

## 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
Chris Stooke (CS)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director
Prof. Ghulam Mufti (GM1)	Non-Executive Director
Prof. Jonathon Cohen (JC)	Non-Executive Director
Dr Alix Pryde (AP)	Non-Executive Director
Erik Nordkamp (EN)	Non-Executive Director
Nick Moberly (NM)	Chief Executive Officer
Jane Bond (JB1)	Director of Capital Estates & Facilities
Dawn Brodrick (DB)	Director of Workforce Development
Jane Farrell (JF)	Chief Operating Officer
Colin Gentile (CG)	Chief Financial Officer
Lisa Hollins (LH)	Director of Transformation & ICT
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
Julia Wendon (JW)	Medical Director

### In attendance:

Tamara Cowan (TC)	Board Secretary (Minutes)
Paula Townsend (PT)	Deputy Director of Nursing & Midwifery
Brian Holland (BH)	Patient ( <i>item 16/100.1 only</i> )
Jessica Bush (JB2)	Head of Engagement & Patient Experience
Robert Kettell	Department of Health
Various Governors	(Patient, Public, Staff Constituencies)

### Apologies:

Sue Slipman (SS)	Non-Executive Director, Vice Chair
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	<b><u>Declarations of Interest</u></b>	
	There were no declarations on interest made at the meeting.	
16/98	<b><u>Minutes of the previous meeting</u></b>	
	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	<b><u>Matters Arising/Action Tracking</u></b>	
	The action tracker was noted.	
16/100	<b>BEST QUALITY OF CARE</b>	
16/100.1	<b><u>Patient Story</u></b>	
	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"> <li>• The Trust's communications pertaining to referrals and follow-up with patients are somewhat protracted and nonsensical;</li> <li>• 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;</li> <li>• 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;</li> <li>• Eventually when you get through to someone the approach is terse and again unhelpful;</li> <li>• The individuals named in the presentation are to be congratulated because they provided a level of support and engagement over and above previous experiences;</li> <li>• Ways to improve the telephone message is included in the presentation; and</li> </ul>	
	The following points were raised in discussion:	
	<ul style="list-style-type: none"> <li>• Mr Holland's points are highly pertinent and reflect the issues the Board have been discussing and his points are well taken.</li> </ul>	
	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"> <li>• 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;</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>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;</li> <li>Bottlenecks are created in the system in the appointments process especially when staff are away;</li> <li>Other health professionals calling into the Trust also find it challenging, there should be a more tailored phone message; and</li> <li>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.</li> </ul>	

#### **16/100.2 Quarterly Patient Experience Report**

The Board received the quarterly patient experience report.

The following key points were reported:

- 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.

The following points were raised in discussion:

- 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.

**The Board agreed that they would receive a report on plans to improve patients' outpatient experience and complaints performance.**

**SD**

#### **16/100.3 Care Quality Commission (CQC) Update**

The Board received and discussed the latest version of the CQC actions list.

The following key points were reported:

- The CQC recently contacted the Trust and requested an updated copy of its action plan in response to the required improvements;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• The action plan was presented and discussed by the Quality &amp; Governance Committee which met on 16 September 2016;</li> <li>• The back to basics programme is up and running and will be a very useful tool to drive continued improvement;</li> <li>• The Trust will be able to demonstrate improvement against the requires improvement actions;</li> <li>• There have services have been relocated such as relocation of liver outpatients, improving the policies and processes around syringe drivers, maternity unit capacity reviewed and new practices put in place</li> <li>• Level 1 Mental Capacity Act and DoLs is at 90% levels 2-5 is circa 68% so more work to be done;</li> <li>• Medical records availability has improved to 95%;</li> <li>• The Trust's emergency department challenges remain a challenge with some areas of improvement but there are wider system drivers and the Trust has plans to improve the emergency pathway as part of the transformation programme;</li> <li>• The Trust has rolled out e-DNACPR trust-wide to address the issues with this information not being recorded properly;</li> <li>• PT and Judith Seddon met with the CQC following submission the updated action plan and the advised they were not likely to visit before May 2017*; and</li> <li>• The Trust's ambition is to move out of 'requires improvement' and to a good rating.</li> </ul>	

**The Board noted the updated action plan against the requires improvement actions from the CQC and that SD will be progressing works to improve the Trust's rating.**

*\*Shortly following this meeting the Trust was advised that the CQC would visit the Trust on 13 October for a short visit focusing only on the areas included in the action plan.*

#### **16/100.4 Quality & Governance Committee Chair Update**

GM provided an overview from the recent Quality & Governance Committee and the Board noted the summary report of the meeting.

