

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, 27 January 2015 in the Dulwich Room, Denmark Hill

Members:

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

In attendance:

Prof. Sir Robert Lechler (RL)	Executive Director – KHP
Caroline Hewitt (CH)	Trustee – KCH Charity
Tamara Cowan (TC)	Board Secretary
Jim Gunner (JG)	Governor
Richard Gibbs (RG)	Governor
Penny Dale (PD)	Governor

Apologies:

Marc Meryon (MM1)	Non-Executive Director
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<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/1	<u>Apologies</u> Apologies for absence were noted.	
15/2	<u>Declarations of Interest</u> There were no declarations of interest reported.	
15/3	<u>Chair's Action</u> There were no Chair's actions to report.	
15/4	<u>Minutes of Previous Meeting</u> The minutes of the meeting held on 16 December 2014 was approved.	

Enc 1.4 – Draft Subject to Chairs Approval

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/5	<u>Matters Arising/Action Tracking</u>	
	There were no actions recorded on the action tracker.	
15/6	<u>King's Health Partners' (KHP)</u>	
	The Board welcomed Prof. Sir Robert Lechler (RL) to the meeting.	
	RL outlined the current position of KHP in the academic and health sector highlighting some of the areas in which KHP is excelling such as, but not limited to, cancer, neurosciences, head and neck. KHP however needs to work harder to close the gaps in clinical and academic research and the discussions around the formation of institutes are part of the solution.	
	In discussion, the following points were raised and noted:	
	<ul style="list-style-type: none">• It is recognised that in some areas there is not the correct marriage of clinical and academic work. The partners need to therefore look at the value of treatments, clinical strengths and the data sets; and• A full analysis will be conducted on the proposals for each of the institute proposals.	
15/7	<u>Update from Board Committee Chairs</u>	
	<u>Audit Committee</u>	
	CS reported that the Audit Committee met on 14 January 2015 and discussed the programme for completing the annual audit of the accounts. The Committee also noted that both internal and external audits are picking up the same challenges and issues such as nursing and staff recruitment. It is evident from the findings of internal audit that the Trust needs to follow its procedures and hold people accountable for the adhering to established practices.	
	<u>Board Integration Committee (BIC)</u>	
	CS reported that the Board Integration Committee also met on 14 January 2015. This meeting combined contemplating the current position of the integration work and the strategic work going forward.	
	<u>Education & Workforce Development Committee (EWDC)</u>	
	GA advised that the EWDC had not met since the last meeting of the Board.	
	<u>Finance & Performance Committee</u>	
	GM reported that the Committee met earlier today and heard more about the work to recover the Trust's financial position. PriceWaterhouseCoopers (PWC) had developed, in conjunction with the Trust a robust outline of the Trust's current cashflow which has been shared with key stakeholders such as Monitor. The Trust will continue to work hard to implement recommendations from PWC to recover the current position. More details about the operational and financial performance of the Trust will be provided under agenda items 2.5 and 2.6.	
	<u>Quality & Governance Committee (QGC)</u>	
	GM1 advised that the QGC had not met since the last meeting of the Board. The next meeting is scheduled for 11 February 2015.	

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	<p><u>Strategy Committee (SC)</u> SS reported that the SC had not met since the last Board meeting. The Committee had however joined the last BIC meeting to progress development of the strategic choices.</p>	
15/8	<p><u>Update on Council of Governors' Activities</u></p> <p>The Board noted the update on the activities of the Council of Governors.</p>	
15/9	<p><u>Chief Executive's Report</u></p> <p>The Board noted the Chief Executive' Board Report.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none">• The Trust is working hard on developing a sustainable model which will combat the current financial issues and the challenges facing the wider health system;• The Trust has been in discussion with Monitor and other stakeholders about delivery of the CIP programme for the health sector at larger;• The issues facing the Trust is not isolated there are system wide challenges for lots of health organisations;• It is pleasing that given the challenges facing the Trust it had met the cancer target in month 9; and• The Trust will have a planned CQC inspection in April and preparations are underway with a good governance structure in place.	
15/10	<p><u>Finance Report</u></p> <p>The Board received the month 09 finance report presented by ST which was discussed at length at the Finance & Performance Committee, held earlier.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none">• The Trust is doing lots of work with PriceWaterhouseCoopers to recover its financial position;• There have been small improvements in month because the Trust has accrued for the £3m of indemnity funding from the Trust Development Authority;• The risks to the financial position remain the same going forward. The continued non-receipt of specialist services underpins these risks over performance payment from NHS England. The Trust had offered the option of restricting services but was told not to pursue this option;• The Trust will meeting with NHS England next week to discuss the referral flows. The Trust has advised that restrictions is one of the key options for supporting bringing the Trust back in line;	

