

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, 29 April 2014 in the Dulwich Committee Room

Members:

Marc Meryon (MM1)	Non-Executive Director, (<i>in Chair's place</i>)
Ghulam Mufti (GM1)	Non-Executive Director
Chris Stooke (CS)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director
Faith Boardman (FB)	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 Sir Robert Lechler (RL)	Executive Director, KHP
Sally Lingard (SL)	Associate Director of Communications
Tooba Ahmadi (TA)	Corporate Governance Officer (Minutes)
Richard Miller (RM)	Commercial Director
Linda Smith (LS)	KCH Charity Representative
Penny Dale (PD)	Public Governor
Fiona Clark (FC)	Public Governor
Jan Thomas (JT)	Patient Governor
Pida Ripley (PR)	Patient Governor
Pam Cohen (PC1)	Public Governor
Michael Pedro (MP)	Staff Governor
Andrew McCall (AM)	Public Governor
Joe Onabaworin (JO)	Public Governor

Apologies:

Prof Sir George Alberti	Trust Chair
Graham Meek	Non-Executive Director

<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/55	<u>Apologies</u> Apologies for absence were noted.	
14/56	<u>Declarations of Interest</u> There were no declarations of interests made.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/57	<u>Chair's Action</u>	
	There were no Chair's actions to report.	
14/58	<u>Minutes of Previous Meeting</u>	
	The minutes of the meeting held on 25 March 2014 were approved as a correct record.	
14/59	<u>Matters Arising/Action Tracking</u>	
	The matters arising were noted.	
14/60	<u>KHP Update</u>	
	The Board welcomed Professor Robert Lechler who provided an update on King's Health Partners (KHP) activities.	
	The following key points were raised and noted:	
	<ul style="list-style-type: none"> • The new governance structure is in place and functioning well. The KHP Board is now chaired by the Principal of KCL. • The two KHP acute Trusts have been discussing issues regarding the delivery of a centralised vascular service. Progress towards a solution is being made but differences of opinion remain about the best disposition of some services • A number of steps are underway such as a joint executive meeting, a 4-way Board meeting and a visit to John Hopkins, one of the leading AHSC to facilitate better working and understanding between KHP partners; • The chairs of the partner organisations met last week and agreed the process for recruitment of NEDs to join the KHP Board. Two potential candidates are being considered; • The operational executive team have agreed to meet fortnightly in order to address operational issues of Clinical Academic Groups (CAGs); • Work on integrated care is progressing and has a strong focus, with a plan to have an early impact on winter pressures. The first step is the establishment of a programme office hosted by South London and Maudsley (SLaM); • The Mind & Body Programme has commenced and discussions are ongoing with commissioners about funding; and 	

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- Med-City, the product of the 3 AHSCs working in partnership was launched successfully. The launch was attended by Boris Johnson and 3 AHSCs. Med-City is partly funded by the Greater London Authority (GLA) but it is anticipated to become self-sustaining.

The Board noted the update and made the following comments:

- From the Trust's perspective the key issues regarding the vascular service relate to patient experience and patient outcomes, in relation specifically to carotid, trauma and stroke pathways;
- The KHP Board should play a key role in helping to address issues where there is lack of consensus between partners; and
- The Joint Governors meeting postponed in January should be rearranged as soon as possible.

14/61 **Update from Board Committee Chairs**

Audit Committee

CS reported that the Audit Committee had not met since the last Board meeting and the next meeting will on be held on 20 May 2014.

Board Integration Committee (BIC)

CS reported that BIC met on 04 April 2014 and noted the feedback on Safer Faster Hospital Week (SFHW), which was successfully completed at the Princess Royal University Hospital (PRUH). The aim of SFHW was to improve patient safety and quality by increasing flow through the hospital. Lessons learnt were captured but there is still a lot of work to be done. The integration programme is well led but there remain a number of challenges.

Finance & Performance Committee

FB reported that the Committee had an in depth discussion on financial and operational performances at its meeting earlier today and it will be discussed further as part of agenda item 2.5.

Quality & Governance Committee

GM1 reported that the Committee reviewed a patient video story from the X-ray department. Lessons learnt will be taken forward and discussed with the department.

The Committee also received a number of quality focused reports, including a presentation on mortality monitoring review. Overall the Trust's Summary Hospital Mortality Indicator (SHMI) has fallen mainly due to the complexity in casemix, a very busy A&E and the acquisition of the PRUH. However, the Trust still remains in the top quartile in its SHMI performance in comparison to other London peer groups. All other quality indicators are on track.

