

## 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, 27 October 2015 in the Boardroom, Trust Headquarters, Princess Royal University Hospital, King's College Hospital

### Members:

Lord Kerslake (BK)	Trust Chair
Chris Stooke (CS)	Non-Executive Director (from item 15.10.2.2)
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
Dawn Brodrick	Director of Workforce Development
Alan Goldsman (AG)	Interim Chief Financial Officer
Dr Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development
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

### In attendance:

Judith Seddon (JS)	Associate Director of Assurance
Paul Donohoe	Assistant Medical Director
Maxine Spencer	Director of Midwifery and Head of Gynae Nursing
Tamara Cowan (TC)	Board Secretary (Minutes)
Sally Lingard (SL)	Associate Director of Communications
Penny Dale	Public Governor
Chris North	Public Governor
Craig Jacobs	Public Governor
Tim Bradley, OBE	Public Governor
Alfred Franklin	Bromley Resident
Debbie Pook	Interim Managing Director at PRUH

### Apologies:

Steve Leivers (SL1) – <i>Non-voting Director</i>	Director of Transformation & Turnaround
Graham Meek (GM)	Non-Executive Director, Vice Chair
Julia Wendon (JW1)	Medical Director

<b><u>Item</u></b>	<b><u>Subject</u></b>	<b><u>Action</u></b>
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<b>15/97</b>	<b><u>Apologies</u></b>	
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Apologies for absence were noted.

The Board noted that this would RS last meeting has he hands over to Nick Moberly but also takes up his new post as Chief Executive Officer (CEO) for another Trust. The Trust and the Board thanked RS for his contribution to the Trust in his role as Acting CEO over the past 9 months and in his previous role as Chief Operating Office.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
15/98	<b><u>Declarations of Interest</u></b>	
	There were no declarations of interest reported.	
15/99	<b><u>Chair's Action</u></b>	
	There were no Chair's actions to report.	
15/100	<b><u>Minutes of Previous Meeting</u></b>	
	The minutes of the meeting held on 29 September 2015 were approved as a correct record subject to replacing the word ' <i>about</i> ' with ' <i>above</i> ' under item 15.91.2, bullet 4.	
15/101	<b><u>Matters Arising/Action Tracking</u></b>	
	It was noted that Serious Incident Complaints Committee did review the suggestions of the last Board and further that the next quarterly Complaints Report would include some comparative data in as much as it is available and can be relied on.	
15/102	<b><u>Patient Story</u></b>	
	The Board watched a video of a patient relaying her experience whilst she was admitted to the Trust. The patient's story highlighted concerns and perception about lack of consent and consultation.	
	The following key points were raised in discussion:	
	<ul style="list-style-type: none"> <li>• The experience of this patient was poor this was not the level of service given a woman in labour should expect from the Trust. It is evident that some simple words would have appeased the patient;</li> <li>• It seems there was a breakdown of communication between the nurses, doctors and the patient;</li> <li>• It was necessary for the care of the patient to move her to a new ward which has a starkly different environment and décor to where she started her care. Improvements to the environment of this ward is being considered;</li> <li>• This video story will be used as part of training for the core care team and the team responsible for the care of the patient in question;</li> <li>• The video will also be used on the team website and as a tool for continued development and training;</li> <li>• The fact that the patient experienced issues during a shift handover is being looked at as one of the key factors however the Trust is only just beginning its investigation into the issues that occurred with this patient;</li> </ul>	

