

King's College Hospital

NHS Foundation Trust

King's College Hospital NHS Foundation Trust Board of Directors - PUBLIC

Minutes of the Meeting of the Board of Directors held at 10:00 on 04 May 2016 in the Large Hall, 4th Floor, Bromley Central Library, High Street Bromley, BR1 1EX

Members:

Lord Kerslake (BK)	Trust Chair
Sue Slipman (SS)	Non-Executive Director, Vice Chair
Faith Boardman (FB)	Non-Executive Director
Chris Stooke (CS)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Dr Alix Pryde (AP)	Non-Executive Director
Erik Nordkamp (EN)	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
Toby Lambert (TL)	Interim Director of Strategic Development
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)
Alan Goldsman (AG) – <i>Non-voting Director</i>	Outgoing Acting Director of Strategy
Rose Sweeney (RS)	Volunteer
Petula Storey (PS)	Head of Volunteering
Council of Governors Members	Various (15 Governors)
Paul Brown (PB)	Healthwatch (OHSEL)

Apologies:

Prof. Jonathon Cohen	Non-Executive Director
Sally Lingard (SL)	Associate Director of Communications
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/41	<u>Apologies</u>	
	Apologies for absence were noted.	
	The Board welcomed Toby Lambert (JF) in his new role as Interim Director of Strategic Development and thanked Alan Goldsman (AG) for his support and services provided to the Trust over the past year.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/42	<u>Declarations of Interest</u> There were no declarations of interest reported.	
16/43	<u>Chair's Action</u> There were no Chair's actions to report.	
16/44	<u>Minutes of Previous Meeting</u> The minutes of the meeting held on 06 April 2016 was approved as a correct record subject to correcting some minor typographical errors and removing duplicated sections.	
16/45	<u>Matters Arising/Action Tracking</u> The action tracker was noted and it was agreed JF would speak to Ann Wood about the data on cancellation of patient which it was agreed would be circulated to the Board.	JF
16/46	<u>BEST QUALITY OF CARE</u>	
16/46.1	Patient Story The Board welcomed patient volunteer Rose Sweeney (RS) and Petula Storey (PS) the Head of Volunteering. RS outlined the details of the particular recipient volunteer programme 'hospital to home'. The following key points were reported <ul style="list-style-type: none"> • The 'hospital to home' (H2H) programme is run by the volunteer team; • It was established to help vulnerable patients go back home; • The programme has a core team of 6 trained volunteers and a staff member who coordinates the service; • At present it only operates on the Denmark Hill site with plans to extend t the PRUH and Orpington sites in due course; • The team work closely with the British Red Cross and strong links with other local community support networks; • The patient story focuses on the support given to a couple. The husband was admitted to the hospital and his wife was struggling to cope with managing with her unwell husband and the household bills; • The H2H service helped the wife manage bills and administration following the death of her husband; • H2H also supported the wife connect with social care networks for the support she needed; and 	

