

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 06 July 2016 in the Dulwich Committee Meeting Room, Hambleden Wing, Denmark Hill site

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
Prof. Jonathon 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
Toby Lambert (TL) – <i>Non-voting Director</i>	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
Paula Townsend (PT)	Acting Director of Nursing & Midwifery
Julia Wendon (JW)	Medical Director

In attendance:

Tamara Cowan (TC)	Board Secretary (Minutes)
Petula Storey	Head of Volunteering
Chris North (CN)	Lead Governor
Penny Dale (PD)	Public Governor
Fiona Clark (FC)	Public Governor
Helen Mothersole (HM)	Speech & Language Therapist
Elizabeth Allan (EA)	Speech & Language Therapist
Robert Kettell (RK)	Department of Health
Lisa Hollins	Shadow Director of Transformation & ICT
Andy Simmons	

Apologies:

Erik Nordkamp (EN)	Non-Executive Director
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/69	<u>Apologies</u> Apologies for absence were noted.	
16/70	<u>Declarations of Interest</u> There were no declarations on interest made at the meeting.	
16/71	<u>Chair's Action</u> There were no Chair's actions to report.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/72	<u>Minutes of Previous Meeting</u>	
	The minutes of the meeting held on 01 June 2016 were approved as a correct record.	
16/73	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted.	
16/74	BEST QUALITY OF CARE	
16/74.1	<u>Patient Story</u>	
	The Board welcomed Speech & Language Therapists, Helen Mothersole (HM) and Elizabeth Allan (EA) who provided an overview. The Board also heard an audio interview conducted by Jessica Bush (JB).	
	The following key points were reported:	
	<ul style="list-style-type: none"> The Ontario Ward is a step down facility for patients at Denmark Hill (DH) and the PRUH sites. Because of the type of service provided staff have more time to spend with patients and providing more one on one care. 	
	The patient was admitted on the ward for three months following a 5 week stay at the Princess Royal University Hospital (PRUH);	
	<ul style="list-style-type: none"> Reflecting on her experience, the patient said that the staff were kind and caring. The ward area and corridor were spotlessly clean, and she could find no fault with the doctors or the physiotherapy she receive. 	

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This support has helped her to become independent again.

There was however one nurse that she did not like since she found her to be uncaring and felt like she was being rushed by her.

She also commented that she would often hear other patients in distress or shouting out in pain.

The following points were raised in discussion:

- The ward's success and ability to delivery good patient experience can be attributed the team and excellent leadership;
- The average length of time for patients to stay on the ward is 2-3 weeks however, this was extended for this patient because her care plan was modified to meet her goal to be independent when she left hospital.

There were also system challenges, namely the correct equipment and social care infrastructure not being available to repatriate the patient back home.

- Lessons learnt from the good patient experience should be encapsulate used in other areas;
- The issue with the nurse not being caring was addressed immediately;
- When patients attend these ward they are medically fit and the staff can focus on rehabilitating patients;
- Some of the frustrations staff experience is the lack of pharmacy services on site which causes delay for discharge and admissions.

Catering is also an issue with patients complaining about limited choices. This is because of a lack of storage; and

- It is surprising to learn about the issues with patient complaining about pain given that there is good pain management on the ward with a pain teams providing a 6 day service. This will be unpicked with the patient to find out the root of her comment.

16/74.2 Quarterly Patient Experience Report

The Board received the quarterly patient experience report.

The following key points were reported by JS and JB:

- The Trust is providing excellent patient services in child health and patient experience is improving across the Trust;
- Areas for improvement include friends and family especially responses in the emergency department which has dropped well below the national average; and

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- Complaints is down and response rates has improved.

The following key points were raised in discussion:

- The improvements made in the quarter is a good step forward but there is a long way to go and the Trust has to find operational ways to drive improvements to patient experience. Increasing capacity will be a key factor;
- The new format of the report is very welcomed and good;
- Patient experience poor performance in maternity services is being by antenatal, postnatal and caring services;
- The Complaints Committee are making headway with information around complaints with more benchmarking information;
- More needs to be done to improve outpatient services in particular back-office support. It would be worth looking at what has been done at Birmingham Hospital. There will also be service changes in second wave of transformation programme.
- Improvements about waiting times in outpatients areas can be addresses quickly with better communication. The Trust need to look at the outpatient services sooner rather than later as there is a worry if this is not addressed sooner rather than later the patient experience performance will continue to deteriorate;
- It would be helpful to have next steps and action plans captured in future reports. These next steps should be measurable; and
- Options to address these issues is to focus work in one area, fix the problem them use the same model across other areas.

16/75 Chief Executive's Report

The Board received and noted the report from the Chief Executive Officer (CEO).

The following key points were noted in discussion with the Board:

- Work has been ongoing to get a better grip on performance, developing the transformation programme ready for launching and tightening governance structures;
- The work with KHP Institutes continue and the Board will receive the strategic outline business cases in September.

