

**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 July 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
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

**In attendance:**

Prof. John Moxham (JM)	Director of Clinical Strategy (KHP)
Dr Wendy Prentice (WP)	Consultant in Palliative Medicine/Clinical Lead
Prof Irene Higginson	Professor of Palliative Care
Tamara Cowan (TC)	Board Secretary (Minutes)
Christine Klaassen	Governor
Phidelma Lisowska	Governor
Alexander Fedyashin	LSBF
Lucy Aghamalyan	LSBF
Patricia Jorguera	LSBF
Nick Martin	LSBF
James Eales	NHS Graduate Management Trainee
Geoff Worley	Trust Member

**Apologies:**

Sally Lingard	Associate Director - Communications
Jacob West (JW1) - <i>Non-voting Director</i>	Director of Strategy

<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/121	<u>Apologies</u>  Apologies for absence were noted.	
13/122	<u>Declarations of Interest</u>  There were no declarations of interest.	

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13/123	<b><u>Chair's Action</u></b>  There were no Chair's actions to report.	
13/124	<b><u>Minutes of Previous Meeting</u></b>  The minutes of the meeting held on 25 June 2013 were approved as a correct record.	
13/125	<b><u>Matters Arising/Action Tracking</u></b>  The matters arising were noted.	
13/126	<b><u>KHP Update</u></b>  Prof. John Moxham provided an overview of KHP activity since the last report in June.  The following key points were noted: <ul style="list-style-type: none"> <li>• Work continues on the application for accreditation as an Academic Health Sciences Centre (AHSC);</li> <li>• As part of the accreditation work and development of the Clinical Academic Groups (CAGs) KHP is developing a scorecard for CAGs; and</li> <li>• KHP's integrated care programme is one of the key identifiers which distinguish it as a AHSC.</li> </ul>	
13/127	<b><u>Chair's and Non-Executive Directors' (NED) Report</u></b>  The report on the activities of the Chairman and non-executive directors for the period was noted.	
13/128	<b><u>Update from Board Committee Chairs</u></b>  <u>Quality &amp; Governance Committee (QGC)</u> GM1 advised that the Quality Governance Committee met on 25 July. At this meeting the Committee: <ul style="list-style-type: none"> <li>• Discussed the latest patient safety and outcomes information concluding that although there are some areas of challenge there were no major areas for concern;</li> <li>• Received feedback from the Francis Working Group and inputted into the key action plans;</li> <li>• Took a deeper look into recent never events;</li> <li>• Considered complaints and the response rates;</li> <li>• Reviewed the recent results from the Friends and Family Test (FFT); and</li> <li>• Noted that the 2012 Staff Survey results had improved compared to 2011 and accordingly the Trust was ranked in the top 20.</li> </ul>	

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It was noted that the new Chief Inspector of Hospitals, Prof. Sir Mike Richards named South London Healthcare Trust (SLHT) in the first tranche of hospitals to be inspected in the early autumn under the new Care Quality Commission's (CQC) inspection regime. Given the plans to dissolve SLHT in the autumn, it did not seem feasible for the CQC to inspect the hospital and in particular the PRUH when new systems and practices will be implemented as a result.

**It was agreed that GA would speak to Prof Sir Mike Richards.**

Strategy Committee

SS reported that at its last meeting the Committee welcomed Sir Stephen Moss, former Chair of Mid Staffs NHS FT, who was recruited after the issues of Mid Staffs came to light. Sir Stephen Moss shared some of his thoughts on the trends which led to the deterioration of Mid Staffs and provided some key insights which the Committee found very useful.

It would be very useful if the Trust organised a similar session for the clinical staff.

Finance & Performance Committee

GM advised that the Committee met earlier to discuss the Trust's finance and operational performance. The continued high activity levels are having a knock-on effect on the Trust's financial and operational performance.

Audit Committee

CS advised that there was no significant update since the last meeting. The next meeting of the Committee will be in September and it will review the next tranche of internal audits.

