

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 (<i>part</i>)
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)
Helen Mothersole (HM)	Speech & Language Therapist
Elizabeth Allan (EA)	Speech & Language Therapist
Petula Storey (PS)	Head of Volunteering
Penny Dale (PD)	Public Governor
Fiona Clark (FC)	Public Governor
Lisa Hollins (LH)	Shadow Director of Transformation & ICT
Robert Kettell	Department of Health
Andy Simmons	Southwark Council

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.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/71	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted.	
16/72	BEST QUALITY OF CARE	
16/72.1	<u>Patient Story</u>	
	The Board welcomed Speech & Language Therapists, Helen Mothersole (HM) and Elizabeth Allan (EA) who provided an overview of the treatment of a patient receiving speech and language therapy at the Trust.	
	The following key points were reported:	
	<ul style="list-style-type: none"> • The patient was admitted to the hospital through the major cardiac pathway and has a unstable spinal fracture; • The therapies team was brought in to support the patient whilst he was in the critical care unit (CCU); • The patient was frustrated because he could not talk and because of spinal cord injury, he could not write. 	
	His swallowing ability was affected by the treatment of his major injuries;	
	<ul style="list-style-type: none"> • The therapies team aim was to make his experience better and when his health deteriorated, he was returned to the high dependency unit (HDU) and put on nil by mouth. 	
	When he was able to start eating the therapies team supported the patient to eat again and avoid high risk foods; and	
	<ul style="list-style-type: none"> • The patient is still in hospital waiting for rehabilitation and is on track. 	
	The following points were raised in discussion:	
	<ul style="list-style-type: none"> • Three band 5 nurses provided support to the patient and the process took a long time because the team had lots of work to do to assure him. 	
	This equated to 2-3 sessions per week whilst he was on the critical care unit (CCU).	
	Whilst he was on the neuro-step down ward he was seen three times but when his medical status deteriorated the team was seeing him for 45 minutes per day and when he stabilised he was seen for only 30 minutes per week;	
	<ul style="list-style-type: none"> • The team react to changes in the medical status of the patient; • The caseload of the average case load of for team members can be circa 12-13 patients; • This patient story is a reflection of the complexity and intensity of work that is conducted in the Trust and the level of skills that is required to treat patients; 	

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	<ul style="list-style-type: none"> • The Trust can support the team by providing opportunities and resources for training such as study leave funding; • The multi-disciplinary team works well at the Denmark Hill site because therapies has been long established whilst at the Princess Royal University Hospital (PRUH) site the processes and systems are still being established; and • Patients' carers can be core to the speech therapy sessions and the Trust encourages carers to be involved and conduct session when family are around in as much as possible. 	

16/72.2 Quarterly Patient Safety Report

The Board received the quarterly patient safety report.

The following key points were reported:

- There were three never events in quarter four and a formal report has been commissioned to ensure that there are no concerns. The report would be presented to Board;
- The never events related to one retain guidewire and two misplaced naso-gastric (ng) tubes.

Actions taken include, but not limited to, communicating the procedural checklist, development of a King's Way standard operating checklist. Junior doctors are also required to sign-off as competent before being able to conduct procedure on their own;

- Retained swabs incidents have occurred outside the traditional theatre setting where the clarity of process was not maintained necessitating the need to develop standard operating procedures (SOPs) for all procedures;
- The Trust is looking at sepsis data to track any trends ad benchmark performance;
- The number of hospital acquired pressure ulcers remain constant. There have been three grade three pressure ulcers;
- The Trust needs to streamline processes in the management of people with learning disability with pressure ulcers; and
- Hospital acquired thromboses (HATs) rates are also constant/

The following points were raised in discussion:

- The Trust's HATs are low in comparison to other trusts;
- Volunteers are being used to support staff but are not conducting clinical activities and volunteers are properly trained to provide this support;
- The issue with the ten-fold errors in paediatrics is not related to the dosage;

