

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 February 2014 in the Dulwich Committee Room, King's College Hospital.

Members:

Graham Meek (GM)	Non-Executive Director, Vice Chair (Meeting Chair)
Marc Meryon (MM1)	Non-Executive Director (part)
Chris Stooke (CS)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director
Faith Boardman	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 John Moxham (JM)	Director of Clinical Strategy - KHP
Sally Lingard (SL)	Associate Director of Communications
Tamara Cowan (TC)	Board Secretary (Minutes)
Anne Trainer (AT)	KCH Charity Representative
Joe Onabaworin	Public Governor
Phil Warn	Member

Apologies:

Prof Sir George Alberti (GA)	Trust Chair
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/20	<u>Apologies</u> Apologies for absence were noted.	
14/21	<u>Declarations of Interest</u> There were no declarations of interests made.	
14/22	<u>Chair's Action</u> There were no Chair's actions to report.	

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14/23 **Minutes of Previous Meeting**

The minutes of the meeting held on 28 January 2014 was approved as a correct record subject to the following change:

- Item 14/14.1, page 6– reword bullet 4 to read '*The mobile health care assistant service at Denmark Hill is working very effectively and there is a short-term plan to expand this to care for emergency department (ED) patients*'.

14/24 **Matters Arising/Action Tracking**

The matters arising were noted.

14/25 **Update from Board Committee Chairs**

Audit Committee

CS reported that there were no matters to raise from the Audit Committee and the next meeting will on be held on 14 March 2014.

Board Integration Committee (BIC)

CS reported that BIC met two weeks ago and work on the integration is ongoing with good progress being made on the cultural workstream.

The next big piece of work for the integration programme is CIPs.

Finance & Performance Committee

GM reported that the Committee considered the current financial and operational performance of the Trust at its meeting held earlier today. However, because of time constraints the PRUH performance report was not discussed and would be considered fully below. He also reported that there was no improvement in the financial position.

Quality & Governance Committee

It was noted that GA chaired the last meeting of the Committee and would provide an update at the next meeting.

Strategy Committee

SS reported that the Committee at its meeting on 13 February 2014 considered the plans for developing the strategic plan and how to get the relevant stakeholders involved.

The Committee also agreed that a steering group would be established to build the strategy. The steering group would include two non-executive directors.

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14/26	<u>Update on Council of Governors' Activities</u>	
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The Board noted the following update on the Council's activities since the last Board meeting:

- The election for public governors from Bromley and Lewisham and staff governors representing the new sites closed on 30 January;
- There was a good contest for the public governor elections. The turnout for Bromley was 40.8% and 23.7% in Lewisham;
- The following governors were elected:
 - Penny Dale (Bromley)
 - Eniko Benfield (Bromley)
 - Paul Corben (Bromley)
 - Anoushka de Almeida-Carragher (Bromley)
 - Alan Hall (Lewisham)
 - Helen Mencia (Nursing & Midwifery Staff)
 - CV Praveen (Medical & Dental Staff)
- A majority of new governors attended the first induction on 12 February and have already volunteered to participate in engagement opportunities such as the community events; and
- The governor strategy and patient experience and safety committees also met on 11 February 2014; and
- The forthcoming governor meetings and engagement events include:
 - Council of Governors – 05 March 2014
 - Members and Local Community Event - 05 March 2014

14/27	<u>Chief Executive's Report</u>	
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The Board noted the Chief Executive's report presented by TS.

The following key points were noted:

- The Trust is facing significant challenges and as such it is even more important to have regard for Trust employees and the pressures they are facing on a daily basis;
- The Trust has an overarching responsibility for the patients it provides services and its employees;
- Despite the pressures the Trust must continue to provide first class services;
- The challenges facing the Trust have not gone beyond the note of regulators such as Monitor, NHS England and the Care Quality Commission;

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- The Trust will host an event which will include key stakeholders and Sir Stuart Rose to discuss its experience in trying to turnaround the newly acquired sites; and
- There have been a number of important interactions with KHP, namely the review of the governance structure.

14/28	<u>Finance Report</u>	
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The Board received the month 10 finance report presented by ST which was discussed at length at the Finance & Performance Committee, held earlier.