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	<ul style="list-style-type: none"> • It was evident from this case that there were lots of issues for this patient such as the fact that she may have been on the brink of dementia which may have explained why she kept falling behind on her bills and that she was in need to specialist care services for instance she wore slippers in the midst of winter because she could not cut her toenails and found it impossible to wear normal shoes. <p>The following key points were raised and noted by the Board:</p> <ul style="list-style-type: none"> • This patient story is a very powerful reminder of how the Trust goes way beyond what is its responsibility; • It is a shocking story of failures in the system and the H2H programme has to be applauded; • The story raises questions about whether or not the Trust provides enough support to its volunteers. There seems the Trust puts a lot on the volunteers and care need to be taken to manage their remit and exposure; • Volunteers are given training and guidance on what they can and cannot do for instance they are not allowed to handle money and cannot provide care; • This patient story is a perfect illustration of the types of typical issues which arise in the community; • The story illustrates the importance of holistic health care and the Trust needs to flag how lack of holistic approach impact on the hospitals on the front line; • There are big policy issues with lack of social care which is a local government issue; • The practicalities need to be picked up by the system and through the transformation programme. <p>This is especially true about the creation of local care delivery. The Trust needs to support the process for getting health care on sound care structure that support these types of patients and their families.</p> <p>This is similarly the case in the Bromley area and the Trust needs to work with partners to help these patients.</p> <p>This is going to be hard work and the Trust has to be clear about what the role and remit of its volunteers are because this situation is not sustainable;</p> <ul style="list-style-type: none"> • The Trust should look at an award scheme for its volunteers; • The Trust works close with Age UK and SAIL; • The Trust should conduct a research project into the volunteer H2H programme and what are the key measures which can be used to inform linkages and what can be learnt from it to help patients further; 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • Before the patients are referred to the H2H service a risk assessment is undertaken as part of the discharge process. Higher risk cases go straight to the British Red Cross; • Cases such as these should feed into the work the Trust is doing with partners; and • This is a powerful and enlightening story and the issues will be picked up and used as examples for wider partnership working. 	
16/46.2	Quarterly Outcomes Report	
	<p>The Board received the quarterly patient outcomes report.</p>	
	<p>The following key points were reported:</p>	
	<ul style="list-style-type: none"> • The Trust missed the target for screening and full assessment of patients for dementia at the Princess Royal University Hospital (PRUH); • There has been significant improvement in the mortality of patients with hip fracture. Mortality of these patients are high nationally but the Trust's has made strides to improve its performance especially at its PRUH site which was previously underperforming; • The Trust did not perform well in previous laparotomy audit as a result of data issues however the improvements have been made and it is hoped the result due to be published in June 2016; • Both sites submitted data to the trauma audit and research network (TARN) and it was shown that more patients are surviving major trauma; and • Overall patient outcomes are improving. 	
	<p>The Board raised the following key points in discussion:</p>	
	<ul style="list-style-type: none"> • It would be good to understand how the Trust benchmarks against other Shelford trusts; • The Trust is topping the stroke and trauma audit performance targets compared with other trusts; and • It is disappointing to see that the PRUH is performing below target for screening and assessment of patients for dementia. The dementia services and processes at the Denmark Hill site are well developed and resourced. This is less true at the PRUH and the Trust plans to address this imbalance given the patient population in the Bromley area. The Board would be provided with the data from the audit and the Trust's plans to make improvements in due course. 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/47	<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"> • The Trust is moving in the right direction on quality but more needs to be done. There is good news on SHMI but there remains more to do on infection control; • Patient experience is improving with good feedback; • The Trust's access target is the most problematic issue. A&E is very challenged and where the most important work needs to be done; • Referral to treatment (RTT) backlogs are coming down and the Trust has systems in place to address the key issues. The Trust went back to reporting its RTT data and is currently one of the worst performers but the Trust is confident it has good data which can be relied on and systems and plans in place to address the backlog; • This planning round had been very comprehensive and much more detailed; • The Trust is keeping its stakeholders informed and updated on its progress in meeting its operational targets; • The Trust needs to make headway on its finances and the key to moving forward is maintaining grip and delivering on the money; and • The Trust has delivered the £65m for year end and is now focusing on developing a cost improvement programme which will underpin sustainability. <p>The Board raised the following points in discussion:</p> <ul style="list-style-type: none"> • It is good to see emphasis on customer care and delivering on the transformation programme will support further improvements; • The executive is thinking about the how it will communicate the transformation programme initiatives and will provide a communications plan to the Board in due course; and • The Trust needs to explore with KCL, investment in research, particularly the in relation to discovery science. These conversations are under way and will tie into the Trust's research strategy. 	
16/48	<p><u>TOP PRODUCTIVITY</u></p>	
16/48.1	<p>Performance Report (M12)</p> <p>The Board received and discussed the month 12 performance report which was also discussed at the Finance & Performance Committee meeting held on 26 April 2016.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The following key points were reported</p> <ul style="list-style-type: none"> Operational performance is varied but the Trust is broadly in line with trajectory; Emergency department (ED) performance deteriorated in March to 81%. This is due in part to the significant increase in attendances by 9%; The Trust has plans in place to improve the ED performance for both sites attaining 95% by the end of 2015/16; The Trust is working closely with commissioners to improve the performance against referral to treatment targets; The Trust ended the year off trajectory with its diagnostics target at 5.8%. The Trust has a detailed recovery plan which will deliver 1% by the quarter 2; The Trust is pleased to have delivered all cancer targets with the exception of breast which ended at 92.2% as opposed to the 93% target; The Trust is tightening up its governance process which has been informed by lessons learned. The Trust has critically evaluated its position and putting in place structures to manage the risks; and The size of the task to get the Trust back to sustainability cannot be underestimated but it is deliverable with strong leadership and governance processes which will be embedded in the new organisation structure. <p>The Board noted and raised the following key points in discussion:</p> <ul style="list-style-type: none"> The Finance and Performance Committee discussed the plans for recovery in detail; Running daily patient tracking lists (PTL) is providing increased oversight which enable the Trust to make necessary improvements; The Trust recognise the need to improve its business intelligence services to facilitate better evaluation; The Trust has had its RTT numbers externally validate hence there is significant certainty about the current backlog numbers. The Trust will now give effect to its plans to bring down the backlog and deliver 88% by the end of the year. The Trust is moving quickly to address the backlog and working in conjunction with commissioners; The Trust needs to better communicate about the indicators that are on track. The Trust needs to be clear about the milestones for achieving these key indicators. To do this work needs to be done on improve tracking and its scorecard reporting; The Board needs a deep dive into the ED performance and give the issue urgent focus; 	