Item**Subject****Action****Strategy Committee**

SS reported that the Committee has not met since its last meeting in February 2014 but there had been progress in developing the Trust's 5 year strategy. A paper was presented to the Board and the following key points were noted:

- The production of the 5-year strategic plan is a new Monitor requirement, which includes a written document and a completion of financial template. The Board will have to make a declaration of sustainability for years 1-5;
- It was highlighted that whilst the Trust strategy is being developed, the Commissioners are also developing their long term strategies. The Trust is working to incorporate early indications of commissioning intentions in its strategy but there will be some implications and challenges when the Commissioners strategies are completed;
- The strategic development process consists of two steps, the identification and prioritisation of strategic issues and the assessment and development of strategic initiatives; and
- The Trust, together with input from its members and Governors have identified the following key strategic issues that the Trust must resolve:
 - Safe care and patient experience
 - Capacity constraints and service portfolio
 - Management of local acute demand and integrated care
 - Commissioner strategy and market assessment
 - Long term financial sustainability
 - Tertiary clinical-academic peaks development and support

The Board noted that a detailed draft report will be discussed at the Board Strategy Committee on 08 May 2014, the Council of Governors meeting on 15 May 2014 and the Site Strategy Steering Group (all Board members will be invited) on 27 May 2014. The final draft of the five year strategy will be presented for approval at the Board of Directors meeting on 24 June 2014.

14/62**Update on Council of Governors' Activities**

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

- In April, 3 Governor Sub-Committees met and discussed the following key topics:
 - Membership & Community Engagement Committee - annual membership review and Trust open day planning;
 - Strategy Committee – Trust's strategy, quality report, update on integration programme and organisational development strategy; and
 - Patient Experience & Safety Committee - Hospital-to-home project, national inpatient survey results and Serious Complaints Committee.

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	<ul style="list-style-type: none"> • 4 Governors participated in the Go See Visits at the PRUH following the last Board meeting on 25 March 2014 and 6 governors will take part in this afternoon's Go See visits; • Governors continue with their engagement and involvement programme of activities internally and externally; and • The next Council meeting is on 15 May 2014. 	

14/63 **Chief Executive's Report**

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

The following key points were noted:

- Simon Stevens has arrived as the new chief executive of NHS England (NHSE) ;
- Visibility and clear leadership is important at local and national level during yet another challenging year of financial constraint and pressured capacity. The Trust Board and management will need to communicate plans and lead the way for the enlarged organisation to reach long-term sustainability;
- There are unprecedented challenges and it is not unlikely that some services provided by the Trust will be affected. Careful actions will need to be considered by the Trust;
- There have been a number of meetings with commissioners and regulators. It is clear that the acquisition of the PRUH was the right decision and the Trust is in constructive dialogue with commissioners, regulators and other key stakeholders ;

The Trust has in place robust performance plans for both Denmark Hill (DH) and PRUH sites. Achievement of the performance targets remain a priority for the Trust on both sites and action plans are reviewed at the Emergency Care Board meetings. The PRUH performance is showing early sign of improvement; and

- To deliver the DH plan, the Trust will require good capacity and good collaboration with the partner organisations such as the commissioners;

The Board noted the report and that the academic and research will be included in the chief executive's report bi-annually.

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14/64	<u>Finance Report</u>	

The Board received the month 12 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 ended the financial year with an operating deficit of £3.146m, against a planned year to date surplus of £6m. This is an adverse variance of £9.161m from plan;
- The operating deficit reduced in month 12 as a result of additional income from capacity enabled by the Centenary Wing, over-performance in commissioners contracts and final allocations of emergency recovery income from commissioners and NHS England (NHSE);
- Despite the high emergency activity, capacity pressures and staffing cost pressures, the Trust has managed to maintain a Monitor Continuity of Service Risk Rating (CSRR) of 3, in line with the annual plan. This has been achieved in part through material non-recurrent funding from emergency recovery plan, project diamond and PRUH transactional support;
- Going forward into 2014/15, the Trust needs to ensure that non-recurrent funding is once again provided by the commissioners and additional funding is generated through the Cost Improvement Plan (CIP). A £53m CIP and detailed action plan to deliver this is being developed for 2014/15;
- The Trust is aiming to achieve a more sustainable position next year with a key focus being on reducing the temporary spend and recruiting to permanent posts, particularly at the PRUH;
- The difficulty of retaining nursing staff following completion of their nursing training was highlighted. A 'training school model' would not be appropriate for the NHS sector as training funding is obtained from various bodies such as the Local Education Training Boards (LETBs);
- As a result of the South London Integrated Care (SLIC) there has been a reduction in the commissioners' contract value. It is therefore important that the Trust measures the Key Performance Indicators (KPI) for the SLIC; and
- The Trust is confident of recovering the trade debtor income from private patients but the timing of recovery may be an issue. Provisions are also in place to recover trade debtor income from the overseas visitors.

