

King's College Hospital NHS Foundation Trust Board of Directors - PUBLIC

Minutes of the meeting of the Board of Directors held at 09:30 on Tuesday, 29 September 2015 in the Dulwich Room, Hambelden Wing.

Members:

Lord Kerslake (BK)	Trust Chair
Graham Meek (GM)	Non-Executive Director, Vice Chair
Chris Stooke (CS)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director (part)
Sue Slipman (SS)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Prof. Jon Cohen	Non-Executive Director
Roland Sinker (RS)	Acting Chief Executive Officer
Paul Jones (PJ)	Interim Director of Workforce Development
Dr Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development
Dr. Michael Marrinan (MM)	Medical Director
Simon Taylor (ST)	Chief Financial Officer
Ahmad Toumadj (AT) – <i>Non-voting Director</i>	Interim Director of Capital, Estates & Facilities
Jeremy Tozer (JT)	Interim 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:

Tamara Cowan (TC)	Board Secretary
Erika Grobler (EG)	Deputy Director of Infection Prevention & Control (part)
Judith Seddon (JS)	Associate Director of Assurance
Simon Dixon (SD)	Director of Finance
Helen Day (HD)	Head of Nursing (part)
Sally Lingard (SL)	Associate Director of Communications (part)
Nergish Desai (ND)	Head of Infection Control Surveillance (part)
Fiona Clark	Public Governor
Chris North	Public Governor
Victoria Silvester	Public Governor
Tom Duffy	Patient Governor
Vivien Kilgour	Assistant Divisional Director for Integrated Medicine Bedford Hospital NHS Trust
Andrea Szendroi	Clinical Scientist

Apologies:

Steve Leivers (SL1) – Non-voting Director	Director of Transformation & Turnaround
Alan Goldsman (AG)	Interim Chief Financial Officer

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/86	<u>Apologies</u>	
	Apologies for absence were noted.	
	The Board noted that this was Paul Jones last meeting and thanked him for his contribution to the Trust as Interim Director of Workforce Development.	
15/87	<u>Declarations of Interest</u>	
	There were no declarations of interest reported.	
15/88	<u>Chair's Action</u>	
	There were no Chair's actions to report.	
15/89	<u>Minutes of Previous Meeting</u>	
	The minutes of the meeting held on 28 July 2015 were approved as a correct record.	
15/90	<u>Matters Arising/Action Tracking</u>	
	There were no actions recorded on the action tracker.	
15/91	<u>IMPROVING QUALITY OF CARE FOR PATIENTS</u>	
15/91.1	Patient Story	
	The Board received a presentation on improving safety and dignity and watched a video of a patient relaying her experience whilst she was admitted to the Trust. HD relayed the process for assessing and redressing poor patient experience.	
	The following key points were raised in discussion:	
	<ul style="list-style-type: none"> • Leadership and engagement is the key to ensuring that there is consistency care given to patients. Nurses are thought skills to treat patients safely and with dignity; • Feedback from patients, as on the video, provide the perfect opportunity for staff to reflect of the care given to patients and their individual performance; • Video patient stories are a powerful tool to use is staff training; • There are some video stories around never events which are shared with consultants but is difficult to gauge how deep these videos penetrate with clinicians. There needs to be continual education and enforcement; • Ward leadership is key to ensuring patients have a anchor points. Consultants also have a key role to ensuring that patients do not feel that they are putting staff out and become fearful of raising issues; • Despite how busy the hospital gets patients should not be made to feel that 	

they are a burden;

- In addition to nursing staff the Trust needs to ensure it is educating reception and periphery support services which are key to patient experience and part of the patient journey;

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	<ul style="list-style-type: none"> • It is important for staff to reiterate to patients that they should always feel free to ask questions regardless how busy the wards become; • It may also be useful and interesting to understand patient's experience once they leave hospital and continue along their care pathway; • The Trust is doing more work with staff to ensure that information is delivered in empathic way. 	

The Board noted that the patient in the story is doing well following discharge.

15/91.2 Quarterly Patient Safety Report

The Board noted and received the quarterly patient safety report.

The following key points were reported:

- The results of the Care Quality Commission (CQC) inspection of the Trust is embargoed until the CWC publish their report;
- There have been 2 never events have been reported since the May. Both events relate to agreed processes and guidance not being followed. These events are being investigated by the Trust in line with policy;
- The Trust's performance for fractured neck of femur has dramatically improved. This represents good progress over a period of one year with good outcomes expected;
- The number of clostridium difficile (c.diff) cases are in line with the trajectory but above the Trust's quota for this period;
- Medication safety remains an area of concern with issues including mis-administration of medicine and duplication errors;
- A new version of e-prescribing will improve systems;
- Despite the Trust campaigns the safer surgery checklist (SSC) does not seem to be penetrating with some clinicians hence the Trust needs to do more;
- The use of I-mobile service is improving care of patients ;
- The intensive care unit opens in two years;
- Serious falls have increased whilst pressure ulcers have improved;
- The most significant area of concern for the Trust is falls and the non-compliance with the SSC;
- There seems to be a significant issue within the Ophthalmology Department and it would be useful for the Board to receive a presentation from the manager of the department.