The Committee considered the national cancer patient survey and concluded that there cancer pathway called for greater focus given the number areas in the survey which is rated red. The themes from the cancer survey is reflective the Trust has no focus on the services.

The Committee also reviewed the in-depth report into the CPE cases in the liver unit and assured that everything that was to be done was being done.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The Committee also flagged its concerns about patient experience in particular the outpatients and friends and family patient feedback.</p> <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> <li>• The Trust should look into having a focus cancer group;</li> <li>• A way of operationalising the way cancer services is being delivered;</li> <li>• A more holistic approach needs to be taken to deliver the cancer services;</li> <li>• Within the new organisational structure a band 9 position has been created to focus on cancer deliver;</li> <li>• It is also recognised that the Trust needs to strengthen delivery and operational leadership; and</li> <li>• There is a sense that the cohesion of the service is missing. There needs to be uniformity.</li> </ul>	
	<p><b>It was agreed that the Board would receive an update on cancer services and how the points raised about improving experience will be addressed through the new structure.</b></p>	<b>JW/SD</b>
<b>16/101</b>	<b><u>Chief Executive's Report</u></b>	
	<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"> <li>• The Trust is running with a significant deficit which puts the Trust on the radar and therefore at risk of being put in financial special measures.</li> </ul> <p>The regulator, NHS Improvement, (NHSI) wants the Trust to make significant financial improvement and close a £30m gap in the financial position;</p> <ul style="list-style-type: none"> <li>• The Trust is on the brink of transitioning to the new organisational structure;</li> <li>• In the long-term the Trust is working on the clinical transformation programme. There is lots of work to do but there is a formal programme which the Trust is working hard to achieve; and</li> <li>• There are always some areas of good news.</li> </ul>	
	<p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> <li>• All providers are required to submit the joint sustainability and transformation plan (STP) developed jointly with commissioning colleagues and other stakeholders.</li> </ul> <p>The Trust is required to sign-off its South East London commitments before the STP is submitted end-October.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>There are lots on uncertainty around the process and system leaders need to look at this.</p> <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> <li>• The Trust is also expected to produce a 2-year operational plan by the end of December and the STP will have to be aligned;</li> <li>• The applications for Biomedical Research Centres have been successful which equates to circa £120m of funding;</li> <li>• The Alex Mowat Paediatric Research Laboratories were opened recently;</li> <li>• Progress is already being made with raising funding for the KHP haematology institute;</li> <li>• The Trust needs to ensure that in developing the STP, 2-year plans and the transformation programme there is now double/triple counting.</li> </ul> <p>There is also a danger that there will be some under counting as it does not include social care pressures;</p> <ul style="list-style-type: none"> <li>• The Trust-wide staff survey launches today and the target is to get at least a 50% response rate; and</li> <li>• The outcomes are very much improved.</li> </ul> <p><b>The Board agreed the following:</b></p> <ol style="list-style-type: none"> <li><b>1) A summary of the STP would be circulated to board members; and</b></li> <li><b>2) The Board would have a session on the STP and the interdependences with the Trust's 2-year plan ahead of the December submission.</b></li> </ol>	
16/102	<b><u>TOP PRODUCTIVITY</u></b>	
16/102.1	<b><u>Trust Performance Report 2016/17 (Month 05)</u></b>	
	<p>The Board received and discussed the month 05 performance report which was also considered at meeting of the Finance &amp; Performance Committee held on 26 September 2016.</p> <p>The following key points were reported:</p> <ul style="list-style-type: none"> <li>• The Trust emergency department (ED) performance has moved from 83.5% to 88% which is in excess of the regulatory trajectory.</li> </ul> <p>There has been a marginal degradation in the performance at the Princess Royal University Hospital (PRUH) but performance did not drop below 90%;</p> <ul style="list-style-type: none"> <li>• The Trust, however, need to ensure that this performance is sustainable;</li> <li>• At the Denmark Hill (DH) site all types of performance improved to 87.2%.</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The driving force in the performance of the DH ED remains the mismatch in demand and capacity. The plans for ED however will not delivery until the end-quarter four;</p> <ul style="list-style-type: none"> <li>• The work to increase the bed capacity is underway and on track;</li> <li>• The Trust is 70 cases behind its 52-week breaches so the Trust has exceeded its trajectory but this is within a highly challenged environment;</li> <li>• The Trust plans to eradicate all non-neurosurgery 52-waiters backlog by end of October;</li> <li>• One of the main challenges for the Trust is meeting cancer screening targets but the Trust is trying to understand the issue and find a solution;</li> <li>• Performance against diagnostic waits has improved significantly, moving from 6.8% to 1.2% which is near the national trajectory of 1%.</li> </ul> <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> <li>• The finance and performance committee recognises the challenge facing the Trust on not only the finances but also the operational performance challenges;</li> <li>• There have been huge improvements in the operational performance but the Trust recognise that there is circa £15m income opportunity that can be released by improving the utilisation of theatres.</li> </ul> <p>The Trust is developing plans which will identify target and to get the Trust where it needs to be as well as augment the usage of theatres especially for the neurosurgery list;</p> <ul style="list-style-type: none"> <li>• There are still pockets of blockages getting patients who are medically fit for discharge to either local district general hospitals or the correct community forum which are using beds needed to treat other patient.</li> </ul> <p>The Trust continues to track these issues and the impact on the bed capacity but it is a systemic issue.</p>	
<b>16/102.2</b>	<b><u>Carbon Reduction Update</u></b>	
	<p>The Board received and noted the annual carbon reduction report. It was also note that the Trust would look into getting censor taps.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/103	<b>SKILLED, 'CAN DO' TEAMS</b>	
16/103.1	<b><u>Monthly Nurse Staffing Levels Report</u></b>	
	<p>The Board received and noted the monthly nurse and midwifery staffing levels report.</p> <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> <li>• The Denmark Hill (DH) site uses more nurses for mental health patients</li> <li>• The difference in the number of red shifts between the (DH) and the Princess Royal University Hospital (PRUH) may relate to a number of issues such as the differentials of vacancy rates, acuity of patients or simply the reporting;</li> <li>• There is no set benchmark for the optimal level of nurses to be placed on each ward.</li> </ul> <p>Each ward has a different level of requirement and during any shift may have to respond to staff absences or increase acuity of patients on the wards, making an assessment about what is the safe level of staff required to treat patients.</p> <p>NICE guidelines states that a ward should operate at 95% staffing levels but there is no perfect science.</p> <p><b>The Nursing Performance Report would be recast to give greater clarity on the aggregated Trust picture of nursing staffing levels and the real impact this has.</b></p>	SD
16/104	<b>FIRM FOUNDATIONS</b>	
	<b><i>Sound Finance</i></b>	
16/104.1	<b><u>Finance Report (Month 05)</u></b>	
	<p>The Board received and discussed the month 05 finance report which was also considered at a meeting of the Finance &amp; Performance Committee held on 26 September 2016.</p> <p>The following key points were reported:</p> <ul style="list-style-type: none"> <li>• At month 5, the Trust has deficit of £50.8m which is circa £25m adverse against plan;</li> <li>• Reflected in the sum is the non-receipt of the suitability and transformation fund';</li> <li>• The Trust continues to focus on cutting cost ;</li> <li>• Cash is high on the Trust's lists of financial concerns as it has drawn down most of the working capital facility;</li> </ul>	