The Board noted the finance report and thanked the Finance Team in their achievement.

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14/65	<u>Performance Report</u>	
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The Board received the month 12 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)

- Strong performance across a wide spectrum of the scorecard and the Trust has continued to achieve cancer waiting times, longer wait patient and the non-admitted RTT targets;
- The areas of greatest concern include:
 - Failure of the RTT inpatient target. The Trust has treated a large number of patients but the backlog position has not materially improved due to growth in demand and the lack of available capacity;
 - As planned, ED performance remains below target in quarter 4. This is of significant concern and a recovery plan is in place; and
 - Performance in responding to complaints is continuing to be an issue. The Trust is dealing with a large number of complaints post acquisition and the Serious Complaints Committee is reviewing the trust approach to complaints handling;
- Work across the system and with commissioners in relation to repatriation, rehabilitation, mental health and delayed transfers of care will be key to creating some additional capacity;
- In parallel to capacity becoming available, the Trust is also looking to treat all its day case waiting list patients by the end of quarter 2;
- The recovery plan to improve emergency care performance will require changes to some internal pathways as well as tackling some external capacity issues around rehabilitation and repatriations;
- The Trust has tightened up governance around RTT admitted emergency performance; and
- There are a significant level of red shifts as result of recruitment issues combined with acuity of patients and improvements in reporting across the organisation.

PRUH Performance:

- The position at the PRUH remain similar to last month;
- Areas of concern include cancer pathways and 12-hour trolley breaches. The Trust recognises anxiety of patients and processes are in place to improve in these areas; and

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- The number of reported pressure ulcers has increased, and it was noted that this is as a result of improved reporting and not a care issue. The vast majority of pressure ulcers are acquired prior to hospital admission.

The Board noted the report and a number of positive progress at the PRUH.

14/66	<u>Governance of Satellite Sites</u>	
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RM presented and outlined the governance structure for satellite sites providing assurance to the Board that commercial services activities reflect the ethos and governance structure of the Trust.

The following key points were noted:

- There continues to be significant opportunity for the NHS and the King's brand to provide extensive services in developing healthcare markets;
- The KCH Commercial Services (KCS) management understand the responsibility to maintain the Trust's reputation and clinical, financial and ethical governance issues are dealt with in accordance with the Trust's policies and procedures;
- Projects are risk assessed for potential adverse effects on the reputation of the Trust and its brand;
- There is 'zero tolerance' approach to bribery and the Bribery, Gifts & Hospitality policy has been circulated and re-enforced to KCS and all subsidiaries;
- The policies ensures that the clinic achieves the high standards of the Trust and puts patient care first;
- A number of audit checklists including key performance indicators (KPIs) on patient experience, ethics compliance, registration and revalidation of doctors will be developed for KCH Clinics;
- The governing and operating framework is robust and based on the Trust's models. Reporting to the Trust Board is done through the KCS Board, which meets every two months;
- Patient safety and experience policies are being developed and these will cover areas in relation to consent, safeguarding, infection control, medicine management, patient complaints and investigation of adverse incidents. These policies will be submitted for Board consideration and ratification in due course;
- There is agreement that any contentious safeguarding issues are passed to a senior official of the organisation through the Clinical or Medical Director; and
- An Ethics Committee has been established to resolve any matters in relation to consent, notifying authorities and any other contentious issues. The Committee has a broad representation including a legal representative with UK and UAE background.

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The Board noted the report and emphasised that issues in relation to consent is an important safeguarding issue, which should be considered very carefully.

14/67	<u>Quality & Safety Focus</u>	
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14/67.1	<u>Quarterly Patient Safety Report</u>	
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The Board noted and considered the quarterly patient safety report.

