

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, 25 March 2014 in the Board Room, PRUH

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
Sue Slipman (SS)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Tim Smart (TS)	Chief Executive
Pedro Castro (PC) – <i>Non-voting Director</i>	Interim Director of Strategy
Angela Huxham (AH)	Director of Workforce Development
Dr. Michael Marrinan (MM)	Medical Director
Simon Taylor (ST)	Chief Financial Officer
Roland Sinker (RS)	Chief Operating Officer
Dr. Geraldine Walters (GW)	Director of Nursing & Midwifery
Jane Walters (JW) – <i>Non-voting Director</i>	Director of Corporate Affairs

In attendance:

Professor Reza Razavi (RR)	Director of Research - KHP
Sally Lingard (SL)	Associate Director of Communications
Tamara Cowan (TC)	Board Secretary (Minutes)
Linda Smith (LS)	KCH Charity Representative
Penny Dale	Bromley Public Governor
Eniko Benfield	Bromley Public Governor
Derek Cookson	Patient Governor
Stephen Gregory	Radiology Fellow (Denmark Hill site)
Phil Warn	Member

Apologies:

Faith Boardman	Non-Executive Director
----------------	------------------------

<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/37	<u>Apologies</u> Apologies for absence were noted.	
14/38	<u>Declarations of Interest</u> There were no declarations of interests made.	
14/39	<u>Chair's Action</u> There were no Chair's actions to report.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/40	<p><u>Minutes of Previous Meeting</u></p> <p>The minutes of the meeting held on 25 February 2014 was approved as a correct record subject to the following change:</p> <ul style="list-style-type: none"> • Item 14/30.1, page 6– replace word SHIMI with SHMI. 	
14/41	<p><u>Matters Arising/Action Tracking</u></p> <p>The matters arising were noted.</p>	
14/42	<p><u>KHP Update (Research Focus)</u></p> <p>The Board welcomed Professor Reza Razavi (RR) and congratulated him on his new role as Director of Strategy for KHP.</p> <p>Professor Reza Razavi is Director of Research at King’s Health Partners. He is also the Leader of the Imaging and Biomedical Engineering Clinical Academic Group, Professor of Paediatric Cardiovascular Science at King’s College London and Consultant Cardiologist at Guy’s and St Thomas’.</p> <p>The following key points were reported and noted:</p> <ul style="list-style-type: none"> • Research needs to be translated more quickly into practical patient care; • KHP benefits the recruitment and retention of excellent clinical staff with academic aspirations and focus; • KHP needs to converse effectively with the hospitals and the university on the research agenda; • The hospitals need to consider the appointment of more clinical scientists; • Clinical academics employed by the Trusts need to have the same opportunities as university based academics with the resources to undertake research and publish research papers. This would go some way to retaining talent in KHP; • The resources of the partner organisations need to be open to all clinical academics; • With a good joint research strategy there will come clear leadership and support; • All partners are working together to develop a joint research strategy; • As part of his role RR would work with clinical, divisional and research leads across the partner organisations; 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

- The Trusts can attract new clinical talent with special interests in research but retention is often an issue;
- The Trust's highest performing clinicians are also the highest performing clinical academics;
- More joined up working is welcomed and represents a positive change. It must however be noted that research funding and resourcing should come both from the Trusts and the university;
- The process for preparing the university representatives on consultant appointment panels should be reviewed. It is important that consultants with the right academic standing are appointed;
- Clinicians need to be supported with academic ventures and the correct infrastructure is needed; and
- The KHP paediatric services need a joint strategy and it is important to motivate and engage with current clinicians to bring this to fruition to enable joint fundraising and resourcing.

RR advised that his next steps will include:

- Engaging with each of the Boards of the partner organisations;
- Facilitating centralisation of support and the development of a joint strategy; and
- Engaging with divisional, clinical and research teams and spending time in each of the organisations.

The Board thanked RR for his comprehensive update.

14/43	<u>Chairs Report to the Board</u>	
--------------	--	--

The Board noted and welcomed the new report from the Chair.

14/44	<u>Update from Board Committee Chairs</u>	
--------------	--	--

Audit Committee

CS reported that the Audit Committee on 14 March 2014 had considered reports from internal and external auditors and the counter fraud team.

The work of the fraud team in raising awareness of these issues is very valuable for the Trust and now that the Trust is larger it is important that these are managed well and vigilantly, given recent reports that the NHS loses approximately £5m per year to fraud.