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A new clinical director has been appointed to the department and it is hoped enhancing the leadership in this way will lead to improvement in the service;

- There is a significant trend in the Trust of procedures and policies not be followed therefore more enforcement action needs to be taken to ensure people follow Trust policy and guidance;

In the battle against sepsis it is important that the Trust targets junior and newly qualified doctors;

- Only four of c.diff cases relate to lapses of care. Each case is subject to a full review by the microbiologist;
- The Trust acknowledges that there is lots more training required and the Assistant Medical Directors will be integral part of delivering this training; and
- As the Trust continues to work on these issues and implement the CQC action plan there will be a big focus on cultural issues which result in people ignoring Trust guidance and procedures.

15/91.3 Monthly Nursing Staff Levels Report

The Board received the monthly nurse staffing report and the noted that the staffing levels are largely safe with 90% registered nursing and overfilling of health care assistants (HCA).

The Trust cannot make any definitive links between HCA and the reduction of falls but it is evident that having specials teams in place helps reduce the number of falls. It should however be noted that the other factors play role in the number of falls such as patient acuity and medication.

15/91.4 Infection Control - Annual Report

The Board noted and discussed the annual report on infection control.

The following key points were reported:

- The Trust has had a challenging year in respect to infection control with challenged trajectories and prevalence of multidrug resistant organisms;
- The carbapenemase (CRE) producing organisms also continues to place pressure on the infection control;
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- Noro virus was a huge issue at the Princess Royal University Hospital (PRUH) with 97 patients positive for the virus of which 78 was hospital acquired;
- The Trust looked after 261 after and during the norovirus update;
- The PRUH environment is difficult to monitor and restrict outbreaks because of the interlinking wards;

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- IV care is doubling workload and the Trust will have review the best way to deal with this issue; and
- The Trust also needs to manage the risk around water quality and pseudomonas control at the PRUH.

The following key points were raised and noted:

- It is important to identify the key areas in the hospital and focus activity to tackle water quality and pseudomonas issues;
- The Trust is looking to overall the PICC service; and
- Education and training of staff is ongoing with bi-monthly infection prevention sessions.

15/91.5 Annual Complaints Report

The Board received and noted the annual complaints report.

The following key points were noted:

- This is the report which includes full year data since the acquisition;
- There has been a reduction in serious complaint down to 974 from 1203;
- The Patient Advise Liaison services usage has increased over the period;
- There has been a 19% decrease in complaints with a 32% expected in 2015/16;
- The response time rates are very disappointing;
- It is difficult to compare organisations result on a like for like basis;
- This is not where the Trust wants to be and work is underway to make improvements in the current year;
- In 2013/14 there was a peak in complaints which can be correlated to issues with capacity in the Trust and the moves in services;
- Complaints in TEAM and W&C were down;
- All patients complaints graded severely are subject to a duty of candour; and
- The demographic of complaints different between Bromley and Denmark Hill sites.

The following key points were raised for discussion:

- It is important for the Trust to evaluate complaints not just on the numbers but also what the key trends and learning are;

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	<ul style="list-style-type: none"> • The Trust also needs to report against performance against 25 day response targets, the average and longest times it takes to response to complaints; • The Trust should concentrate on timeliness and learning; • There seems to be a lot of complaints around administrative issues; • The key is making sure that there is timely human responses to peoples complaints; and • The Trust needs to identify outliers and learn, not only from complaints, but feedback from the PALs service. In addition, the Trust needs to normalise data with hospital. 	
	<p>It was agreed that the Serious Complaints Committee would look into the complaints that were subject to duty of candour.</p>	JS/FB
	<p>It was also agreed that comparative data would also include Shelford group activity data.</p>	JS
15/92	<u>MOVING TO OPERATIONAL SUSTAINABILITY</u>	
15/92.1	<p>Chief Executive's Report, Finance Report (M5) and Performance Report (M5)</p> <p>The Board received and noted the chief executive (CEO), finance and performance reports.</p> <p>The following key points were reported and noted: <u>CEO Report</u></p> <ul style="list-style-type: none"> • The Trust is now digesting the CQC report and making plans to make the required improvements; • The Trust was pleased that the CQC indicated that the Denmark Hill site is at the top of the requires improvement rating and where pleased to see the improvement at the PRUH site; • The Trust is developing the action plan to respond to the recommendation and embed in the wider quality strategy; • The Trust is working hard on delivering against its financial recovery plan and some CIPs are already coming out of the budget. Month 6 will be the pivotal juncture for assessing the Trust's performance; • The Trust is working closely with commissioners to ensure the Trust is paid appropriately for its services. In the interim however the Trust is working up radical actions; • The executive team are now moving to the transformation stage of the programme; 	

