

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

Members:

Lord Kerslake (BK)	Trust Chair
Graham Meek (GM)	Non-Executive Director, Vice Chair
Alix Pryde (AP)	Non-Executive Director
Chris Stooke (CS)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Nick Moberly (NM)	Acting Chief Executive Officer
Dawn Brodrick (DB)	Director of Workforce Development
Alan Goldsman (AG)	Interim Chief Financial Officer
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development
Judith Seddon (JS)	Acting Director of Corporate Affairs
Jeremy Tozer (JT)	Interim Chief Operating Officer
Geraldine Walters (GW)	Director of Nursing & Midwifery
Julia Wendon (JW1)	Medical Director

In attendance:

Ann Wood (AW)	
Tamara Cowan (TC)	Board Secretary (Minutes)
Pam Cohen	Public Governor
Andrew McCall	Public Governor
Fiona Clark (FC)	Public Governor
Tim Killen	Astellas Pharma
Andy Simmons	Southwark Council
Subash Madhavan	KCH Staff
Shaun Quigley	Royal Free
Sa Tran	KCH Staff
Tim Bradley	Public Governor

Apologies:

Prof. Jon Cohen	Non-Executive Director
Ahmad Toumadj (AT) – <i>Non-voting Director</i>	Interim Director of Capital, Estates & Facilities
Sally Lingard (SL)	Associate Director of Communications
Steve Leivers (SL1) – <i>Non-voting Director</i>	Director of Transformation & Turnaround

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/111	<u>Apologies</u> Apologies for absence were noted.	
15/112	<u>Declarations of Interest</u> There were no declarations of interest reported.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/113	<u>Chair's Action</u>	
	There were no Chair's actions to report.	
15/114	<u>Minutes of Previous Meeting</u>	
	The minutes of the meeting held on 27 October 2015 was approved as a correct record.	
15/115	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted and there were no matters arising since the last meeting raised for discussion.	
15/116	<u>Patient Story</u>	
	The Board received a presentation which included the recorded comments from patients using the outpatient's services at the Trust.	
	The following key points were reported:	
	<ul style="list-style-type: none"> • Outpatients is the front door of the hospital, the first experience patients have of the Trust; • On the whole patients experience a good service however there is room for significant improvement; • It is now time to consider how the Trust makes the outpatient systems good across the organisation; • The approach to the appointments booking process needs to be improved and work needs to be done to shorten the process at the beginning of the outpatient journey; • The Trust also needs to reduce the number of patients waiting in outpatients; • Certain outpatient tests take time and thought should be given to how best to improve the patient flow and the environments; 	
	The following key points were raised in discussion:	
	<ul style="list-style-type: none"> • The Trust should celebrate the successes from the patient comments and acknowledge weaknesses. The Trust wants to be best in class so whilst there is lots of good practice there is ways to improve. Outpatients is currently being looked at in terms of cost and how to improve patient care and experience; • It is good that the Board is now giving outpatients focus and it is encouraging to hear that it will be part of the priority areas for transformation; • The Trust should look for exemplars of good practice North Bristol Trust (NBT) outpatients; 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

Whilst the Trust will use learning to improve its procedures and get the staff/patient contact right, it is constrained by its physical resources as to how much it can do to improve the environment. NBT built its outpatient department from scratch incorporating resources which would make the environment amenable for patients who have to wait a long time but the Trust does not have this luxury;

- The Trust needs to also look not only at the pathways but the administration function that support the outpatient services. These staff are at the frontline and it is important that they are trained to deal with patients and people who use outpatients and understand the importance of effective communication;
- It would be useful for the Board to review the cancellation of appointment data broken down by the appointments cancelled by the Trust and those cancelled by patients;
- The Trust is also focusing on getting better activity/demand information which will support the improvements going forward;
- Part of the transformation project will look at making appointments online. The Princess Royal University Hospital (PRUH) site has been good at utilising choose and book but historically this system has not been utilised at the Denmark Hill site, in part, because local GPs have not engaged with the choose and book system;
- In carrying out the transformation of the outpatients, it is important that the Trust focus on the human element. People in the outpatients department are either worried or slightly worried about a health issue and therefore frontline staff need to understand this;
- The Trust also needs to examine the issue of overbooking and how this is impacted by high levels of patients that did not arrive (DNA) for their appointments. There are good financial and efficiency reasons to address these issues. and

Texting and DNAs will form part of the transformation programme for outpatients and in the interim, the Trust will focus on those quick wins which will improve the outpatient services.

