

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, 01 March 2016 in the Boardroom, Trust Headquarters, Princess Royal University Hospital site

Members:

Lord Kerslake (BK)	Trust Chair
Sue Slipman (SS)	Non-Executive Director, Vice Chair
Chris Stooke (CS)	Non-Executive Director
Dr Alix Pryde (AP)	Non-Executive Director
Nick Moberly (NM)	Acting Chief Executive Officer
Dawn Brodrick (DB)	Director of Workforce Development
Alan Goldsman (AG) – <i>Non-voting Director</i>	Interim Chief Financial Officer
Judith Seddon (JS) – <i>Non-voting Director</i>	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 (JW)	Medical Director

In attendance:

Tamara Cowan (TC)	Board Secretary (Minutes)
Sally Lingard (SL)	Associate Director of Communications
Irene Karrouze (IR)	Continence Lead
Jane Farrell	Shadow Chief Operating Officer
Penny Dale	Public Governor
Fay MacDonald	Member
Sujit Saha	KCH Research Fellow
Chris North (CN)	Governor
Fiona Clark (FC)	Governor

Apologies:

Erik Nordkamp (EN)	Non-Executive Director
Prof. Jon Cohen	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director (<i>part</i>)
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/15	<u>Apologies</u> Apologies for absence were noted.	
16/16	<u>Declarations of Interest</u> There were no declarations of interest reported.	
16/17	<u>Chair's Action</u> There were no Chair's actions to report.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/18	<u>Minutes of Previous Meeting</u>	
	The minutes of the meeting held on 02 February 2016 was approved as a correct record subject to correcting the attendee list.	
16/19	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted.	
	Following a discussion at the Board the Quality & Governance Committee considered a paper sponsored by Faith Boardman about how to improve the response rates to complaints. As a result a new process has been put in place to address the issues and a target of 60% response rate has been set for Quarter 4.	
16/20	<u>BEST QUALITY OF CARE</u>	
16/20.1	Patient Story	
	The Board welcomed Irene Karrouze to the meeting, who outlined the issues which may arise as a result of patients being catheterised and the associated risks. She also outlined the challenges patients may face when in the community and traversing the health services in the community. IK also relayed the story of the patient who had been catheterised in the Trust and his patient journey.	
	The following key points were highlighted from the patient's story:	
	<ul style="list-style-type: none"> • The patient, aged 77, was catheterised and discharged with urinary catheter. The patient lived alone, with no family and had other illnesses; • Following his discharge the patient should have had a 'trial without the catheter' (TWOC) but this appointment did not happen because the district nurse would not do this without any medical history; • As a result the patient presented in the Trust's emergency departments ten times with catheter problems; • This created lots of issues for the patient in particular he become more distressed about the catheter and refused to leave the ward until the issues was resolved; • Following a review with the Continence team and discussions with the consultant the decision was made to start the patient on alfa blockers and also to conduct the TWOC; • This course of action worked and the patient has been back to hospital once but related to another issue; • The key turning point for the patient was identifying the key issues around managing the catheter; 	

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- Providing the patient with the catheter passport has helped staff easily see his history and also empower the district nurses to provide the right care as opposed to calling an ambulance and bring the patient to the emergency department and adding more stress; and
- The patient is much happier and expressed his gratitude to the Trust and the Trust has many more success stories with the use of the catheter passport.

The Board raised the following key points in discussion:

- This is a good example of how a simple tool can support patient care and similar passports are used for falls and pressure ulcers;
- The level of community continence support has been in abeyance which has resulted in patients being taken directly to local hospitals when problems arise. These sorts of issues also benefit from specialist support or provisions of the correct information to the district nurse;
- There are a few thousand patients with the catheter passport across participating KHP sites but the situation at the Bromley site is different;
- The Trust is looking at electronic versions of the passport such as an app;
- The Trust catheter rate is low with 18% on the Denmark Hill site and 17% at the Princess Royal University Hospital (PRUH). Only 5% of these patients are catheterised in the emergency department and infection rates as low as 2% at the PRUH and 1% on the Denmark Hill (DH) site compared with the national average of 7%;
- It is encouraging and laudable that a simple tool can take away the anxiety of the patient and provide better patient care and experience.