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	<ul style="list-style-type: none"> <li>• It is evident that the patient felt disempowered and this demonstrated a systemic failure of empathy for that patient;</li> <li>• There are some powerful themes coming from this patient story which will be shared constructively with the staff directly involved with her care and to other members of staff within Maternity;</li> <li>• It is evident that whilst this is not the experience of a majority of patients, it was important that the Trust learns from this story and grateful that this patient felt able to share her experience.</li> </ul> <p><b>It was agreed that the Board would receive an update in 6 months on the actions taken.</b></p>	
15/103	<p><b>Chief Executive's Report, Finance Report (M5) and Performance Report (M5)</b></p> <p>The Board received and noted the report from the chief executive officer (CEO).</p> <p>RS reported the following key points:</p> <ul style="list-style-type: none"> <li>• This is RS last report as acting CEO and on the Trust Board;</li> <li>• Executives directors are doing lots of work to hand over to Nick Moberly when he starts;</li> <li>• This month the Board said goodbye to Mike Marrinan and Jane Walters and in conjunction welcomed DB as Director of Workforce Development, JW as the new Medical Director and JS acting up to the role of Director of Corporate Affairs;</li> <li>• The Trust has submitted its action plan to the Care Quality Commission (CQC) and under the leadership of JS the implementation of the action plan will be overseen by the CQC Steering Group;</li> <li>• Now half way through the financial year the Trust is starting to see CIPs start to come through budgets;</li> <li>• The Executives and some of the senior team members met recently at a workshop led by Nick Moberly to explore transformation themes and next steps;</li> <li>• It is very encouraging to see that emergency department performance at the Princess Royal University Hospital (PRUH) is up 5% on last year. The Denmark Hill (DH) site remains under significant pressure however;</li> <li>• Whilst work continues on organisational development the Trust is minded about the morale of its staff across the organisation in such challenging times; and</li> <li>• The Trust with other Kings Health Partners' have agreed to sign up to a Memorandum of Understanding which will enable development of the detailed analysis for the institutes.</li> </ul>	MS/GW

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It was also noted the Council of Governors appointed two new non-executive directors with one starting in November and the other in January 2016.

In addition, the series of stakeholder engagement undertaken by the RS and BK have begun to reap benefits with the development of fundamental relationships with key stakeholder colleagues.

**15/104 IMPROVING QUALITY OF CARE FOR PATIENTS**

**15/104.1 Quarterly Patient Outcomes Report**

The Board noted and received the quarterly patient safety report.

The following key points were reported:

- The Trust is green against 11 indicators, amber against 16 and red against 2;
- One of the red areas is performance against the national emergency laparotomy audit. The Trust performed below average against the quality of care criteria around the proportion of consultant reviews of patients pre-operatively and presents of consultants in theatres which is very low at Denmark Hill (DH) site, and proportion of patients referred direct to critical care after surgery which is low at the Princess Royal University (PRUH) site.

The other red area relates to low levels of completion of assessment of cognitive impairment in older people in the emergency department on the DH site.

Of the two red areas the issues at the PRUH are the most pressing for the Trust;

- Summary Hospital Mortality Indicator (SHMI) performance is lower than expected with good governance processes in place;
- There is lots of working going ahead to address issues around mortality after hip replacement with a nurse coordinator managing patients and geriatrician looking after patients; and
- The Trust DH site is doing well in 9 domains of the national targets for hip replacement however time to surgery is not where it should be.

**The Board agreed that that the Quality & Governance Committee would undertake a more detailed look at the two red areas. This review will include the action plans, breakdown of laparotomy cases and the Trust's performance compared to other organisations.**

**GW/QGC**

**15/104.2 Nursing Revalidation Report**

The Board received and discussed the report on nurse revalidation.

The following key points were raised:

- The nurses revalidation process starts next year in April 2016;

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	<ul style="list-style-type: none"> <li>• As part of the revalidation process nurses will be required to demonstrate the following: <ul style="list-style-type: none"> <li>○ Practiced for 450 hours during the last 3 years or 900 for dual qualified registered nurses and midwives;</li> <li>○ Undertaken at least 35 hours of continued professional development (CPD), with a minimum of 20 hours of these being participatory learning;</li> <li>○ Provide 5 practice related feedback using feedback from service users, patients, relatives, colleagues and others;</li> <li>○ Provide 5 written reflections, based on the requirements of the Code, CPD and practice related feedback;</li> <li>○ Evidence of a professional development discussion with a Nurse &amp; Midwifery Council (NMC) registrant;</li> <li>○ An appropriate professional indemnity arrangement in place;</li> <li>○ A Health and Character declaration; and</li> <li>○ Obtained confirmation from a third party that they have met revalidation requirements e.g. registrant manager or line manager.</li> </ul> </li> <li>• The Trust is undertaking lots preparatory work including information sessions for senior people through ESR and to look at which nurse are coming up for revalidation;</li> <li>• Generally majority of nurses register in September of each year and the revalidation process will have to be completed every three years;</li> <li>• The Trust will have to ensure it has appropriate IT resources to manage the process;</li> <li>• This should also be adequately reflected on the corporate risk register; and</li> <li>• It is expected that nurses will complete the revalidation process in their own time.</li> </ul> <p><b>It was agreed that the Board would retain oversight of the nurse validation programme through the Education &amp; Workforce Development Committee over the next 12 months. In addition, periodic reports would come to the Board and it would be added to the corporate risk register after the risk has been assessed.</b></p>	<b>GW/EWDC</b>

### **15/104.3 Monthly Nursing Staff Levels Report**

The Board received the monthly nurse staffing report.