The following key points were noted:

- The month 10 financial position is very difficult for three main reasons:
 - i. The level of demand on the emergency department (ED) at Denmark Hill is displacing elective activity. The result of which has been the need to engage a large number of temporary staff costing lots of money;
 - ii. The activity going through Orpington Hospital has not been cramped up sufficiently to alleviate some of the capacity constraints; and
 - iii. Demand constraints of Denmark Hill has resulted in the use of more offsite options to ensure elective patients are not waiting too long for treatment.
- Going forward the Trust is reviewing this process and is in discussion with commissioners; and
- The Trust is looking at the overall impact of the adverse movement and has released some of its contingency funds to cover the month 10 shortfalls.

14/29	<u>Performance Report</u>	
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The Board received the month 10 performance report presented by RS noting that although the Finance & Performance Committee discussed the performance of the Denmark Hill site it did not have the opportunity to cover performance at the Princess Royal University Hospital (PRUH).

The following key points were noted:

PRUH Site

- The good news is improved performance of the 'how are we doing' surveys and the Care Quality Commission picked up on real commitment from staff to provide high standards of care to patients;
- In contrast there are five areas of concern, referral to treatment (RTT), emergency care pathway (ED), health care acquired infections (HCAI), cancer waits and finance;

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	<ul style="list-style-type: none"> • At the onset RTT was flagged as a risk to regulators because of historical embedded issues; • ED performance is very poor and 12-hour trolley breaches continue to be a feature. It is hoped that further refinements to the pathways will move ED performance; • Although infection control performance is strong there are risk around rising C. Difficile incidents; • In quarter 3, 2-week wait time and 62-day time to first treatment cancer standards were not achieved; and • Financial performance at the PRUH is good but the overall Trust financial picture is dire; • A further area of key concern is medical records; • Vacancy rates are a real concern which aligns with the 5 key concerns of the integration programme: <ul style="list-style-type: none"> ○ ED performance ○ Recruitment ○ Utilisation of Orpington Hospital ○ Cultural Change • Regulatory scrutiny is very intense and the Trust submitted its action plan to the Care Quality Commission (CQC); • Available information before the 01 October 2013 suggest that ED performance at the PRUH started to go down around March/April 2013 and remained on a downward trajectory with a slight upward blip in July; • The ED performance is stable with brief periods of crisis. This relates to issues with poor discharge and links with the community heightened further by challenges around nursing establishment; • The Trust's response to the CQC inspection response was very proportionate and a more considerate approach to staffing and capacity issues is being taken; • The Trust needs to progress service moves such as those in the gynaecology pathway, to improve patient care. Longer-term services moves were an integral part of the capacity planning in the integration programme but the Trust has ended up with less space than originally planned; • The Trust has emphasised that consultants must take all reasonable steps to obtain patient records before progressing medical consultations; 	

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- Additional capacity was one of the drivers for taking on the PRUH and other sites but paramount to this is improving productivity;
- There have been a number of factors of sufficient weighting which have hindered progress, namely:
 - Changes to the urgent care profile;
 - Change to the PRUH;
 - Acuity of patients coming to the hospital
 - Services coming into the PRUH which should not have happened.
- Driving productivity is the way to overcome these hurdles;
- The drivers behind the 16% vacancy gap is primarily the low levels of staffing establishment when the Trust took over the PRUH;
- There is a London based project to look at workforce planning which includes provision of bank and agency staffing;
- The Trust will stick to its plans for the PRUH with an enormous focus on improving the care pathways.

Denmark Hill Site (DH)

- No inroads are being made on the backlog of patients waiting for elective treatment;
- ED performance is the most pivotal part of the Trust's plans. This has been significantly impacted by winter pressure funding coming too late and issues with repatriating patients back into the community or to other hospitals;
- Transfer and repatriation are important issues. In January, 35 beds at Denmark Hill were taken up by patients who were ready to be transferred into the community or returned to their local district general hospital;
- The Trust is suffering at the expense of other organisations strong performance;
- The Trust's goal, as always, is to make sure quality of patient care is the driver in its operations and the immediate focus remain ED, RTT and finance at DH;
- More capacity has been allocated to the emergency pathway;
- Current options to address the RTT target is use of external sources and out of hours working but these are costly options and only sustainable in the short-term; and
- The Trust uses established private care providers to provide offsite options and it has negotiated the best rates feasible with these suppliers.