Board Integration Committee

CS advised that the Board Integration Committee had been responsible for overseeing the plans and proposal for the proposed acquisition of the Princess Royal University Hospital. As the Trust reaches the advance stages of the regulatory process and transaction negotiation the Committee will begin to focus on the implementation of the Trust's plans.

Equality & Diversity Committee

MM1 advised that the Committee had its review meeting and agreed that although it had done some good work it may be time to make room for a different framework which would ensure that equality and diversity matters remain on the Board agenda. Accordingly, a meeting of the Committee will take place in the autumn where a number of options will be discussed a proposed direction of travel would be put to the Board for approval.

13/129	<b><u>Update on Council of Governors Activities</u></b>	
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The report on the activities of the Council of Governors for the period was noted.

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13/130	<b><u>Chief Executive's Report</u></b>	
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The Board noted the Chief Executive's report for the period.

The following key points were noted:

- On Friday, 26 July the Trust celebrated the centenary of King's being in Camberwell;
- The Trust is busier than it has ever been and this may be reflected in the Trust's recent Friends and Family Test (FFT) results but the Trust is aware that it has some work to do to improve these results;
- The teams across the Trust work extremely hard and their work pressure is set to increase as the Trust continues to provide support to South London Healthcare Trust (SLHT);
- The proposals around the acquisition of the Princess Royal University Hospital will only serve to strengthen the KHP partnership;
- Work continues on KHP and the development of proposals around closer integration;
- KHP's Academic Health Sciences Centre accreditation application is not predicated on the merger of the organisations; and
- The Trust Open Day on 07 July 2013 was very successful and the Trust's Charity is to be thanked for supporting the event.

13/131	<b><u>Finance Report – Month 03</u></b>	
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The Board received the month 03 finance report presented by ST:

The following key points were noted:

- The Trust is running a small operating deficit overall;
- The overall financial performance is positive. This is, however, masking underlying issues related to the big change in the high level of activity and the corresponding increase in staffing costs;
- The Trust is not making sufficient margins and the current situation is reflective of the position expected in winter months so the Trust needs to consider where it goes from here;
- There is a slight improvement in the cash position because the Trust had received some outstanding payments; and
- To address some of the Trust's capacity issues the CCU enabling works are near completion, Infill Block 4 will be fitted out in August and the works on Orpington Hospital are due to be completed and ready for use in October.

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13/132	<b><u>Performance Report – Month 02</u></b>	

RS presented the performance report for Month 02.

The Board noted the report and the following key points:

- The Trust is performing well on referral to treatment (RTT) complete and incomplete pathways, C. difficile and MRSA;
- RTT admitted performance is on par with the Trust's submission in its Annual Plan. In line with plans the Trust is bringing down its list of long-waiters;
- There is still a high level of attendances in the emergency department with a majority of those patients being frail and elderly;
- The Trust is disappointed by the low Friends & Family Test (FFT) scores in some parts of the hospital and, as discussed at length at the Quality Governance Committee, will see to address this accordingly;
- VRE is an area of increasing concern for the Trust with new cases of colonisation appearing in some specialist services;
- The Business Intelligent Unit is conducting analyses to find out what is behind the high volume of patient cancellations;
- There are no material regulatory performance issues of note and the process for signing contracts with commissioners is nearing completion;
- Although the Trust is being more proactive in taking measures to ensure that patients better use the local and effective means of receiving treatments there is only so much it can do to stem the flow of patients into its emergency department; and
- The Trust now needs to focus on building the right infrastructure for diagnostics as the echo services begin to grow.

13/133	<b><u>Francis Working Group Update</u></b>	
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RS provided an update on the work conducted by the Francis Working Group. The Board were reminded that the group included members of the executive team, a non-executive director, the chair, clinical medicine and nurse leads, a governor and representatives from the commissioning body.

The following key points were raised and noted:

- Following an extensive review and analysis of the recommendations in the Francis Report the Group has agreed 6 work streams to ensure that all the recommendations are considered and action plans developed;
- Each work stream is headed by an executive lead responsible for a series of sub groups and cross cutting initiatives to take forward relevant action plans;

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- Work has focused on the following:
  - Identifying pressure in the hospital - when the hospital is operating in a steady state performance management falls within the operational framework. With the continued increase in the level of activity in the hospital resulting in pressure on resources, the potential for slippages in operational performance can increase.