The following key points were reported and noted in discussion:

- The use of health care assistants (HCAs) is coming down as a result of the recruitment programme;
- Where the Trust appoints overseas nurses, they are used as HCAs until they have finalised their registration and training requirements;
- The Trust has a 22% nurse vacancy rate in the emergency department across both sites;

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	<ul style="list-style-type: none"> <li>In addition to recruitment focus will be given to retention mechanisms including looking at pay banding, education and training and nurse posts in London;</li> <li>An analysis of exit interview feedbacks will also be undertaken;</li> <li>It is important to have a balance scorecard which picks up some of these key workforce issues; and</li> <li>The national cap on spend on agency nurse is 5% and the Trust is currently at 6% which is vast improvement from the 15% spend level some months ago. The Trust really has a grip of its agency spend on nurses.</li> </ul>	
	<b>The Board agreed the following:</b>	
	<ul style="list-style-type: none"> <li><b>The Education &amp; Workforce Development Committee (EWDC) will support development of a balance scorecard for workforce;</b></li> </ul>	<b>DB/EWDC</b>
	<ul style="list-style-type: none"> <li><b>Education and training has to improve at the Trust and is a key factor in the retention process. Accordingly work should be done to identify and develop appropriate budgets for this stream of work with the support of the EWDC;</b></li> </ul>	<b>DG/CFO/ EWDC</b>
	<ul style="list-style-type: none"> <li><b>The Trust should also look at what other organisations are doing on retention of nurses; and</b></li> </ul>	<b>GW/DB</b>
	<ul style="list-style-type: none"> <li><b>The Trust should monitor red shifts closely to ensure sufficient controls are in place.</b></li> </ul>	<b>GW</b>

**15/105 MOVING TO OPERATIONAL SUSTAINABILITY**

**15/105.1 Finance Report (M6)**

The Board received and discussed the month 6 finance report.

The following key points were reported and noted:

- At month 6 the Trust is tracking closely to against its financial recovery plan;
- The Trust has better grip on pay and having looked at the drug spend it is evident cost reported to per-use drugs;
- The run rate has improved y £4m from £10.1 in August to £6.2 in September;
- The key issues is CIPs with the Trust needing to get further behind the timing differences given that the budget are phased differently;
- A review of the CIPs with the aim of identifying trends to develop a full year forecast is underway;
- The Trust has had very supportive discussions with commissioners about filling the £16.1m gap in the CIP plans and formal offers have been received from Lambeth and Southwark to the tune of £12.5m.

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The Trust just has to bottom line the £7m gap. It is expected that NHS England will come forward with a similar offer however there has been a delay in their response;

- The Trust has received sign-off for the £10m remaining funding facility;
- There are currently £35m worth of savings plans working to delivery, £25m going through the process to be made green including the quality impact and real savings assessment;
- As part of the forecasting exercise work will be done to closer track when the savings actually start to materialise to enable better reporting; and
- The Trust has to ensure it does not have a deficit higher than £65m for 2015/16 to secure its credibility. In the longer-term the Trust will have to have challenging conversations about internal cultural issues;

**The Board agreed the following:**

- 1) BK would write to commissioners about the funding commitment made to the Trust and flag that if this is non-recurrent it could lead to challenges further down the road; and**
- 2) A message should be sent to all managers about maintaining momentum to delivery CIPs.**

The Board also recorded its thanks to AG for the work with commissioners.

### **15/105.2 Performance Report (M6)**

The Board received and discussed the month 6 performance report.

