

**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 July 2014 in the Trust Headquarter, PRUH

**Members:**

Prof Sir George Alberti (GA)	Trust Chair
Graham Meek (GM)	Non-Executive Director
Marc Meryon (MM1)	Non-Executive Director
Ghulam Mufti (GM1)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director
Chris Stooke (CS)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director
Tim Smart (TS)	Chief Executive
Angela Huxham (AH)	Director of Workforce Development
Dr. Michael Marrinan (MM)	Medical Director
Roland Sinker (RS)	Chief Operating Officer
Simon Taylor (ST)	Chief Financial Officer
Jane Walters (JW) – <i>Non-voting Director</i>	Director of Corporate Affairs

**In attendance:**

Caroline Hewitt (CT)	KCH Charity Representative
Debbie Hutchinson	Assistant Director of Nursing
Erika Gobler (EG)	Deputy Director of Infection Prevention and Control
Sally Lingard (SL)	Associate Director of Communications
Tamara Cowan (TC)	Board Secretary (Minutes)
Sue Gallagher (SG)	Stakeholder Governor
Jim Gunner (JG)	Stakeholder Governor
Robert Evans (RE)	Stakeholder Governor
Tom Duffy (TD)	Patient Governor
Jan Thomas (JT)	Patient Governor
Mubeen Khan (MK)	Member
Petra Makela (PM)	Member
Frank Wood (FW)	Member
Simon Egert (SE)	Lambeth Resident

**Apologies:**

Dr. Geraldine Walters (GW)	Director of Nursing & Midwifery
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/105	<u>Apologies</u>  Apologies for absence were noted.	
14/106	<u>Declarations of Interest</u>  There were no declarations of interest noted.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/107	<b><u>Chair's Action</u></b>	
	There were no Chair's actions to report.	
14/108	<b><u>Minutes of Previous Meeting</u></b>	
	The minutes of the meeting held on 24 June 2014 was approved.	
14/109	<b><u>Matters Arising/Action Tracking</u></b>	
	The matters arising were noted.	
14/110	<b><u>Update from Board Committee Chairs</u></b>	
	<u>Audit Committee</u>	
	CS reported that since the last Board meeting there had been no Audit Committee meetings and no material internal or external audit matters to report to the Board.	
	<u>Board Integration Committee (BIC)</u>	
	CS reported that BIC met on 16 July which was the new Transformation Integration Director, John Hampton's (JH) first meeting. JH was undertaking a review of the integration plans and structure, including key work programmes, such as nurse recruitment.	
	Good progress is being made in integration plans and clinical improvement at the Princess Royal University Hospital (PRUH) site, however this is having a financial impact on the Trust.	
	<u>Finance &amp; Performance Committee</u>	
	GM reported that the Denmark Hill (DH) site continues to experience high levels of activity especially in its Emergency Department whilst the operational performance at the PRUH seems to be showing encouraging signs of improvement.	
	The material issue for the Trust is finance and the Committee meeting held earlier today is concerned about the average run rate deficit of £5m per month. The focus of the Trust is now on redressing the financial position.	
	<u>Quality &amp; Governance Committee</u>	
	GM1 advised that the Committee meeting met on 22 July 2014. Key areas of concern include the increase in Clostridium difficile (c.diff) infections which links to very high levels of activity. Positively, the number of CRE cases and falls are reducing. The number of complaints have also reduced.	
	It is evident that some of these issues relate to the capacity constraints on the Trust sites.	
	The volunteer service continues to contribute positively to the overall quality agenda and the programme has been nominated for an HSJ award.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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Strategy Committee

SS reported that the Committee last met in May when it contributed to the development of the forward strategy for the Trust. The next meeting of the Committee will be in September.

Education & Workforce Development Committee

MM1 reported that the Committee held its first meeting on 21 July 2014. The Committee approved its terms of reference but agreed that it was subject to ongoing review. The Committee's work will include equality and diversity matters, education and training, workforce development and the academic agenda.

The equality and diversity aspects will focus on ensuring that there are no discrepancies or imbalances in the treatment of certain groups in the workforce.

