

King's College Hospital

NHS Foundation Trust

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, 29 January 2013 in the Dulwich Committee Room, King's College Hospital.

Members:

Prof Sir George Alberti (GA)	Trust Chair
Graham Meek (GM)	Non-Executive Director, Vice Chair
Chris Stooke (CS)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Tim Smart (TS)	Chief Executive
Roland Sinker (RS)	Chief Operating Officer
Simon Taylor (ST)	Chief Financial Officer
Dr. Michael Marrinan (MM)	Medical Director
Dr. Geraldine Walters (GW)	Director of Nursing & Midwifery
Angela Huxham (AH)	Director of Workforce Development
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:

Anne Greenough (AG)	Director of Education and Training, KHP
Jill Locket (JL)	Director of Performance and Delivery, KHP
Sally Lingard (SL)	Associate Director of Communications
Rita Chakraborty (RC)	Assistant Board Secretary (Minutes)
James Eales	NHS Graduate Management Trainee
Marion Mackay	KCH Charity
Fiona Clark	Governor
Stuart Owen	Governor

Apologies:

Marc Meryon (MM1)	Non-Executive Director
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
013/01	<u>Apologies</u>	
	The Chair welcomed all public attendees.	
	Apologies for absence were noted.	
013/02	<u>Declarations of Interest</u>	
	There were no declarations of interest.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
013/03	<u>Chair's Action</u>	
	There were no chair's actions	
013/04	<u>Minutes of previous meetings – 18 December 2012</u>	
	The minutes of the meeting held on 18 December 2012 were approved as a correct record.	
013/05	<u>Action Tracking/Matters Arising</u>	
	The Francis Enquiry was due to publish its report on 6 February and the recommendations could be far reaching.	
013/06	<u>Chair's and Non-Executive Directors' (NED) Report</u>	
	The report on the activities of the Chairman and non-executive directors for the period was noted.	
	Correction: GA did not chair Finance and Performance Committee on 18 Dec.	
013/07	<u>Update on Council of Governors Activities</u>	
	The Chair provided an update on Council of Governor activities:	
	<ul style="list-style-type: none"> • The recent Governor Development Day was very informative; • The Membership and Community Engagement Committee had discussed the membership strategy and the Trust centenary plans; and • Patient Experience and Safety Committee had received presentations on quality priorities, A&E survey results and improving the patient experience in the Acute Medical Assessment Units. 	
013/08	<u>Chief Executive's Report</u>	
	The Board noted the Chief Executive's report for the period.	
	TS highlighted the following key points:	
	<ul style="list-style-type: none"> • King's was the only London FT to be rated 'green' for finance and governance at present; • William McKee has been appointed Director of Transition and Transformation. There was some delay with the KHP full business case due to the awaited announcement by the Secretary of State for Health on the future of SLHT but this was expected imminently. Support was expected for the TSA's recommendation; 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • The final decision on the Trust's acquisition of PRUH will be subject to concluding terms of agreement that the FT regulator and the Trust are content with. Throughout negotiations, the Trust has made it clear that it must maintain its existing financial risk rating from Monitor and that the outcome must be in the best interests of patients at King's and PRUH; and • There was discussion about recent developments in the Integrated Care strategy. A 24/7 geriatrician hotline was operational. The programme was seeing a change in behaviours with referrals to assessment units, which are GP-led multi-disciplinary teams. A new programme director had been appointed. Fiona Clark commented that there was some anxiety amongst older members of the community that the message about integrated care has not been sufficiently publicised. JW1 responded that a website has been set up, there are more materials being distributed in the community and a public Board has been established including local users. SL offered to take the issues raised to the integrated care communications group. 	

013/09 **Finance Report – Month 9**

ST presented the finance report for month 9.

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:

- Winter pressures were resourced by the local commissioners;
- The figures show a £2.4m deficit position after assets impairment but the Trust still remains in operating surplus with a financial risk rating of 3 and this is projected to continue to year end;
- 2013/14 initial tariffs suggest a 1.5% reduction in income. The Trust is likely to have to implement 2.3% savings. Education and training income will also be tight next year;
- CIP targets in tertiary specialties, emergency and diagnostics were the most challenging at present;
- In order to reduce the outstanding money from private patients, a more thorough check of each patient's entitlement should be undertaken before treatment commences. The downward trend in income from some countries was likely to continue; and
- Agency spending was high during winter as more temporary medical staff were hired to cope with the increase in patient activity.

013/10 **Performance Report – Month 9**

RS presented the performance report for month 9.