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<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none">• As part of enhanced internal governance arrangements a more detailed review of the cashflow position is being undertaken on a weekly basis;• Going forward it is foreseeable the Trust will require additional injections of funding; and• Given the cashflow position, the Trust has to carefully consider what elements of its capital programme will have to be delayed.	
15/11	<p><u>Performance Report</u></p> <p>The Board received the month 09 performance report presented by RS which was discussed at length at the Finance & Performance Committee held earlier.</p> <p>The Board also noted the extensive action plans contained in the performance reports.</p> <p><u>Denmark Hill (DH) Site</u></p> <ul style="list-style-type: none">• The areas of strong performance include attaining cancer targets, continued improvement in referral to treatment targets and good progress on productivity CIPS, length of stay and throughput at Orpington Hospital. The Trust also• The challenges remains meeting the emergency department (ED) performance and the Trust is working closely with commissioners to understand the continued increase in activity but finding creative ways to take the pressure off EDs. This include growing @home services in the community;• The commissioners are better placed than the Trust to address the challenges around repatriations and it is evident that there are not enough beds in the system;• There is still a high level of offsite working to combat the high activity levels and ease the pressure on beds. This is being done in consultation and agreement with NHS England and local commissioners; <p><u>Princess Royal University Hospital and other sites (PRUH)</u></p> <ul style="list-style-type: none">• Areas of good performance include stroke, fracture neck femur and Orpington activity is beginning to cover its costs;• Challenges remain with the ED performance; and• Lots of work has been happening around discharges and the detailed actions are appended to the report.	
15/12	<p><u>Quality & Safety Focus</u></p>	

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<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/12.1	<u>Quarterly Patient Experience Report</u> <p>The Board noted and received the quarterly patient experience report.</p> <p>The following key points were raised and noted:</p> <ul style="list-style-type: none">• The Trusts ‘how are we doing?’ survey results are improving although there was a small decline at the PRUH in Nov-Dec 2014;• The friends and family test scores results are improved and NHS England has listened to providers about the scoring methodology;• The complaints process is improving with better engagement from divisions which is resulting in better response rates;• The Serious Complaints Committee is supporting the work to improve the response to complaints and looks at test cases to identify key learning to instil improvement in the process;• Over the past few months there has been some improvement in responses to complaints and work is ongoing to improve the content of responses; and• The Trust is training consultants and senior leaders on responding to complaints.	
15/12.2	<u>Monthly Safer Nursing Levels Report</u> <p>The Board noted and received the monthly safer nursing levels report and agreed that the nursing staff level data should be publicised in line with guidance.</p> <p>It was also noted that the wording in the comments sections should be reviewed and objective standardised responses should be included.</p>	
15/12.3	<u>Monthly Nurse Staffing Levels Report</u> <p>The Board noted and received the monthly nurse staffing levels and agreed that the nursing staff level data should be publicised in line with guidance.</p>	
15/13	<u>King’s College Hospital Charity (KCHC) Update</u> <p>The Board welcomed Caroline Hewitt (CH) to the meeting. CH provided a short update on the Charity’s activities.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none">• Gill Edelman has now joined as interim director and will work with the Trust on projects;• The Charity has been working with TK and extends their appreciation for her support to develop a mechanism for assessing proposals for funding;	

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	<ul style="list-style-type: none">• The Charity has begun considering its legal status given the impending regulatory changes for NHS charities and is working collaboratively with the Trust to progress this;• The Charity will hold a showcase event following the Trust's Board meeting in February which directors and governors are invited; and• The Charity has increased its visibility at the PRUH site.	
	<p>It was agreed that CH would ask the Trustees of the Charity to progress discussion with the Chartwell Trust.</p>	CH
15/14	<u>FOR APPROVAL</u>	
15/14.1	<u>Monitor Submission Quarter 3, 2014/2015</u>	
	The Board received and approved the Quarter 3 submission to Monitor.	
15/15	<u>FOR INFORMATION</u>	
15/15.1	<u>Chair's and Non-Executive Directors' (NED) Activity Report</u>	
	The Board noted the Chair's and NEDs activity report for the period.	
15/15.2	<u>Confirmed Board Committee Minutes</u>	
	The Board noted the confirmed minutes of the Finance & Performance Committee (25/11/2014).	
15/15.3	<u>Annual Workforce Report</u>	
	The Board noted the annual workforce report considered at the last Education & Workforce Committee.	
15/16	<u>Any Other Business</u>	
	There were no matters of any other business raised for discussion.	
15/17	<u>Date of Next Meeting</u>	
	Tuesday, 24 February 2015, Dulwich Room, Denmark Hill site.	