It was agreed that data on appointment cancellations would be circulated to the Board.

AW

15/117 Chief Executive's Report

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

NM reported the following key points:

- It is a pleasure being back at the Trust. The Trust has had very challenging times over the last 12 months but there remains a really strong platform to build

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

and get a grip on the money side of things;

- There is an ethos of enthusiasm and excitement in the Trust with the general feeling that the Trust is not a victim and that the problems are not unsolvable;
- The Trust needs to aim to be best in class, providing high quality services in addition to operating in a well governed stable environment;
- Good progress has been made on turning around the financial position despite a very challenging efficiency programme. The job is not done as yet and the Trust remains focus on the end goal to achieve £86m cost savings with no more than a £65m deficit at year end;
- Focus is also turning to plans for next year where the Trust proposes achieving an efficiency target of circa 5%. This is going to be achieved through maintaining the robust financial grip and forensic look at what the Trust is doing and through transformation modelling, improvements in service delivery can be made;
- There is some pressure for the Trust to resolve the challenges around long waiters, which relate to capacity challenges. The Trust is going through a process to ensure the data on patients waiting to be treated is robust;
- At the strategic level the Trust has engaged with KHP Partners' and there is sufficient excitement around the creation of a world leading haematology institute;
- Strategically the Trust also needs to look at the group of patients it serves and how the organisation can develop to meeting strategic objectives;
- The Autumn Statement on the government spending has indicated that £3.6bn will be invested in the NHS for 16/17 with only a 2% efficiency target as opposed to the projected 4%. Whilst the Trust welcomes this investment it is starkly apparent it does not close the significant financial gap; and
- The Trust's transformation plans will also address some of the long-term recommendations in the Care Quality Commission.

15/118 IMPROVING QUALITY OF CARE FOR PATIENTS

15/118.1 Update from Quality & Governance Committee

GM1 in his capacity as the Chair of Quality & Governance Committee provided the following update:

- The Committee received satisfactory reports on patient experience, safety and outcomes;
- Key areas of concern included:
 - High levels of complaints and the length of time it is taking for the Trust to respond;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

- The number of never events in particular relation to ophthalmology services. It was, however, recognised that there had been a number of reviews and changes to senior team in that department; and
- The c. diff run rate which has increase but remains on trajectory for the year-end.
- In contrast it was positive to note:
 - That the compassionate care nurse led programme is getting some very positive feedback from MS patients at the Princess Royal University Hospital (PRUH);
 - There has been significant improvement in the fractured neck of femur, with the Trust being one of the best providers;
 - Whilst patient falls remain an issue the number of pressure ulcers have dropped; and
 - The Committee also received a fantastic report on challenging patients. Many of these patients have psychological problems and managing their care through the clinical pathway can put pressure on the Trust and frontline staff.

In discussion the Board noted the following key points:

- The improvements in the hip replacement services is reflective of a concerted effort across the Trust. The challenges with ophthalmology cannot simply be fixed by cohorting the services in the same way as the hip replacement service given the multifaceted nature of the service.

Good progress has however been made with the implementation of a new senior management structure but there are some complicated and challenging issues to address before the service is on steady state.

Ophthalmology is a candidate for clinical transformation and it is projected that the Trust would start to see significant sustainable improvement until quarter 1 of 2016/17.

15/118.2 Quarterly Patient Experience Report

The Board received the quarterly patient experience report.

