

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 October 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) – <i>until 013/187</i>	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Tim Smart (TS)	Chief Executive
Roland Sinkler (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:

Sally Lingard	Associate Director of Communications
Leonie Mallows (LM)	Corporate Governance Officer (Minutes)
Anne Traynor	KCH Charity Representative
Peter Brooks – <i>item 13/187 only</i>	Governance and Policy Consultant, King's College Hospital Clinics
Eileen Lock - <i>item 13/187 only</i>	Clinic Director, King's College Hospital Clinics
Prof Sir Robert Lechler	Executive Director, KHP
Samantha Quaye	Chief Pharmacy Technician, KCH
Pam Cohen	Public Governor
Jan Thomas	Patient Governor

Apologies:

Faith Boardman	Non-Executive Director
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/176	<u>Apologies</u> Apologies for absence were noted.	
13/177	<u>Declarations of Interest</u> There were no declarations of interest.	
13/178	<u>Chair's Action</u> There were no Chair's actions to report.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/179	<u>Minutes of Previous Meeting</u> The minutes of the meeting held on 01 October 2013 were approved as a correct record.	
13/180	<u>Matters Arising/Action Tracking</u> The matters arising were noted.	
13/181	<u>Chair's and Non-Executive Directors' Activity Report</u> The Board noted the report on the activity of the Chair and non-executive directors.	
13/182	<u>Update from Board Committee Chairs</u> <u>Audit Committee</u> CS reported that there had been no further meeting of the Audit Committee since the last meeting of the Board. <u>Board Integration Committee</u> CS reported that the Board Integration Committee had discussed and agreed proposals for the governance of the integration and implementation programme. The Committee will continue to meet monthly and monitor progress of the programme. <u>Equality & Diversity Committee</u> MM1 reiterated that the report on the future of the Committee and its remit was due next in November. It would be discussed at the Committee and presented to the Board. <u>Finance & Performance Committee</u> GM reported that this month the Committee discussed the Trust's finances and performance and received a divisional performance report from the Trauma, Emergency and Medicine division (TEaM). The Committee had discussed the current and on-going developments and challenges within TEaM. <u>Quality & Governance Committee</u> GM1 reported that there had been no further meeting of the Quality & Governance Committee since the last meeting of the Board. <u>Strategy Committee</u> SS advised that the meeting scheduled for 21 November had been cancelled. The next meeting of the Committee would be on 13 February.	
13/183	<u>Update on Council of Governors Activities</u> The Board noted the update on the activities of the Council of Governors. GA reported that governors were back to business as usual, following the decision	

Item**Subject****Action**

taken last month that the Trust should acquire some of the sites and services from the now dissolved SLHT.

GA reported that all three governor sub-committees had met during the month of October and some of the key issues discussed by the Membership and Community Engagement, Strategy and Patient Experience and Safety Committees included:

- How the Trust will build its membership to embrace its new constituencies;
- The new NHS commissioning landscape;
- Implementation of the Trust's plans for the newly acquired services and sites;
- Feedback from staff and patients participating in the King's in Conversation programme; and
- Developments within King's Health Partners.

Some governors have visited some of the Trust's newly acquired sites to help with membership recruitment.

JW reported that the Trust is close to reaching its recruitment target of 2000 public members for Bromley and circa 110 people had expressed interest in standing as a governor in the forthcoming elections.

13/184**Chief Executive's Report & KHP Update**

The Board noted the Chief Executive's report.

TS reported that the challenges of the integration process following acquisition were significant and not underestimated, but that there had been a positive reception from staff that joined the Trust on 01 October. It was to be noted that the first payroll of the enlarged organisation, which had been identified prior to acquisition as a significant risk, had gone very well.

