

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

Minutes of the Meeting of the Board of Directors held at 11:15, 05 October 2016 in the Large Hall, 4th Floor, Bromley Central Library

Members:

Lord Kerslake (BK)	Trust Chair
Sue Slipman (SS)	Non-Executive Director, Vice Chair
Faith Boardman (FB)	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
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
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:

Chris Stooke (CS)	Non-Executive Director
Jane Farrell (JF)	Chief Operating Officer
Ahmad Toumadj (AT) – <i>Non-voting Director</i>	Interim Director of Capital, Estates & Facilities
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>
16/96	<u>Apologies</u>	
	Apologies for absence were noted.	
	The Board also welcomed new directors on the Board, Jane Bond - Director of Capital Estates & Facilities, Shelley Dolan – Director of Nursing & Midwifery and Lisa Hollins – Director of Transformation & ICT.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/97	<u>Declarations of Interest</u>	
	There were no declarations on interest made at the meeting.	
16/98	<u>Minutes of the previous meeting</u>	
	The minutes of the meeting held on 09 September 2016 were approved as a correct record subject to showing Chris North in attendance.	
16/99	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted.	
16/100	BEST QUALITY OF CARE	
16/100.1	<u>Patient Story</u>	
	The Board welcomed patient Brian Holland and Jessica Bush, Head of Engagement and Patient Experience.	
	Mr Holland outlined the contents of his presentation highlighting the challenges he has come across in communicating with the Trust and made the following salient points:	
	<ul style="list-style-type: none"> • The Trust's communications pertaining to referrals and follow-up with patients are somewhat protracted and nonsensical; • Since attending a consultation on 23 August the appointment to fit a small split is still awaited and in chase correspondence with the Trust has been unhelpful; • The Trust's telephone answering system is not intuitive and is too long. It took 2 minutes and 20 seconds to traverse the system to no end; • Eventually when you get through to someone the approach is terse and again unhelpful; • The individuals named in the presentation are to be congratulated because they provided a level of support and engagement over and above previous experiences; • Ways to improve the telephone message is included in the presentation; and 	
	The following points were raised in discussion:	
	<ul style="list-style-type: none"> • Mr Holland's points are highly pertinent and reflect the issues the Board have been discussing and his points are well taken. 	
	The Trust recognise the need for change and JW will follow-up and chase Mr Holland's appointment letter;	
	<ul style="list-style-type: none"> • The hospital must do better and outpatients services is a feature of the Trust's transformation programme but some interim work around telephone systems can be conducted in the short term; 	

