

**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 Wednesday, 06 April 2016 in the Dulwich Room, Denmark Hill site

**Members:**

Lord Kerslake (BK)	Trust Chair
Sue Slipman (SS)	Non-Executive Director, Vice Chair
Faith Boardman (FB)	Non-Executive Director ( <i>part</i> )
Chris Stooke (CS)	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
Colin Gentile (CG)	Chief Financial Officer
Jane Farrell (JF)	Chief Operating Officer
Alan Goldsman (AG) – <i>Non-voting Director</i>	Acting Director of Strategy
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)
Matthew Harrison (MH)	Patient
Fiona Clark (FC)	Public Governor
Penny Dale	Public Governor
Jackie Gilbert	KCH Staff Member
Victoria Silvester (VS)	Public Governor
Chris North (CN)	Lead Governor

**Apologies:**

Erik Nordkamp (EN)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Sally Lingard (SL)	Associate Director of Communications
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development

<b><u>Item</u></b>	<b><u>Subject</u></b>	<b><u>Action</u></b>
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16/28	<b><u>Apologies</u></b>	
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Apologies for absence were noted.

The Board welcomed Jane Farrell (JF) in her new role as Chief Operating Officer and thanked Jeremy Tozer (JT) for his support and services provided to the Trust over the past year.

It was also noted that the Junior Doctors strike action is underway however, the most significant event will be on 26/27 April when the action will affect overall services. Contingency plans have been put in place and enhance systems will be in place for 26-27 April.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/29	<b><u>Declarations of Interest</u></b>	
	There were no declarations of interest reported.	
16/30	<b><u>Chair's Action</u></b>	
	There were no Chair's actions to report.	
16/31	<b><u>Minutes of Previous Meeting</u></b>	
	The minutes of the meeting held on 01 March 2016 was approved as a correct record subject to correcting the attendee list to show that Fiona Clark was in attendance.	
16/32	<b><u>Matters Arising/Action Tracking</u></b>	
	The action tracker was noted and it was agreed that the data for cancelled appointments would be circulated to the next meeting.	
16/33	<b><u>BEST QUALITY OF CARE</u></b>	
16/33.1	<b>Patient Story</b>	
	The Board welcomed patient Michael Harrison to the meeting. He outlined the care he received at the Trust as detailed in his presentation.	
	In response to questions from the Board MH advised that:	
	<ul style="list-style-type: none"> <li>• The only thing that did not go so well with his treatment at King's was having the operation on his nose twice but noted it was not possible to criticise the Trust for anything;</li> <li>• Because of his confidence in the medical treatment he did not have to worry about the psychological aspect of his illness;</li> <li>• Staff made him feel comfortable and supported and the provision of simple things such as teas and coffees was part of the package;</li> <li>• In this case, the NHS has been supportive in addressing this very serious case.</li> </ul>	
	The following other key points were noted:	
	<ul style="list-style-type: none"> <li>• One issue that arose from this case was the events which necessitated operating on MH nose twice. It is very common for bone erosion to occur with a tumour of this type and as the tumour shrinks, there tends to be CSF leakage.</li> </ul>	
	This leakage normally happens within a short period following treatment of the tumour but it unusually occurred after 13 months.	
	The key learning point for the Trust is to take early bone imaging to see if there are any areas of bone thinning and adjust method of treatment.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/33.2	<b>Quarterly Patient Safety Report</b>	

The Board received the quarterly patient safety report.

The following key points were reported:

- 5 never events have been reported since the last report to the Board;

There is a formal sign-in/sign-out process for guidewires and neural tubes during operations.

The key issue is the environments in which these operations are being conducted. More and more operations or minor surgical interventions are happening outside theatres where there is not sufficient robustness in the surgical safety checklists resulting in never events.

A big promotion campaign is being launched and will be disseminated throughout the organisation to promote safer surgery.