The Committee also discussed the investment associated with the Trust's education and training programme and concerns about the impact of shortage of facilities to deliver the programme.

Of note, the Trust has been awarded gold status for 'investors in people'.

It was noted that going forward the Trust should be aware that there will be national cuts to the health education budget which will impact on the funding hospitals receive.

The Trust is finding it challenging to provide required training at the PRUH site as it does not have access to off-site facilities that were available to the former South London Healthcare Trust.

**14/111**      **Update on Council of Governors' Activities**

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

- Several Governors attended our recent Open Day which was held at the PRUH site. As well as engaging with members and the general public they signed up over 20 new members;
  
- The voting stage of the governor elections are under way with 17 Lambeth, 21 Southwark, 17 patients and 19 staff candidates putting themselves forward for governor election;
  
- Forthcoming meetings for governors include:
  - 31 July – Governors Strategy Committee
  - 31 July – Patient Experience & Safety Committee
  - 31 July – Joint Board and Council meeting
  - 05 August – Governors Workshop
  - 25 September – Annual Member's Meeting
  - 25 September – Council of Governors

<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/112	<b><u>Chief Executive's Report</u></b>	

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

The following key points were noted:

- The Trust is facing significant operational and financial challenges;
- Beyond these challenges there are encouraging trends of performance and improvement;
- The rate of improvement at the Princess Royal University Hospital (PRUH) site is encouraging. But the cost of these improvements is not sustainable and adding to the financial challenges facing the Trust;
- Some significant issues include staffing levels and performance issues;
- Tribute should be paid to the staff across the organisation who are working hard to resolve these issues ;
- There has been good progress on service redesign and the Trust plans to make service moves to improve patient care;
- The new Director of Strategy will start on 01 October;
- New non-executive directors (NEDs) have been appointed to the KHP Board;
- The NEDs from the four partner organisations have begun having constructive meetings to build understanding and relationships;
- King's College London (KCL) is going through a significant restructuring programme; and
- Professor Edward Byrne starts as the new Principal of KCL at the end of the week.

14/113	<b><u>Finance Report</u></b>	
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The Board received the month 03 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 performance in month 03 continues to be very challenging with the current deficit related to the activity levels both at the Denmark Hill (DH) site and the PRUH site;
- The number of attendances in the emergency departments (ED) on both acute sites and the corresponding costs for temporary staff are also driving the deficit;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• The temporary staff expenditure relates to usage of agency and bank staff to cover shortfalls in establishment, particularly at the Princess Royal University Hospital (PRUH). This expenditure is to ensure that the correct, safe levels of staffing are available to meet the increasing levels of activity for acute patients;</li> <li>• Over and above the permanent establishment staff vacancies is the additional need to cover increases in demand for services;</li> <li>• The increased ED activity levels have a knock-on effect on tertiary service delivery which is resulting in significant cost pressures;</li> <li>• The Trust has recovery plans which require some difficult decisions about the Trust's service portfolios and will need support from stakeholders and commissioners;</li> <li>• At the moment the Trust has a good liquidity rating which enables the Trust to maintain a continuity of service risk rating (CoSRR) of 3. The level of cash the Trust has will diminish as the Trust spends more than it is able to bring in. The Trust could move from a CoSRR of 3 to a 2 fairly quickly;</li> <li>• The Trust is keeping Monitor fully apprised of the situation;</li> <li>• The new Transformation Integration Director will have a key role in reforecasting integration plans and he has significant experience in this sort of turnaround. The Trust has asked KPMG to evaluate its recovery plans;</li> <li>• Messages have gone out to staff in the CEO Brief;</li> <li>• RS/ST have met with the Clinical Directors and attended their regular meetings to keep people abreast of the situation;</li> <li>• The Trust cannot and will not make turnaround decisions solely on finances, this is about improving patient care;</li> <li>• Action plans are already in place and discussions will start with other stakeholders and commissioners imminently;</li> <li>• It is important to give all stakeholders and regulators visibility of all the problems facing the Trust;</li> <li>• In dialogue with commissioners it is important to identify where there is any flex in the system and this should be done in a joined-up way; and</li> <li>• The level of tertiary income has held constant and the Trust needs additional resources and capacity in order to capitalise on this income stream.</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
14/114	<b><u>Performance Report</u></b>	