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	<ul style="list-style-type: none"> • As part of the transformation programme the Trust will be working with a group of patients to ensure key changes are made with the patients at the forefront; • Bottlenecks are created in the system in the appointments process especially when staff are away; • Other health professionals calling into the Trust also find it challenging, there should be a more tailored phone message; and • The Trust's paediatric service at the Princess Royal University Hospital (PRUH) site has a very effective system which means a patient does not leave before being issued with their next appointment. The Trust should use this system as a model for the rest of the Trust's outpatient services. 	
16/100.2	<p><u>Quarterly Patient Experience Report</u></p> <p>The Board received the quarterly patient experience report.</p> <p>The following key points were reported:</p> <ul style="list-style-type: none"> • In patient performance has remained static; • Outpatient services performance is very challenged with key issues being staff attitudes, correspondence and appointment systems; • There is a clear rise in the number of complaints about outpatients; and • Response to complaints has dropped off to 45% with liver and surgery areas struggling the most. <p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> • Complaints could be an area of quick wins and SD has some ideas of how to tackle the response times; • The Patient Advice Liaison Service (PALS) does triage a lot of issues but a lot of patients still want to progress through the complaints route; • The issues with outpatients and complaints are to be treated separately; and • The new structure will facilitate better cohesion of the outpatient services. <p>The Board agreed that they would receive a report on plans to improve patients' outpatient experience and complaints performance.</p>	SD
16/100.3	<p><u>Care Quality Commission (CQC) Update</u></p> <p>The Board received and discussed the latest version of the CQC action tracker.</p> <p>The following key points were reported:</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • Lots of issues about how people are support in the community; • There has historically been a lack of investment in diabetes services at the PRUH because this service was previously provided by Bromley Healthcare; and • The outcomes and the good areas of practice and care being delivered to patients assure the Board. 	
	<p>It was agreed that the key for the outcomes report would be moved to the top of the report.</p>	JW
16/100.4	<p><u>Quality & Governance Committee Chair Update</u></p> <p>GM an overview from the recent Quality & Governance Committee.</p> <p>He advised that whilst outcome performance is good and definitely better than it has been over the five years the following things remain of concern:</p> <ul style="list-style-type: none"> • Never events are concerning and the Committee took a detailed review and considered what has been done to address the issues. The Committee note the number of steps in place to ensure no more never events happen. <p>Despite the introduction of the new measures the Committee is not wholly assured and will keep never events on the Committee's agenda;</p> <ul style="list-style-type: none"> • The other area of concern for the Committee is volume and the types of hospital acquired infections. <p>In particular the norovirus outbreak at the Princess Royal University Hospital (PRUH) site and at Denmark Hill have been particular significant. Full reports were presented to the Committee and the issue will be kept under review.</p> <p>CPE is also very concerning as these infection strains are very resistant to powerful antibiotics. At its meeting the Committee also looked at the types of bugs, why the resistants' develops and whilst the concern remains the Committee was assured that the Trust is taking a number of steps including routine screening; and</p> <ul style="list-style-type: none"> • The Committee was also considered nursing report with the vacancy rates and retention of nurses being particular areas of focus and concern. <p>It was also noted that the Committee would be considering its terms of reference to make room to explore and consider research matters.</p>	
16/101	<p><u>Chief Executive's Report</u></p> <p>The Board received and noted the report from the Chief Executive Officer (CEO).</p> <p>The following key points were reported:</p> <ul style="list-style-type: none"> • There are lots of things going in the right direction but big issue is the financial position; 	

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	<ul style="list-style-type: none"> • The King's Way transformation work is making decent progress; • The appointments into the new structure is also going well and the new structures will be implemented in the November. The focus has been on getting the very senior operations role in place; • King's Academy is making good progress and improve what the Trust has to offer to its employees;; • The Trust is focusing on improving standards and processes to ensure efficiencies are achieved in line with providing the best clinical care; • The roll out of the new electronic patient record (EPR) has begun and it is up and running on the Denmark Hill (DH) site; • Good progress has been made on improving performance against the diagnostic waits trajectory; • As above, the big material issue is the Trust's material variance of £10m against the month 4 position. <p>Some of the challenges relate to activity underperformance and the Trust is carefully scrutinising its numbers.</p> <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> • The Trust cannot loose site of the fact that the Trust outcomes are very encouraging; • From feedback it would seem that the rational for the organisational structural changes are not be clearly understood throughout the organisation. <p>The narrative of change needs to be clear, everyone needs to be on board which will drive the necessary behavioural change;</p> <ul style="list-style-type: none"> • There is considerable risk in the organisation and the new structure will foster better clarity in the chain of command and produce a fit for purpose organisation. <p>This is a high risk point for the organisation which is on a journey.</p> <p>There has been extensive engagement with the organisation and the revised structures will drive considered systemic change in a focused way but there needs to be more work on behavioural changes.</p> <p>The organisation needs this change now and there will always be tension during any major change project. The narrative will need to change and getting the right leadership in place to help get the right messages across.</p> <p>The new communications director will help shape the right messaging;</p>	