- Medication safety is a significant issue but the new EPR system will improve this immensely. No harm was caused in these cases. More training will be provided to medical staff.
- The IMobile team is being effective on both sites in supporting and improving identification and escalation of acutely ill patients;
- A detailed review of the Trust's sepsis performance will be undertaken;
- Falls rates are fairly consistent with the Trust having the 3<sup>rd</sup> lowest number of falls per 1000 bed days nationally;
- The fall rate at the PRUH is higher because of the comorbidity and cohort of patients;
- Pressure ulcer cases are constant and there have been no grade 3 incidents; and
- The incidents of hospital acquired thrombosis have decreased slightly but the Trust needs to investigate the use of new anticoagulants and train staff properly on their administration.

The Board raised the following key points in discussion:

- Certain skill sets around guidewires have been lost and it is thought a specialist team dedicated to this function will improve performance and reduce the number of incidents;
- The Trust will develop better management systems for the administration of medication which be supported by the new EPR system. This will reduce risk across the Trust and Paediatric services;
- The Trust is taking a very aggressive approach to improving medication safety and a new calculator will be in place in the next few weeks;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>Doctors know that 'never events' are not acceptable to the Trust. Whilst there is no evidence of complacency there needs to be an integrated systematic approach to making the changes.</li> </ul> <p>There needs to be a proper chain of command. The systems are not as tight as they can be and the campaign will support changes. There will be a relentless push for zero never events.</p> <p>The mistakes are the same every time, whilst human error can be accepted once, but to have the same type of event happen in the same area more than once is not acceptable.</p> <p>There will be a tight audit process for the sign-in/sign-out process in all areas.</p> <p>With 5 never events the Trust is in the upper quartile. A review of Shelford Group organisations will be conducted to establish the Trust's benchmarking position although it is noted that reporting across organisations differ.</p> <p>The Trust should garner learning from the best performing organisation to help the Trust get to the root of the issues and improve the situation.</p> <p>The Trust will look to see significant improvement by quarter 3/4.</p>	
	<p><b>The Board noted that whilst it is reassured people are not getting complacent and use to the current level of never events. The Trust should test out its current position against other hospitals and garner any learning.</b></p>	<b>JW/NM</b>
	<p><b>The Board also noted and endorsed the commitment from management to improve the position by quarter 3/4.</b></p>	<b>JW/NM</b>
<b>16/33.3</b>	<p><b>Quality &amp; Governance Committee Chair Update</b></p> <p>The Board received and noted the report from the Quality &amp; Governance Committee.</p> <p>The following key points were raised in discussion about the National Maternity Survey:</p> <ul style="list-style-type: none"> <li>The Trust scored worse in the 'care in hospital after birth' and the data behind this will be drilled down and explored through Quality and Governance Committee (QGC) which can interrogate real time data;</li> <li>All maternity deaths are subject to thorough review and assessment. The Trust will also ask St George's Hospital for review all these deaths to ensure there is no systemic issues being missed;</li> <li>Two of the deaths relate to transfers in from other hospitals following complications with birth and issues come up from serious untoward incidents (SUIs). One death occurred a couple of months after birth;</li> <li>Since the survey the Trust has reported two more deaths and the investigations of these will be considered by QGC;</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>Since the dissolution of the former Southeast London Healthcare Trust (SLHT), there has been a gap in urology services which should have been provided at Lewisham/Greenwich.</li> </ul> <p>This resulted in delays in the acute pathway but the sector is addressing this and there will be a separate pathway.</p>	