The following key points were raised and noted:

- The consultation period on Statutory Duty of Candour has closed with implementation scheduled for October 2014. A number of the elements have already been adopted by Trust;
- The KHP patient safety event is planned for 14 May 2014 and will be hosted at Guy's Hospital. The purpose of the event will be to showcase patient safety innovations and develop KHP-wide projects to improve safety;
- A Safer Care Forum has been setup at DH site to review trends in relation to preventable harms such as falls, pressure ulcers and patient deterioration;
- As part of its safety quality priority to reduce the number of falls, the Trust is focusing on reviewing the falls risk assessment tool used across the Trust and accordingly a business case to establish a "specials" team at DH site, available 24/7 to provide immediate 1:1 care to patients at high risk of falls was approved by BRSG;
- There has been improvement in the use of Safer Surgical Checklist (SSC) and no surgery-related Never Event has occurred during quarter 4. It is recognised that further work needs to be done to create a safety culture across all theatre environment, therefore this will remain a safety quality priority for 2014/15;
- 2 Never Events were reported in the quarter 4, both related to wrong tooth extractions. A review of all the wrong tooth extraction is underway to ensure appropriate actions are taken to prevent such incident recurrence;
- There has been significant progress in deteriorating patients. This remains an important patient safety issue , but due to the progress made it will not be necessary to retain this as a safety quality priority for 2014-15; and
- The tissue viability methodology to monitor pressure ulcers has now been implemented at the PRUH and there were 49 hospital acquired pressure ulcers reported in quarter 4 at the PRUH, of which 96% were grade 2.

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14/67.2	<u>Doctors Revalidation Report</u>	
	<p>MM presented the status update report regarding revalidation to date of medical staff. The Trust implemented a revalidation management system (RMS) in September 2013. This has greatly facilitated the appraisal and revalidation process and data handling across the enlarged Trust.</p> <p>The Board noted that the Trust is continuing to progress well with revalidation and appraisals are more easily completed and accessed.</p>	
14/67.3	<u>Verita Review of Clinical Governance Arrangements – SLHT Obstetrics & Gynae</u>	
	<p>MM reported that the Trust Special Administrator (TSA) had commissioned an external company, Verita to review the clinical governance processes and issues around obstetrics and gynaecology at the former South London Healthcare Trust (SLHT).</p> <p>The report provides a series of recommendations, which echoed the findings of the Trust's own due diligence, and it was welcomed and accepted by the Trust.</p> <p>The Board noted that all the recommendations are already implemented across the organisation, but would be keeping its governance processes under regular review.</p>	
14/67.4	<u>Safeguarding Adults Bi-annual Report</u>	
	<p>GW presented the Safeguarding Adults report providing an overview of the current service, the strengths and areas for improvement ahead of the new reporting template.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> Going forward, a quarterly report will be provided to the Board with the aim to pull together key themes where there is a safeguarding concern; • In anticipation of the enlarged organisation the governance structure of the team was revised with 3 additional new posts and safeguarding co-ordinators on each site; • The new service lead will monitor and review the governance and safety structures of the service; and • It was highlighted that training compliance is a key issue, in particular at the PRUH site. A bespoke and more practical method of training will be developed to achieve the training targets. 	
14/67.5	<u>Safeguarding Children Quarterly report</u>	
	<p>GW presented the Safeguarding Children report and the key points included:</p> <ul style="list-style-type: none"> • Activity remains stable at the Denmark Hill (DH) site with 178 cases referred to the Safeguarding Children Team for the period between October 2013 and December 2013; 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • Following the acquisition of the PRUH and taking over the management responsibility of the three Haven sites across London there has been an impact on the child safeguarding service; • Additional staff have been put in place to deal with the increased demand for safeguarding advice and some support will be provided by the ambulatory care division. A further establishment review will be conducted across sites to identify the right staffing levels; • The Trust has not achieved the 80% target for training at levels 2 and 3, and this continues to be an issue. Training action plans have been developed to provide adequate training places and identify training gaps across sites; and • It is difficult to risk assess the training levels at the PRUH as historic training figures cannot be verified. 	
14/67.6	<p data-bbox="271 751 667 777"><u>King's in Conversation (KiC)</u></p> <p data-bbox="271 785 1299 848">AH provided a detailed summary of the findings from the King's in Conversation (KiC) and the Cultural Integration Programme across sites. Key points included:</p> <ul style="list-style-type: none"> • KiC was part of the Trust's response to the Francis recommendation and a number of listening through round table discussions and pop-up conversations were held on Denmark Hill and Bromley sites in 2013; • At all listening events, patients and staff were asked three questions and feedback from over 800 staff and patients was analysed; • To support successful integration across sites, a bespoke cultural questionnaire was developed for the Trust using an academic cultural maturity model. The Trust used Ernst & Young methodology to measure culture change and track progress across all sites as well as identify whether the Trust is an emerging, developing or a mature organisation; • Over 1500 responses were received and the results were split by site. In addition to the survey a series of workshops were run to provide additional qualitative and in depth information; • Common themes from the KiC work and the culture survey were identified across sites. Good data was obtained with most staff appearing to be motivated and engaged with the new enlarged organisation; • The analysis was distilled down to 3 key priority areas of focus, which included: <ul style="list-style-type: none"> ○ Doctors and managers working effectively together; ○ Promoting positive behaviour and performance; and ○ Empowering staff to take confidence in decisions. • Results of the analysis have been shared and feedback to all staff and divisions. All improvement areas have been captured under the 'All together Better' banner as part of the integration plan; • The next step includes developing a comprehensive communications plan to ensure results are shared with patients who took part in the discussions. 	