The following other key points were noted:

- The Trust is committed to increased academic investment through the south London Collaboration for Leadership in Applied Health Research and Care (CLAHRC);
- The Academic Health Sciences Centre accreditation panel was meeting today to interview those that had applied for AHSC status. KHP Executive Director, Professor Sir Robert Lechler, was representing KHP together with Professor Shah, Ms Long, Professor Kapur, Mr Kerr and Professor Greenough;
- The KHP Partners Board would meet tomorrow and one of the chief topics of discussion would be development of clear site and clinical strategies;
- The Trust has decided that it will not host any further filming for the Channel 4 series '24 Hours in A&E'. Filming had been completed for another 20 episodes which will be broadcast in 2014;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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- Several building projects are underway around the Trust, including Infill Block 4 (IB4). IB4 is in the process of being brought on-stream and on completion will be named The Centenary Wing;
- Director of Strategy, Jacob West, has been seconded to the London Health Commission and will be taking up his new post in December. His contribution to the acquisition process was recognised and the Trust wished him well for the future; and
- Several avenues were being pursued for funding of the helipad project, including some commercial opportunities.

13/185	<u>Finance Report – Month 5</u>	
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The Board received the month 06 finance report presented by ST.

The following key points were noted:

- The Trust is reporting a small operating surplus at the end of quarter 2 and a financial risk rating of 3, which is broadly in line with the planned position year to date;
- The financial figures reflect how operationally busy the Trust continues to be and the need to employ bank and agency staff to cope with the increased demand;
- Since the report was prepared a significant amount of the transaction monies has been received;
- No additional 'winter pressure' funding has been awarded to the Denmark Hill site. The Princess Royal University Hospital (PRUH) site has been awarded £1.9m;
- July 2013 was the busiest month ever in the Trust and there are significant risks going forward into the winter months; and
- From next month the finance report will include data from across all of the Trust's sites.

The Board discussed the provision for 'bad debts' which relate to unrecovered income for overseas patients who were not entitled to NHS treatment. Although recovery steps are taken, these often produce a low return.

13/186	<u>Performance Report</u>	
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The Board received the month 06 performance report presented by RS.

Item**Subject****Action****Denmark Hill**

The following key points were noted:

Areas of strong performance this month and for quarter 2 overall are cancer waiting times, emergency care waiting times and referral to treatment (RTT) non-admitted and incomplete pathway targets;

- The Trust faces performance challenges in the following areas:
 - RTT admitted pathway – performance to date is consistent with the self-certified plan to not achieve this target during 2013/14, however the Trust is ahead of the trajectories agreed with Monitor;
 - Emergency Care - the Emergency Department faces continued pressure into October and to date is not reaching the waiting time target. Implementation of plans for physical capacity and staffing will make a significant difference;
 - Healthcare Acquired Infections – this is an area of intense focus and instances of Vancomycin-Resistant Enterococcus (VRE) and Carbapenem-resistant Enterobacteriaceae (CRE) are being closely monitored;
 - Red shifts – increasing establishments and making permanent appointments will help to reduce the number of red shifts;
 - Complaints – the backlog has been cleared but response times are still below the internal target. The executive team will meet later this week to discuss this and the content of complaints will be routinely discussed by the Quality & Governance Committee; and
 - Other areas of concern are being closely monitored.
- A new quality surveillance scheme has been launched by the care quality Commission (CQC) which replaces the Quality Risk Profile and will provide another triangulation point for measuring performance;
- The CQC will disaggregate the SLHT scores and in future aggregate the scores of all the sites within the enlarged KCH; and
- Additional capacity provided by Infill Block 4 will be available soon.

PRUH

The following key points were noted:

- In addition to those identified in the due diligence report, further challenges are facing the Trust at the PRUH site;
- RTT performance is strong but there are three main areas of concern:
 - cancer waiting times
 - emergency care waiting times and the knock on effect this has to the rest of the hospital;
 - establishment and culture
- Performance is reviewed monthly at the Performance Improvement Group chaired by Peter Fry, Director of Operations;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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- From next month performance data from across the Trust will be integrated into the performance report.

13/187 **Governance of Satellite Sites**

Peter Brooks and Eileen Lock presented an overview of policy proposals for the governance of King's College Hospital Clinics (Abu Dhabi).