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- The Trust is looking at innovate ways to model and design the emergency department at the PRUH and a single patient tracking system will be implemented;
- This is the last meeting for MM and JW and the Board is very grateful for these stalwart leadership; and
- The Trust also has an ongoing wide stakeholder engagement plan.

Finance Report

- The current deficit is at £48.4m which is largely in line with the Trust's plans;
- There has been a reduction in the pay spend as a result of reducing agency staff usage for nursing, medical and administrative staff;
- The key factors associated with the overspend include drugs expenditure and over performance;
- £14m of CIPs have come out of budgets to date;
- The key focus is now on closing the £22m gap on identified savings plan. The plan is to identify £10m by November and discussions are ongoing with commissioners; and
- The Trust is working with Monitor to get the cash facility the Trust has been relying on over the past few months transferred into a long-term loan. This is however predicated on a number of variables.

Performance

- There is good improvement in performance but more needs to be done to get the right workforce and leadership established in emergency department (ED);
- Progress is being hampered by the delay in the establishment of the transfer of care bureau (TCB);
- There was a fall in the overall Trust performance in August which has sustained circa 93% over the past few months;
- The breaches at the Denmark Hill (DH) site relates primarily to capacity constraints in trauma, neurosurgery and liver;
- The Trust has validated 50k referral to treatment (RTT) records with 70k to go and the Trust will start reporting in October;
- Progress has been made on reducing the surgical long waiters; and
- Cancer targets are on track.

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In discussion the Board raised and noted the following:

- Whilst the Trust seems to be making progress it is evident that it may need to rely on the radical actions to pull back;
- There is now a recognition by stakeholders that there are some significant system issues which are impacting on the Trust's performance and outside the remit of the Trust alone;
- It is important the Trust does everything to support patients;
- If the Trust embarks on radical actions it will have to be done in a timely manner when it can make a difference;
- The Trust needs a communication plan in place in the event it does not get sufficient system support and will be forced to implement radical actions;
- Winter pressure meetings have begun and NHS England (NHSE) is engaging with planning;
- The Trust does not own the urgent care centre at the PRUH but the initiative will support improved performance and the Trust continues to work closely with local commissioners in Bromley;
- The Trust is working on centralising outpatients facilities and services given the impact this has on patient experience;
- The Trust has over performed against the contract with NHSE;
- The Trust needs to have challenging conversation with Monitor about the Trust's capital programme and the issues around address some of the capacity constraints; and
- The Trust also has to be minded of the financial impact of implementing the recommendations from the CQC.

15/92.2 KHP Update & Strategic Development

It was noted the work is underway to finalise the memorandum of understanding for the development of the Institutes. The Board has in principle agreed to the resourcing of a team to develop the strategic outline case.

15/93 UPDATES FROM BOARD COMMITTEE AND COUNCIL

15/93.1 Finance & Performance Committee

It was noted that the finance and performance committee would meet following this meeting and the focus will be on progress on the financial recovery plan and CIPs.

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15/93.2	Strategy Committee	
	It was noted that the last meeting of the Strategy Committee and Board Seminars held on 23 September focused on the development of the five year plan which will come to the Board for approval at the end of October meeting.	
15/93.3	Council of Governors Activities	
	The Board noted the following update from Chris North, Lead Governor of Council of Governors activities:	
	<ul style="list-style-type: none"> • Governors have had a busy September with involvement in the Quality Summit, Council of Governors meetings and the Annual Members Meeting (AMM); • The governors received some interesting feedback at the AMM which will form the focus of its work in the new year; and • The governors also had their first informal breakfast session with the Chair to discuss amongst other things how work closer with non-executive directors. 	
15/94	<u>FOR INFORMATION</u>	
15/94.1	Chair's and Non-Executive Director's (NEDs) Activity Report	
	The Board noted the report on the Chair and NED's activity.	
15/95	<u>ANY OTHER BUSINESS</u>	
	There were not matters of any other business raised for discussion.	
15/96	<u>DATE OF NEXT MEETING</u>	
	Tuesday, 27 October 2015, 09:30 at the Princess Royal University Hospital.	