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	<ul style="list-style-type: none"> • The ED performance for month 12 is not too far away from what is expected at this point in the year but the Trust needs to get into the detail about what the drivers are for the increased activity levels; • The increased activity cannot be categorised as a blip and similar activity levels can be seen across the sector at other hospitals; • A review will be conducted in the utilisation of the theatre resources. There are multiple contributing factors; • The Trust is firmly signed up to improving performance trajectories and will communicate the current position regularly. 	
	<p>It was agreed that the Board, through the finance and performance committee, would give urgent focus to the ED performance. It was also agreed that JF would include comparative data in future performance reports.</p>	FPC/JF
16/49	<u>SKILLED, CAN DO TEAMS</u>	
16/49.1	Monthly Nurse Staffing Levels Report	
	<p>The Board received and noted the monthly nurse staffing levels report.</p>	
	<p>The following key points were reported:</p>	
	<ul style="list-style-type: none"> • The Trust's increased number of red shifts relate in part to the decrease in fill rates. The Trust has to use healthcare assistants (HCA) to provide additional cover; • The staffing issues at the Princess Royal University Hospital (PRUH) relate to high levels of vacancies; and • The Trust needs to improve staff rostering and sickness management. 	
	<p>The Board raised the following key points in discussion:</p>	
	<ul style="list-style-type: none"> • Shortage of staff is a long standing issue which is system-wide. The challenge particularly lay with retaining band 5 nurses • The Trust is developing recruitment strategies to ensure it has the right numbers of staff in place. It should be noted that even with a strategy nurse shortage is a perennial system wide issue. The Trust will have to apply other proactive measures to retain staff such as conducting stay interviews; • The Trust has a set a ratio of 70% registered nurses to 30% HCAs on each ward at any given time. This ratio ensures that there is sufficient cover and expertise on each ward; and • The Trust recognises there is more to be done with staff retention and the key points from the recent survey will be taken forward with the internal survey. 	
	<p>It was agreed that the Board would pick up staff retention issues in the July.</p>	DB