16/20.2 Quarterly Patient Experience Report

The Board received the quarterly patient experience report.

The following key points were reported:

- The patient experience results for the period are mixed. For example whilst the number of complaints have reduced for inpatients. Maternity services at the PRUH continue to have high satisfaction rates but at the DH site, patient satisfaction is variable;
- The Trust's NHS Choice scores has increased at the PRUH and Orpington site to 4.5% (of 5);
- The experience of patients attending the emergency department has dropped and the activity in PALs has increased; and
- Outpatient's complaints are going up and there are issues with appointments in particular.

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The following key points were raised and discussed by the Board:

- The Trust needs to look at trends for cancelled appointments against the PLT score;
- The Board records its concern about appointments processes but recognise that this will feature in the transformation programme;
- There is a significant dip in maternity patient experience and this should be looked into by Quality and Governance Committee;
- It would be interesting to see the 'word clouds' from previous quarters, and the Trust needs to make sure that things do not get worse before it gets worse;
- There needs to be push on customer care on the front line;
- There is some concern that whilst the Trust is doing big things there are some key areas which need action now at which better communication is central;
- Some basic factors such as providing appropriate directions from patients;
- It is important that some analysis is conducted on the clinics which are driving the complaints, and effort should be focused in these areas.

It was agreed that QGC should conduct a review of the dip in maternity service patient experience and the areas driving complaints.

16/20.3 Delivering the CQC Action Plan Quarterly Update

The Board received and considered the action plan for meeting the action plan

The following key points were reported:

- The Trust has continued to make progress on completing the actions against the 8 requirement notices and the 4 must to recommendations from the CQC;
- There is an agreed work programme for the emergency department (ED) both site but there are capacity constraint;
- Internal Auditors are conducting a review of the Trust's performance against the actions;
- Actions will also feed into the ward accreditation;
- There needs to be an enhance inspection regime built into the Trust's business as usual processes;
- The Medical Surgical Admissions Unit issues needs to be addressed and there is a business case in development for the work on Fisk and Cherie wards;
- The recommendations around the liver renal services has been completed;
- There are many things in place to give effect to the recommendations;

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	<ul style="list-style-type: none"> • There needs to be absolute end dates for actions so before the return inspection takes place; and • The completion of the 'should dos' will help the Trust get a good rating. 	
16/20.4	<p>Quality & Governance Committee Chair Update</p> <p>The Board received and noted the report from the Quality & Governance Committee.</p>	
16/21	<p>Chief Executive's Report</p> <p>The Board received and noted the report from the chief executive officer (CEO).</p> <p>The following key points were noted in discussion with the Board:</p> <ul style="list-style-type: none"> • A number of beds have been closed as a result of the Noro-virus outbreak at the PRUH site. <p>The cases have stemmed predominately from the community as opposed to being contracted within the hospital.</p> <p>At the peak of the outbreak 41 beds were shut which further challenged the capacity on site.</p> <p>Lots of cleaning has taken place and additional washing facilities have been put around the hospital and outside wards;</p> <ul style="list-style-type: none"> • The executive team is taking the opportunity to communicate the challenges to the hospital and convey the positive position the Trust is in through the staff roadshows. • There seems to be conflicting messages which give rise to the risk that people do not relate to the Trust's forward plan; • People are the most valuable asset of the Trust but staff are very tired; and • The strategy triangle is a good anchor point for the Trust it was agreed that healthcare must be included in the mission. 	
16/22	<p><u>TOP PRODUCTIVITY</u></p>	
16/22.1	<p>Performance Report (M10)</p> <p>The Board received and discussed the month 10 performance report which was also discussed at the Finance & Performance Committee meeting held on 26 February 2016.</p> <p>The following key points were reported</p> <ul style="list-style-type: none"> • The Trust is on track to deliver all cancer targets; • 62 day cancer which is now at 94% and the Trust is being pushed to improve interconnected pathways; 	

