

King's College Hospital

NHS Foundation Trust

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

Minutes of the Meeting of the Board of Directors held at 11:30, 10 March 2017 in Gilroy Hall
Cambridge House, 1 Addington Square, London SE5 0HF

Members:

Lord Kerslake	Trust Chair
Chris Stooke	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director
Prof. Jonathon Cohen	Non-Executive Director
Erik Nordkamp	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Faith Boardman	Non-Executive Director
Sue Slipman	Non-Executive Director, Vice Chair
Nick Moberly	Chief Executive Officer
Prof Julia Wendon	Medical Director
Dawn Brodrick	Director of Workforce Development
Dr Shelley Dolan	Chief Nurse
Jane Farrell	Chief Operating Officer
Colin Gentile	Chief Financial Officer
Jane Bond - <i>Non-voting Director</i>	Director of Capital Estates & Facilities
Alan Goldsman - <i>Non-voting Director</i>	Interim Director of Strategic Development
Lisa Hollins - <i>Non-voting Director</i>	Director of Transformation & ICT

In attendance:

Dr Sancho Rodriguez-Villar	Subject of Patient Storey
Sao Bui-Van	Director of Communications
Jane Badejoko	Assistant Board Secretary (<i>Minutes</i>)
Jessica Bush	Head of Engagement and Patient Experience
Pam Cohen	Public Governor
Fiona Clark	Public Governor
Nanda Ratnavel	Public Governor
Craig Jacobs	Patient Governor
Victoria Silvester	Public Governor
Chris North	Public Governor
Abdrew McCall	Public Governor
Derek Catrall	Patient Governor
Penny Dale	Public Governor
Pida Ripley	Patient Governor
Diana Coutts-Pauling	Patient Governor
Susan Wise	Public Governor
Dr Sadry Kheraj	Nominated Governor
Bibi Saffina Zafar	King's Member

Apologies:

Heather Moreley (HM)	Trust Secretary and Head of Corporate Governance
Prof. Ghulam Mufti (GM)	Non-Executive Director
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/21	<u>Apologies</u>	
	Apologies for absence were noted.	
017/22	<u>Declarations of Interest</u>	
	There were no declarations of interest made at the meeting.	
017/23	<u>Chair's Action</u>	
	There were no Chairs' actions to report.	
017/24	<u>Minutes of the previous meeting</u>	
	The minutes of the meeting held on 1 February, were approved as a correct record.	
017/25	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted.	
017/26	<u>Patient Story - Dr Sancho Rodriguez-Villar</u>	
	The Board welcomed, Dr Sancho Rodriguez-Villar, a consultant employed by the Trust who was recently a patient at The Princess Royal University Hospital (PRUH).	
	The following key points were reported: Sancho is a 42 year old male originally from Spain, currently resides in the UK with his partner and 2 children. He is a consultant employed within the Trust's critical care services, he has a known Asthma condition and in the past has suffered from acute attacks.	
	In December 2016, Sancho began to experience chest pains and shortness of breath; he attended a primary care centre in the first instance but was quickly transferred to the accident and emergency (A&E) department at the PRUH from where he was admitted.	
	Sancho spent 10 days and 9 nights as an inpatient in the respiratory ward at the PRUH. He remembered feeling frightened and vulnerable in his first few days. While he did not feel like himself in those initial few days he remembered the excellent care and attention he received.	
	Staff treated him very well, they referred to him by his first name explained what medication he was getting and his prescribed treatment plan. He received fresh sheets and change of attire daily; he was always asked if he wanted a drink or if he was feeling unwell. The bathroom was clean and well stocked. He was able to have low lighting in the room as he was sensitive to light. He received care from the same nurse who was aware of his condition and would anticipate his need before he made the request.	