Item**Subject****Action****Board Integration Committee (BIC)**

CS reported that at the recent BIC meeting the progress on the projects for each integration work stream was considered.

BIC agreed that the integration programme should continue to focus on effective decision making and regular communication with external and internal stakeholders.

Finance & Performance Committee

GM reported that the Committee considered the current financial and operational performance of the Trust at its meeting held earlier today. The operational and financial challenges facing the Trust are growing, as the result of the ever increasing demand on services.

Quality & Governance Committee

GA reported that the Committee reviewed a patient story, and received reports from the Care Quality Commission on the inspection of the Princess Royal University Hospital (PRUH), quality assurance measures for all of the sites and the quarterly quality governance reports.

Strategy Committee

SS reported that the Committee at its last meeting looked at the 5 year plan. A strategy working group was established to develop the plan to address the significant capacity challenges the Trust is facing in the light of the relentless rising demand for emergency care and treatment, coupled with growth in other clinical areas.

14/45**Update on Council of Governors' Activities**

The Board noted the following update on the Council's activities since the last Board meeting:

- The Council held its first meeting in Bromley on 05 March 2014 and this was also the first opportunity that our new governors had to attend the full Council. MM chaired the meeting in GA's absence.
- Amongst other important matters, the Council chose the local indicator to be audited as part of the quality accounts process – 28 day readmission rates - and discussed the trust's strategy planning process;
- The Council also had a full day of meetings on 19 March which included the governors' workshop where governors had sessions on IT strategy, ED performance, the integration programme and commercial activities. Governors also had a session about effective questioning and challenge.
- On 19 March, there was also a joint Board/Council meeting where directors and governors met together, and identified the following top three areas around which the Trust should focus its strategy:
 - Emergency pathway and integrated care pathway;
 - Safe care and patient experience; and

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

- Service portfolio rebalancing.

Following this Board of Directors' meeting a series of 'Go See' visits to clinical areas will take place by Directors and Governors.

14/46

Chief Executive's Report

The Board noted the Chief Executive's report presented by TS.

The following key points were noted:

- The Trust has always been realistic about the opportunities, challenges and risks in its chosen direction but it is no secret that the Trust faces significant operational and financial challenges. The Trust, however, is not alone with many other NHS Trusts in London and elsewhere experiencing significant increases in demand for services;
- Regrettably, the demand for emergency services in particular has resulted in poor performance against the 4 hour target at both the Denmark hill and PRUH sites, due to capacity constraints, caused by patients unable to be discharged or repatriated to other DGHs, who are also experiencing increased admissions.
- There are particular challenges on the PRUH site, which has unfortunately experienced 12 hour trolley breaches in the Emergency Department. The Trust is assured that reporting of these breaches is very transparent and has engaged with NHS England who are assured the Trust is looking after its patients and providing the best care in difficult circumstances. It should be clarified that patients are in beds, not on trolleys, although clearly this is not the best experience for our patients.
- In contrast, the Trust continues to receive many positive letters from patients and stakeholders about improvements being made at the Princess Royal University Hospital (PRUH);
- The Trust has taken some good learning from the planned Safer, Faster hospital weeks implemented across the Denmark Hill and PRUH sites; these exercises were very valuable and had a good impact on performance but this operational mode is not sustainable for a longer-term;
- The Trust is working with key stakeholders and KHP partners in order to develop wider systems solutions;
- The Trust will need to make some tough choices going forward and to work hard on the integrated care agenda and prioritising this through KHP.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

14/47	<u>Finance Report</u>	
--------------	------------------------------	--

The Board received the month 11 finance report presented by ST which was discussed at length at the Finance & Performance Committee, held earlier.

The following key points were noted:

- The main drivers for the shortfalls in income and the shift in month 11 position are related to:
 - i. Additional costs related to the higher activity levels at both acute sites;
 - ii. Inability to undertake tertiary work because of lack of capacity resulting in the use of costly private facilities; and
 - iii. The increased agency and bank staff cost to deal with higher activity levels.
- Going into next year the Trust has concerns about reductions in the national tariff
- The Trust has lost circa £5m attributable to lack of capacity to undertake tertiary activity in the last year;
- The Trust is exploring the best way to fund the development of the helipad;
- It is important that the Directors Report in the Annual Report and accounts clearly qualifies the financial position; and
- Most of the financial challenges relate to the Denmark Hill site and the capital spend on Orpington Hospital.

14/48	<u>Performance Report</u>	
--------------	----------------------------------	--

The Board received the month 11 performance report presented by RS which was discussed at length at the Finance & Performance Committee, held earlier.