<b>16/34</b>	<p><b>Chief Executive's Report</b></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"> <li>The Board needs a comprehensive conversation about integrated care and how the Trust is working with its partners on critical issues. There needs to be a clear roadmap especially on the timescales;</li> <li>The proposals around one orthopaedics centre is also time critical and the Board need to understand progress.</li> </ul> <p>Three hospitals including the Trust, GSTT and Lewisham are exploring the options for bidding for one of the two centres which will be commissioned but this will not be clear for another 2-3 months.</p> <p>This Board has been discussing this service line for some time and the importance to the Trust's strategy and operational deliverability.</p> <p><b>It was agreed that the Trust would start to promote its Orthopaedics outcomes and the merits of the Trust hosting one of the centres in the interim.</b></p> <p><b>It was also agreed that FB, BK and JF would have a side meeting about hitting the 50% response to complaints.</b></p>	<p><b>NM</b></p> <p><b>JF/BK/FB</b></p>
<b>16/35</b>	<p><b><u>TOP PRODUCTIVITY</u></b></p>	
<b>16/35.1</b>	<p><b>Performance Report (M11)</b></p> <p>The Board received and discussed the month 11 performance report which was also discussed at the Finance &amp; Performance Committee meeting held on 22 March 2016.</p> <p>The following key points were reported</p> <ul style="list-style-type: none"> <li>At the start of the year the Trust was put in the 'at risk' category with a high level of long waiters ;</li> <li>Cancer performance is very good at 80% which is above trajectory;</li> <li>The Trust put in lots of work to improve access performance and as a result should come off the 'at risk' category;</li> <li>The key issue for the Trust lay in the number of people waiting over 100 days which is a significant issue given the Trust is a tertiary referral pathway;</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>An in-depth discussion about referral to treatment (RTT) was conducted in March and the Board agreed to go ahead with reporting. Accordingly, the Trust will go back to reporting on 14<sup>th</sup> day of April.</li> </ul> <p>The figures will have to be communicated very carefully given the Trust is in the bottom 5 in the country and 4<sup>th</sup> worse with patients waiting over 100 days.</p> <p>The work to verify the RTT data has been robust and detailed but has resulted in a larger number of patients on the backlog lists. The Trust now needs to clarify the capacity needed to treat these patients.</p> <p>The Trust has also reached a mature position with local commissioners.</p> <p>The Trust has committed to get the RTT performance up to 88% this year and fully compliant the following year;</p> <ul style="list-style-type: none"> <li>The emergency department continues to have a hard time across the board. These challenges have related to capacity constraints and environment.</li> </ul> <p>Whilst Denmark Hill's performance has dropped the Princess Royal University Hospital (PRUH) emergency department (ED) performance has increased however both are still below the trajectory;</p> <ul style="list-style-type: none"> <li>Overall there has been good development at the PRUH but the transfer of care bureau (TCB) has not delivered the level of improvements in discharge has forecast;</li> <li>A deep dive will be conducted at the Finance &amp; Performance Committee into ED.</li> </ul> <p>The Board noted and raised the following key points in discussion:</p> <ul style="list-style-type: none"> <li>The Board is cognisant of the experience and the health of patients that are waiting a long time to be treated. The Board is however assured that long-waiters have been assessed and no immediate deterioration has been identified following the root cause analysis;</li> <li>The Trust will attempt to clear the trajectory during the year with the exception of neurosurgery;</li> <li>The Trust will drive changes in clinical capacity, looking at elective planning and aligning this with the 5 year strategy</li> <li>Staff should be thanked for their hard work to improve the RTT position and get the data correct;</li> <li>The Trust has learned that the TCB model has not integrated as originally thought. The interface caused confusion about who owns patients and discharge processes;</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Whilst the Trust will use learning from TCB it is evident that work needs to be focused on how better to support and sustain people outside hospital which is not within the gift of the Trust;</li> <li>• The Trust should progress improvements and not wait for the development of the acute care unit;</li> <li>• NHS Improvement will be focusing on the Trust's ED performance;</li> <li>• The number of red shifts at the PRUH relate to the vacancy rate which is going down but slowly. The Trust needs to identify the target to recruit at the PRUH. Following a big open day at the PRUH, 260 candidates have shown interest in working for the Trust; and</li> <li>• <b>The recruitment plan for next year will be presented at the May Board meeting.</b></li> </ul>	