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	<p>Sancho is very grateful for the care and attention he received as a patient and he would like to say thank you and commend the improvement the Trust has implemented at the PRUH.</p> <p>The Board thanked Sancho for attending and speaking to them of his experience.</p> <p>Sancho noted that his experience has positively changed him as a physician and the way in which he now delivers care to his patients. As a clinician he now always introduces himself to a patient he is meeting for the first time, he asks for permission to approach patients and is more in tune to patient fears and insecurities.</p> <p>He noted that the care he received at the PRUH was a pleasant surprise, the clinical standards had improved considerable due to the close relationship with Denmark Hill site teaching hospital.</p>	
017/27	<p><u>Quarterly Patient Experience Report</u></p> <p>The Board received the Quarterly Patient Experience report.</p> <p>The following key points were noted: The Trust's inpatients services continue to report high levels of satisfaction, the Trust is rated top in this area in England a considerable achievement. In contrast to patients who received care in ED and Outpatient clinics, where satisfaction levels were significantly lower.</p> <p>To improve outpatient services the Trust has launched <i>King's Way for Outpatients</i> services under the Transformation programme to accelerate its improvement plans. Transactional process areas such as timely communication letters, updates to clinics waiting times and staff attitude are a priority for the project.</p> <p>Trust service users are engaged in the improvement plans with 2 focus group meetings already held. Following which there were deep dive exercise into complex data, which indicated that patients experience different levels of service from different teams. It was noted that not all Trust outpatient services perform poorly, there are some areas that delivery exemplary work.</p> <p>The Chief Nurse lead a complaints improvement campaign which would have cleared all legacy back log complaints by 31 March 2017. Strick KPIs are being embedded into the complaints process going forward.</p> <p>There is need for a different improvement approach relating to maternity services. The Trust has held focus groups at both major sites to obtained feedback from mothers at different stages of maternity(pregnancy, childbirth and follow on care). The work in this area is ongoing.</p>	
017/28	<p><u>Quality Assurance & Research Committee Chair's Update</u></p> <p>The Board noted the report.</p>	

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017/29	<u>Chief Executive's Report</u>	
	<p>The Board received the Chief Executive's Report.</p> <p>The following key points were noted: The Trust continuous to produce innovative care for its patient, an example is the very first virtual reality app for children. Developed by the Trust in partnership with King's College London. The app was designed to help children and their parents prepare for a MRI scan.</p> <p>Trust operational performance was challenging over the Christmas period and into January, pressures have begun to subside but the level of patient acuity remains high. The Trust was invited to an emergency services performance escalation meeting with regulators. The ED recovery plan presented at the meeting was accepted as very detailed and well planned out. The Trust will aim to successfully deliver improvement trajectories and deliver improved operational performance.</p> <p>The Trust implemented its new organisational restructure in January 2017; the new structure is a key component that will support the Trust's transformation programme and delivery of financial targets.</p> <p>The Trust launched a high profile national nurse's recruitment campaign seeking staff for the Princess Royal University Hospital and Orpington Hospital. Nursing recruitment in London remains a significant challenge for all health providers. As part of the new organisational restructure the Trust also launched an internal talent management programme that will support staff in their career progression. The consultation on the programme has involved staff from different professional groups and sites.</p> <p>It was discussed that good talent management starts with an effective appraisal, which supports the inclusion of good practice and tools to that will facilitate career.</p>	
017/30	<u>Performance Report (Month 10)</u>	
	<p>The Board received the Trust's Performance Report for M10.</p> <p>The following key points were reported: The Trust's A&E compliance against the national 4-hour target improved from 75.48% reported in December 2016 to 78.21% reported in January 2017. Performance improvement was sustained into February with compliance reported at 81.9% at point of presentation.</p> <p>March to date performance was recorded at 82% aggregate for the first 10 days. Both sites are showing signs of improvement and recovery, the results are encouraging and a testament to staff dedication.</p> <p><u>Referral to Treatment (RTT)</u> RTT incomplete pathway compliance improved from 77.1% reported in December 2016 to 77.3% reported in January 2017.</p>	

