

**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, 26 March 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
Jacob West (JW1) - <i>Non-voting Director</i>	Director of Strategy

**In attendance:**

Prof. Sir Robert Lechler (RL)	Executive Director, KHP
Tamara Cowan (TC)	Board Secretary (Minutes)
Linda Smith	King's Charity Trustee
James Eales	NHS Graduate Management Trainee
Gavin Ward	3M Healthcare
Amina Deane	BT

**Apologies:**

Sally Lingard (SL)	Associate Director of Communications
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/33	<u>Apologies</u>  Apologies for absence were noted.	
13/34	<u>Declarations of Interest</u>  There were no declarations of interest.	
13/35	<u>Chair's Action</u>  There were no chair's actions	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/36	<b><u>Minutes of previous meetings – 26 February 2013</u></b>	
	The minutes of the meeting held on 26 February 2013 were approved as a correct record.	
13/37	<b><u>Action Tracking/Matters Arising</u></b>	
	The action tracker was noted.	
13/38	<b><u>King's Health Partners' (KHP) Update</u></b>	
	The Board noted the update on KHP activity provided by Prof. Sir Robert Lechler.	
	The following key points were noted:	
	<ul style="list-style-type: none"> <li>• The accelerated path to achieving the KHP vision and ambition remains through potential merger of the three foundation trusts and closer integration with King's College London;</li> <li>• There has been no material change in this vision but the current financial and the regulatory climate are more adverse. It could be argued that the financial climate could be a driver for merger but the regulatory landscape adds a new dimension of complexity which the partner organisations have long accepted it would not be easy to traverse;</li> <li>• The immediate focus will be on building on the benefits case which was outlined in the strategic outline case;</li> <li>• New indications that there will be enhanced scrutiny of competition in the NHS seem to be in contradiction to other government policy and the ethos of the creation of Academic Health Sciences Centres (AHSC) and other collaborations. Accordingly, KHP will seek to engage with the system and policy makers to ensure the implications of these contradictions are understood.</li> </ul>	
	KHP partners will also procure the services of legal advisers to provide further insights and clarity on the legal and regulatory environment. This will be done in parallel to discussions with policy maker;	
	<ul style="list-style-type: none"> <li>• Work will continue to develop the KHP Full Business Case (FBC) and it will explore other options, short of merger, for closer integration. Given the clinical, economic and financial challenges facing the partner organisations the KHP FBC should demonstrate a positive contribution to how the trusts and the university work; and</li> <li>• It is now time to reinvigorate the work of the Clinical Academic Groups (CAGs), the public health agenda and refreshing the medical university curriculum.</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/39	<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.	
13/40	<b><u>Update on Council of Governors Activities</u></b>	
	The Chair provided an update on Council of Governor activities:	
	<ul style="list-style-type: none"> <li>• A special seminar was held on 06 March to give governors an opportunity to meet with directors to discuss the Francis Report, recommendations and the Trust's response;</li> <li>• The KHP Joint Governors event was also held on 06 March. William McKee and Prof. Sir Robert Lechler provided an update on KHP and MM provided a report on the proposed acquisition of the Princess Royal University Hospital (PRUH);</li> <li>• The Patient &amp; Safety Experience Committee considered the draft Quality Report on the 19 March and received an update on the video patient stories project;</li> <li>• On 20 March, the Board and Council held its annual meeting which focussed on the proposed acquisition of the PRUH and the Francis Report recommendations. With round table discussions, attendees considered and answered questions about how governors and directors, separately and collectively, can strive for and improve quality in the Trust; and</li> <li>• The Governor Membership &amp; Community Engagement and Strategy Committees will meet in April.</li> </ul>	
13/41	<b><u>Chief Executive's Report</u></b>	
	The Board noted the Chief Executive's report for the period.	
	The following key points were noted:	
	<ul style="list-style-type: none"> <li>• The healthcare system in south east London is very pressurised. All trusts are finding acuity and volume of patients attending hospitals extremely challenging;</li> <li>• The likelihood of the Trust achieving an operational surplus at year-end will be a significant achievement given capacity and other challenges;</li> <li>• An article was published in the Sunday Times about liver transplants taking place at the Trust and the wider debate about organs going to non-NHS patients. The Trust adheres strictly to the terms prescribed under the Human Tissue Act and the standards dictated by the Human Tissue Authority</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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The Trust's liver transplant outcomes are very good. It was emphasised that private patients pay for clinical services, not as widely misunderstood for organs, for which it is of course illegal to charge. It is important that there is greater public understanding about how private/commercial income supports NHS activity; and

- The Trust continues to develop its business case for the proposed acquisition of the Princess Royal University Hospital (PRUH). The Board will not make a final decision on the proposed acquisition until the Trust has secured the right funding arrangements with the Department of Health. The Board will wish to ensure that if the Trust acquires the PRUH it will not detrimentally affect the Trust financially or clinically.

The intention was to complete the transaction by 1 July but this now seems less likely. The Trust will continue its engagement with key stakeholders which has reaped very positive feedback to date.

<b>13/42</b>	<b><u>Finance Report – Month 11</u></b>	
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ST presented the finance report for month 11.

