

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 November 2013 in the Dulwich Committee Room, King's College Hospital.

Members:

Prof Sir George Alberti (GA)	Trust Chair
Marc Meryon (MM1)	Non-Executive Director
Chris Stooke (CS)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director
Faith Boardman	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
Jane Walters (JW) – <i>Non-voting Director</i>	Director of Corporate Affairs

In attendance:

Mary Currie (MC)	Associate Director - Workforce Planning (AH deputy)
Sally Lingard (SL)	Associate Director of Communications
Tamara Cowan (TC)	Board Secretary (Minutes)
Linda Smith (LS)	KCH Charity Representative
Joe Onabaworin	Public Governor
Fiona Clark	Public Governor
Jan Thomas	Patient Governor
Tom Duffy	Patient Governor
Prof John Moxham	Executive Director, KHP
Jill Lockett	Director of Performance and Delivery - KHP

Apologies:

Angela Huxham (AH)	Director of Workforce Development
Graham Meek (GM)	Non-Executive Director, Vice Chair
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Jacob West (JW1) - <i>Non-voting Director</i>	Director of Strategy

<u>Item</u>	<u>Subject</u>	<u>Action</u>
13/194	<u>Apologies</u> Apologies for absence were noted.	
13/195	<u>Declarations of Interest</u> The Board noted that SS was a Trustee at NEST, as the board would discuss NHS Pay Awards and Pensions. The Board agreed there was no conflict of interest.	

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13/196	<u>Chair's Action</u>	
	There were no Chair's actions to report.	
13/197	<u>Minutes of Previous Meeting</u>	
	The minutes of the meeting held on 29 October 2013 were approved as a correct record.	
13/198	<u>Matters Arising/Action Tracking</u>	
	The matters arising were noted.	
13/199	<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.	
13/200	<u>Update from Board Committee Chairs</u>	
	<p><u>Audit Committee</u> CS reported that there had been no further meeting of the Audit Committee since the last meeting of the Board.</p> <p><u>Board Integration Committee</u> CS reported that the Board Integration Committee had considered the work for the various workstreams that were currently underway to deliver the transformation integration programme. The appointment process for the Transformation Integration Director is also underway.</p> <p><u>Equality & Diversity Committee</u> MM1 advised the Committee met shortly before the Board meeting and discussed how to ensure that inclusion is mainstreamed. A full report would be presented to the Board for approval which includes proposals such as explicitly tasking the CEO with the objective of developing the inclusion programme and identifying a lead non-executive director.</p> <p><u>Finance & Performance Committee</u> In the absence of GM, MM1 chaired the Committee meeting earlier. MM1 reported that the Committee discussed the operational challenges facing the Trust across its multiple sites and the actions plans which are being implemented to address these issues.</p> <p><u>Quality & Governance Committee</u> It was noted at its last meeting the Committee received a very interesting presentation on patient complaints. A new Serious Complaint Committee is being established, with both Executive and Non executive representation, to improve Board level scrutiny of complaint trends and promote learning from events.</p>	

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	<u>Strategy Committee</u> SS advised that work is underway to develop the work plan for next year for the Committee.	
13/201	<u>Update on Council of Governors Activities</u> The Board noted the update from the recent joint KHP Governors Development Day and the activities of the governors who have been very busy doing work at the new sites. GA advised due to a long-standing engagement he would be absent from the next Council of Governors meeting. MM1 would chair the meeting on 11 December 2013.	
13/202	<u>Chief Executive's Report & KHP Update</u> The Board noted the Chief Executive's report. The following other key points were noted: <ul style="list-style-type: none"> • The Trust is working hard to implement its integration plans however there are significant challenges which the Trust has estimated will take circa 18-20 months to improve substantively; • The high demand for services has been sustained throughout the year putting the hospital under significant pressure operationally and financially; • On the 01 October the new Monitor risk rating system came into force and this is the first month which the Trust will be reporting under the continuity of services risk (CSSR) rating scheme. The Trust's CSSR for this month is 4; • An interim director of strategy would be engaged to provide cover during Jacob West secondment. In addition the interviews for the Transformation Integration Director took place on Monday, 25 November and an offer has been made to a preferred candidate; and • The Trust is also preparing for the Care Quality Commission inspection visit to the Princess Royal University Hospital (PRUH) 01-03 December. The CQC will also meet with the Council of Governors. 	
13/203	<u>King's Health Partners (KHP)</u> Professor John Moxham and Jill Lockett provided the following update on the activities of KHP: <ul style="list-style-type: none"> • The results from the accreditation interviews were due at the end of the meeting and a statement would be released with the results and the signal the next big steps for KHP; and 	

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- Work is also underway to refresh the governance framework for the organisation and development of the clinical academic site strategy is picking up pace.

The Board noted the tabled reports including the outline of value-base-healthcare approach and the clinical academic groups (CAG) clinical outcome booklets.

The following comments were raised and noted:

- Over the next 21 months each CAG would produce a clinical outcomes booklet;
- The reports need to speak more to the lay man;
- The booklets cover the tripartite KHP agenda;
- The booklets concentrate on the positive developments for each CAG; and
- There are internal processes for tracking and flagging CAG performance issues.

13/204	<u>Finance Report</u>	
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The Board received the month 07 finance report presented by ST which was discussed at length at the Finance & Performance Committee held earlier.

