

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, 01 October 2013 in the Orpington Village Hall, 311 High St Orpington, Kent BR6 0NN.

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:

Tamara Cowan (TC)	Board Secretary (Minutes)
Sally Lingard (SL)	Associate Director of Communications
Christine Klaassen	Governor
Fiona Clark	Governor
Patti Kachidza	Governor
Derek Cookson	Governor
Ross Lydall	Evening Standard
Phil Warn	Member
Kieran Swann	Southwark CCG

Apologies:

Caroline Hewitt	KCH Charity Representatives
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
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13/155	<u>Chair's Opening Remarks</u>	
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The Chair welcomed everyone to the meeting noting that this is a momentous occasion for the King's College Hospital NHS Foundation Trust. A great deal of hard work has gone into the acquisition of the Princess Royal University Hospital (PRUH), Orpington Hospital and the services from the now dissolved South London Healthcare Trust.

This is the beginning and King's face further hard work to ensure that the highest levels of patient services are provided at its sites.

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	The Chair also advised that this was a meeting held in public and if time allows he may take questions from the public observers.	
13/156	<u>Apologies</u>	
	Apologies for absence were noted.	
13/157	<u>Declarations of Interest</u>	
	There were no declarations of interest.	
13/158	<u>Chair's Action</u>	
	There were no Chair's actions to report.	
13/159	<u>Minutes of Previous Meeting</u>	
	The minutes of the meetings held on 30 July 2013 and 05 September 2013 we approved as a correct record.	
13/160	<u>Matters Arising/Action Tracking</u>	
	The matters arising were noted.	
13/161	<u>Chair's Briefing Note – A new chapter in our history.</u>	
	The Board noted the Chair's briefing note on the acquisition.	
13/162	<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.	
13/163	<u>Update from Board Committee Chairs</u>	
	<u>Audit Committee</u> CS reported that the Audit Committee met on Monday, 30 September and received reports from the internal auditors and the counter fraud team. The Trust is progressing lessons learnt from counter fraud incidents and enhancing its policies and protocols to ensure such incidents do not recur. The internal audit teams have been carrying out the programme of internal audits agreed at the beginning of the financial year and will also begin some early audit work at the Princess Royal University Hospital.	
	<u>Board Integration Committee</u> CS reported that the Board Integration Committee has been and will continue to oversee the implementation of the Trust's integration plans. On the 23 September, it considered the Trust's corporate and clinical readiness assessment and was given assurance that the Trust had done what it could to be ready to acquire the new sites and deliver safe services.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The Committee noted, however, that there will be many challenges going forward and it is only the beginning of the next phase of very hard work.</p> <p>GA noted the Board thanks to the Board Integration Committee.</p> <p><u>Equality & Diversity Committee</u> MM1 advised that the Committee will meet in November to discuss the future of the Committee and its remit and a report will be presented to the Board.</p> <p><u>Finance & Performance Committee</u> GM reported that at each meeting the Committee focuses on three main streams, finance, performance and divisional performance. This month the Committee also took a deep dive into how the Trust measures its performance. Going forward the Trust is looking at ways in which it can embody key performance indicators across all its operations and how to bring new performance measures in to current reporting lines.</p> <p><u>Quality & Governance Committee</u> GM1 reported that the Committee last met on 11 September 2013. The Committee noted that the emergency department was extremely busy which highlights the need to have effective quality measures in place.</p> <p>The Committee is changing the format of its meeting to incorporate presentations based on patient experience. This involves looking at patient letters, reports on maternity services and listening to patient stories.</p> <p><u>Strategy Committee</u> SS advised that the Committee had not met since the last meeting of the Board. At its last meeting, the Committee heard from Sir Stephen Moss and will continue work looking at quality of care in the community.</p>	
13/164	<u>Update on Council of Governors Activities</u>	
	<p>The Board noted the report on the activities of the Council of Governors.</p> <p>GA reported that governors have been extremely busy over the past year as the Trust prepared for the acquisition. The Board thanked governors for all their energy and efforts to get the Trust to this position.</p> <p>Work is underway to recruit new members and there are plans in place to rotate Council and Trust events across sites to ensure that there are sufficient opportunities for engagement in the enlarged constituencies.</p> <p>The Trust will also hold elections for new governors from Bromley and Lewisham and two interim staff governors from the new cohort of staff.</p>	

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13/165	<u>Chief Executive's Report & KHP Update</u>	

The Board noted the Chief Executive's report for the period.

TS advised that he endorsed everything that GA reported at the onset of the meeting about the symbolic period the Trust finds itself in with the acquisition of Princess Royal University Hospital, Orpington Hospital and other services from the now dissolved South London Healthcare Trust.

