

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

Minutes of the Meeting of the Board of Directors held at 09:30, 02 November 2016 in the Dulwich Meeting Room, Hambleton Wing, Denmark Hill

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
Erik Nordkamp (EN)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director, Vice Chair
Nick Moberly (NM)	Chief Executive Officer
Jane Bond (JB1) – <i>Non-voting Director</i>	Director of Capital Estates & Facilities
Dawn Brodrick (DB)	Director of Workforce Development
Shelley Dolan (SD)	Chief Nurse
Jane Farrell (JF)	Chief Operating Officer
Colin Gentile (CG)	Chief Financial Officer
Alan Goldsman (AG) – <i>Non-voting Director</i>	Interim Director of Strategic Development
Lisa Hollins (LH)	Director of Transformation & ICT
Julia Wendon (JW)	Medical Director

In attendance:

Elizabeth Bainbridge (EB)	Patient's Relative – Patient Story (<i>item 6.3</i>)
Sao Bui-Van (SBV)	Director of Communications
Fiona Clark (FC)	Public Governor
Penny Dale (PD)	Public Governor
Robert Kettell (RK)	Member of the Public – Department of Health
Susan Kingsland	Public
Victoria Silvester (VS)	Public Governor
Andy Simpson (AS)	Corporate Governance Officer (<i>Minutes</i>)
Vanessa Sweeney (VS1)	Head of Nursing (<i>item 6.3</i>)

Apologies:

Dr Alix Pryde (AP)	Non-Executive Director
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/111	<u>Apologies</u>	
	Apologies for absence were noted.	
	The Board also welcomed a new director on the Board, Alan Goldsman, Interim Director of Strategic Development.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/112	<u>Declarations of Interest</u>	
	There were no declarations of interest made at the meeting.	
16/113	<u>Minutes of the previous meeting</u>	
	The minutes of the meeting held on 05 October 2016 were approved as a correct record.	
16/114	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted, and the following update was provided.	
	<ul style="list-style-type: none"> • 16/103.1-05/10/2016 – This action should be reworded to reflect that what was agreed was that 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, rather than assessing this at individual ward level. 	
16/115	<u>Chief Executive's Report</u>	
	The Board received the Chief Executive's Report.	
	The following key points were noted:	
	<ul style="list-style-type: none"> • The Trust's three main focuses were the management and recovery of its in-year financial position, the implementation of its new organisational structure and driving the clinical transformation programme; • Further conversations had taken place with NHS Improvements (NHSI) earlier in the week in which it was noted that the Trust's year-end forecast had improved. Ideas needed to be generated in order to deliver the required efficiencies, but the potential risks were significant and there would be little room for error in the delivery of these efficiencies; • The Trust's assigned control total target was beyond its capabilities and this seemed to be the case for most trusts. A sensible agreement needed to be reached which reflected the Trust's operating parameters; • Good progress was being made with the organisational restructure. With external support, it is anticipated that the new structure will be implemented by mid-January 2017; • Sign-off of the three-wave Clean Sheet Redesign work streams was expected to be done within the next two to three weeks. Work was already underway for Wave Two, which involves reviewing the data and highlighting areas for change. The key is to operationalise these ideas with good levels of staff engagement; 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • Lord Carter was to visit the Trust on Monday, 7 November 2016. This would be an opportunity for the Trust to discern his views on its performance, and for the Trust to share with him the exciting work being undertaken to affect change • The Helipad opened on Wednesday, 26 October 2016. This would help the Trust to save thousands of lives, particularly by serving its trauma population of 4.5m people across South East London and Kent; • The Care Quality Commission (CQC) visited the Trust on 13 October 2016. The assessment considered differing factors for the Denmark Hill and Princess Royal University hospital sites. The report is expected to be received four weeks from 13 October and it is hoped that the Trust's rating will be changed to 'good'. <p>The CQC has confirmed verbally and in an informal letter that all of the requirements notices for Denmark Hill can be marked as completed. They were particularly impressed with the extent to which the surgical safety checklist had been embedded and with the new liver unit.</p> <p>They were also pleased with the improved staff morale at the PRUH following leadership rearrangements. Access to patients' notes at the PRUH had also improved; and</p> <p>Improvements still needed to be made with the quality and consistency of Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) documentation. An action plan has been implemented to drive these improvements. The Electronic Patient Record (EPR) would make this easier but this has not yet been implemented at the PRUH.</p> <p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> • The location of South East London's two elective orthopaedic centres would not be considered until 29 November 2016. This may have an impact on the Trust's Two-Year Operational Plan, particularly for 2018-19; and • It was hoped that outpatients will feature in the next wave of the transformation programme, but lots of work needed to be done to understand resourcing requirements. 	

