

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, 15 December 2015 in the Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill site

Members:

Lord Kerslake (BK)	Trust Chair
Sue Slipman (SS)	Non-Executive Director, Vice Chair
Chris Stooke (CS)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Prof. Jon Cohen	Non-Executive Director
Dr Alix Pryde (AP)	Non-Executive Director
Nick Moberly (NM)	Acting Chief Executive Officer
Dawn Brodrick (DB)	Director of Workforce Development
Judith Seddon (JS)	Acting Director of Corporate Affairs
Ahmad Toumadj (AT) – <i>Non-voting Director</i>	Interim Director of Capital, Estates & Facilities
Jeremy Tozer (JT)	Interim Chief Operating Officer
Geraldine Walters (GW)	Director of Nursing & Midwifery
Julia Wendon (JW1)	Medical Director

In attendance:

Tamara Cowan (TC)	Board Secretary (Minutes)
Simon Dixon (SD)	
Sally Lingard (SL)	Associate Director of Communications
David Dawson (DD)	Deputy Director of Strategy
Lynne Watkins (LW)	Joint Head of Nursing Trauma, Emergency and Urgent Care
Tom Duffy	Patient Governor
Tim Bradley	Public Governor
Fiona Clark	Public Governor
Victoria Silvester	Public Governor
Andy Simmons	Southwark Council
Arju Dooraree	Astellas Ltd
Brigid Quinn	Allscripts

Apologies:

Alan Goldsman (AG)	Interim Chief Financial Officer
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development
Steve Leivers (SL1) – <i>Non-voting Director</i>	Director of Transformation & Turnaround

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/124	<u>Apologies</u>	
	Apologies for absence were noted.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/125	<u>Declarations of Interest</u>	
	There were no declarations of interest reported.	
15/126	<u>Chair's Action</u>	
	There were no Chair's actions to report.	
15/127	<u>Minutes of Previous Meeting</u>	
	The minutes of the meeting held on 24 November 2015 was approved as a correct record subject to reflect that Tim Bradley, Public Governor was in attendance.	
15/128	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted and there were no matters arising since the last meeting raised for discussion.	
15/129	<u>Patient Story</u>	
	The Board received a presentation which included the recorded comments from patients using the emergency services.	
	The following key points were reported:	
	<ul style="list-style-type: none"> • Decision for mental health patient to be admitted is about identifying a bed; • From DTA to bed is longer mental health patients staying longer; • Patients over the age of 75 are presenting with more co-morbidities which result in more time in hospital; • The Trust has good working relationships with psychiatric liaison teams which are based on the shop floor; • The positive stories from patient feedback of the emergency department include reduced waits, helpful staff and great care. Whilst negative feedback include slow service and nurse behaviours; • The Trust has invested in three extra cubicles and a distraction unit; • The service is under pressure especially at weekends when people have no alternatives but to come to A&E; and • If the Trust had the resources and capacity, the 4-hour target would be attainable. 	

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The Board raised the following key points in discussion:

- Whilst there are many interesting initiatives going on in the emergency department but the Trust has to ensure that frontline administration and reception staff are trained properly to deal with patients and services users in a professional manner and with the correct attitudes.

It is accepted that there is ongoing training the key point that this staff group is the first contact and set the tone of the rest of the patient journey and experience in most cases.

Communication is key to how the Trust manages its patients.

- The Trust is responding to the diverse patient group needs;
- The challenges in the ED derive from the sheer volume of patients attending the hospital make the Trust one of the top 10 A&E facility on the country;
- The issue with mental health patients goes beyond the Trust and require system-wide changes and additional capacity. However whilst it is a national problem the Trust has a role to play in starting the conversations and seeking a solution and should therefore engage with South London & Maudsley (SLaM) to progress discussions.

There had previously been discussions about expanding the capacity to host mental health patients with SLaM but these did not reach fruition;

- It is evident that in comparison to a few years ago, A&E has gotten considerably busier and the environment has changed.

This makes staff rostering more important hence the Trust regularly reviews staffing and activity which are then mapped back to job plans and the service subject to regular reviews and audit.

It is further apparent that people need to be educated on the proper use of the A&E service. Whilst there has been a GP in the department for the past 20 years there may be scope to engage with GP and commissioner colleagues to support the service;

- The Trust should ensure that it looks at other organisations, such as Leicester, for any opportunities to learn how to improve our clinical and logistical challenges.