The following key points were reported:

- Patient experience across the Trust is variable with the number of patients using the Trust services more than doubling;
- The Trust's rating on NHS Choices remain unchanged at 4* on the Denmark Hill (DH) site, 3.5* at the Princess Royal University Hospital (PRUH) and 4.5* for the Orpington site;
- There is huge pressure on the Trust's services and accordingly the how are we doing scores differ across service areas;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • There has been a dip in the friends and family test (FFT) scores with the maternity FFT scores trending below the national average; • The number of complaints at the DH site has steadily increased since April with an average of 39 per month, with neurosurgery and colorectal being outliers. <p>The PRUH site has however seen lower rates of complaints in the emergency department.</p> <p>Most notably has been the increase in DH ED where complaints have moved from 15 to 33 in quarter 2.</p> <p>These complaints predominately relates to bed availability and come from patients accessing mental health services.</p> <p>On average, the Trust is responding to 40% of complaints within 25 days.</p> <p>The Trust is meeting with Shelford Group trusts to share learning to support better effective complaint handling.</p> <p>The following key points were raised in discussion by the Board:</p> <ul style="list-style-type: none"> • The Board needs to focus on complaints and outpatients; • Complaint handling is an important marker for the Trust therefore some resolution must be reached quickly. In addition it is important that the poor response time, should be feed through division to drive improvements; • The Trust needs to look at the system it has and get firmer with services lagging behind such as neurosurgery. There needs to be a targeted approach; • The progress on responding to the complaints is shocking and immediate action needs to be taken to improve the response rate at operational level. NM will take this forward as a personal project; • There also needs to be a systematic standardised approach to responding to complaints across the Trust; • This is a key issue for the Board and must therefore be for the organisation; • The Trust needs to use external benchmarking in future complaints report to the extent possible. <p>The Board agreed that the current complaints performance was not acceptable and accordingly NM would progress this as a matter and report back to the Board in the new year.</p>	

NM/JS

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

15/118.3 Doctors Revalidation Report

The Board received and noted the doctors revalidation report.

The following key points were raised in discussion:

- Where doctors are classified as non-engagement this usually means failure to take part in the appraisal process at any level;
- Performance management and appraisal processes are separate but results of any performance reviews will translate in some way if not further down the line in the individuals appraisal;
- Complaints in addition to red/amber serious untoward incidents should be reflected in the appraisal process effectively; and
- The appraisal processes for clinical academics should be combined or aligned with the partner university, King's College London's (KCL), system.

It was agreed that the Trust would discuss the feasibility aligning the appraisal system with KCL.

JW1

15/118.4 Nursing Revalidation Report

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

The Board agreed that additional work was needed on the report to pull out the key hotspots and trends.

It was also noted that registered nurse posts are never 100% filled but the underlying vacancy rates are improving.

15/119 MOVING TO OPERATIONAL SUSTAINABILITY

15/119.1 Finance Report (M7)

The Board received and discussed the month 7 finance report.

The following key points were reported and noted:

- At month 7 the run rate has improved to £3.6m with the year to date position at £58.2m against year-end forecast deficit of £65m;
- There is currently a £11m gap in the savings target and the Trust needs to do more work to close this gap; and

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

- Key areas of focus to close gap include, budgetary controls, review of capacity deployment, procurement efficiencies such as major contract reviews for PFI services, capital asset valuation, exploration of feasibility for commissioner to reinvest fines and finally revisiting the radical actions list.

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

- The £10m of additional support from local commissioners is not flattering the month 7 position;
- It is important to note that more needs to be done to drive the cost savings culture in the Trust. There are some real outliers and significant inconsistencies in divisional performance. The Trust should ensure that effective resources are in the divisions to support this work which will reap significant benefits;
- Even if the Trust improves the run rate there is very little headroom in the £65m and this will be brought to the attention of regulators this week;
- Monitor is still averse to the Trust utilising its working capital facility to improve the cash position and pay suppliers. Going forward the Trust will need to address its working capital programme in some meaningfully significant way; and
- The Trust owes money but significantly, it is also owed a lot of money.

15/119.2 Performance Report (M)

The Board received and discussed the month 7 performance report.

The following key points were reported and noted:

- The overall emergency department (ED) performance moved from 89% to 91% due mainly to upheld performance at the Princess Royal University Hospital (PRUH) compared to poor performance on the Denmark Hill (DH) site;
- Not all pathways have been developed in the acute care hub. Work around the medical productivity, extending senior consultants in the ED and improving escalation at the PRUH is ongoing;

The following key points were raised in discussion:

