

## King's College Hospital NHS Foundation Trust Board of Directors - PUBLIC

Minutes of the meeting of the Board of Directors held at 14:00 on Tuesday, 31 March 2015 in the Boardroom, Princess Royal University 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
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Roland Sinker (RS)	Acting Chief Executive Officer
Angela Huxham (AH)	Director of Workforce Development
Dr Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development
Dr. Michael Marrinan (MM)	Medical Director
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
Ahmad Toumadj (AT) – <i>Non-voting Director</i>	Interim Director of Capital, Estates & Facilities

### In attendance:

Lord Kerslake (BK)	Shadow Chair
Tamara Cowan (TC)	Board Secretary (Minutes)
Sally Lingard (SL)	Associate Director of Communications
Jill Lockett (JL)	KHP Executive Director
John Beck (JB)	Trust Charity Representative
Fiona Clark (FC)	Public Governor
Penny Dale (PD)	Public Governor
Public Attendee	

### Apologies:

Sue Slipman (SS)	Non-Executive Director
Tim Smart (TS)	Chief Executive
Jeremy Taylor (JT)	Interim Chief Operating Officer
Steve Leivers (SL1) – <i>Non-voting Director</i>	Director of Transformation & Turnaround

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/34	<u>Apologies</u>  Apologies for absence were noted.	
15/35	<u>Declarations of Interest</u>  There were no declarations of interest reported.	
15/36	<u>Chair's Action</u>  There were no Chair's actions to report.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/37	<b><u>Minutes of Previous Meeting</u></b>	
	The minutes of the meeting held on 31 March 2015 were approved.	
15/38	<b><u>Matters Arising/Action Tracking</u></b>	
	There were no actions recorded on the action tracker.	
15/39	<b><u>King's Health Partners' (KHP)</u></b>	
	The Board welcomed Jill Lockett (JL) to the meeting.	
	JL provided the following update on KHP activity:	
	<ul style="list-style-type: none"> <li>• Genomics – the KHP and St George's Team have been successful in the England –wide bid to lead genomic sequencing. They have just received news that they are successful in the Education bid also and will be launching the new MSc;</li> <li>• Global Health – the partnership have won The Guardian's University of the Year award for International Collaboration. Ebola numbers are significantly reduced and the team is focussing on rebuilding a sustainable health system in-country;</li> <li>• Outcomes Books – Cancer, MHOA and Psychological Medicine CAGs books are almost complete. Cancer CAG will launch their book at the KHP Annual Conference on 15 April;</li> <li>• Annual Report – All AHSCs are required to submit their first annual report on 7 May; and</li> <li>• Institute Development Plans – good progress in local deliberations.</li> </ul>	
	The following key points were raised in discussion:	
	<ul style="list-style-type: none"> <li>• The Trust is keen to get and have sight of the total package for the development of the institutes;</li> <li>• The position on paediatrics institute would become clearer in the next few weeks;</li> <li>• It has been agreed that a small team reporting to JL would be established to progress and support development of the institutes over the next 12 months;</li> <li>• The Board welcomed the good progress made recently but emphasised that momentum needed to be sustained so that recommendations could be made to relevant Boards in May, to align with commissioning plans; and</li> <li>• It is expected a draft memorandum of understanding will be presented at the mid-May board meeting for approval.</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/40	<b><u>Monitor – Regulatory Position</u></b>	
	The Board welcomed the investigation completed by Monitor and has agreed to produce and deliver 1, 2 and 5 year plans.	
15/41	<b><u>Update from Board Committee Chairs</u></b>	
	<u>Audit Committee</u> CS advised that the Audit Committee had not met since the last meeting of the Board.	
	<u>Board Integration Committee (BIC)</u> CS advised that the Board of Directors had decided that the Board Integration Committee, a time limited Committee overseeing the integration, had now served its original purpose, and would be disbanded. However, in order to ensure a strong Board focus on the current financial position and delivery of the Monitor undertakings, an extra private meeting of the Board would be held each month.	
	<u>Education &amp; Workforce Development Committee (EWDC)</u> MM1 advised that the Audit Committee had not met since the last meeting of the Board. The Board thanked MM1 for chairing and contributing to the Committee. It was noted that FB will succeed MM1 as chair.	
	<u>Finance &amp; Performance Committee</u> GM reported that the Committee met earlier today and conducted a vigorous and extensive look at the challenges, forward plan and measures in hand to deliver forward plans. More details about the operational and financial performance of the Trust will be provided under agenda items 2.5 and 2.6.	
	<u>Quality &amp; Governance Committee (QGC)</u> GM1 advised that the Quality & Governance Committee had not met since the last meeting of the Board, but he and others were actively engaged in preparation for the forthcoming Care Quality Commission (CQC) Inspection of the Trust.	