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/49.2	Maternity Patient Story Update	
	GW reported that this item will be picked up at the Quality & Governance Committee as Maxine Spencer could not make it to this meeting to provide an update.	
16/50	<u>FIRM FOUNDATIONS</u>	
	<i>Sound Finance</i>	
16/50.1	Finance Report (M12)	
	The Board received and discussed the month 12 finance report which was also discussed at the Finance & Performance Committee (FPC) meeting held on 26 April 2016.	
	The following key points were reported and raised in discussion:	
	<ul style="list-style-type: none"> • At month 12 the Trust has an actual deficit of £65.4m which was achieved through non-recurrent funding; • The Trust has worked hard to achieve this position but the challenge remains to remain sustainable; and • The Trust did achieve a surplus in March; however, whilst there are no income issues, work needs to be done on improving demand capacity going into next year. 	
	The Board noted the m12 finance report and the following key points:	
	<ul style="list-style-type: none"> • The FPC reviewed the financial position and whilst it applauded the achievement of the forecast position the underlying position needs lots of attention; and • The Trust is not complacent about the challenge ahead and focus is turned now to identifying savings target of not exceeding the forecast £30m deficit for 16/17. 	
16/50.2	Finance & Performance Committee Chair Update	
	The Board received and noted the report from the Committee Chair.	
	<i>Strong Partnerships</i>	
16/51	Integrated Care (Local Care Networks - Southwark & Lambeth)	
	The Board received and discussed the report on local care networks in Southwark and Lambeth.	
	The following key points were reported	
	<ul style="list-style-type: none"> • The Southwark and Lambeth Integrated Care (SLIC) programme formally ended on 31 March 2016; 	

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	<ul style="list-style-type: none"> • The emerging programme of work for integrated care in Lambeth & Southwark will be conducted through a Local Care Network (LCN) managed by the Southwark & Lambeth Strategic Partnership (SLSP); • A separate programme is being developed for Bromley; • The SLSP Board had decided to focus on co-design and implementation in 16/17; • The SLSP recognise that most of its work will be focused on widespread culture change across the local system not just the technical process of design and roll-out; • To support this process the Trust will need to provide executive resources; • Partners will have to work together to move the key issues up the national agenda and share data to inform the programme of work; and • KHP's expertise will be a key contribution to this process. <p>The Board raised the following key points in discussion:</p> <ul style="list-style-type: none"> • It is good news to note the new focus and mobilisation of the integrated care agenda and work through the LCN and the codification of the operating model; • There is good data and existing studies which will support the work of LCN. Accountabilities, deliverability and monitoring will be embedded in next phase of work; • The work of this group could go as far as changing the commissioning framework; • Councils have expertise in giving effect to this type of working and using informatics and the LCN should use this as a good source of learning; • Tower Hamlets and Surrey are areas where LCN's can be seen to be working well; • The partners spent a lot of money on SLIC with very little progress. This must be avoided and more must be achieved under this structure. The work for the sustainable transformation programme (STP) is driving joined-up forward planning with commissioners which will support the work of the LCN. <p>This work has fostered good leadership and relationships; and</p> <ul style="list-style-type: none"> • KHP should be leading this work and drive for system change. <p>It was agreed that the Board would receive a further update in 6 months and that site visit would be conducted to establish LCN's which are working well.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<i>Rigorous Governance</i>	
16/52	Council of Governors Report	
	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:	
	<ul style="list-style-type: none"> • The Council is keen to hear more about the Trust Transformation programme; and • It is important that the Trust keep staff engaged and share plans early so that staff takes ownership and feel empowered to deliver these plans. 	
16/52.1	Chair's and Non-Executive Director's (NEDs) Activity Report	
	The Board noted the report on the Chair and NED's activity.	
16/52.2	Monitor Quarter 4 Submission	
	The Board noted the submission made to Monitor for quarter 4.	
16/52.3	Confirmed Board Committee Minutes	
	The Board noted and received the confirmed minutes of the Finance & Performance Committee held on 22 March 2016.	
16/53	<u>ANY OTHER BUSINESS</u>	
	There were no matters of any other business raised for discussion.	
16/54	<u>DATE OF NEXT MEETING</u>	
	Board Public Session (Annual Report & Accounts) on Thursday, 26 May 2016 from 13:15-14:15 in the Dulwich Room, Hambleden Wing	