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	<p>A dedicated person in the Communications team will lead the work on engagement plan and operational delivery;</p> <ul style="list-style-type: none"> • Monitor is interested in our model and we have had discussions about how this might be used more widely across FTs to measure culture change and its implementation; • It was highlighted that the framework was not based on the Trust's values but there will be a piece of work on how to underpin King's values to manage attitudes and to define acceptable behaviours; • A number of enablers such as the new appraisal system have been established and will be rolled out across the enlarged organisation. This incorporates King's values and monitor behaviours; and • The Trust was mindful of anonymity during the KiC and survey events. Therefore, any feedback needs to be considered and managed carefully. 	
	<p>The Board noted the report and suggested that progress updates should be provided to the Board in due course.</p>	
14/68	<u>FOR APPROVAL</u>	
14/68.1	<u>Quarterly Submission to Monitor – Q4</u>	
	<p>The Board noted the Trust Quarter 4 Monitor Return which will be submitted to Monitor.</p>	
	<p>The Board approved:</p>	
	<ul style="list-style-type: none"> • Confirmed to governance statement 1 as the Trust attained a CSRR of 3 for finance; • Not Confirmed to governance statement 2 as the Trust failed to achieve the 18 week admitted referral to treatment targets (RTT) and the Emergency Department (ED) for governance; and • Confirmed to governance statement 2 as there have been no exceptional matters or incidence arising in the Q4, which the Trust has not previously advised Monitor or self-certified for otherwise. 	
14/68.2	<u>Governor Election Plan</u>	
	<p>JW outlined the forthcoming Governor election timetable and engagement plan. The following key points were highlighted:</p>	
	<ul style="list-style-type: none"> • The Governors' Membership & Engagement Committee (MEC) considered this report at their meeting on 08 April 2014 and endorsed the proposed election timetable and engagement plan; • It was highlighted that the Trust is under represented in younger groups and there will be extensive engagement within the local colleges and schools to improve younger membership and participation; 	

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	<ul style="list-style-type: none"> • The election process will begin in May 2014 to provide opportunities to engage and promote the elections and to ensure that new governors are elected, inducted and trained before their term starts on 1 December 2014; • Bromley and Lewisham public governors were elected to serve 3 year terms from 31 January 2014 and; • Most existing Governors will be eligible to stand again for re-election; and • The notice of election will go out on 19 May 2014, notice of poll will be published on 24 July 2014 and results will be published on 15 September 2014; 	
	The Board noted and approved the Governor election timetable and engagement plan for Summer 2014.	
14/69	<u>FOR INFORMATION</u>	
14/69.1	<u>Chair's and Non-Executive Directors' (NED) Activity Report</u>	
	The Board noted the Chair's and NEDs activity report for the period.	
14/69.2	<u>Information Governance Strategy</u>	
	The Board noted the Information Governance Strategy, which was ratified by King's Executive at its meeting on 17 February 2014.	
14/69.3	<u>Confirmed Board Committee Minutes</u>	
	The Board noted the confirmed minutes of the Finance & Performance Committee (25/02/2014).	
14/70	<u>Any Other Business</u>	
	There were no matters of any other business raised for discussion.	
14/71	<u>Date of Next Meeting</u>	
	Tuesday, 27 May 2014 at 14:00 in the Dulwich Room at Denmark Hill.	