

**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 April 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
Marc Meryon (MM1)	Non-Executive Director
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
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 (until item 13/63)
Jane Walters (JW) – <i>Non-voting Director</i>	Director of Corporate Affairs
Jacob West (JW1) - <i>Non-voting Director</i>	Director of Strategy (except for part item 13/62-13/63)

**In attendance:**

Prof. John Moxham (JM)	Executive Director, KHP
Jill Lockett	Director of Performance & Delivery (KHP)
Peter Fry (PF)	Associate Director of Performance and Contracts (deputising for RS)
Sally Lingard (SL)	Associate Director of Communications
Tamara Cowan (TC)	Board Secretary (Minutes)
Linda Smith	King's Charity Trustee
Fiona Clark	Public Governor
Tom Duffy	Patient Governor
James Eales	NHS Graduate Management Trainee
Tim Killen	Astellas Pharma Ltd
Suki Thomson	NHS

**Apologies:**

Roland Sinker (RS)	Chief Operating Officer
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/53	<u>Apologies</u>  Apologies for absence were noted.	
13/54	<u>Declarations of Interest</u>  There were no declarations of interest.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/55	<b><u>Chair's Action</u></b>	
	It was noted that GA took Chair's action to approve the Trust's Quarter 4 Submission to Monitor.	
13/56	<b><u>Minutes of previous meetings – 26 March 2013</u></b>	
	The minutes of the meeting held on 26 March 2013 were approved as a correct record.	
13/57	<b><u>Action Tracking/Matters Arising</u></b>	
	The action tracker was noted.	
13/58	<b><u>King's Health Partners' (KHP) Update</u></b>	
	The Board noted the update on KHP activity provided by Prof. John Moxham (JM) and Jill Lockett (JL).	
	The following key points were noted:	
	<ul style="list-style-type: none"> <li>• The recent KHP event which included over 150 representatives from across KHP organisations was a success with good things being celebrated and positive information to help KHP move forward;</li> <li>• The appointment of Prof. Sir Robert Lechler to the Mayor's Health Board of London is also a very positive development for KHP;</li> <li>• The Academic Health Sciences Centres (AHSCs) accreditation process has been launched.</li> </ul>	
	AHCS are required to complete and submit and pre-qualification questionnaire by 31 May 2013. Successful applicants will be asked to submit a full application by 30 September with interview in October. This timescale is very tight.	
	The briefing material confirms that all applicant AHSCs:	
	<ul style="list-style-type: none"> <li>○ should be nested within Academic Health Sciences Networks (AHSNs);</li> <li>○ should provide their plans for the next five years, not a review of previous years;</li> <li>○ should note that no additional funding will be made available to successful partnerships; and</li> <li>○ should note that the international panel of experts who will approve the applications will be given access to research, education and health service metrics including Dr Foster and staff survey results.</li> </ul>	
	Areas of focus include the messages from the national student survey and a lot of work has been done to make improvements including course structures. There also needs to be more focus on improved clinical outcomes	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>Applicant AHCS must demonstrate strong performance, financial stability and good health outcomes. KHPs strengths have already been fleshed out in the Strategic Outline Business Case for the proposed merger and closer integration of the KHP partner organisations.</p> <p><b>KHP partner organisations are invited to suggest individuals to join the small group progressing the application.</b></p> <ul style="list-style-type: none"> <li>The momentum and work to develop the full business case has been reinvigorated, a number of clinical workstreams have been established and leads identified.</li> </ul> <p>There are also cross cutting clinical areas which need to be included, such as pathology, imaging etc and there should be a plan in place to ensure that these areas are part of the workstream;</p> <p>The timeline for the first cut of the draft FBC will be ready for the KHP Board in July which would provide sufficient time to fine tune and conduct due diligence and consultation in the following months.</p>	
13/59	<p><b><u>Chair’s and Non-Executive Directors’ (NED) Report</u></b></p>	
	<p>The report on the activities of the Chairman and non-executive directors for the period was noted.</p>	
13/60	<p><b><u>Update on Council of Governors Activities</u></b></p>	
	<p>The report on the activities of the Council of Governors for the period was noted.</p>	
13/61	<p><b><u>Chief Executive’s Report</u></b></p>	
	<p>The Board noted the Chief Executive’s report for the period.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>The Trust’s financial position is better than anticipated but with continued high levels of activity and acuity levels the Trust failed its ED target in quarter 4, which was unplanned;</li> <li>GA has met with key stakeholders across the system to discuss this exponential increase in emergency activity and the pressure it is putting on the health system;</li> <li>This level of pressure is having a deleterious impact on other areas of the Trust; and</li> <li>The Trust continues to work with the system to find a solution for the Princess Royal University Hospital (PRUH). The Trust has to get the right deal in order to deliver the right solution for patients and the local community.</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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<b>13/62</b>	<b><u>Finance Report – Month 12</u></b>	
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ST presented the finance report for month 12.