DB

**16/36 SKILLED, CAN DO TEAMS**

**16/36.1 Monthly Nurse Staffing Levels Report**

The Board received and noted the monthly nurse staffing levels report.

The following key points were noted:

- More issues at the Denmark Hill (DH) site has resulted in staff level lower than last month. Therefore there were higher numbers of red shifts;
- The rate of health care assistants (HCA) going up is correlated to decreases in the registered nurses (RN) on a shift;
- More redshifts are also correlated to controls on bank and agency spend; and
- It would be useful to understand the trends on fill rates over a period of one year.

**16/36.2 National Staff Survey**

The Board received and discussed the national staff survey.

The following key points were reported:

- The result from the staff survey demonstrates that the Trust has more to do. The raw materials to be best in class and fulfil the Trust's potential is available;
- The results reported are based on a sample size of 850 accordingly, the Trust will conduct a full survey to gauge the true pulse of the organisation.

The following key points were raised in discussion:

- The response rate to the survey was 30% of which a sample is taken. This gives rise to questions about the statistical validity of the results.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The Trust needs to get across that it wants to hear what staff have to say.</p> <p>The Trust needs to be where it can assess and benchmark staff strategies against other comparable organisation, not necessarily in the NHS;</p> <ul style="list-style-type: none"> <li>• Staff are under a lot of pressure but the Board should be minded to not be misled by the results of the national staff survey;</li> <li>• There is nothing in the national survey about managing change reflecting a very under developed system for gauging staff feedback; and</li> <li>• The Trust's staff survey will be supplemented by questions about change leadership and questions specific to the Trust's environment.</li> </ul>	
<b>16/36.3</b>	<p><b>Doctors' Revalidation Report</b></p> <p>The Board received and noted the doctors' revalidation report.</p> <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> <li>• The revalidation and appraisal process for doctors will link to complaints, SUIs, duty of candour and mandatory training;</li> <li>• Doctors have to be revalidated every 5 years based on their professional competencies and receive annual business appraisals focus on their jobs at the Trust; and</li> <li>• The Trust will have to move to the new General Medical Council process which will necessitate more auditing of the revalidation process.</li> </ul>	
<b>16/37</b>	<p><b><u>FIRM FOUNDATIONS</u></b></p> <p><b><i>Sound Finance</i></b></p>	
<b>16/37.1</b>	<p><b>Finance Report (M11)</b></p> <p>The Board received and discussed the month 11 finance report which was also discussed at the Finance &amp; Performance Committee meeting held on 22 March 2016.</p> <p>The following key points were reported and raised in discussion:</p> <ul style="list-style-type: none"> <li>• At month 11 the Trust has an actual deficit of £70.1m which is £5m away from the £65m target;</li> <li>• There has been a slight improvement in the run rate which will impact the £65m resources;</li> <li>• The Trust has identified a total of £46.3m in mitigation;</li> <li>• The receipt of the NHS England (NHSE) outstanding balance will key to the Trust making the £65m bottom line. The Trust is in mediation with NHSE for the outstanding sums; and</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>The Trust will utilise all the £98.5m of funding and this will be rolled over in 16/17.</li> </ul>	
<b>16/37.2</b>	<p><b>Finance &amp; Performance Committee Chair Update</b></p> <p>The Board received and noted the report from the Committee Chair.</p> <p><i>Rigorous Governance</i></p>	
<b>16/38</b>	<p><b>Council of Governors Report</b></p> <p>The Board received an 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"> <li>The session with NEDs and Governors held on the 31 March was very good and governors are looking forward to the September session; and</li> <li>The staff survey has some significant sound bites which the Trust must take stock of. If the Trust wants to change the culture it needs demonstrable feedback and change (you said/we did).</li> </ul>	
<b>16/38.1</b>	<p><b>Chair's and Non-Executive Director's (NEDs) Activity Report</b></p> <p>The Board noted the report on the Chair and NED's activity.</p>	
<b>16/38.2</b>	<p><b>Confirmed Board Committee Minutes</b></p> <p>The Board noted and received the confirmed minutes of the Finance &amp; Performance Committee held on 26 February 2016.</p>	
<b>16/39</b>	<p><b><u>ANY OTHER BUSINESS</u></b></p> <p><u>Geraldine Walters</u></p> <p>The Board noted that GW would leave the Trust in July to take up a role at the start of September with the Nursing and Midwifery Council as Director of Nursing and Midwifery Education, Standards and Policy.</p>	
<b>16/40</b>	<p><b><u>DATE OF NEXT MEETING</u></b></p> <p>Wednesday, 04 May 2016, 11:00 at the Bromley Central Library</p>	