- The discharge unit is already pulling its weight at the PRUH especially when the improvements in length of stay is analysed;
- It is expected that the discharge unit will be fully up and running by quarter 4;
- The number of urgent care centre breaches have decreased but this does have an impact, adversely, on the Trust;
- The fact that the PRUH's ED is performing better than the DH ED is a symbolic moment for the Trust;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • There have been large numbers of attendances at the DH site and it is evident that processes need to be improved. The Trust will run a 'platinum week' on the site. This is a proactive approach to managing patients in order improve capacity issues on the site. • It is not possible for the Trust to squeeze anymore out of the consultants job plans at DH. The DH site requires a release valve in the form of a transfer of care bureau. To do this the Trust needs to free up the Matthew Whiting ward. • Cancer performance is still on track and there have been increased scrutiny; • The Trust agreed an extension to its referral to treatment reporting holiday. The validation process for 52 week patients records continues. During the validation process 84 additional patients were identified as waiting over 52 weeks. The Trust is conducting a root cause analysis and looking at what can be done in the short-term for patients. • The Trust is an outlier for 52 week waiters nationally; and • C.diff is over the quota in month 7 but still on trajectory. 	

15/119.3 Workforce & Development Update

The Board received the workforce development update which highlighted the key emerging priorities.

The following was reported key points were noted:

- With JW1, DB is looking at redesigning medical staffing;
- The mandatory training package is being reviewed to ensure people are being asked to do the right things;
- New KPIs have been developed and there is better benchmarking and tracking of the workforce;
- Work is ongoing with Capita to imbed further improvements to the transactional HR services;
- The Trust needs to ensure it is doing what it said it would do and also ensure that there are processes for career progress;
- There are significant external drivers which will impact on the workforce such as nursing and agency caps;
- With new directors joining the Trust work needs to be done to ensure the Board is effective and cohesive; and
- A review of how HR can be a better business partner for the organisation and more customer focus is underway.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
-------------	----------------	---------------

The Board noted the following key points in discussion:

- It is good to look at further improvements on the transactional HR services;
- There is lots of thinking about transformational arrangements for changing HR systems; and
- The list of emerging priorities represents the Trust's current position and the key next steps.

15/120 UPDATES FROM BOARD COMMITTEE AND COUNCIL

15/120.1 Audit Committee

The Board noted that the Committee met on 11 November. Key audit reports considered related to the PFI contract and ICT. The management teams had predicted the amber/red rating for both audits. This predication gives rise to the concerns about the service level agreements for these systems/services. The Board should also note the risks related to cyber security at the Trust.

15/120.2 Education & Workforce Development Committee

The Committee met on 11 November. The structure of the meeting provided for robust informative discussion which gives confidence about the appropriate Board level consideration of workforce and education matters.

15/120.3 Council of Governors Activities

The Board noted the following update on Council of Governors activities from Andrew McCall, Public Governor and Chair of Governor Strategy Sub-committee:

- The Council was sad to learn that because of a provision in the Clinical Commissioning Group Constitution being a stakeholder governor on the Trust's Council created a conflict for the CCG governor representatives from Lambeth, Bromley and Southwark.

The Council really value the input from CCG stakeholder governors and hope to see the issue resolved quickly.

- There have been two substantive governor events namely the workshop on 05 November and the Development Day on 19 November. At the workshop governors were provided with useful insights into the commercial strategy and have indicated they want to know more with particular concerns about the potential drain on senior personnel resources. Governors are also keen to understand the impact on the Trust's expertise and brand.

Both events provided valuable learning opportunities to governors.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/121	<u>FOR INFORMATION</u>	
15/121.1	Carbon Reduction Update	
	The Board noted and received the Carbon Reduction Report.	
15/121.2	Chair's and Non-Executive Director's (NEDs) Activity Report	
	The Board noted the report on the Chair and NED's activity.	
15/121.3	Confirmed Board Committee Minutes	
	The Board noted and received the confirmed minutes of the Finance & Performance Committee held on 29 September 2015.	
15/122	<u>ANY OTHER BUSINESS</u>	
	<u>Junior Doctors</u>	
	Junior doctors unanimously voted to strike. The Trust has robust plans for provision of care to patients.	
	Guidance has already been issued to relevant divisional managers and frontline staff on the protocols and processes to be adopted during the strike.	
	The greatest impact will be on elective work and the system has agreed that if there is a major emergency incident junior doctors would return to work.	
15/123	<u>DATE OF NEXT MEETING</u>	
	Tuesday, 15 December, 09:30 at the Demark Hill site	