The Board noted the report and the following key points:

- At the start of the year the Trust set out to achieve a £4m operating surplus;
- The high levels of emergency activity changed the balance of tertiary and urgent work during the year
- The Trust has obtained a £3.2m operating surplus overall;
- The Trust is currently negotiating the service contracts for 2013-14. This is more challenging this year because of the changes in the commissioning framework with the introduction of Clinical Commissioning Groups and NHS England;
- The Trust has a £40m CIP target for 2013-14 which it aims to achieve by increasing its income, capacity and productivity;
- If the Trust achieves this target it can invest this money back into its services to improve quality and care provided to patients;
- Increase in bank/agency spend is reflective of the increased level of activities. Although it would be preferable to run planned recruitment programmes the increase in high acuity patients meant that the Trust had to incur these costs to ensure that patients are not put at risk;
- The profit from commercial income is very important but it cannot be relied on in the future to help sustain the Trust position; and
- The Trust works hard to ensure all private patient income is de-risked by requiring significant deposit payments up front, and ensuring as far as possible that all private patient funding is secured via embassies or private insurance cover.

<b>13/63</b>	<b><u>Performance Report – Month 12</u></b>	
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PF presented the performance report for month 12.

The Board noted the report and the following key points:

- In month 10/11 the Trust's ED pressures excessive across south east London which continued during month 12;

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	<ul style="list-style-type: none"> <li>• Capacity constraints continue to be one of the areas of concern given the challenges around the high acuity of patients attending the ED. The Trust is working with key stakeholders and sharing information in order to address these issues. On average, the Trust has 10 extra ambulances attending the Trust everyday. The Trust is also seeing more occupation of beds by over 75 year olds;</li> <li>• Outpatient waiting times and complaints response rates are also areas of concern for the Trust, although the latter is improving;</li> <li>• The Trust met cancer targets, and had a smaller number of healthcare acquired infection cases compared with last year;</li> <li>• The Trust's national inpatient survey results were much improved in comparison to the previous year;</li> <li>• At year-end the Trust has filed amber-red for its governance rating in quarter 4;</li> <li>• The full plan in response to the Francis Report recommendations will be ready in June. Part of the work from the working group is looking at how to better listen to staff and patients; and</li> <li>• The Trust has assigned a senior responsible officer for diagnostic waits to ensure we develop appropriate action plans to improve access to diagnostics</li> </ul>	

**13/64 Trust's Doctors' Revalidation Process**

The Board noted the update on the GMC Doctors Revalidation process.

The revalidation programme is going well, however a late ruling by the GMC states that any doctor who sees a patient must have a 360 patient review. This is difficult for certain specialities, such as radiologists, who do not generally have follow-up with patients.

The Trust aims to complete a new tranche of revalidations every two months and will purchase a universal tool to help with the process.

**13/65 Quarterly Patient Outcomes Report**

The Board noted and discussed the Quarterly Patient Outcomes report which focuses on Domain 1: preventing people dying prematurely.