	<u>Strategy Committee (SC)</u> SS advised that the Strategy Committee met two weeks ago, had an extensive discussion about KHP sharing progress on modelling work and development of plans for the institutes.	
15/42	<b><u>Update on Council of Governors' Activities</u></b>	
	The Board noted the report on Council of Governors activities since the last meeting.	
	It was noted the Council had developed a balanced and fair commentary which had been sent to the CQC. A small number of governors also attended the special meeting organised with the CQC on 26 March to hear about how the inspection process works.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/43	<b><u>Chief Executive's Report</u></b>	
	<p>The Board noted the Chief Executive's report presented by RS.</p> <p>RS on behalf of the Board thanked GA for his extraordinary leadership over the last 5 years, and the way he had stewarded the organisation through some major milestones including the acquisition of the PRUH and Bromley services in October 2013. Throughout his tenure as Chair, GA's focus had been firmly on delivering high quality care for patients. There would be formal opportunities for the organisation to say farewell to GA.</p>	
15/44	<b><u>Finance Report</u></b>	
	<p>The Board received the month 11 finance report presented by ST which was discussed at length at the Finance &amp; Performance Committee, held earlier.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The Trust is focusing on developing robust financial recovery plans;</li> <li>• The Trust is required to submit its first recovery plan at the end of April;</li> <li>• The Board had agreed a 8% cost improvement programme across all areas of the Trust. This will be year on year for two years;</li> <li>• In October, the Trust will be required to submit a 5 year sustainability plan. In this plan the Trust will reflect on the choices for commissioners;</li> <li>• The Trust will need cash support during 15/16 and it is expected that this will be delivered in three main tranches – for quarter 1, over 15/16 and over the period of the five year plan. Work is ongoing to finalise these arrangements with Monitor;</li> <li>• In the interim the Trust is working hard to keep tight control on expenditure;</li> <li>• The Trust continues to finalise contract negotiations with commissioners</li> <li>• The Shelford Group continue to challenge the grounds for the decision made by NHS England on the change of the contract tariff. The Trust is supportive of the representations made by the Shelford Group;</li> <li>• The government election is drawing close but at this stage, it is not possible to understand if any of the parties' manifestos will recognise the full scale of the challenges facing the health economy. The next 5 years will be very challenged for the NHS;</li> <li>• As part of its year-end process the Trust will be required to make a statement that it is a going concern, and this will link directly to the need for external assurance about cash support; and</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/45	<b><u>Performance Report</u></b>	<ul style="list-style-type: none"> <li>The Trust will need to reconcile the plan it submitted last year with the current position.</li> </ul>
	<p>The Board received the month 11 performance report presented by RS which was discussed at length at the Finance &amp; Performance Committee held earlier.</p> <p>The following key points were noted for other Trust sites and services:</p> <p><u>Princess Royal University Hospital (PRUH)</u></p> <ul style="list-style-type: none"> <li>Performance in the emergency department (ED) remains challenged partly related to the numbers of patients medically fit for discharge who cannot be discharged to other services or home with support packages ;</li> <li>NHS England is working to find a system wide solution;</li> <li>As of today the PRUH is in internal incident with a number of 12 hour trolley breaches;</li> <li>Positive progress has been made on the medical records issue, with the opening of the records library at Orpington hospital, however there remains further work to do;</li> <li>The crux of the issues with the PRUH ED relate to getting the pathways right in the Bromley area;</li> </ul> <p><u>Denmark Hill (DH)</u></p> <ul style="list-style-type: none"> <li>The ED performance has improved and is at 90%; and</li> <li>The Trust is looking at what is sustainable in relation to referral to treatment (RTT) targets. The Trust has applied for a reporting holiday.</li> </ul>	
15/46	<b><u>Quality &amp; Safety Focus</u></b>	There were no actions recorded on the action tracker.
15/46.1	<b><u>Quarterly Patient Safety Report</u></b>	<p>The Board noted and considered the quarterly patient outcomes report which was discussed in detail at the last Quality Governance Committee.</p> <p>It was noted that areas of concern and focus for the Trust included:</p> <ul style="list-style-type: none"> <li>Puerperal sepsis and other puerperal infections;</li> <li>Hip fracture; and</li> <li>Stroke.</li> </ul> <p>Areas of excellence include:</p> <ul style="list-style-type: none"> <li>KCH (all sites) overall Summary Hospital Mortality Indicator (SHMI) is below expected at 89 for the 12 months to August 2014;</li> </ul>