The staff and patients at the new sites have been extremely welcoming and the only nervousness is around the high expectation these key stakeholders place on the Trust to make tangible changes in the shorter term. There will be bumps in the road but the Trust has very robust plans in place for implementation of the new services and sites.

The following other key points were noted:

- The Trust has no plans to change the name of the PRUH;
- The Board must work hard to keep the language it uses in describing the different sites of King's consistent;
- The three focus areas at the new sites are quality, finances and clinical effectiveness;
- October is a very important month for King's Health Partners (KHP). On 29th October KHP will have its interview for accreditation as an Academic Health Sciences Centre (AHSC);
- There are eight AHSC applicant organisations and an international panel will assess them. All applicants reaching the required standard will be accredited;
- 30th October the KHP Board will meet to discuss whether or not to pursue the merger model and or the right model for closer integration; and
- South London Maudsley NHS Foundation Trust has a new Chief Executive Officer. This will support the KHP vision of a world-class clinical/mental health provision;
- All healthcare providers must be part of an Academic Health Sciences Network (AHSN). AHSN is the vehicle which brings together research and innovation. KHP is part of the South London AHSN and uses the Biomedical Research Centre to undertake the research journey.

TS noted that the leadership and guidance of the non-executive directors has been invaluable in this process. He also extended his gratitude to the Trust Secretariat team who have quietly and effectively helped the Trust traverse the regulatory and governance process.

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13/166	<u>Finance Report – Month 5</u>	

The Board received the month 05 finance report presented by ST:

The following key points were noted:

- The finance report covers the financial performance of the Trust for the first five months and does not include any information about the newly acquired assets and services;
- In November the Trust will have data to report across the enlarged Trust;
- The Trust has been very busy and is over performing on contract income. This position is not sustainable in the longer-term;
- The Trust is mindful that the system is facing significant financial challenges which may have a knock on effect on the Trust's own savings delivery schemes;
- Given the level of activity the Trust may have to review and implement substitute cost improvement plans in order to reach its target;
- The works at Orpington Hospital have been completed and the Trust will carry out a 'dummy run' before it is opened to receive patients;
- The work on Infill Block 4 (IB4) continues;
- Going forward the financial reporting for the enlarged entity will be separated to some degree in the first instance to ensure there is clarity. However there will be a top level consolidated position presented;
- The Trust will ensure that it continues to develop its relationships with local Clinical Commissioning Groups. The Trust is also working closely with commissioners to ensure they understand the nuances around the services provided at the hospital;
- The use of agency staff is dictated predominately by the needs of the hospital i.e. the number of patients and the level of care they require. The process for setting the budget include looking at each division and matching the establishment with what is required to deliver a high standard of care to patients; and
- It will take time for the Trust to make the changes it needs to get the newly acquired assets and services fully integrated and operating effectively and efficiently and the magnitude of this task should not be underestimated.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/167	<u>Performance Reports</u>	
13/167.1	<u>King's Month 05 Performance Report</u>	

The Board received the month 05 performance report presented by RS:

The following key points were noted:

- Areas for good performance in the period includes cancer waits, referral to treatment (RTT) non-admitted and incomplete, health care acquired infections (HCAI) and emergency department despite the huge challenges facing the Trust;
- The Trust faces performance challenges in the following areas:
 - RTT admitted – this relates to secondary and tertiary pathways. The Trust met these targets in last four years and hopes to achieve this next year;
 - Emergency Care Performances – The Trust is meeting with Clinical Commissioning Group colleagues to get external support for solving the wider issues. Internally the Trust has introduced a new acute medicine seven day week rota;
 - Red Shifts – Although not unsafe for patients, the number of nurses on each shift is below the standard the Trust likes to attain. Work will be done to address this;
 - Complaints – There is a correlation with backlog in responding to complaints and how busy the hospital has been;
 - Pressure Sores – The number of cases is high but the Trust is working hard to address this. This increase relates to more vulnerable older patients; and
 - Diagnostic waits – This is an improving position and it is good that the Trust can provide the type of care it wants to patients. Work is being done to get the paediatric endoscopy breaches down.
- The Trust regulatory and contractual obligations are in order;
- The Trust has a strict policy about prioritising of patients in that all patients are treated according to clinical need and/or position on the waiting list;
- There are issues with managing the tertiary referrals because of the challenges facing the receiving organisation, namely high-levels of acute activity. The Trust is looking into better options for rapid repatriation;
- Other ad hoc things we can do is to make sure we have the appropriate physical capacity and making the best use of beds with the maximum high quality efficiency;
- Monitor will track the Trust new entities and services separately for the rest of the year. There are some areas where the Trust will level up but there are others which the Trust will have to keep under close management; and

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	<ul style="list-style-type: none"> The Trust saw some areas of much stronger performance at the Princess Royal University Hospital (PRUH) such as the lung cancer pathway. The financial position remains opaque, namely not materially worse or materially better. However, there are areas where there are opportunities for improvement such as in the emergency department at PRUH which the Trust has advised Monitor will take a minimum of 18 months to resolve. 	