The following key points were raised:

- The Trust achieves good clinical outcomes in relation to mortality rates, venous thrombo-embolism, end of life care and organ donation;

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	<ul style="list-style-type: none"> <li>• The number of deaths in the Trust are circa 0.05% of admitted patients on average in a year;</li> <li>• While the Trust performs very well nationally, some London trusts have better summary hospital mortality indicator (SHMI) rates and trusts regularly share learning in this area; and</li> <li>• The Trust conducts critical reviews to identify trends which can lead to improvement works in specific work in certain areas. The Trust wants to drive improvement through learning.</li> </ul>	
	<p><b>It was agreed that TS/PE would contact University College London Hospital (UCLH) to discuss their results.</b></p>	<p><b>PE/TS</b></p>
<p><b>13/66</b></p>	<p><b><u>Quarterly DIPC Report</u></b></p> <p>The Board considered and noted the Quarterly DIPC report.</p> <p>The following key points were raised:</p> <ul style="list-style-type: none"> <li>• The Trust has recorded sustained improvement for healthcare acquired infections;</li> <li>• The Trust has a process of review and reinforcement of the importance of performance at divisional meetings; and</li> <li>• The Trust is working hard to control the strain of CRE and will implement the recommendations from the HPA.</li> </ul>	
<p><b>13/67</b></p>	<p><b><u>National Inpatient Survey Results</u></b></p> <p>The Board noted the national inpatient survey results.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The results for the Trust are very good for 2012 despite the additional pressures of emergency admissions throughout the year ;</li> <li>• The Trust received amber rating for 9 out of 10 questions and a green rating for overall patient experience;</li> <li>• The Trust did perform less well in some areas but will work on these areas;</li> <li>• The Trust also scored very well on the new question areas;</li> <li>• The results are in line with the improved internal ‘how are we doing?’ survey results;</li> <li>• The Trust is the most improved in its London peer group;</li> </ul>	

<b><u>Item</u></b>	<b><u>Subject</u></b>	<b><u>Action</u></b>
	<ul style="list-style-type: none"> <li>• It was noted that South London Healthcare Trust performance has dipped; and</li> <li>• The Trust will continue to improve its performance and patient experience in line with the Francis report recommendations.</li> </ul>	
<b>13/68</b>	<b><u>Ratification of Trust Constitution</u></b>	
	The Board considered the proposal to ratify the changes to the Trust's Constitution and agreed to:	
	<ol style="list-style-type: none"> <li>1) <b>Resolve to ratify the changes to the Trust Constitution relating to provisions of the Health and Social Care Act 2012; and</b></li> <li>2) <b>Recommend that the Council of Governors ratify these changes at their meeting in May at which time the revised Constitution will come into effect and Monitor will be informed of the changes; and</b></li> <li>3) <b>Note that, should the proposed acquisition of the Princess Royal University Hospital proceed, the Board will at the relevant time, be asked to ratify all associated changes to the Constitution.</b></li> </ol>	
<b>13/69</b>	<b><u>Q4 Monitor Submission</u></b>	
	<b>The Board noted the Trust Quarter 4 Monitor Return which was circulated to the Board for comment and approved by the Chair before it was submitted to Monitor.</b>	
<b>13/70</b>	<b><u>New Monitor Provider Licence</u></b>	
	The Board noted the report on the new Monitor provider licence.	
<b>13/71</b>	<b><u>Information Governance Report</u></b>	
	The Board noted the information governance report discussed by the Quality and Governance Committee on 25 April 2013.	
<b>13/72</b>	<b><u>Confirmed Minutes</u></b>	
	The Board noted the confirmed minutes of the Finance & Performance Committee held on 26 February 2013.	
<b>13/73</b>	<b><u>Any Other Business</u></b>	
	There were no other items of business raised for discussion.	
<b>13/74</b>	<b><u>Date of Next Meeting</u></b>	
	Tuesday, 21 May 2013 at 14:30 in the Dulwich Committee Room.	