The following key points were noted:

- The Trust has obtained a continuity of services of risk rating (CSSR) of 4 this month under the new Monitor assessment framework;
- Under the old risk rating scheme, the Trust would have achieved a financial risk rating (FRR) of 2.4 , lower than the FRR of 3 which the Trust has achieved historically. This is as a result of :
 - - Continued reliance on temporary and agency staff because of the demand on services;
 - Capacity constraints which impact on the Trust's ability carry out income generating activities; and
 - The increase in drugs expenditure.
- Additional bed capacity is coming online in the next few weeks in the Centenary Wing at Denmark Hill and at Orpington Hospital and there are plans to increase significantly critical care capacity at Denmark Hill through the new Critical Care Centre

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	<ul style="list-style-type: none"> The Trust is looking at ways to streamline its recruitment processes to ensure the full staff complement is in place to reduce reliance on agency and temporary staff; and 	
	<p>The winter pressures continue and the Trust is awaiting confirmation of winter pressures funding from NHSE. The Board noted the finance report for month 07 and the action plans to address areas of challenge.</p>	
13/205	<p><u>Performance Report</u></p> <p>The Board received the month 07 performance report presented by RS which was discussed at length at the Finance & Performance Committee held earlier.</p> <p>The following key points were noted:</p> <p><u>Denmark Hill</u></p> <ul style="list-style-type: none"> As detailed in the full report the areas of good performance include: <ul style="list-style-type: none"> Cancer waiting time targets; Referral to treatment (RTT) non-admitted completed pathway; RTT Incomplete pathway targets; and 6-week diagnostic waiting time target. Also as detailed in the full report are the key areas of challenge which include: <ul style="list-style-type: none"> RTT admitted completed pathway – on track for some specialist services areas but there are areas which are off track which is putting the Trust behind annual trajectory with the big driver being the Centenary Wing (Infill Block 4) coming online; Emergency care performance – two drivers of improvement in this area, include additional capacity (new CDU) and winter funding. A key component is also moving to 7-day a week working; and Healthcare Acquired Infection (HCAI) with the seven further c-difficile cases reported in October and three further VRE bacteraemia cases. Maintaining the 95% run-rate target in A&E is dependent on having the adequate capacity which is linked to having sufficient financial resources to provide additional capacity; and There were more Mixed Sex Accommodation breaches in October. The Trust plans to have additional CDU capacity available imminently to enable better management of patients. 	
	<p><u>Princess Royal University Hospital (PRUH)</u></p> <ul style="list-style-type: none"> October represented the first month that the Trust was fully accountable for the newly acquired sites and services; There have been no significant surprises but there are areas of concern; Areas of good performances include outpatients, diagnostic and finances have all been strong; 	

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	<ul style="list-style-type: none"> • One of the biggest areas of concern is emergency care at the PRUH where operational performance remains very low which is dependent on funding, capacity constraints and operational culture. GA, MM and RS would meet with NHS England and commissioning colleagues to highlight these challenges and explain the Trust's annual plan; and • Other areas of challenges reflect the challenges identified through the clinical due diligence process and include low levels of staffing establishment, high levels of activity, internal processes requiring improvement, and the need for better clinical engagement. <p>The Board noted the performance report for month 07 and the action plans to address areas of challenge.</p>	
13/206	<p><u>NHS Pay Awards and Pensions 2013</u></p> <p>The Board noted the report on NHS pay awards and pensions, which detailed the changes to the pay, sick pay, and pensions 'total' reward package for NHS staff, together with costs incurred for automatic enrolment into the NHS Pension Scheme from April 2013.</p> <p>It was noted that the Board needs a wider debate about staff recruitment and how best to attract and retain staff.</p>	
13/207	<p><u>Quality and Safety Focus</u></p>	
13/207.1	<p><u>Quarterly Patient Outcome Report</u></p> <p>The Board noted and considered the quarterly patient outcomes report which was also discussed at the Quality and Governance Committee meeting on 07 November at some length.</p>	
13/207.2	<p><u>Quarterly DIPC Report</u></p> <p>The Board noted and considered the quarterly Director of Infection Control Report for quarter 2 which was also discussed at the Quality and Governance Committee meeting on 07 November at some length.</p> <p>Fundamental challenges such as sufficiency of isolation bays and single rooms are affecting the Trust's infection control processes. The Trust continues to implement its infection control action plans and enhanced its screening for VRE.</p>	
13/207.3	<p><u>Safeguarding Adults Annual Report</u></p> <p>The Board noted the contents and overview of risk and governance provided in the Annual Safeguarding Adults Report which was also discussed at the Quality and Governance Committee meeting on 07 November.</p>	

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13/207.4	<p><u>Francis Working Group Report</u></p> <p>The Board considered the update from the Francis Working Group.</p> <p>The Board commented that the work from the 6 workstreams was working well and the following was noted:</p> <ul style="list-style-type: none"> • The report from the working group would be presented to the Council of Governors; • There needs to clear feedback to the staff from the listening events; • There needs to be broader statements about the Trust's response to the Francis Report widely publicised and accessible to both patients and members of the public; and • The Trust should map what are the requirements laid out in the Francis Report against what the Trust think is right for its patients and staff. <p>It was agreed that RS and AH with support from SL would pull together statements to go to staff and patients.</p>	RS/AH/ SL
13/208	<p><u>Directors Register of Interest</u></p> <p>The 'Directors Register of Interests' was received and noted.</p>	
13/209	<p><u>Governor Election 2013 – Timetable and Process</u></p> <p>The Board noted the report detailing the timetable and process for the governor elections currently in progress.</p>	
13/210	<p><u>Confirmed Board Committee Minutes</u></p> <p>The Board noted the confirmed minutes of the Finance & Performance Committee on 30 September 2013.</p>	
13/211	<p><u>Any Other Business</u></p> <p>There was no other business raised for discussion.</p>	
13/212	<p><u>Date of Next Meeting</u></p> <p>Tuesday, 17 December 2013 at 14:30 in Dulwich Room</p>	