The Trust is unique in that in addition to its emergency work it also has a thriving tertiary service;

- This service will form part of the transformation programme;
- The biggest challenges for the A&E department include the acuity and the complexity of the patients attending the ED. More and more patients require multidisciplinary care.

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The Trust also needs to look at getting 24/7 GP services in the ED along with getting more beds which in part will be accomplished when the acute care hub opens in January 2016; and

- The Trust is having conversations with local commissioners to work on demand management. Internal work will be conducted on capacity and flow to work on ward processes.

15/130 Chief Executive's Report

The Board received and noted the report from the chief executive officer (CEO).

15/131 IMPROVING QUALITY OF CARE FOR PATIENTS

15/131.1 Quarterly Patient Safety Report

The Board received the quarterly patient safety report.

The following key points were reported:

- There has been one never event since the last report to the Board;
- There were three maternal death in the past three months which is now subject to robust internal and external reviews;
- There are still never events incidents which are now in non-traditional surgical areas. The Trust has increased training for junior doctors and new appointments on the use of the surgical site checklists and introduced secret shopper initiatives to improve the use of the checklist and promote correct procedures;
- The Trust's monitoring of deteriorating patients has been improved by the use of electronic systems to enter patient data at their bed side which supports pathway escalation;
- Falls are down and the Trust is running 'falls awareness days' whilst there has been a small increase in the severe cases of pressure ulcers;
- The Trust is required to access all patients for hospital acquired thrombosis which is decreasing across both sites;

The Board raised the following key points in discussion:

- In ophthalmology changes made to improve the service include appointing a Clinical Director for the service who is driving cohesive behaviours and standardisation across the department in addition to cohorting all the patients on one site;
- There are also plans to rationalise delivery of ophthalmology services; and
- The iMobile service has robust data on deteriorating patients but the Trust needs to improve how it communicates and use this information.

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	The Board agreed that Quality & Governance Committee (QGC) would conduct deep dives into ophthalmology services, deteriorating patients and iMobile services.	QGC

15/131.2 Nursing Revalidation Report

The Board received the monthly nurse staffing report supported by a verbal update from GW.

The following key points were reported:

- Register Nurse (RN) levels was at 100% on most wards but some wards were working with half the required numbers of staff;
- Healthcare assistants (HCAs) on nights equalled more than 100% and were being used to cover shortfalls in RNs. In some cases HCA cover related to foreign nurses who were waiting for their pin number before they are fully registered;
- In July/August there were more HCA being used but this is now reduced;
- Red shifts are where the Trust does not have enough staff to cover a shift and this occurred mainly in medicine and general surgery.
- Red shifts at the PRUH are as a result of high number of vacancies in band 5 RNs; and

The opening of Twinning to create capacity to support the elective and emergency activity is the driver for the red shift at the Denmark Hill site. This issue will be alleviated with the opening of the acute care hub (ACH) where most of the patients will be decanted.

The Board agreed that an update on band 5 nurse vacancies would be presented to the Board.

DB/GW

The Board also agreed that the monthly nursing report should be recast to clearly flag where the main issues are and provide some tracking data.

GW

15/132 MOVING TO OPERATIONAL SUSTAINABILITY

15/132.1 Finance Report (M8)

The Board received and discussed the month 8 finance report.

The following key points were reported and noted:

- At month 8 the year to date is a deficit position of £63.9m which is circa £1m away from year-end forecast deficit of £65m;
- Income looks positive because of £10m and winter pressure additional funding received from commissioners;
- The run rate was £5.8m against a target of £3.1m;

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- Drivers for the current position include cost of PwC support, non-achievement of CIPs pay cost creeping up and whilst staff numbers are going up the agency spend is not reducing;
- Lots of action has been focus on CIPs;
- The financial restructuring is underway but the benefits will not materialise until end of the year;
- There has been adverse movement on CIPs in December; and
- Based on the current position the Trust is unlikely to attain its target in the next three months.

The following key points were raised in discussion by the Board:

- This is not a good result and the management is not comfortable with this position therefore focus is being given to delivering CIPs over the next three months.