Item	<u>Subject</u>	Action
	<ul style="list-style-type: none"> <li>The Trust will have to make some hard decisions about its capital plan programme given that its request for capital distress funding has not yet been approved by NHS England.</li> </ul> <p>The Trust has already undertaken some capital works at risk to increase the bed capacity; and</p> <ul style="list-style-type: none"> <li>The Trust is keep NHS Improvement abreast of the financial challenges facing the Trust.</li> </ul> <p>The Board noted that this current position puts the Trust under the microscope and the subject of intense scrutiny therefore it is vital that the Trust manages this position very carefully.</p>	
16/104.2	<b><u>Finance &amp; Performance Committee Chair Update</u></b>	
	<p>The Board received and noted the report from the Committee Chair.</p> <p>CS advised that the Committee were all too keenly aware of the significance of the financial position but it must be recognised that the current plans have no contingency.</p> <p>The Trust CIPs is not too far behind but given that the Trust will have to continue finding savings year on year this is putting further strain on the Trust.</p> <p>The lack of contingency is also affecting the Trust's cash position.</p> <p>The Committee also recognised the need to improve its procurement processes, which is now under Interventional Facilities Management, and through these improvements, the Trust can make savings.</p>	
	<b><i>Rigorous Governance</i></b>	
16/105	<b><u>Board Assurance Framework</u></b>	
	<p>The Board received and noted the Board Assurance Framework (BAF) discussed at the quality &amp; Governance Committee on 16 September and the Audit Committee on 22 September.</p> <p>The Board noted the following:</p> <ul style="list-style-type: none"> <li><i>Risk 7: Inability to generate sufficient cash to support running of Trust services</i> has been incorporated into Risk 1.</li> </ul> <p>The rationale for this movement reflects that the generation of sufficient cash is intrinsic to the Trust's ability to deliver financial sustainability. The corporate risk register also incorporates local risks around the cash generation.</p>	