The following key points were noted:

Denmark Hill Site (DH)

- The Trust is making progress on improving its referral to treatment (RTT) performance with plans to free up capacity for elective activity in the short-term whilst developing a longer term strategy;
- There has been a significant growth in attendances in the emergency department (ED) and the Trust needs additional bed capacity, and close partnership working with external stakeholders;
- Response times for complaints is also an area of concern for the Trust especially in Networked Services and Surgery. RS/JW are looking into this;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • The number of red shifts have increased with the increased acute admissions on wards; • The Trust still has on average 25 beds every day occupied by patients waiting to be repatriated back to their local hospitals. The Trust is now unable to admit routine patients from Trusts who have not repatriated their patients; • The Trust needs to engage with NHS England and CCGs to commission more capacity in outer South East London; • In addition to the actions outlined in the latter part of the performance report the Trust is also: <ul style="list-style-type: none"> ○ Looking at long-term options and strategies to address its RTT and ED performance through development of the Trust's 5 year plan; ○ Requested input from the intensive support team for the Denmark Hill site; and ○ Commissioned KPMG to conduct a review of RTT. • The Trust continues to work with Medicare to support discharge of patients and with Home Ward and looking at proactive approaches to securing more beds in the community; • The Trust has a clear picture of the expected growth in patients the predominant issue is the acuity of the patients attending the (ED); and • The Trust needs to start having wider discussion with the government and stakeholders and try and find solutions to these issues. 	

It was agreed that GA would invite the chairs of the local district general hospitals to a meeting to discuss effective repatriation of patients.

GA

Princess Royal University Hospital Site (PRUH)

- The position at the PRUH is in line with the Trust's expectations at this stage;
- The safer faster hospital initiative provided the opportunity to drive improvement but the results are not sustainable in the longer term without other system changes ;
- Areas of concern include ED performance and cancer waiting times;
- Staffing establishment is also a key area of concern;
- The mood of local stakeholders at the recent Bromley community event was positive with many happy with the improvements at the PRUH.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

14/49	<u>Quality and Safety Focus</u>	
-------	---------------------------------	--

14/30.1	<u>Quarterly Patient Experience Report</u>	
---------	--	--

The Board noted and considered the quarterly patient experience report.

The following key points were raised and noted:

- The Trust's patient experience performance has improved in outpatients following recent improvements to outpatient processes and environment
- At Denmark Hill (DH) inpatient experience scores were holding up pretty well despite the operational pressures, but more work needs to be done to embed HRWD at the Princess Royal University Hospital Site (PRUH) and improve response rates;
- Friends & Family test response rates at DH are on the rise whilst at the PRUH the rate of response is less positive;
- Introduction of texting has improved friends and family response rates in both emergency departments;
- The Trust has a 45% year to date 25 day response rate for complaints for DH;
- The Serious Complaints Committee met for the first time in February;
- The introduction of the Patient Advice and Liaison service at the PRUH has provided the opportunity to resolve issues as they arise, and helped reduce the numbers of complaints at the PRUH;
- The volunteers programme now has 1500 volunteers and is being rolled out across the PRUH site. The Charity has also kindly agreed to support the programme again in 2015/16;
- The Trust received its preliminary report from the National Inpatient Survey. There has not been a vast change in the results and once the full report has been published it will be discussed at the Board's Quality and Governance Committee and at the Governor Patient Experience & Safety Committee.

The Board noted and commended the work being done to improve the complaints process and reporting. In addition, the Trust's volunteers programme is an exemplar of how a successful volunteers programme should be run.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/30.2	<u>Final Report from the Francis Working Group</u> The Board received the final report from the Francis Working Group and noted that the work from the workstreams would be integrated into the Trust's business as usual. The Board thanked the governors and stakeholders who participated in the working group.	
14/50	<u>Chair's and Non-Executive Directors' (NED) Activity Report</u> The Board noted the Chair's and NEDs activity report for the period.	
14/51	<u>Declarations of Interest</u> The Board noted the register of interest for the Board of Directors and offered no changes or amendments.	
14/52	<u>Confirmed Board Committee Minutes</u> The Board noted the confirmed minutes of the Finance & Performance Committee (28/01/2014).	
14/53	<u>Any Other Business</u> There were no matters of any other business raised for discussion.	
14/54	<u>Date of Next Meeting</u> Tuesday, 29 April 2014 at 14:00 in the Dulwich Room at Denmark Hill.	