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	<ul style="list-style-type: none"> • The Trust needs to be able to measure the level of engagement. This in part would be done by measuring how people are feeling. Simple measures will be utilised by leaders to gauge how local teams are feeling on a daily basis; • The Trust will benchmark engagement and staff mood but this cannot be reliant on just a survey question it has to be embedded in the working practice of the Trust and measured in real time; • Ideally the Trust would have implemented the new structure earlier but had to wait for the JF to start as Chief Operating Officer to inform the structure; • The important thing now is how the Trust engages with the leaders being appointed in new leadership roles; • The case for change was very clear but the narrative has to demonstrate that is critical to have a useful structure. The Trust is at a vulnerable point and it is important to make consistent process; • The Trust has been working hard to ensure its plans to complete the agreed Care Quality Commission (CQC) actions are progressing well given that a visit from the CQC may be imminent. 	
	<p>The Trust has made some good progress and there are other areas which require more structure and intervention.</p>	
	<p>The Trust need to look at data on statutory mandatory training and make a strict commitment to make serious improvements as the CQC would not look favourably on failure by the Trust.</p>	
	<p>It was agreed that the Board would receive monthly updates on the CQC actions.</p>	SD/JW/JF
16/102	<u>TOP PRODUCTIVITY</u>	
16/102.1	<u>Trust Performance Report 2016/17 (Month 04)</u>	
	<p>The Board received and discussed the month 04 performance report which was also considered at a virtual meeting of the Finance & Performance Committee meeting on 23 August 2016.</p>	
	<p>The following key points were reported:</p>	
	<ul style="list-style-type: none"> • Referral to treatment (RTT) trajectory is still challenged relating to the issues of capacity on wards and resources; • In June performance dipped below the Trust's target; • Whilst there has not been any growth in the Emergency Department (ED) admissions activity has been stepped up which has slowed down ED pathway; 	

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	<ul style="list-style-type: none"> • In July the Princess Royal University Hospital (PRUH) site dropped in performance with more pressure on emergency beds impacting on flow out of the hospital; • There has been in admission at the PRUH but in August there was a stepped improvement; • The Trust was above its ED trajectory at 88.1% in August but did not meet the sustainable transformation fund trajectory for the quarter; • At the beginning of September PRUH has been very challenged and issues relate to having sufficient medical beds. The pace of turnaround but there is fragility in the performance; • The Trust will be running a safer faster week at the DH site to get the whole organisation geared up and involved in progress discharges; • The Trust needs to do more assess the increased activity levels to ascertain if the acuity of the patients is the sole driving factor. <p>The urgent care centre at the PRUH is not delivering on breaches but Angela Bahn is working with the Trust to improve the performance;</p> <ul style="list-style-type: none"> • The transfer of care bureau is working well to get discharges done however this is countered by the number of emergency increases; • The key issue is about failed discharges and how the Trust can improve this in the next few weeks; • The Trust has been working on the RTT backlog and is marginally ahead of trajectory; • The challenge lies with 52-day wait and there has been an increase in July. The Trust is treating patients on a daily basis but there have been 77 breaches in September; • The Trust is monitoring the PTL on a weekly basis; • There is an issue with admitted and non-admitted neuro patients pathways but the Trust is making good progress with 17 patients seen recently and another 16 have dates; • The Trust forecast coming ahead of its RTT targets by end of March 2017; • On hold, the Trust is making significant progress on cancer. Screening targets are slightly off; • The diagnostics wait position has improved although still of the national trajectory of 1% which the NHS England expect the Trust to fill; • The Trust has had two reported cases on MRSA in the period; and 	