The following key points were noted:

- The purpose of developing the overarching policy is to enable income diversification whilst ensuring the reputation of the Trust is not jeopardised;
- The policy is for everyday application and reflects the King's Values based on a smaller site;
- A process of reviewing Trust policies has been undertaken and an Ethics Committee has been established. The purpose of the Ethics Committee is to accommodate UK NHS standards as well as UAE law and cultural requirements and to minimise the risk of exposing staff and patients to difficult situations by identifying potential issues;
- The policy will act as a template for future services and will become part of the offer/negotiations, providing added value and assurance for both parties;
- A working group of clinical subject matter experts will develop the policy and it will be reviewed by the ethics committee to ensure it meets Trust standards; and
- The King's Commercial Services Board of Directors has been constituted by and is accountable to the Trust Board of Directors.

The Board noted the proposals and that an update will be presented to the Board in February 2014.

ST/TC

13/188 **King's Health Partners**

Robert Lechler reported on his meeting with the AHSC accreditation panel earlier today and summarised the presentation that was delivered on behalf of KHP.

The following key points were noted:

- The meeting had gone well and the tone of the questioning had been positive;
- One of the guiding principles and ambitions of KHP is for all of the sites to become clinical academic sites and to have an impact locally;
- Progress has been made but further detailed work is required for all partners to reach an agreement which meets the aspirations of all; and

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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This agreement needs to be reached at some speed whilst recognising all of the interdependencies and the need for partner organisations to sacrifice some autonomy.

The Board noted that the Partners Board were due to meet on 30 October to make a decision on the future direction of KHP. The following points were raised and noted:

- The Board of this Trust would need a full understanding of the proposals put forward by the Partners Board for moving forward with KHP before it can reach a decision about next steps;
- In the course of discussions between partner organisations it has become apparent that differing visions of the clinical and academic strategies exist within KHP;
- A full business case (FBC) would require a high level of detail and precision to go through the regulatory process and satisfy Monitor, as evidenced by the Trust's experience of producing a business case for acquisition of former SLHT sites and services;
- An FBC would also need to clearly articulate the patient benefits; and
- There is enthusiasm for pursuing development of an Academic Integrated Care Organisation.

13/189	<u>Quality and Safety Focus</u>	
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13/189.1	<u>Quarterly Patient Safety Report</u>	
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The Board discussed the quarterly patient safety report.

The following key points were noted:

- Divisions are in the process of reviewing and merging systems in the enlarged organisation;
- There is one outstanding safety alert due to the Trust piloting new devices before implementation;
- The third KHP safety event 'Safety Connections' is planned for 11 December;
- Actions are underway to improve surgical safety through use of the Safer Surgery Checklist. This is one of the Trust's quality priorities;
- Work to improve the management of acutely ill patients is on-going and has made significant progress;
- There was a slight decrease in the number of patient falls reported in quarter 2 compared with quarter 1;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • There was an overall decrease in the number of pressure ulcers and no grade 3 or 4 pressure ulcers in quarter 1. There was 1 grade 3 pressure ulcer in July. Root cause analyses are now required for all grade 2 ulcers; • Instances of the healthcare acquired infection VRE are below the target set by the Trust; and • This quarter the Trust has reported its lowest ever mortality rate of 0.89 on the Summary Hospital-level Mortality Index (SHMI). 	
13/189.2	<p><u>Doctors Revalidation Update</u></p> <p>The Board noted the Trust's progress with GMC revalidation of all medical staff.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> • Following the Francis Report, the requirement for patient comment as part of 360 degree feedback was strengthened; • Clinicians must have their Licence to Practice renewed every five years in addition to on-going GMC registration; • All clinicians at the Trust have been revalidated, including those whose date of revalidation was deferred; • The system is working well, with buy in from the consultant body; and • At the end of March the rate of completed appraisals was 97.5%. 	
13/190	<p><u>Quarterly Submission to Monitor</u></p> <p>The Board noted and approved the submission to Monitor for quarter 2.</p>	
13/191	<p><u>Confirmed Board Committee Minutes</u></p> <p>The Board noted the confirmed minutes of the Finance & Performance Committee on 30 July 2013.</p>	
13/192	<p><u>Any Other Business</u></p> <p>There was no other business raised for discussion.</p>	
13/193	<p><u>Date of Next Meeting</u></p> <p>Tuesday, 26 November 2013 at 14:30 in Dulwich Room</p>	