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:

- There has been a positive movement of £1.5m in the financial position;
- Commissioners have agreed to cover the additional expenses incurred over the winter months;
- Liver and renal have improved their position;
- The Trust is now forecasting a £1.8m surplus at year-end resulting in a financial risk rating (FRR) of 3 in line with the 2012/13 plan; and
- Next year the stretch CIP target is £40m.

<b>13/43</b>	<b><u>Performance Report – Month 11</u></b>	
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RS presented the performance report for month 11.

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:

- Inpatient activity has grown by 5% so far and there has been a growth of 15% in trauma and medicine activity;

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	<ul style="list-style-type: none"> <li>• There has been good performance in referral to treatment (RTT) non-admitted, cancer and infection control and ‘how are we doing’ targets this quarter. The Trust notified one MRSA bacteraemia in month, bringing the total for the year to date to 2 cases against a quota of 6.</li> <li>• Current challenges for the Trust include: <ul style="list-style-type: none"> <li>○ Emergency Department (ED) target which the Trust failed this quarter;</li> <li>○ RTT admitted targets</li> <li>○ Continued pressures bringing in tertiary patients; and</li> <li>○ The significant challenge to clear the diagnostic waits backlog by the end of March which will be the subject of regulatory scrutiny next year;</li> </ul> </li> <li>• The Trust has developed the action plans to address these challenges but they remain areas of risk; and</li> <li>• The Trust is developing action plans to address the discharge processes.</li> </ul>	
13/44	<p data-bbox="298 942 899 978"><b><u>Francis Report - Working Group Objectives</u></b></p> <p data-bbox="298 1010 1284 1077">The Board noted the update and objectives of the working group tasked with working through the Francis Report recommendations.</p> <p data-bbox="298 1115 1341 1211">It was reported that the working group was working through several workstreams and planned to expand its membership to include a stakeholder from the Clinical Commissioning Group.</p> <p data-bbox="298 1249 1336 1312"><b>It was agreed that a short paper on the government’s response the Francis Report would be provided at the next meeting.</b></p>	RS
13/45	<p data-bbox="298 1350 732 1377"><b><u>Quarterly Patient Safety Report</u></b></p> <p data-bbox="298 1419 1170 1446">The Board noted and discussed the Quarterly Patient Safety report.</p> <p data-bbox="298 1486 776 1514">The following key points were raised:</p> <ul style="list-style-type: none"> <li>• The Trust’s Maternity Services successfully attained a level 2 NHSLA rating which will result in the Trust receiving a 20% risk discount on the Maternity component of the CNST insurance contribution for 2013/14 for 3 years;</li> <li>• The Trust is reinvigorating its surgical safety checklist system and a review group will be established to ensure there is effective learning and implementation of the system;</li> <li>• A procedure for the reporting, acknowledgement and follow-up of radiology results has been developed and the functionality for acknowledging results within EPR is to be implemented across the Trust;</li> </ul>	

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	<ul style="list-style-type: none"> <li>• The Trust's patient falls results have remained at 17% which is comparable to similar acute hospitals in London. It is however notable that Chelsea and Westminster has a very low score and the Trust will contact them to share learning;</li> <li>• The increase in the number of pressure ulcers is related to the high acuity of patients and change in case mix rather than a decline in standards; and</li> <li>• Local commissioners are concerned about the growing numbers of members of the local community getting addicted to oxycodone. This medication is known to be highly addictive and presenting significant challenges in the local community. The Trust will cooperate with Commissioners and it will review its prescribing methods.</li> </ul>	
13/46	<p><b><u>Safeguarding Adults Report</u></b></p> <p>The Board noted the Safeguarding Adults Report which was also discussed at the Quality and Governance Committee on 14 March 2013.</p>	
13/47	<p><b><u>Safeguarding Children Report</u></b></p> <p>The Board noted the Safeguarding Children Report which was also discussed at the Quality and Governance Committee on 14 March 2013.</p> <p>Following the Ofsted visit to the Trust which identified gaps in the Trust's flagging system, the Trust is now manually cross referencing its lists with safeguarding lists from Lambeth and Southwark. This will continue until the Trust has implemented an automated system.</p>	
13/48	<p><b><u>Approval Process for Q4 Monitor Report</u></b></p> <p>The Board noted that the Trust Quarter 4 Monitor Submission was due at 09:00 on 30 April 2013, the same day as Board of Directors meeting.</p> <p><b>It was agreed that GA would take Chair's action to approve the final Quarter 4 submission subject to a copy being circulated to the Board for comment before submission.</b></p>	GA
13/49	<p><b><u>Directors Register of Interest</u></b></p> <p>The Board noted the Directors' Register of Interest as at 19 March 2013.</p>	
13/50	<p><b><u>Confirmed Minutes</u></b></p> <p>The Board noted the confirmed minutes of the Finance &amp; Performance Committee held on 26 February 2013.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/51	<u>Any Other Business</u> There were no other items of business raised for discussion.	
13/52	<u>Date of Next Meeting</u> Tuesday, 30 April 2013 at 14:30 in the Dulwich Committee Room.	