The Board received the month 03 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 (DH) site

- The Trust can demonstrate numerous areas of strong performance especially around quality and outcomes. This is in the face of continued rise in demand locally and beyond south east London catchment area;
- The number of red shifts reduced in June;
- However there are some performance challenges :
  - Reducing the waiting times for long-waiters. The Trust is receiving support from NHS England around its referral to treatment (RTT) targets and the specific report on RTT outlines the other actions the Trust has taken;
  - The newly established Patient Access Board is helping to improve the Trust's performance against trajectory;
  - The emergency department (ED) performance is remaining static at 93% despite the increase in the number of attendance in quarter 1;
  - 'How are we doing?' scores dropped slightly in June;
  - Repatriation bed day delays increased from 489 bed days in May to 518 bed days in June;

Princess Royal University Hospital (PRUH) site

- The Trust has issued it's 6-month review report and cover letter to key stakeholders;
- The issues facing the PRUH were known to the Trust but only when the Trust took over full management did the full extent of the challenges emerge – for example, unfunded wards;
- The Trust is focusing on improving ED performance at the PRUH ;
- Focus has also been on getting people home in a more timely way which helps reduce length of stay (LoS);

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• The gynaecology and ophthalmology services moves are supporting the improvement of patient care in outer south east London;</li> <li>• The number of red adverse incidents increased from 24 cases in May to 32 cases in June, however 23 of these were community-acquired pressure ulcers;</li> <li>• The vacancy rate remains high resulting in high temporary staff usage, and also to cover unfunded capacity ;</li> <li>• 2-week cancer waits is a long standing issue at the site and delays in progressing capital works relate to the PFI;</li> <li>• The Trust did pick up these issues during the due diligence process but the position significantly worsened between the completion of the due diligence in March 2013 and date of acquisition in October ;</li> </ul>	

Other

- 43,000 patients came to the ED in quarter 1 and it would be useful to complete a benchmarking exercise;
- St George's Hospital are facing similar pressures as those at the DH site;
- The issues facing the Trust is fixable but there needs to be system wide support and help; and
- The Trust has seen a year on year 2% growth in ED attendances at the DH site so all system partners need to consider urgently how unnecessary emergency attendances can be prevented or whether extra capacity and funding can be provided.

**14/115 Quality & Safety Focus**

**14/115.1 Quarterly Patient Safety Report**

The Board noted and considered the quarterly patient safety report which was discussed in detail at the last Quality Governance Committee.

The following key issues and points were noted:

- No level of harm for patients is acceptable to the Trust. Safety of patients in both of the main hospital sites is improving because the systems and staff training that been put in place are delivering results ;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• A new duty of candour requirement will come into force in October where red/amber incidents are subject to additional disclosures. A working group is in place to manage this process and ensure the Trust adheres to the guidance;</li> <li>• The number of falls decreased by 9% at the DH site and 10% at the PRUH showing the Trust is making significant efforts to address these issues;</li> <li>• A recent never event at the Sidcup site did not result in any harm to the patient. Measures have been taken to roll out the surgical safety checklist protocols across all sites; and</li> <li>• The Deteriorating Patient Group is monitoring implementation of the action plans for caring for acutely-ill patients.</li> </ul>	

#### **14/115.2 Monthly Staffing Levels Report**

The Board noted and received the monthly report on nurse staffing levels.

The following key points were raised:

- Both the PRUH and DH site are in need of specialist nurses who care for patient on 1:1 basis;
- The Trust is putting together a staffing policy which will have escalation protocols for red shifts to ensure real time reporting;
- Boards are now on each ward which detail the staffing levels at any given time for each ward;
- It is important that the data is very clear in the reports that are uploaded to the Board; and
- KPMG will review the Trust's approach and advise the Trust on the evolving requirement from the Department of Health.