16/116 TOP PRODUCTIVITY

16/116.1 **Performance Report (M06, 2016-17))**

The Board received the Trust's Performance Report for M06.

The following key points were reported;

- The Trust's performance against the four-hour waiting time target worsened from the 88.18% reported in August to 82.01% in September. This is below the commissioner-agreed trajectory of 91.40% agreed for Sustainability and Transformation Funding;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • Referral to Treatment Time (RTT) targets worsened from 82.20% in August to 80.79% in September. This is lower than the commissioner agreed performance trajectory of 83.47%. The number of patients waiting more than fifty two weeks at the end of September increased to 146 from 144 at the end of August; • An increase in the number of delayed discharges has had a negative impact on patient flow which has been felt across all emergency pathways. This in turn has contributed to the increased number of breaches; • Q2 cancer waiting time targets have been achieved with the exception of the 62-day screening target, for which 88.8% was achieved against a target of 90%; • The number of type-one attendances in the Emergency Department (ED) at Denmark Hill (DH) increased by 2.7% in September compared to August. The result has been a crowded ED in which capacity has been unable to be released; • Both the DH and PRUH sites are struggling to achieve and sustain trajectories. This is likely to be the case until capacity right-sizing has been achieved. <p>Work to achieve this is underway in cooperation with partners and commissioners, and a meeting was to take place on Friday to discuss constraints. There has been positive acknowledgement by NHSI of the capacity and demand misalignment;</p> <ul style="list-style-type: none"> • Plans for the ED expansion cannot be operationalised until Q1 of 2017-18 due to delays in identifying a relocation solution for clinics from Suite 3; • A meeting was to take place on Friday 4 November to discuss the feasibility of new ways of working and what the associated arrangements might be as part of the Clean Sheet Redesign; and • The programme of work to increase bed capacity at Orpington was moving at pace, and there has been positive feedback from commissioners. <p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> • The challenges with the ED expansion could present obstacles in making improvements identified by the CQC. It would be valuable for Trust performance reporting to give greater visibility of drivers and levers for change in order to be able to respond effectively and drive continuous improvement; <p>There needed to be a strong focus on taking the lessons learned from periods of good performance and embedding them firmly through micromanagement. However micromanagement is not sustainable in the long-term, and the good levels of clinical and non-clinical engagement need to be harnessed;</p> <ul style="list-style-type: none"> • The negative impact of these areas of under-performance is reflected in the Trust's Friends and Family Test (FTT) scores and in staff morale levels. There is evidence that staff and patient experience are closely linked, and there needed to be a strong focus on addressing the associated issues as part of the clinical transformation programme; 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • An exercise was undertaken to examine patient experience across London. It revealed that a lot of the negative experiences were linked with patient pathway design; • It should be simple for the Trust to address some of the themes present in the negative patient experiences within outpatients. They relate predominantly to poor communication and staff attitude and these things can be addressed in advance of clinical transformation; • There have been 2,000 responses to the National Staff Survey with four weeks left until the close date. The Trust would like a 30% increase on this response rate. An internal staff engagement plan is being implemented in conjunction with the Director of Communications to try and achieve this; and • Winter planning is underway and a comprehensive set of mitigation plans are being developed with the anticipation that activity levels may increase. 	
	The Board agreed the following actions:	
	1) Progress with initiatives implemented to improve communications and staff attitude within outpatients departments should be heard by the Board at a future meeting;	SD
	2) An update on staff morale levels will be presented to the Board at its meeting in February 2017 after the National Staff Survey results have been analysed;	DB
	3) The Trust performance report will be redesigned to give greater visibility of the drivers and levers for change in order to be able to respond effectively and drive continuous improvement;	JF
	4) A plan will be devised to demonstrate how the various threads of the projects designed to increase capacity sit in conjunction with each other, and when the associated benefits are expected to be realised; and	JF
	5) The Board will receive a presentation on the findings of the MBI Health Group Report into Referral to Treatment Improvements, as well as the Trust's response, at a future meeting.	JF
16/117	<u>SKILLED, CAN-DO TEAMS</u>	
16/117.1	Monthly Nurse Staffing Levels Report	
	The Board received and discussed the Monthly Staffing Report.	
	The following key points were reported:	
	<ul style="list-style-type: none"> • There are inadequate nursing staff levels at the Trust. The average shift-fill rate at DH is below the 95% informal benchmark of foundation trusts and below that of other Shelford Group trusts; • The Trust is a high net importer of staff who subsequently leave the Trust as part of a London-wide transitioning of nursing staff across trusts; and 	

- The Trust needed to make King's a 'go-to' place for nursing, and to strengthen the recruiting and retaining of nursing staff.
- **The Board agreed that the format of the Nursing Performance Report would be changed to demonstrate more meaningfully the impact of staffing levels.**

SD

16/117.2 Doctors' Revalidation Report

The Board received the Doctors' Revalidation Report.