The following key points were reported and noted:

- Quarter 2 performance is very positive;
- Diagnostic waits are slightly over relating to capacity issues in particular MRI;
- The emergency department (ED) performance was disappointing in September with the Princess Royal University Hospital (PRUH) site falling to 88.1% against the national target compared with 93.2 % reported in August. Similarly the Denmark Hill (DH) ED performance fell to below 90% in the period. One driver is the jump to 94% in occupancy;
- The Trust is however on track and tackling the issues. For instance by the end of October it is expected the full team will be in place at the PRUH ED and a new rota will be in force as at Monday, 02 November;
- The Transfer of Care Bureau (TCB) at the PRUH site launched on Monday and will support the Trust's management of patients discharge and out of hospital transfers. The major milestones have been attained now work is underway to ensure management and performance management mechanisms are in place;

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	<ul style="list-style-type: none"> <li>• Capacity at the DH site is the key driver for the issues with the ED performance and work is underway to find how to create more capacity;</li> <li>• The Trust will also pilot an acute care hub from mid-November to triage patients more quickly and moved to the correct pathway;</li> <li>• Communication and engagement with relevant teams have been increased, work has been done to reduce variability is working practices with standardised procedures for the whole ED pathway introduced and reinforced. There are also now weekly senior clinician and operational meetings at the PRUH;</li> <li>• The Trust undertook a deep cleaning programme but this has to be balanced with capacity requirements given that the some wards will need to be taken out of commission whilst the cleaning is ongoing;</li> <li>• The Trust has been on a reporting holiday in respect of referral to treatment (RTT) whilst it validated the data. It is due to start reporting as at 18 November however it there are still some challenges with the data and the Board is asked to endorse the extension of the 'reporting holiday' for a further 6 months to ensure that the correct data is being reported;</li> <li>• The Trust has managed to clear the backlog of patients waiting by 28% however progress has been slower than ideal as a result of capacity challenges;</li> <li>• The Trust has also learned some valuable lessons from the bringing of the hospital patient tracking systems together which is being used in the actions plans to address these issues; and</li> <li>• The Trust has appointed a new clinical director for ophthalmology and it is hoped that strengthening of the clinical leadership within the specialty will help to manage the process and improve safety.</li> </ul>	

**It was agreed that the Board would be provided with national cleaning performance score.**

**AT**

### **15/105.3 KHP Update & Strategic Development**

It was noted that there was lots happening within KHP in particular the forward steps to developing robust plans for the institutes. Going forward GM1, JC and Nick Moberly will engage with the KHP process and the institute work.

Also of note is the fact the Kings College London has been ranked 8<sup>th</sup> in the world for research.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
<b>15/106</b>	<b><u>UPDATES FROM BOARD COMMITTEE AND COUNCIL</u></b>	
<b>15/106.1</b>	<b>Finance &amp; Performance Committee</b>	
	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.	
<b>15/106.2</b>	<b>Council of Governors Activities</b>	
	The Board noted the following update from Chris North, Lead Governor of Council of Governors activities:	
	<ul style="list-style-type: none"> <li>• The Council welcomed two new governors Craig Jacobs and Tim Bradley;</li> <li>• At the Governor Strategy Committee held on 22 October attended by a number of governors, governors were provided with the opportunity to review and comment on the five year strategy and made the following observations and comments: <ul style="list-style-type: none"> <li>○ Governors are pleased with the pragmatic approach taken by the Trust in developing the plan;</li> <li>○ Focusing on lost making services is particular encouraging and governors support this approach;</li> <li>○ It needs to be highlighted that the plan does not offer any solutions and the governors do not believe the level of CIPs are deliverable.</li> </ul> </li> <li>• The governors also had their first informal breakfast session with the Chair to discuss amongst other things how work closer with non-executive directors;</li> <li>• Governors would like to urge the Board to learn from the PRUH acquisition and only commit to a recovery plan that protects leadership capacity to deliver plans and protect management capacity to do role.</li> </ul>	
<b>15/107</b>	<b><u>FOR APPROVAL</u></b>	
<b>15/107.1</b>	<b>Quarterly Monitor Submission</b>	
	The Board noted and approved the submission the quarterly 2 return to Monitor.	
<b>15/108</b>	<b><u>FOR INFORMATION</u></b>	
<b>15/108.1</b>	<b>Chair's and Non-Executive Director's (NEDs) Activity Report</b>	
	The Board noted the report on the Chair and NED's activity.	
<b>15/109</b>	<b><u>ANY OTHER BUSINESS</u></b>	
	There were not matters of any other business raised for discussion.	
<b>15/110</b>	<b><u>DATE OF NEXT MEETING</u></b>	
	Tuesday, 24 November, 09:30 at the Demark Hill site	