The Board agreed that the nursing staff level data should be publicised in line with guidance in addition to the cover report.

#### **14/115.3 Quarterly DIPC Report**

The Board noted and discussed the quarterly Director of Infection Control report presented by Erika Grobler, Deputy Director of Infection Control.

The following key points were noted:

Areas of good performance include:

- CRE in adult liver and child health has reduced significantly, with only sporadic cases identified through admission screening;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• Hydrogen Peroxide Vapour technology fully imbedded despite high bed occupancy;</li> <li>• Reduction in E.coli bacteraemia cases when comparing Q1 in 2014/15 with Q1 in 2013/14;</li> <li>• Infection Prevention and Control (IPC) nursing team now fully established with the last recruited member of staff to commence work in July;</li> <li>• Establishment of the IPC leads role at PRUH with first meeting having taken place;</li> <li>• Cross site IPC performance meetings with every division on a quarterly basis. Meetings chaired by DIPC or Director of Operations;</li> </ul> <p>Performance challenges include:</p> <ul style="list-style-type: none"> <li>• CDI infections at DH have now exceeded the trajectory for Q2. The two divisions where the most cases have been seen are TEAM and Critical Care. The IPC team are working closely with divisional teams to address issues identified through a review of cases;</li> <li>• Pseudomonas control issues have been identified at PRUH and Golden Jubilee Wing at DH. These are being addressed. The Trust has notified PFI partners at PRUH that additional action is required. This is closely monitored through Water Management Groups at each site; and</li> <li>• Cleaning standards at all sites require constant attention and monitoring to ensure high standards are maintained.</li> </ul>	
<b>14/116</b>	King's Health Partners' (KHP) Update	
	<p>The Board welcomed John Moxham (JM) to the meeting. JM provided a verbal update on the activities of KHP.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• Lambeth has created a new initiative LEAP (Lambeth Early Action Partnership) which is an innovative new 10 year programme in Lambeth to help improve health outcomes for younger people. KHP looking into way that will utilise the programme to further the public health agenda;</li> <li>• The public health agenda is important to sustaining and supporting sound health of the UK population; and</li> <li>• Southwark and Lambeth Integrated Care (SLIC) partner organisations need to work in a more joined-up way. The issues and concerns about SLIC should be higher up the KHP agenda.</li> </ul>	

<b><u>Item</u></b>	<b><u>Subject</u></b>	<b><u>Action</u></b>
14/117	<b><u>FOR APPROVAL</u></b>	
14/117.1	<b><u>Quarterly Submission to Monitor</u></b>	
	The Board noted and approved the 2014-15 Quarter 1 submission to Monitor.	
14/117.2	<b><u>Annual Review of Terms of References – Board Committees</u></b>	
	The Board noted and approved the following terms of references:	
	<ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Finance &amp; Performance Committee</li> <li>• Quality &amp; Governance Committee</li> </ul>	
14/118	<b><u>FOR INFORMATION</u></b>	
14/118.1	<b><u>Chair’s and Non-Executive Directors’ (NED) Activity Report</u></b>	
	The Board noted the Chair’s and NEDs activity report for the period.	
14/118.2	<b><u>Confirmed Board Committee Minutes</u></b>	
	The Board noted the confirmed minutes of the Finance & Performance Committee (27/05/2014).	
14/119	<b><u>Any Other Business</u></b>	
	There were no matters of any other business raised for discussion.	
	<u>King’s College Hospital Charity</u>	
	The following update pertaining to the Trust’s Charity was noted:	
	<ul style="list-style-type: none"> <li>• Mary Bishop is stepping down as Chief Executive of the King’s College Hospital Charity;</li> <li>• Interim Director Peter Gluckman has been appointed to oversee the process of finding a new Chief Executive;</li> <li>• The Charity is discussing best ways to align Charity priorities with the Trust strategic priorities; and</li> <li>• Linda Smith will become Vice Chair and Caroline Hewitt has been appointed the new Chair.</li> </ul>	
14/120	<b><u>Date of Next Meeting</u></b>	
	Tuesday, 30 September 2014, Dulwich Room, Denmark Hill site.	