Item	<u>Subject</u>	Action
	<ul style="list-style-type: none"> <li>Risk 2: <i>Integrated care initiatives fail to deliver reduced admissions eliminate delayed discharges or improve care outside the hospital</i> net risk has moved from 15 to 20.</li> </ul> <p>This was change with the input of Quality and Governance Committee. The equal rating of both gross and net risk is reflective of the fact that there are inherent risks which despite the Trust's plans there are external factors which are outside the control. Accordingly, the Trust is excepting of the level of risk; and</p> <ul style="list-style-type: none"> <li>All other risks have maintained their risk net rating indicating that the controls are adequate to manage the risks to the strategic objectives.</li> </ul> <p><b>The Board agreed that:</b></p> <ol style="list-style-type: none"> <li><b>1) The Board Assurance Framework would be reviewed more frequently and in conjunction with the risk register;</b></li> <li><b>2) The Trust would look at devising targets for each risk on the BAF;</b></li> <li><b>3) The net rating for risk 1 remains at 20.</b></li> </ol> <p><b>The Board also noted that CG had taken responsibility for the BAF and has commissioned a review of the process and the format of the report.</b></p>	
16/106	<b><u>Council of Governors Report</u></b>	
	<p>The Board received an update on the activities of the Council of Governors from Lead Governor, Chris North.</p> <p>He advised that governors are extremely concerned about the Trust' financial position especially given a recent article in the HSJ which states that the Trust was one of five hospitals facing increased financial scrutiny.</p> <p>Governors are also concerned about the impact of CIPs decisions and the impact on patient experience especially in outpatients.</p> <p>Governors are also interested in the governance processes around the South East London sustainability and transformation plan (STP) and concerned that this will represent another onerous level of input which will distract other important work.</p> <p>In response to the following points were raised:</p> <ul style="list-style-type: none"> <li>The Board shares the concern of governors about the financial position. This is a very high risk position and if the Trust does not get a firm grip on finances as a matter of priority it will face increased regulatory scrutiny.</li> </ul> <p>The Trust is working on plans to close a £30m gap in its forecast for 2016/17.</p> <p>The Trust has been very clear about the challenges it is facing and has been very transparent with NHS Improvement;</p> <ul style="list-style-type: none"> <li>Whilst there are recognised systemic issues with outpatients processes the Board is assured by improved quality metrics and outcome data.</li> </ul>	

Item	<u>Subject</u>	Action
	<p>The Board is concerned about the outpatients services and the experience of its patients and has discussed ways to improve these services in the short term and as part of the longer-term transformation programme; and</p> <ul style="list-style-type: none"> <li>The Board is confident in the governance structure but there is a lot of work to be done and it is important that the interdependencies are fully understood.</li> </ul>	
16/107	<b><u>Confirmed Board Committee Minutes</u></b>	
	<p>The Board noted and received the confirmed minutes of the Finance &amp; Performance Committee held on 26 June 2016.</p>	
16/108	<b><u>Chair's and Non-Executive Director's (NEDs) Activity Report</u></b>	
	<p>The Board noted the report on the Chair and NED's activity.</p>	
16/109	<b>ANY OTHER BUSINESS</b>	
	<p><u>Toby Lambert</u>  The Board thanked Toby for his contribution over the last few months as Interim Director of Strategic Development. This is Toby's last public Board meeting as he leaves the Trust at the end of October.</p>	
16/110	<b>DATE OF NEXT MEETING</b>	
	<p>Wednesday, 02 November 2016, 09:30 Dulwich Room, Hambleden Wing, Denmark Hill.</p>	