period.</p>	

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TS highlighted the following key points:

- Thanks is due to all staff who have contributed to a quarter 2 performance which has resulted in a Monitor green rating for governance and a financial risk rating of 3;
- This is due in particular to an outstanding effort from the healthcare acquired infection team and colleagues across the Trust;
- The TSA's report is very positive about KCH and outlines real opportunities to help stabilise the situation at South London Healthcare Trust. These opportunities will be carefully considered and balanced against risk and a business case will be produced by mid-November;
- In parallel, the process to produce the KHP business case will continue;
- The time, effort and engagement of governors in the process is appreciated;
- Zoe Lelliott has led the work to produce a high quality application to become an AHSN; and
- A memorial service for John Collinson OBE will be held on 06 November.

012/153	<u>Finance Report – Month 6</u>	
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ST presented the finance report for month 6.

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

The Board noted the report and the following key points:

- The overall income position remains positive due in part to off-tariff drug reimbursement;
- A marginal income rate is received for increased emergency activity but the knock on effect to elective capacity has resulted in a reduced ability to 'over perform' at the desired margin; and
- CIP performance has stabilised at month 6, although it remains off target by £2.7m and this is affecting the ability to fund additional capital expenditure. The CIP Programme Office is monitoring CIP performance monthly.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
012/154	<p><u>Performance Report – Month 6</u></p> <p>RS presented the performance report for month 6.</p> <p>It was noted that the Finance and Performance Committee had conducted an extensive review and discussion around the performance report earlier.</p> <p>The Board noted the report and the following key points:</p> <ul style="list-style-type: none"> ▪ Month 6 performance has been strong with all access, referral to treatment (RTT) and cancer wait targets achieved; ▪ Performance challenges going forward include continued delivery of RTT admitted and incomplete targets, Emergency Department and diagnostic wait times and VRE bacteraemia; ▪ The CQC Quality Risk Profile for October indicated no adverse movement and KCH expects to achieve 100% of CQUIN targets for quarter 2; and ▪ To help manage demand for elective surgery KCH will continue to use off-site private and NHS options through umbrella contracts. 	
012/155	<p><u>Monitor Q2 Submission – for approval</u></p> <p>It was agreed that the Board:</p> <ol style="list-style-type: none"> 1. Approved the declarations detailed in the report in line with Monitor’s reporting requirements; and 2. Authorised GM and TS to sign-off the final submission and the Governance Statements. <p>QUALITY AND SAFETY FOCUS</p>	
012/156	<p><u>Quarterly Patient Outcomes Report</u></p> <p>GW presented the patient outcomes report which this quarter focused on end of life care.</p> <p>The Board noted the report and the following key points:</p> <ul style="list-style-type: none"> ▪ Improving end of life care is one of the quality priorities for 2012/13; ▪ A CQUIN target locally agreed with KCH commissioners contains a number of objectives to address end of life care issues and to drive improvements; ▪ The Patient Outcomes Committee monitor compliance with the relevant CQC and NICE standards; 	

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- Work is linked with the Mortality Monitoring Committee and Deteriorating Patients Group;
- There is a spectrum of intervention which includes the Liverpool Care Pathway, the AMBER care bundle and DNAR orders;
- The AMBER care bundle was designed by KCH and GSTT and is currently being trialled across five wards;
- Recent negative press reports about implementation of the Liverpool Care Pathway have highlighted the problems inherent in this area of patient care;
- KCH would benefit from some guidance which clarifies for clinicians their medical and legal position.

012/157 **Risk Management Strategy**

JS presented the Trust Risk Management Strategy for approval.

Key points included:

- The strategy is reviewed annually in line with the NHS Litigation Authority's acute risk management standards;
- This version has already been considered by the Quality & Governance and Audit Committees;
- It outlines the four strategies for managing risk which are treat, tolerate, transfer and terminate;
- This is the system defined by the Department of Health as best practice.

The Board noted the amendments and approved the Risk Management Strategy.

012/158 **Board Assurance Framework Policy**

JS presented the Board Assurance Framework (BAF) Policy for approval.

Key points included:

- As with the Risk Management Strategy, the BAF Policy is reviewed annually and the two documents should be read in conjunction with one another;
- Changes to the policy include clarification of the role of the Board;
- The document has also been modified to be more closely aligned with the strategic objectives of KCH.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	It was noted that the membership lists on some Board Committees terms of reference require revision. MM requested an amendment to the paragraph on the Caldicott Guardian.	
	Subject to these amendments, the Board approved the BAF Policy.	
012/159	<u>Audit Committee Terms of Reference</u>	
	The Board noted and approved the Audit Committee Terms of Reference.	
012/160	<u>Carbon Reduction Update</u>	
	The Board noted the Carbon Reduction update.	
012/161	<u>Audit Committee Annual Report and Self-Assessment</u>	
	The Board noted the Audit Committee Annual Report and Self-Assessment.	
012/162	<u>Confirmed Board Committee Minutes</u>	
	The Board noted the Finance and Performance Committee minutes of 24 July 2012.	
012/163	<u>Any Other Business</u>	
	There were no other items of any other business raised for discussion.	
012/164	<u>Date of Next Meeting</u>	
	Thursday 29 November 2012 at 14:30 in the Dulwich Committee Room.	