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	<ul style="list-style-type: none"> CPE cases is an issue with 46 cases reported during the period. The Trust is conducting a deep dive into the position. <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> If the focus is on discharges the Trust has to be careful about the link to readmission rates; Consultants are more involved in the discharge process and with the implementation of the seven-day working and the Trust will continue to drive consultant involvement in discharge; The performance for ED is critical but the impact of increased activity on the financial position and the ability generate income; The Trust has a number grade 2 bed sores but not grade 4. These relate the condition of patients and sometimes the drugs that they are on; The vacancy rates are rising but there has been a huge recruitment drive over the last three months with new nurses starting in January 2017. <p>Medical vacancy rates are also a concern comes to a point where the Trust has long term viability. The DH site is more attractive than the PRUH due in part of the higher cost of living; and</p> <ul style="list-style-type: none"> The Trust need people to apply for jobs at the PRUH and will therefore apply different recruitment campaigns. The Trust will have to consider the different models to match London weighting pay scales for PRUH based staff. <p>The Trust is also looking into retention of staff through initiatives such as moving staff around providing learning, development and promotion activities.</p>	
	The Board agreed that the executive would review the Trust's recruitment and retention strategy and return to the Board for a full discussion.	DB
16/103	SKILLED, 'CAN DO' TEAMS	
16/103.1	<u>Monthly Nurse Staffing Levels Report</u>	
	The Board received and noted the monthly nurse and midwifery staffing levels report.	
16/104	FIRM FOUNDATIONS	
	<i>Sound Finance</i>	
16/104.1	<u>Finance Report (Month 04)</u>	
	The Board received and discussed the month 04 finance report which was also considered at a virtual meeting of the Finance & Performance Committee meeting on 23 August 2016.	

Item	<u>Subject</u>	Action
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The following key points were reported:

- At month 4 the Trust has deficit of £44.1m which is £19m adverse against plan. Attributing factors include:
 - non-receipt of the £10m sustainable transformation fund (STF);
 - Income shortfalls related to cost on volume contract with NHS England (NHSE) and local commissioners circa £7.4m;
 - CIPs is behind by £2.4m and £2m flow through from the previous year – and mitigations are being explored;
 - Impact of last year's shortfall.

The Trust is exploring mitigations but this is not a good position to be at this period of item and the Trust will attract scrutiny by regulators;

- The Trust has conducted a detailed review and projection from the month four position extrapolated over the next eight months with the view of developing a robust plan to mitigate the position;
- The Trust is also looking at its spend and is keeping vigil on the cash position;
- Because of the size of the deficit the Trust has utilised most of its funding facility and the Trust will put in an application for future case support to NHS Improvement (NHSI);
- NHSI has not yet confirmed approval of the Trust's £71.2m capital programme; and
- The Trust has already undertaken £24m worth of capital schemes at risk in order to increase bed capacity and improve ED pathway.

The following key points were raised in discussion:

- The July position includes all the consequences of not achieving the targets;
- The Trust is doqn on dental , neuro-surgery, ITU/elective care and cardiac targets which is attributing to the position;
- The Trust is over performing on its block contract but under performing against the NHSE cost and volume contract; and
- Critical care and emergency activity is crowding out tertiary activity.

16/104.2 Finance & Performance Committee Chair Update

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

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<i>Rigorous Governance</i>	
16/105	<u>Council of Governors Report</u>	
	<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"> • Governors would like to participate in new nurses induction programmes; • The recent governor and non-executive review session was very useful and all governor questions were addressed; • It is important that governors are kept in the loop about the developments within the Trust such as the transformation programme and the restructure so they may ably articulate to members and the public; • It would be useful to give the governors a briefing note a briefing note ahead the Annual Members Meeting and that there will be fortnightly communications update on communications updates sent to governors about pertinent news stories. 	DB/NM
16/106	<u>Confirmed Board Committee Minutes</u>	
	The Board noted and received the confirmed minutes of the Finance & Performance Committee held on 26 May 2016.	
16/107	<u>Chair's and Non-Executive Director's (NEDs) Activity Report</u>	
	The Board noted the report on the Chair and NED's activity.	
16/108	ANY OTHER BUSINESS	
	<p><u>Peter Fry</u> The Board noted that this was Peter Fry's last meeting of the Board and that he will leave the Trust on 23 September. The Board thanked Peter for his contribution to the Trust and wished him well in his new role as Chief Operating Officer at Mid Essex Hospital Services NHS Trust.</p>	
16/109	DATE OF NEXT MEETING	
	Wednesday, 05 October 2016, 11:00, Bromley Library, High Street, Bromley, BR1 1EX	