Accordingly, a unique set of measures are being reviewed to ensure that the Trust can effectively identify any early signals and put in place the necessary resources to ensure that performance is maintained at the optimum level; and

- Listening to patients and staff – the Trust needs to make sure that it improves access to routes to register concerns from staff and patients and accordingly do as much as possible to learn from the feedback from these two important group of stakeholders. Conversely, the Trust also needs to improve how it feeds back to these stakeholders so they know they have been listened to. This area of work is being driven through the staff and patient listening events;
- The output and work in the listening events are enshrined in the Trust’s values and behaviour standards; and
- The Trust is taking a very thoughtful approach to ensuring it embeds improvements derived from the Francis Report recommendations into all the Trust’s activities.

**The Board noted the report from the Francis Group and noted that the next report will include the output from the listening events.**

13/134	<b><u>Quarterly Patient Outcomes Report</u></b>	
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The Board discussed the quarterly patient outcomes report.

The following key points were raised:

- The theme of this report is enhancing quality of life for patients with long-term conditions;
- The Trust is committed to ensuring that it enhances the quality of life and reduces preventable morbidity for people with long term conditions at the Trust and this is a key part of the remit of the Long-Term Conditions Committee (LTCC);
- The Trust is currently undertaking a review of the relevant outcomes data to ensure that in due course the LTCC will be able to review data routinely;
- The Trust selected dementia as one of its priorities for 2013/14 because it is the most under-diagnosed long-term condition nationally;

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- The Trust should be in a position where it can close the loop, get the data and analysis and, by delivering its plans, will be able show a change for the better;
- Improvements in the Trust's processes and resources have led to circa 20% further improvement in diabetes intervention and treatment of admitted patients which leads to better outcomes;
- The Trust's participation in national audits and the subsequent results are monitored and reviewed by the Clinical Effectiveness Committee; and
- At present PROMS only covers four areas but it would be useful if the Trust could have evidence pertaining to the integrated care programme.

**The Board noted the patients' outcomes report for the quarter and commended Claire Palmer for the quality report.**

<b>13/135</b>	<b><u>Quarterly Director of Infection Prevention and Control (DIPC) Report</u></b>	
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The Board noted the DIPC report.

The following key points were noted:

- The Trust has had two attributable MRSA (post 48 hour) bacteraemia cases in the period 2013-14;
- There have been no cases of VRE bacteraemia to date;
- The C-difficile trajectory will be very challenging to achieve this year with 8 cases reported to date and a further 24 cases reported locally for testing in line with DH guidance. All these cases are being addressed in line with the Trust's protocols;
- In quarter 1 of 2013/14 the Trust had reported 14 cases of E.coli bacteraemia and 15 post-48 hour cases of MSSA; and
- These reported cases are being monitored closely and the Trust's health care acquired infection action plan, included in this report, has been submitted to Monitor and is presented to the Board as part of the monthly performance reports.

<b>13/136</b>	<b><u>Changes to CQC Inspection Regime</u></b>	
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The Board noted and discussed the changes to the CQC inspection regime.

The following key points were noted:

- Of the eighteen trusts identified for inspection by the end of 2013 the CQC has flagged that six of these trusts are indicated as having a high-level of risk and will be priorities for inspection;
- Five key questions will replace the 16 outcomes. The questions will be on safety, effectiveness, compassion, responsiveness and leadership;

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- Providers will be expected to meeting three standards:
  - i. Fundamental standards of care (required by law) define the basics and must be achieved by every registered provider, including when registering new services. CQC are likely to take enforcement actions against providers falling below these standards.
  - ii. Expected standards (required by law) define evidence-based, best practice care that patients would expect. CQC are likely to require improvement actions by providers not meeting these standards.
  - iii. High quality care (aspirational) is defined as care and treatment that meets both of the above but also incorporates innovation and/or forward-looking service delivery. CQC will take high quality care into account when making judgements on a provider's overall quality of care.
- To meet the standards, providers must demonstrate that they meet expectations in the following areas:
  - Safety
  - Effectiveness
  - Compassion
  - Responsiveness
  - Leadership
- Inspections will remain mainly unannounced and are expected to last typically 15 days, with six to seven days on-site. Out-of-hours inspections will be more common than before.