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	<ul style="list-style-type: none"> • Thought now has to be given to pharmacy delivered drugs to solve the issue with medication errors; • The quality and governance committee has discussed the number of never events and the norovirus incidents, noting that there is no clarity on what more can be done to address these issues. 	
	<p>Awareness as changed and people are taking ownership. The SOPs will enact a specific changes under the King's Way Standards which the trust will be able to see impact over the next 3-6 months;</p>	
	<ul style="list-style-type: none"> • The Trust will track pressure ulcers to ensure that there are improvements; • The norovirus issues at the Princess Royal University Hospital (PRUH) is related to an endemic in the local community in the Bromley area and there structural issues on the site such as not having sinks where they should be. 	
	<p>The Trust has to look at its procedures and practices and ensure that people carry out basic hand washing.</p>	
	<p>Defeating norovirus should be an organisational priority for the Trust;</p>	
	<ul style="list-style-type: none"> • An additional issue related to infection control is the lack of changing room facilities at the PRUH site resulting in staff wearing uniforms to work contrary to the Trust's policy. 	
	<p>The following was agreed:</p>	
	<p>1) The Board would receive an update on structural issues at the PRUH and the correlation to infection control issues; and</p>	<p>JW/PT</p>
	<p>2) The Board would receive periodic updates on basic hand hygiene metrics.</p>	
<p>16/72.3</p>	<p><u>Quality & Governance Committee Chair Update</u></p>	
	<p>GM reported that the Quality & Governance Committee had two things to highlight from the recent meeting of the Committee:</p>	
	<ul style="list-style-type: none"> • There was a very good presentation on end of life care and it is clear there is a strategy going forward, namely iCare; 	
	<ul style="list-style-type: none"> • There is concerns about DNAR with the key issue being inconsistencies between the paper and electronic processes; and 	
	<ul style="list-style-type: none"> • It is important for the Committee review the executive attendees. 	
	<p>The Board noted the summary from the last meeting.</p>	
<p>16/72.4</p>	<p><u>Volunteer Programme</u></p>	
	<p>The Board received and discussed the report on the Trust's volunteering programme welcoming Petula Storey, Head of Volunteering.</p>	

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The following key points were reported:

- The Trust's volunteering programme has been hailed by Simon Stevens as an example but the funding from the King's Charity will end September 2017;
- A King's Fund review showed that with every one pound invested in volunteers there is a significant equivalent value return; and
- To sustain what has been a successful programme the Trust now needs to invest in the programme.

The following key points were raised in discussion:

- The Trust is pioneering a volunteering model for health and other sectors of which the Board is supportive.

There is however, concerns about what volunteers will be pulled into and there needs to be clear policy statements as it is all too easy for risks to arise.

The Board needs to be confident of the volunteering policy;

- The volunteers are evidently doing a wonderful job but has the Trust begin to tackle the issue of integrated care it has to consider what role volunteers can contribute;
- Since 2013, the Trust has been running its hospital-to-home programme which is helping to support people at home and connect with the relevant community care agencies. The Trust also works closely with the Red Cross and Age UK;
- The Board is conscious and has some concerns about how comprehensive is the training in relation to volunteers work in the community and also the level of training;
- The age profile of patients using the hospital-to-home services range from 70-90;
- KE will have to make a decision about the volunteering programme and its continued funding; and
- There is universal Board support for the programme but the Trust needs to be minded of the boundaries and keep constant vigilance on volunteers in the community.

It was agreed that the executive team would consider future investment in the volunteering programme and policy statements for community services.

16/73	<u>Chief Executive's Report</u>	
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The Board received and noted the report from the Chief Executive Officer (CEO).

The following key points were reported:

- Progress has been made on the delivering the transformation programme;

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- On the integrated care, agenda things are starting to move. The local care programme group and good work has already been done with lots of consistency of views;
- The formal notification of tender for community services in Bromley has already been issued;
- King's Health Partners' focus continues to be on development of the institutes with it expected that the strategic outline business case would be presented to the partner organisations boards in October;
- In November the Trust will implement the new organisational restructure and the formal launch will be conducted at the end of the week;
- The Trust is driving CIPs and activity demand action plans; and
- The deadline for the implementation of Electronic Patient Records has slipped.