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

The Board noted the report and the following key points:

- Month 9 performance against core Monitor targets was strong with all access, referral to treatment (with the exception of 62 day cancer wait) and infection control targets achieved;
- Performance challenges included A&E with some elective operations cancelled as the result of continuing high levels of emergency admissions. The referral to treatment target was unlikely to be met in Q4;
- Five other areas of concern are slips, trips and falls, complaints response times, Mixed Sex Accommodation (MSA) and Maternity and Day Surgery. Actions are in place to manage these; and
- Pressures on ED remains a major issue. Despite investment in A&E services and a 24/7 Acute Assessment Unit, the Trust was dealing with unprecedented levels of activity ;

The Board made the following observations:

- The criteria for relocating patients involves identifying appropriate patients to move and network collaboration;
- The corporate dashboard is reviewed annually to ensure a balance of indicators that:
 - i) provide an early alert, such as data on training and line audits for infection control; and
 - ii) provide assurance on data accuracy, such as KPMG's scrutiny of 3 indicators and mock CQC inspections.
- A more explicit presentation of weak indicators was suggested. Despite the Trust's comparative good performance, a self-critical approach was welcomed; and
- It was noted that if the Trust acquires the PRUH and is able to improve standards there, this will have a positive effect on care and finances at King's also.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
013/11	Quarterly Patient Outcome Report	

The Board noted and discussed the Quarterly Patient Outcome Report. The report summarised the work of the Public Health Committee and its Health Improvement Groups.

- There are high rates of lifestyle related illness and lower than average life expectancy in the local population;
- The Trust is encouraging patients to make healthier lifestyle choices; however it is acknowledged that acute hospitals have a limited impact in this area;
- Areas that the Committee and its feeder groups are focussing on are smoking, alcohol, obesity and healthy eating, physical activity, mental health, sexual health, oral health, occupational health, maternity and teenage pregnancy, sexual health and HIV, and older people's health;
- Some improvements have been identified in breastfeeding, teenage pregnancy rates and smoking in pregnancy;
- A national audit of King's health promotion showed the Trust was significantly better than the national average for assessing health risk factors but not for providing the appropriate interventions; and
- CQUIN targets were being achieved.

The Board offered the following comments:

- Given the size of the combined KHP workforce, there were opportunities to change attitudes of staff and their families. The Global Corporate Challenge generated interest at all levels of the organisation;
- The proposed PRUH acquisition offered wider geographical reach across south east England;
- Hospital visits can be an effective trigger for behaviour change because of patient trust in hospital doctors; and
- Programmes run by local councils focus on targeting the population as a whole.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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013/12

KHP Update

Prof Anne Greenough presented a comprehensive update on the education and training workstream. Areas covered included:

- Innovative technology and teaching – KCL has adopted the quality mark; a learning hub provides all lectures on video via the website;
- Inter-professional education and training – patient safety is being developed as a vertical strand in the MBBS;
- Increasing research capacity – the quality of trainees is very good;
- Careers management – the model will be rolled out across all disciplines
- Global health education and training – a busy year including research on learning outcomes from electives in low and middle income countries;
- State of the art simulation suite and learning centre;
- CAG education and training leads and metrics – KCL teaching database has now been extended to all NHS consultants; firm survey results mirror the National Student Survey questions and can be split by campus, CAGs, department and individual teachers; there are currently 30 MScs programmes available;
- GMC review – communication needs improvement; the KCH campus needs a state of the art education facility;
- “You said – we did”; and
- South London HIEC – this project has brought together a large number of diverse organisations. An event on 15 March will explore SLHIEC solutions for the future.

The Board offered the following comments:

- The NSS undergraduate survey results, GMC review and external review results all need to be taken on board. The expansion of the medical school made it much more challenging for staff to know each student. Prof Greenough responded that this was the case in phases 1 and 2 but that Firms should know their students in the later stage of the course as the numbers are the same as when we were KCH Medical School; and
- Real time feedback was available to identify non-attendance of teachers at large lectures.

Jill Locket, KHP Director of Performance and Delivery, updated the Board on the following:

- AHSN licencing will be announced shortly and KHP was hopeful of securing £10m over 5 years;
- Tariq Sethi has been appointed CAG Leader for Respiratory, Allergies and Critical Care;
- An event will be held on 16 April for the top 250 people to celebrate KHP's success; and
- The re-accreditation process will begin in October 2013.

013/13 Monitor Submission Quarter 3 2012/13

The Board approved the Quarter 3 submission to Monitor.

013/14 Any Other Business

There were no other items of any other business raised for discussion.

013/15 Date of Next Meeting

Tuesday, 26 February 2013 at 14:30 in the Dulwich Committee Room.