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	<p>Compliance with this metric was influenced by the reduced elective mode of operation over the holiday period as instructed by NHSI and NHS England (NHSE).</p> <p>The number of patients waiting over 18 weeks decreased by 59 pathways, but the number of patient waiting over 52 increased from 129 waiting at the end of December 2016 to 158 at the end of January 2017.</p> <p>However, the number of Neuro-specialty breaches reduced from 32 to 22 and remained 185 ahead of trajectory. Non-neuro breaches increased from 97 to 136.</p>	
	<p><u>Cancer</u></p> <p>Trust compliance against the national treatment within 62 days for patients referred from a screening programme was provisionally non-compliant at 81.8% against target of 90% for January, representing a deep in performance. The position was not achieved in January largely due to patient choice option.</p>	
	<p><u>Diagnostics</u></p> <p>The Trust was non-compliant in diagnostics during January with performance recorded at 1.2% against target of 1%. January performance was particularly challenging due to loss of working days, staff holiday leave and increased operational pressures. Performance is on stable recovery trend at present.</p> <p>Trust regulators have launched a formal review of the Trust' RTT pathway performance. The Trust is complying with all regulator request. NHSI staff recently attended the February Finance and Performance Committee meeting as part of their review.</p> <p>Trust efforts in improving operational performance were commended, but the Trust should also take advantage of the opportunity and improve quality and safety in parallel.</p>	
017/31	<p><u>Monthly Nurse Staffing Levels Report</u></p>	<p>The Board received and discussed the Monthly Staffing Report.</p> <p>The following key points were reported:</p> <p>The recruitment of nursing staff in London is challenging. This issue was further discussed at a recent meeting between nursing leads and NHS employers at which unaffordable housing and high travel cost in London were sighted as key factors influencing nursing shortage in the capital.</p> <p>It was noted that Band 5, nursing turnover is almost 50% with an average length of employment between 9 months to 1 year. Nursing turnover of overseas nurses was lower. The withdraw student nursing bursaries will have additional implication to the nursing profession over the next few years.</p> <p>There were 189 red shifts recorded in January 2017. The majority of these were at DH and associated with increased patient acuity, vacancies or bank/agency failing to fill shifts. In each case Matrons and Heads of Nursing assessed the situation and judgement about whether moving staff from better staffed areas were made to maintain safety.</p>

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	The Trust will continue to monitoring the level of red shifts.	
	FIRM FOUNDATIONS	
	Sound Finances	
017/32	<u>Finance Report (M10)</u>	
	The Board received month 10 Finance Report.	
	The following key points were noted: The Trust's cumulative operating deficit as at month 10 was £76.1m. This was an adverse variance of £49.5m against the year to date planned deficit of £26.6m, of which £32.5m relates to known variances acknowledged by NHSI. The key drivers of the deficit are NHS clinical contract activity income, Cost Improvement Plans (CIP) slippage and expenditure on cost pressures.	
	The Trust's exhausted the entire working capital facility allowance for 2016/17 and to date has received £125m in cash support. An additional loan facility of £19m has been requested by the Trust until the end of the financial year, this will bring the Trust's total spend to £145m for 2016/17.	
	The Trust's cash position remains fragile and subject to constant financial scrutiny of all expenditures.	
	The Trust continues to spend at risk on pressing capital project. To date at risk spend is circa £9.5m, spending only on projects that affects patient safety. Trust regulators are apprised of all at risk spend. The Trust will be requesting above its annual capital allowance in distressed capital funding for next year.	
	The Trust Chair and Chief Financial Officer were informed that the Trust will not receive commissioner support funds as previously advised. This financial shortfall will represent a £12m gap in the end of year position.	
	The Trust will be exploring alternative options for achieving the control total for the year end. There will also be greater focus on securing Sustainability and Transformation funding (STF) for next year.	
017/33	<u>Finance & Performance Committee Chair Update</u>	
	The Board agreed that the points in the report were covered adequately by the discussions on other items on the agenda.	
017/34	<u>Annual Report and Accounts Plan</u>	
	The Board noted the sequencing of dates for approval of the Trust Annual Report and Account for 2016/17.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<i>Rigorous Governance</i>	
017/35	<u>Council of Governors Report</u>	
	The Board welcomed Chris North, Lead Governor who delivered the Council of Governors (CoG) Report.	
	The following key points were noted: The lead Governor noted that the Council of Governors received replies to important questions. The Council is supportive of the Trust's efforts to improve performance.	
	The Council would ask for a more timely paper distribution in future.	
	FOR INFORMATION	
017/36	<u>Chair & Non-Executive Directors' Activities</u>	
	The Board noted the Chair and Non-Executive Directors' Activities report.	
017/37	<u>Board Committee Minutes</u>	
	The Board noted the Finance and Performance Committee minutes.	
017/38	<u>ANY OTHER BUSINESS</u>	
	There were no items of any other business raised for discussion.	
017/39	<u>DATE OF NEXT MEETING</u>	
	Wednesday 5 April 09:00-11:30, Dulwich room, Denmark Hill	