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14/30	<u>Quality and Safety Focus</u>	
14/30.1	<u>Quarterly Patient Outcomes Report</u>	
	<p>The Board noted and considered the quarterly patient outcomes report.</p> <p>The following key points were raised and noted:</p> <ul style="list-style-type: none"> • The Trust has a higher level of SHMI than other peer group organisations in London. This can be attributed to the Trust's service portfolio; • The Trust scrutinises its mortality rates very carefully; • Trauma and orthopaedics were identified as mortality outliers and following a full review it was noted that many of the cases were very serious. Cases involved major trauma and head injuries but some data quality issues were noted; and • Each organisation needs to be mindful of their SHIMI scores although there are two methodologies. 	
14/30.2	<u>Quality Priorities and Report</u>	
	<p>GW presented the review of the Trust performance against the 2013-14 quality priorities and the proposed quality priorities for 2014-15.</p> <p>The following key points:</p> <ul style="list-style-type: none"> • On the whole performance against 2013-14 priorities have been very good with the exception of surgical safety checklist and discharge; • A lot of work went into the surgical safety checklist priorities but there still needs to be a step change in the hospital, hence, it is proposed that this is taken forward as a priority for 2014-15; • The Trust did not make the level of progress it wanted to on discharge therefore it is also proposed that this is carried forward to 2014-15; • Following the stakeholder events and other engagement it is proposed the Board approves adopting the following quality priorities for the 2014-15: <ul style="list-style-type: none"> ○ Patient Safety: Improving the identification and management of patients at risk of falling in hospital and Improving surgical safety; ○ Patient Experience: Improving experience and coordination of discharge and Improving the experience of cancer patients; ○ Patient Outcomes: Maximising King's contribution towards reducing mortality due to use of alcohol and Improving the experience of patients with hip fracture. <p>The Board noted the 2013-14 performance, approved the 2014-15 quality priorities and the timeline for production of the quality report.</p>	

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14/31	<u>KHP Update</u>	14/32

The Board welcomed Professor John Moxham who provided an update on KHP activities.

The following key points were raised and noted:

- The public health and integrated care agendas are closely related;
- If substantive rapid progress is not made in these two areas especially integrated care the huge gaps in care will not be bridged;
- KHP has embraced the integrated and public health agendas recognising the importance to the local health economy and the partner organisations;
- The focus on public health in the new commissioning structure is increasing;
- KHP is deeply committed to value base health care which aligns with health and wellbeing boards and commissioners;
- Value base healthcare cannot be achieved without having regard for public health agenda;
- The rate of progress on the public health agenda is not as fast as it should be in South East London;
- Across KHP lots of work is ongoing with alcohol and smoking cessation and the partner organisations have committed to actions plans for implementation of the NICE guidance;
- There are several programs for integrated care including Southwark and Lambeth Integrated (SLIC) which involve a central team from KHP;
- SLIC has had a lot of input from the Trust, especially around the challenges faced in the emergency care pathways. It is however, unlikely, within the narrow area which SLIC is currently focused, that any of these issues will be addressed in the short term;
- What is happening in primary care is hugely important because it drives integrated care programs and accordingly KHP must work closely with these organisations; and
- Other aspects of public health, such as HIV, STI and the growth in teenage pregnancies are key factors in the local community which warrants focus.

14/33	<u>Chair's and Non-Executive Directors' (NED) Activity Report</u>
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The Board noted the Chair's and NEDs activity report for the period.

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14/34 **Confirmed Board Committee Minutes**

The Board noted the confirmed minutes of the Finance & Performance Committee (17/12/2013).

14/35 **Any Other Business**

There were no matters of any other business raised for discussion.

14/36 **Date of Next Meeting**

Tuesday, 25 March 2014 at 14:00 in the Trust Headquarters, PRUH