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	<ul style="list-style-type: none"> <li>Stroke - Denmark Hill (DH) Hyper Acute Stroke Unit (HASU) achieved the 3<sup>rd</sup> highest overall national audit score (Sentinel Stroke National Audit Programme) compared to national peers. Princess Royal University Hospital (PRUH) HASU achieved the 5th highest overall score compared to national peers;</li> <li>Interventional cardiology – KCH significantly below expected range for major adverse cardiac and cerebrovascular events following interventional cardiology procedures (DH only; not provided at PRUH);</li> <li>Urology – surgical removal of kidney (nephrectomy) – KCH significantly below national average for transfusion rate and mortality (DH only; not provided at PRUH); and</li> <li>Targets for dementia, COPD, alcohol and smoking set out in CQUINs were all met or exceeded this quarter.</li> </ul>	
15/46.2	<p><b><u>Quality Indicators</u></b></p> <p>The Board endorsed the testing of the following mandated indicators as part of the quality accounts process:</p> <ul style="list-style-type: none"> <li><b>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.; and</b></li> <li><b>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.</b></li> </ul> <p>The Board also noted that the governors chose 6-week diagnostic waits as the local indicator to test.</p>	
15/46.3	<p><b><u>Monthly Nursing Staff Levels Report</u></b></p> <p>The Board noted and received the monthly nurse staffing levels and agreed that the nursing staff level data should be publicised in line with guidance.</p>	
15/46.4	<p><b><u>Trust Constitution</u></b></p> <p>The Board approved the small additional changes to the Trust’s Constitution proposed by the Council of Governors at their meeting on 12 March and noted that the revised constitution will be published on the Trust’s website and sent to Monitor.</p>	
15/47	<p><b><u>FOR INFORMATION</u></b></p>	
15/47.1	<p><b><u>Chair’s and Non-Executive Directors’ Activity Report</u></b></p> <p>The Board noted the Chair’s and NEDs activity report for the period.</p>	

<b><u>Item</u></b>	<b><u>Subject</u></b>	<b><u>Action</u></b>
15/47.2	<b><u>Confirmed Board Committee Minutes</u></b>  The Board noted the confirmed minutes of the Finance & Performance Committee (27/01/2015).	
15/48	<b><u>Any Other Business</u></b>  There were no matters of any other business raised for discussion.	
15/49	<b><u>Date of Next Meeting</u></b>  Tuesday, 28 April 2015, Dulwich Room, Denmark Hill	