A number of schemes are now in the pipeline to cover the gap and the Trust is putting in further restrictions on finances and expenditure. Other plans include capacity management and demand reconfiguration;

- It is evident that despite processes in place people are finding it deliver CIPs;
- It is further apparent that the Trust has not cracked cultures issues about delivery of CIPs and local accountability;
- The Trust is now very much focused on not exceeding the forecasted £65m deficit at year end;
- Based on the current performance the Trust is due to run out of cash come February and this issue has been raised with Monitor;
- Safety of patients remain critical deciding factor however where feasible tighter controls will be put in place for Medical staff. The WAP/VAP processes have also been streamlined to reduce recruitment;
- This has not been a good month for the Trust and every opportunity should be taken to follow through and implement all green saving schemes, reconfigure finances and reconfigure capacity and demand structures;
- The Trust also needs to, with some urgency, resolve the issue of cash with Monitor;
- The Trust should also focus on getting the low hanging fruit in divisions but going forward similar targets should be set. It is important to understand the accountability and repercussions for the individual divisions. There is evidence that the divisional leads are focused and have made delivering targets a priority however more work needs to be done on escalation processes.

Item**Subject****Action****15/132.2 Performance Report (M8)**

The Board received and discussed the month 8 performance report.

The following key points were reported and noted:

- All cancer targets are being met however colorectal and urology targets at the Denmark Hill (DH) site are at risk. With commissioner colleagues the Trust needs to do more on the referral systems;
- Referral to treatment (RTT) validation is on track and the Trust is down to 40 week. The validated data will result in increasing the backlog.

84 patients waiting 52 weeks were subject to a clinical review. 56 patients were added totalling 127 patients on the backlog pathway. The Trust can confirm there was no harm done to any of the 56 patients.

The reason for the additional 56 patients relate to process error but now the Trust has combined PTL this should not occur again;

- The Trust's emergency department (ED) figure is up in the quarter at the PRUH site which compares preferably against the same period last year. Whilst it is not at 95% but it is in a much better place. Quarter 4 will be crucial point and proposed the high impact changes will be presented to the Board;
- On the DH site ED performance has dipped compared to last year during the same period which relates to issue with flow through the department and processes; and
- The 'Pulling Together Week' which runs from 10-17 December is hoped to reap good results for the DH ED.

The following key points were raised in discussion:

- The performance on cancer is encouraging but the Trust has to have a clear communication strategy for the 52 waiters. 70% of these waiters have been given appointments and will be seen in the short-run;
- A full root cause analysis has been undertaken on each of these patients;
- Once the validation is completed, the backlog of 40 week waiters will increase to circa 400 patients. These patients are predominately in ophthalmology and orthopaedics;
- Other performance themes include dental services, patients requiring carers, complexity of patient cases and the concentration of patients using the hospital services that require community support; and
- It would be useful for the NEDs to have a crib sheet of the key factors impacting on the performance of the Trust so they can share these in conversations with community partners.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/133	<u>UPDATES FROM BOARD COMMITTEE AND COUNCIL</u>	
15/133.1	Council of Governors Activities	
	The Board noted the following update on Council of Governors activities from Tom Duffy, Patient Governor and Chair of Governor Patient Experience & Safety Sub-committee:	
	<ul style="list-style-type: none"> • The Council is dismayed by the current financial challenges and losses facing the Trust and urge the Trust to grapple with the system to ensure the hospital flourishes. • The results of the PwC governance review highlighted the important of good governance and the important role that governors play in addition the need for increased transparency. 	
15/133.2	Council & Board Governance Arrangements	
	The Board noted and received the PwC Governance Review and the Board Governance Arrangements, which were discussed and agreed at the private board and council of governors meeting.	
	The documents were placed in this session for full transparency.	
15/134	<u>FOR INFORMATION</u>	
15/134.1	Chair's and Non-Executive Director's (NEDs) Activity Report	
	The Board noted the report on the Chair and NED's activity.	
15/134.2	Confirmed Board Committee Minutes	
	The Board noted and received the confirmed minutes of the Finance & Performance Committee held on 27 October 2015.	
15/135	<u>ANY OTHER BUSINESS</u>	
	There were no matters of any other business raised for discussion.	
15/136	<u>DATE OF NEXT MEETING</u>	
	Tuesday, 02 February 2016, 09:30 at the Demark Hill site	