The following key points were reported:

- The current revalidation arrangements took effect from 2012. The Trust's Revalidation Management System has facilitated the appraisal and revalidation process and data handling across the enlarged Trust;
- The majority of doctors have revalidated, while some have been offered the option of deferment whilst all of the necessary evidence to complete revalidation is collected;
- The current revalidation figures are as follows:
 - 51 doctors have revalidated;
 - 10 have deferred pending the receipt of further information; and
 - None have neglected to engage with the process

16/118 Overview of the Trust's Planned Restructure

The Board received and discussed the Overview of the Trust's Planned Restructure.

The following key points were noted:

- The planning phase of the implementation is underway, which involves aligning people, budgets and reporting;
- A band 9 nurse should start at the Trust by the end of December which should give more operational resilience in January; and
- Work is underway to understand what the leadership arrangements should look like as part of the medical restructuring.

The following points were raised in discussion:

- It is vitally important to establish clear and consistent operational rhythm;
- Effective team building is required to build the new team relationships and engage them with the new structure. This should be done at team level, starting with the top tier of the organisation.

The Board agreed the facilitated leadership development session which was due to take place at the cancelled Board Development Day in October will take place at the Development Day scheduled for 02 December 2016.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/119	<u>FIRM FOUNDATIONS</u>	

Sound Finances

16/119.1 Finance Report (M06, 2016-17)

The Board received the Monthly Finance Report.

The following key points were noted:

- The half-year report covering months one to six was presented to the Finance and Performance Committee;
- The Trust's cumulative operating deficit at M06 is £59.6m. This represents an adverse variance of £33.6m against the year-to-date planned deficit of 26m;
- The year-to-date variance is £33.5m, which would be £19.5m if the income variances acknowledged by NHSI were excluded. These variances include Sustainability and Transformation Funding, the Special Purpose Vehicle relating to the Transformation Programme and the Hepatitis C Commissioning for Quality and Innovation (CQUIN) payment;
- The drivers of this negative variance are underperformance, non-care cost pressures and slippage in the Cost Improvement Programme (CIP);
- The Trust's 6+6 forecast, which made assumptions based on performance at M06, indicated that the year-end deficit would be £49m. This is contingent on the Trust delivering against all of its plans;
- One of the obstacles in delivery plans to increase performance is that the Trust has already drawn down £80.7m of the available working capital facility, which represents 90% of the total available;
- The year-end forecast indicates that the total capital spend will be £71.2m. This means that £40m cash will be needed to support the capital.
- The Trust currently is using revenue support cash to help support capital. Additional cash to support its revenue position has been applied for. The revenue position will be monitored monthly through the Finance and Performance Committee;
- The current position is that the Trust should only spend on capital if it is absolutely necessary; and
- In line with the new organisational structure, the Trust will review its Standing Financial Instructions, Standing Orders and Scheme of Delegation;

The following points were raised in discussion:

- The current expectation is that the Transformation Programme will have a positive impact on the Trust's financial position in 2017-18. Though the sequence of events do not allow for any additional upside for the current financial year;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • In order to help improve its financial position for the future, the Trust hopes to deliver more value-added and fee-paying activity; • One of the obstacles in increasing private patient activity is linked with more general performance issues. It has proven difficult to secure intensive therapy unit and theatre slots. Work to improve this is underway, though a more realistic timeframe for delivering increased private patient activity is three years; • The Trust needs clarity on what is possible and what will have the greatest impact in improving its future financial position; and • Greater clarity is also required on how commercial income from research will feed into its financial plan. 	
16/119.2	<p><u>Finance & Performance Committee Chair Update</u></p> <p>The Board agreed that the points in the report were covered adequately by the discussions of the M06 Finance Report</p> <p><u>Rigorous Governance</u></p>	
16/120	<p><u>Council of Governors Report</u></p> <p>The Board welcomed Victoria Silvester, who delivered the Council of Governors Report in place of Chris North, Lead Governor.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> • The Council of Governors is assured by the report from the Chief Nurse that the Trust is making good progress in delivering against its CQC requirement notices. The Council is also pleased that focus is being made on making improvements in outpatients departments; and • The Council of Governors would like to receive the Sustainability and Transformation Plan submission, as well as the Two-Year Operational Plan and the official response from the CQC from its visit to the Trust on 13 October 2016. <p>The Board agreed that the Council of Governors would receive the Sustainability and Transformation Plan submission, as well as the Two-Year Operational Plan and the official response from the CQC from its visit to the Trust on 13 October 2016.</p>	BK
16/121	<p><u>BEST QUALITY OF CARE</u></p>	
16/121.1	<p><u>Quarterly Patient Safety Report (Q2, 2016-17)</u></p> <p>The Board received the Quarterly Patient Safety Report.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> • No 'Never Events, had been reported since the last report to the Board on 5 July 2016; 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> • A maternal death was heard at inquest in August 2016. The coroner held that the death was by natural causes contributed to by neglect, but was satisfied that the Trust had taken appropriate action to improve safety and gave no further instructions; • A MRSA bacteraemia was reported in September 2016; • The new Sunrise Electronic Patient Record was implemented successfully in August; • Improvements have been made to surgical safety following the implementation of action plans. These were summarised in the previous report, but since then the Junior Doctor Induction Programme has been updated to reference the new standing operating procedures relating to Seldinger procedures performed outside of a traditional theatre environment; • The Galaxy system does not support the addition of 'Team Brief' and 'Debrief' functionality. When the system is replaced the Trust will look at implementing this functionality; • Baseline data indicated that the Trust would need to see an incremental increase of 5-10% per quarter in order to demonstrate a 50% improvement in compliance with the screening and sepsis targets by the end of 2018-19. This is required in order to meet the prescribed targets; • Work is underway to more firmly embed a culture in which staff feel comfortable escalating concerns to more senior clinicians; and • There has been a constantly low level of hospital-acquired thromboses, and there is good adherence with Deep Vein Thrombosis prophylaxis. 	
	<p>The following key points were raised in discussion;</p> <ul style="list-style-type: none"> • A recent presentation to the Quality Assurance and Research Committee (QARC) highlighted that the Trust had moved into the top ten in the country with regards to outcomes for patients with neck-of-femur fractures; • The Trust needed to monitor continuously the extent to which actions and learning from incidents already reported from maternity services and endoscopy are embedded. <p>24-hour consultant was suggested as solution which may have prevented some of the incidents reported which related to the patients within maternity services who had complex care needs. However, the key is immediate escalation to consultants when concerns arise.</p>	
	<ul style="list-style-type: none"> • It seemed that the Trust did not have clear definitions on levels of harm caused to patients; • Errors with drugs are an ongoing concern but these are being monitored closely; and 	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> Regular updates on all the issues discussed would be presented to the QARC. <p>The Board agreed that work would be undertaken to understand how Shelford Group peers define levels of harm caused to patients.</p>	JW
16/121.2	<p><u>Quality & Governance Committee Chair Update</u></p> <p>The Board received the summary of the Quality and Governance Committee which took place on 25 October 2016 and approved the changes to the terms of reference. The change of the name of the Committee to the Quality Assurance and Research Committee was also approved.</p>	
16/121.3	<p><u>Patient Story</u></p> <p>The Board welcomed Vanessa Sweeney (Head of Nursing) who was accompanied by relatives of the patient who is the subject of the Patient Story. An introduction to the patient's character and life experiences was provided, before details were given on the care she received at the Trust.</p> <p>The patient was admitted to the Trust's RD Lawrence Ward in January 2016 and received care which the family perceived to be neglectful, unkind and degrading. A complaint was made to the Trust by family members, and as part of the process it was agreed that the story of the patient would be shared with the Board of Directors in its formal meeting.</p> <p>A detailed account was provided of the patient's experiences at the Trust.</p> <p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> Board members offered their sincerest apologies to the family members, and advised that the incidents the family described should never happen under any circumstances; A Speak-Up Guardian initiative is being launched at the Trust as one measure to try and encourage staff to report inadequate care when they recognise it; and The Chief Nurse is going to meet with the family to get feedback from them on how the Trust could have done better, to ensure that these experiences are never repeated. 	
16/122	<u>FOR INFORMATION</u>	
16/122.1	<p><u>Chair & Non-Executive Directors' Activities</u></p> <p>The Board noted the Chair and Non-Executive Directors' Activities report.</p>	
16/122.2	<p><u>Board Committee Minutes</u></p> <p>The Board noted the Finance and Performance Committee minutes from its meeting on 26 September 2016.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/123	<u>ANY OTHER BUSINESS</u>	
	There were no matters of any other business raised for discussion.	
16/124	<u>DATE OF NEXT MEETING</u>	
	Tuesday, 06 December 2016, 09:30 Dulwich Room, Hambleton Wing, Denmark Hill.	