The following key points were raised in discussion:

- It is now timely for the Trust to have an integrated strategy with the site strategy given that the university, King's College London (KCL) will review the lab programme;
- The Research Strategy will be ready in quarter two and in four months the Board will also have the clinical site strategy; and
- The executive will also look at the things that can be done in the short term to align teaching and research.

16/74 **TOP PRODUCTIVITY**

16/74.1 **Trust Performance Report 2016/17 (Month 02)**

The Board received and discussed the month 2-performance report which was also discussed at the Finance & Performance Committee meeting held on 28 June 2016.

The following key points were reported:

- The Trust met emergency department (ED) targets agreed with NHS Improvement and commissioners. In May, Princess Royal University Hospital (PRUH) ED was between 84-87% as a result of the norovirus and at Denmark Hill (DH) 89% which exceeded 400 patients per day;
- The capital development for increasing beds are on track despite some challenges. This has been tough for the on the ground but these developments are the building blocks for future sustainability;
- Referral to treatment (RTT) trajectory was at 89% but this may be at risk;
- The Trust is 25 cases behind on its 52-day wait as at month two. This is the most challenging area;

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- Bed and theatre pressures are driving the challenges faced by the Trust;
- The Trust has ring-fenced capacity to support delivery of RTT targets.

Other plans include redesigning capacity between the PRUH and DH sites and utilise Orpington more;
- There is a mixed picture in relation to cancer performance targets;
- There have been significant increases in referral demand resulted in performance dipping slightly;
- Whilst the Trust's 2-week waits recovered in month two and three it will fail the quarter;
- 62-day dipped but the quarter one position is secured at 85%;
- Diagnostic waits is highly challenged but there are robust recovery plans in place; and
- There have been 10 clostridium difficile cases.

The following key points were raised in discussion:

- The finance and performance committee conducted a deep dive into the diagnostic waits and could not pinpoint a key issue which was driving the challenges in meeting the target;
- If there are cost effective ways to address the issues facing the Trust they should be explored;
- The Trust will have to evaluate where cancer sit and address any clinical issues; and
- The Charity has £950k to spend on cancer.

16/75 SKILLED, 'CAN DO' TEAMS

16/75.1 Monthly Nurse Staffing Levels Report

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

It was also noted that the Trust is not an outlier and that it would be good to understand what is driving red shifts.

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16/76 FIRM FOUNDATIONS

Sound Finance

16/76.1 **Finance Report (Month 02)**

The Board received and discussed the month 02 finance report which was also discussed at the Finance & Performance Committee (FPC) meeting held on 26 June 2016.

The following key points were reported:

- The key financial issues are unidentified CIPs against the annual plan which provided for an indicative phasing of £2.8m and CIP slippage of £599k to date;
- The Trust delivery against activity is down with a £3.1m shortfall in non-block contract income;
- The Trust has received one twelfth of the sustainability funding from NHS Improvement (NHSI). This funding stream will be paid quarterly in arrears;
- Cashflow is a significant problem for the Trust and there has been a 35% drawn down on cash in quarter one;
- NHS England (NHSE) is paying the Trust based on previous years tariff and if the Trust is running a £6.7m deficit this needs to be supported by cash;
- The Trust is focusing on debtors but as many people who owe the Trust the Trust also owes money;
- The Board needs to be very aware of the implications of not meeting the operational performance targets;
- The Trust will make another cash drawn down of £19m in July;
- The trust is very close to signing the contract with NHS England and will get paid for fetal but the Trust will have to pay for the hepatitis C test kits;
- The Efficiency Board is focusing on driving CIPs and whilst it is early days the Trust is getting to grips; and
- The key now is focusing on delivering the activity for NHS England.

The following key points were raised in discussion:

- The Trust has submitted its letter relating to the control total which highlighted the risks and caveats.