13/167.2 Early Handover Performance

The Board noted the verbal update from RS on performance at the PRUH during the early management handover.

The following was noted:

- The Trust took on management responsibility at the PRUH from 02 September 2013;
- During this time the Trust Special Administrator (TSA) retains accountability for the PRUH;
- During the month:
 - Referral to treatment performance remained strong;
 - The financial performance did not change materially;
 - The emergency department is enormously challenged and will take circa 18-24 months to turn around; and
 - Cancer pathways, especially two week waits, show a weak performance;
- There are small groups of people working very hard and when key individuals from these groups have left it has exposed weaknesses in systems and processes; and

The Trust will need to address gaps in staffing with agency staff but this is not a long term solution.

13/168 Quarterly Patient Experience Report

The Board discussed the quarterly patient experience report.

The following key points were raised:

- The report is a retrospective look at Trust in the last quarter. Future reports will include information from the integrated organisation;
- King's in Conversation continues with circa 700 staff and patients participating so far. A full report will be given to the Board in November and the initiative will be replicated across the new sites;
- The Trust is disappointed by the recent national cancer survey results and a full report will be given to the Board in November;

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- The Friends & Family test for both the Denmark Hill site and the PRUH were disappointing, in part related to low response rates. The Trust will embed mechanisms for driving response rates and results up at all sites;
- There are opportunities for learning from the way things are done at the PRUH site. However, there are many areas for improvement. The KCH HRWD patient survey has been introduced from day 1 at PRUH and Orpington, and results will be reported from November onwards
- The Trust has struggled to get PRUH specific data but now that the Trust has access to the sites it will be able to gain better intelligence;
- The PRUH has historically had a high level of complaints but an under resourced PALS service. A team of 3 PALS staff is now in place at PRUH dealing with issues as they arise; and
- The Trust will integrate the current way of working through the divisional structure and aim to improve patient experience by looking beyond the data and statistics, and linking with action plans emerging from King's in Conversation.
- Future reports will include the top 3 or 4 themes from patient feedback, and actions the trust is undertaking to address these

13/169 **Safeguarding Children Report**

The Board noted the quarterly safeguarding children report.

The following key points were noted:

- 174 cases were referred to the Trust's Safeguarding Children's Team and a number of these related to midwifery cases;
- The Trust is working on improving staff training at levels 2 and 3. This has been challenging due in part to staff turnover; and
- The Trust continues to engage with the Lambeth and Southwark safeguarding teams to ensure that there is a joined-up approach to safeguarding.

13/170 **Annual DIPC Report**

The Board noted the Annual Director of Infection Prevention and Control report.

The following was noted:

- The Trust's has seen improvements in its MRSA, C.Diff and IV care performance;
- The Trust faces challenges but infection prevention and control requires constant vigilance; and

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	<ul style="list-style-type: none"> The Trust will now work to integrate processes and systems across the new sites. 	
13/171	<p><u>Eliminating Mixed Sex Accommodation</u></p> <p>The Board noted the report on eliminating mixed sex accommodation and the initiatives implemented to improve performance.</p>	
13/172	<p><u>Annual Review of Terms of Reference</u></p> <p>The Board approved the following terms references:</p> <ul style="list-style-type: none"> Board of Directors Finance & Performance Committee Audit Committee 	
13/173	<p><u>Infill Block 4 – Ward Names</u></p> <p>The Board noted the proposals for naming of the wards in infill block 4 and approved the proposed names as follows:</p> <ul style="list-style-type: none"> Liver ward – To be named Howard ward Haematology ward – To be named ELF & LIBRA ward Surgical short stay ward – To be named Coptcoat ward <p>It was also agreed that the Trust should look into developing a process for naming wards and that in searching for names for new wards the Trust should look to the local community for appropriate names.</p>	
13/174	<p><u>Any Other Business</u></p> <p>It was noted that Professor Ajay Shah was appointed as the new campus Dean of King’s College London.</p>	
13/175	<p><u>Date of Next Meeting</u></p> <p>Tuesday, 29 October 2013 at 14:30 in Dulwich Room</p>	