**13/137****Liverpool Care Pathway**

The Board welcomed Professor Irene Higginson and Dr Wendy Prentice who presented the Trust's response to the Independent Review of the Liverpool Care Pathway (LCP).

The following key points were raised:

- The review conducted by the Department of Health highlights that there are areas of poor care of the dying;
- Used correctly the LCP can support a dignified and peaceful death for terminally ill patients and their families. It also ensures patients are in the driving seat for their end of life care using individual plans with appropriate medical and nursing care;
- End of life care was one of the Trust's key priorities between 2011-2013;
- The Trust has made progress in the coordination of care, advance care planning through the use of the AMBER care bundle, education and training, bereavement support and support for carers;

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	<ul style="list-style-type: none"> <li>• In comparison to the national average of 12% only 8% of the Trust's patients or carers rated the overall care at the end of life of their relative / friend to be poor;</li> <li>• The Trust cannot however become complacent. It must do something different for acute palliative patient care. This could be achieved by focusing on the palliative care agenda, improving local expertise and the discharge process coordination; and</li> <li>• It is recommended that the Trust continues with the LCP but supported by some immediate actions as those outlined in report.</li> </ul> <p>The Board considered the proposed measures outlined in the report to improve the Trust's end of life services.</p> <p><b>It was noted and agreed that some of the proposed measures required internal review and where necessary should be progressed in line with the Trust's processes, i.e. such as completion of suitable business case.</b></p>	
13/138	<p><b><u>Monitor Q1 2013/14 Submission</u></b></p> <p><b>The Board reviewed and approved the Trust's quarter 1 submission.</b></p>	
13/139	<p><b><u>Application to Department of Health Energy Fund</u></b></p> <p>The Board discussed the application to the Department of Health (DH) for energy funding presented by ST.</p> <p>The following was noted:</p> <ul style="list-style-type: none"> <li>• Trust has successfully completed stage one of the application process;</li> <li>• If the Trust is successful it will receive circa £2.9m from the DH energy efficiency fund;</li> <li>• To receive this funding the Trust must agree to use the projected annual energy savings of £634k to improve patient care;</li> <li>• The Trust's application stated that savings would be used towards: <ul style="list-style-type: none"> <li>○ Installing high quality double glazing. This will benefit patients and staff by reducing air born infection problems such as aspergillus, reducing heat loss and draughts and reducing noise levels.</li> <li>○ Improve lighting in wards by installing LED lighting and replacing aged and yellowing diffusers.</li> <li>○ Carrying out the refurbishment of wards to raise the overall standards.</li> </ul> </li> <li>• If the Trust is successful it will be able to continue to improve the Trust's clinical environment.</li> </ul> <p><b>The Board approved the submission of the application and agreed that the revenue consequences of the project are affordable.</b></p>	

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13/140	<b><u>Board Integration Committee – Terms of Reference</u></b>	
	The Board noted and approved the revised Board Integration Committee terms of reference. BIC would continue for the foreseeable future and its activities would now move from transaction management to implementation of the integration.	
13/141	<b><u>Research Strategy</u></b>	
	The Board noted the review of the Trust’s Research Strategy.	
13/142	<b><u>Board Committee Minutes</u></b>	
	The Board noted the minutes of the Finance & Performance Committee meeting held on 30 April 2013.	
13/143	<b><u>Any Other Business</u></b>	
	There were no other items of business raised for discussion.	
13/144	<b><u>Date of Next Meeting</u></b>	
	Tuesday, 01 October 2013 at 14:30 in the Orpington Village Hall.	