The following key points were noted:

- The joint sustainable transformation plan is in development as part of a framework which includes good engagement with commissioners. The plan is about making sure that there is a better model for service delivery across the sector; and

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	<ul style="list-style-type: none"> The Trust needs to do more work to ensure that research and teaching and grant is higher on the agenda. 	
16/76	TOP PRODUCTIVITY	
16/76.1	<u>Trust Performance Report 2016/17 (Month 01)</u>	
	<p>The Board received and discussed the month 1 performance report which was also discussed at the Finance & Performance Committee meeting held on 26 May 2016.</p> <p>The following key points were reported:</p> <ul style="list-style-type: none"> The Trust' emergency department (ED) performance improved from 81% to 83.48% in April; There were 50 beds closed at the Princess Royal University Hospital (PRUH) because of norovirus; Referral to treatment is ahead of trajectory by 29%. There are detailed demand and capacity plans to address the capacity issues to ensure that the Trust can meet the trajectories; and The Trust is working at pace to manage performance trajectories. <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> The Trust has not got a real grip on the underutilisation of theatres as yet but this is part of the operational plans; and The vacancy rates is variable but work is being undertaken to develop robust recruitment strategies. 	
16/77	SKILLED, CAN DO TEAMS	
16/77.1	<u>Monthly Nurse Staffing Levels Report</u>	
	<p>The Board received and noted the monthly nurse and midwifery staffing levels report.</p>	
16/77.2	<u>Nursing and Midwifery Staffing Levels Report</u>	
	<p>The Board received and discussed the 6 month nursing and midwifery.</p> <p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> The Trust conducted lots of analysis and modelling around nurse staffing levels in 2014-15. IT was found then that the staffing levels were too low; In some areas the Trust needs more nursing staff to deal with complex patient cases; The Trust has worked hard to make improvements in the use of agency and temporary staff and increase permanent staff in post. The Trust also made 	

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The following key points were noted in discussion:

- The Education & Workforce Development Committee is going to do a deep dive into agency spend;
- The Trust looks at the quality indicators around red shifts. There has been some increase in red shifts because people feel under pressure which is resulting in more absences;
- Stress in the organisation is a big issue for the Trust and there needs to be more management infrastructure to support staff;
- The Director of Nursing & Midwifery will continue to monitor the issues around staff pressures in addition to the Education & Workforce Development Committee and Quality and Governance Committee;
- The Trust is looking at what it can do to support people in developing career paths and ways to progress internally as opposed to leaving the Trust;
- The Trust needs to invest in training and investment to attract and retain staff; and
- The workforce redesign will look at how the Trust retain and support staff.

16/77.3 Staff Pay Awards

The Board received and noted the staff pay awards report.

16/78 FIRM FOUNDATIONS

Sound Finance

16/78.1 Finance Report (Month 1)

The Board received and discussed the month 1 finance report which was also discussed at the Finance & Performance Committee (FPC) meeting held on 26 May 2016.

The following key points were reported and raised in discussion:

- The Trust is overspent by £10.2 which is £4.7m off plan with the biggest driver being £3.6m underperformance on clinical income;
- It should be noted that the data provided has been extrapolated from the first two weeks of activity;
- Other drivers for the performance include the closed beds related to norovirus and the junior doctors strike;
- The CIPS has slipped;
- There has been a £1m variance on consumables;

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	<ul style="list-style-type: none"> • The main risks in the plan include CIPs, delivering activity levels in contract and the cash position; and • The Trust has applied to draw down extra cash from the fund to use to pay creditors in the region of £19.6m. <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> • The Board needs to be concerned about the current position until there is more certainty around delivery and the finance and performance committee are monitoring the position; • Extra focus has been given to the debtor position. The Trust is owed almost as much it is owed; • The executive is accountable for the delivery of the savings plan and through the savings Board, executive meeting and FPC delivery is being monitored and challenged; • The Trust's RTT plan is off trajectory and this is key to attaining its income; and • There are tighter controls around cost lines and management of the CIP programme. 	
16/78.2	<p><u>Finance & Performance Committee Chair Update</u></p> <p>The Board received and noted the report from the Committee Chair.</p> <p><i>Rigorous Governance</i></p>	
16/79	<p><u>Board Assurance Framework</u></p> <p>The Board received and noted the Board Assurance Framework.</p>	
16/80	<p><u>Council of Governors Report</u></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"> • The Council want to hear more about the joined-up sustainable transformation programme; • There needs to be long-term strategic thinking around recruitment into specialist areas; and • There is a ground swell of morale issues in the Trust which need to be addressed. 	
16/80.1	<p><u>Chair's and Non-Executive Director's (NEDs) Activity Report</u></p> <p>The Board noted the report on the Chair and NED's activity.</p>	

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16/80.2	<u>Confirmed Board Committee Minutes</u> The Board noted and received the confirmed minutes of the Finance & Performance Committee held on 26 April 2016.	
16/81	ANY OTHER BUSINESS There were no matters of any other business raised for discussion.	
16/82	DATE OF NEXT MEETING Board Public Session on Wednesday, 06 July 2016 from 09:30am – 12:30pm in the Dulwich Committee Room, Hambleden Wing	