These are important caveats and the challenges facing the Trust should be communicated clearly in order to expedite the process for receiving the monies;

- NHS Improvement is looking into a special purpose vehicle to fund transformation;

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	<ul style="list-style-type: none"> • The Trust has had lots of challenges which have impacted on the performance such the junior doctors strike, theatre developments, norovirus and meeting the referral to treatment targets; • The Trust is working on a plan to recover the activity; • There is high risk on numbers for the Trust, but CIPs are being driven by the executive team and there is a clear why ahead; • Focus is on mitigations and financial restructure to fill the profound gaps; • The operations team is very stretches; • The Trust needs to get in a good position to ensure that the operations are in a good place without compromising strategic quality; • If the Trust did not accept funding it would not have received the £30m funding application; • Everyone is doing their level best to support delivery of the plans; • The Trust may be criticised for its slow progress on improving agency spend. There is a project plan which includes a number of actions which will be implemented over the next few months to reduce agency spend overall. <p>The Education & Workforce Development Committee is monitoring the action plan;</p> <ul style="list-style-type: none"> • Because the Trust is off trajectory it has to push hard in order to hit its targets; and • The Trust has to be minded of that whilst it is driving activity it has to drive the sort of activity which will generate income and not only activity related to the block commissioner contract. 	

16/76.2 Finance & Performance Committee Chair Update

The Board received and noted the report from the Committee Chair.

Rigorous Governance

16/77 PwC Governance Review

The Board reviewed and discussed the PwC Governance Review action list.

The following key points were noted:

- The Trust has made good progress on completing the actions from the PwC Governance Review;
- The executive team has completed a review of the management governance structure;

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	<ul style="list-style-type: none"> • It is commendable that the Board has been very transparent about this process; • The Trust needs to get the controls for major projects and business cases better aligned; • The revised management governance structure, which includes transformation and efficiency boards would be circulated for information; and • Work is going to be completed on the standing financial instructions and scheme of delegation. <p>The Board noted the progress on implementing the actions from the PwC Governance Review and it was agreed that the revised management governance structure would be circulated.</p>	NM
16/78	<p><u>Council of Governors Report</u></p> <p>The Board received an update on the activities of the Council of Governors from Fiona Clark. On behalf of the governors she relayed the following key matters:</p> <ul style="list-style-type: none"> • At the governor workshop, governors heard about the financial position and the transformation programme. <p>Governors are concerned that the consultant body is disconnected from the process and encourage the development of ideas from the floor upwards;</p> <ul style="list-style-type: none"> • Governors are also concerned with the turnover of administration staff; • The update on the 16/17 financial position and budgets was very useful and the governors were able to better understand the risks; and • The Joint KHP Event was also very useful and it was the first time that the Trust had such a wide body of experts across KHP on hand to provide insights in some very relevant areas. 	
16/79	Board Committee Annual Report	
16/79.1	<p><u>Audit Committee</u></p> <p>The Board noted and approved annual report from the Audit Committee and the revised terms of reference.</p>	
16/79.2	<p><u>Finance & Performance Committee</u></p> <p>The Board noted and approved annual report from the Finance & Performance Committee and the revised terms of reference.</p>	
16/79.3	<p><u>Quality & Governance Committee</u></p> <p>The Board noted and approved annual report from the Quality & Governance Committee and the revised terms of reference.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/79.4	<u>Chair's and Non-Executive Director's (NEDs) Activity Report</u> The Board noted the report on the Chair and NED's activity.	
16/79.5	<u>Confirmed Board Committee Minutes</u> The Board noted and received the confirmed minutes of the Finance & Performance Committee held on 26 May 2016.	
16/80	ANY OTHER BUSINESS <u>Junior Doctors Strike</u> The Board noted that junior doctors vetoed the new contract. The Trust has no news about whether or not they will be further strikes but the contract will be implemented regardless.	
16/81	DATE OF NEXT MEETING Friday, 09 September 2016, 09:30, Dulwich Room, Hambeldon Wing	