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	<ul style="list-style-type: none"> • The Trust is slightly over on the 100 days wait targets a result of procedural issues; • The Trust did hit the end-January milestone to bring down the 18 week validation for incomplete pathway and there is confidence in hitting the other target; • The Trust will require an injection of cash to clear the referral to treatment (RTT) backlog; • The emergency performance (ED) at the PRUH has been better with the overarching issues being lack of capacity but there has been and there is a full complement of core managers on site; • Another key driver for ED performance is length of stay for elderly patients at the PRUH and the 33 bed shortfall at the DH site; and • The ECIP team are conducting pathway assessment for both the PRUH and DH sites. <p>The Board noted and raised the following key points in discussion:</p> <ul style="list-style-type: none"> • The Trust will have to reach a full funding report with commissioners about money to clear the RTT backlog; and • It is good to note that there has been some improvement although the Trust is not where it wants to be and ECIP will help the Trust identify where it can do more to drive further improvement. 	
16/23	<u>SKILLED, CAN DO TEAMS</u>	
16/23.1	Monthly Nurse Staffing Levels Report	
	The Board received and noted the monthly nurse staffing levels report.	
16/24	<u>FIRM FOUNDATIONS</u>	
	<i>Sound Finance</i>	
16/24.1	Finance Report (M10)	
	The Board received and discussed the month 10 finance report which was also discussed at the Finance & Performance Committee meeting held on 26 February 2016.	
	The following key points were reported and raised in discussion:	
	<ul style="list-style-type: none"> • The Trust has identified £40m of mitigations to help the Trust achieve the no more than £65m deficit target; • The mitigations were necessary because the Trust did not achieve the £86m CIP target; 	

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16/24.2	<ul style="list-style-type: none"> To hit the target the Trust needs to receive the outstanding payment from NHS England for performance; and As a result of only achieving the £65m deficit target with one-off cash schemes there is a higher shortfall in the bridge. 	
16/24.3	<p>Finance & Performance Committee Chair Update</p> <p>The Board received and noted the report from the Committee Chair.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> The underlying position needs more work; The Trust needs to get better at linking CIPS with monthly business as usual performance management; The Trust lost two months at the beginning of the year by not setting budgets and CIPs ready to run as at 01 April; and Monitor has confirmed the Trust should not work about cash. <p><i>Rigorous Governance</i></p>	
16/25	<p>Board Assurance Framework</p> <p>The Board considered the latest iteration of the Board Assurance Framework, noted the movement in some risks, and endorsed the changes.</p>	
16/25.1	<p>Council of Governors Report</p> <p>The Board received and update on the activities of the Council of Governors from Lead Governor, Chris North. On behalf of the governors he relayed the following key matters:</p> <ul style="list-style-type: none"> There needs to be a full sustainable plan so staff know where they are going. This would help no end with staff morale; Commissioners need to be held to account and made aware of the challenges facing the Trust and work together collaboratively to address some of these challenges; Working together with KHP is also key for the Trust; There needs to be better communication with the staff; and The financial position continues to be of concern. 	

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16/25.2	Chair's and Non-Executive Director's (NEDs) Activity Report The Board noted the report on the Chair and NED's activity.	
16/25.3	Register of Directors' Interest The Board noted the Directors' Register of Interest.	
16/25.4	Confirmed Board Committee Minutes The Board noted and received the confirmed minutes of the Finance & Performance Committee held on 26 January 2016.	
16/26	<u>ANY OTHER BUSINESS</u> <u>Junior Doctors</u> The Board noted that the Junior Doctors will go on strike again and the Trust has an establish process during this industrial action. The Trust is mindful of the implications of the imposed contracts and has noted a recent correlation with the current issues and the level of junior doctors sickness.	
16/27	<u>DATE OF NEXT MEETING</u> Wednesday, 06 April 2016, 09:30 at the Demark Hill site	