

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 9:00, 3 May 2017 in Trust Headquarters, Princess Royal University Hospital.

Members:

Lord Kerslake	Trust Chair
Sue Slipman	Non-Executive Director, Vice Chair
Christopher 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
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:

Karen Gardiner	Mother of Patient Story Subject (Fergus)
Sao Bui-Van	Director of Communications
Heather Morley	Trust Secretary and Head of Corporate Governance
Jane Badejoko	Assistant Board Secretary (<i>Minutes</i>)
Jessica Bush	Head of Engagement and Patient Experience
Nicola Warinc	Director of delivery and Improvement (Trust Staff)
Mark Butcher	Johnson and Johnson Medical
Diane Coutts-Pauling	Governor
Penny Dale	Governor
Fiona Clark	Governor

Apologies:

Prof Ghulam Mufti	Non-Executive Director
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development
Chris North	Lead Governor

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/57	<u>Apologies</u>	
	Apologies for absence were noted.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/58	<u>Declarations of Interest</u>	
	There were no Declarations of Interest made at the meeting.	
017/59	<u>Chair's Action</u>	
	There were no Chairs' actions to report.	
017/60	<u>Minutes of the Previous Meeting</u>	
	The minutes of the Board Meeting held on 5 April 2017, were approved as a correct record.	
017/61	<u>Matters Arising/Action Tracking</u>	
	The Action Tracker was noted.	
017/62	<u>Relative Risk of Readmission Age Over 75</u>	
	The Medical Director provided the Board with an update on over 75 re-admission in the Trust.	
	The Trust's re-admission rate for over 75 year olds remains low. To ensure this data is accurate a deep dive into this area was presented to the Quality Assurance and Research Committee.	
	The readmission rate for over 75 year olds is less than 20% which is direct result of good care packages post procedures. All post-surgery incidents are recorded on Datix and then reviewed to ensure accurate rating and in some instances downgraded.	
	It was also noted that Trust records pressure ulcers on Datix, other health providers do not.	
017/63	<u>Chief Executive's Report</u>	
	The Board received the Chief Executive's report:	
	The following key points were reported and discussed: Over the last year the Trust has delivered excellent quality of clinical care with great outcomes while operating under challenging conditions. There has been a lot of positive progress in process improvement and efficiencies but the organisation still has a long way to go.	
	The overall quality of the care delivered remained high and very good progress was made in addressing the specific findings and recommendations of the 2015 CQC inspection.	
	The Trust's emergency department (ED) performance has improved steadily and achieving commissioner agreed trajectories. The Trust developed a detailed improvement plan which including partnership arrangement with local providers.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The Trust achieved the CIPs target of £49 for 2016/17, an achievement under pressured financial conditions.</p> <p>The Trust's Clinical transformation programme is progressing with completion of efficiency review of clinical productivity. A robust approach to achieving optimal operational delivery is being rolled out across services in the organisation.</p> <p>The Trust launched its new organisation structure during 2016/17 supported by an enhanced senior leadership team. There is still a long road to travel to sustainability but the Trust is making positive steps to achieving its goals.</p>	
	BEST QUALITY OF CARE	
017/64	<u>Patient Story – Fergus Gardiner</u>	
	<p>The Board welcomed Karen Gardiner, mother of patient story subject Fergus.</p> <p>Fergus is a young man with Asperger's Syndrome a learning disability; he has been a patient at PRUH and most recently at Orpington. Due his disability he, on occasion suffers from communication difficulties in relation to his medical condition or when receiving new complex information at first contact.</p> <p>The Board received a tape recorded interview of Fergus, whom was interviewed by his mother about the care he had received at the Trust</p> <p>The following key points were noted: The current Electronic Patient Records(EPR) system does not have the functionality to add information about an patients disabilities or preference. This is key information that must be made available to clinical staff ahead of appointments.</p> <p>Patients with learning disabilities feel particularly anxious/vulnerable ahead of appointments and often attend appointments with a family member or carer to provide them with comfort, understanding and on some occasions to articulate their response or to explain complex medical information.</p> <p>The health sector as a whole needs to offer staff with sensitivity training at induction to provide them with better understanding of the challenges faced by people with a form disability.</p> <p>It was noted that the patients stories heard at Board meetings are shared with the wider organisation as learning tools. The Board thanked Karen for her attendance.</p>	
017/65	<u>Complaints Annual Report</u>	
	<p>The Board received the Annual Complaints report from the Chief Nurse.</p> <p>The following key points were reported and discussed: The complaints team spent a considerable amount of time clearing the backlog of complaints before the end of the new year. Going forward the 25 days response rate will be the team's target.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/66	<p>Complaints in the new year will be addressed more efficiently by improving communication channels and addressing the complainant issue and in some instance without the need for a cumbersome and lengthy investigation process.</p> <p>There has been good interaction with senior divisional teams on how to respond and address complaints more imminently. In the next few months the governance structures around complaints will be set up and embedded into divisional structures. The new structure will also facilitate shared learning from complaints.</p> <p>It was noted that the complaints themes centred around patient discharges and staff attitude. The Trust will be monitoring complaints trends over the next year to identify hot spots and areas in need of attention.</p> <p>The Board endorsed the good work on improving complaints process and agreed to receive complaints updates quarterly.</p>	
017/67	<p><u>Quarterly Patient Safety Report</u></p> <p>The Board received the Quarterly Patient Safety report from the Medical Director.</p> <p>The following key points were reported and discussed: The Trust recorded 3 new never events in quarter 3 (Q3), they were: a retained vaginal pack after delivery, a wrong route administration of an oral medicine and wrong site surgery relating to a patient who had breast surgery. All events are deeply concerning and subject to formal investigations.</p> <p>The Trust's total number of never events for 2016/2017 was 8.</p> <p>There have been no new MRSA bacteraemias reported at Denmark Hill((DH) for 2016/17 since Q2 report and no more confirmed C.auris cases were reported in the last quarter.</p> <p>Neonates and Paediatrics showed concern due to gaps in the medical rota are under review and with the recruitment process for additional medical staff underway.</p> <p>The recent loss of Radiology trainee staff at the Princess Royal University Hospital(PRUH) is being monitored carefully.</p> <p>It was noted that antimicrobial management and treatment in ED has deteriorated, there are works streams underway to understand the causes. There was a slight increase in the number of hospital acquired pressure ulcers. This was as a result of significant increase in morbidity of ageing patients with complex medical conditions.</p>	
	<p>The Board will receive:</p> <ol style="list-style-type: none"> 1. Information on management of antimicrobials in ED 2. Information on of hospital acquired pressure ulcers for both sites 	<p>J Wendon</p> <p>J Wendon/ S Dolan</p>

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/68	<u>Quality Patient Outcomes Report</u>	
	<p>The Board received the Quarterly Patient Outcomes report from the Medical Director.</p> <p>The following key points were recorded: The Trust recorded no red indicators in the last quarter, its mortality performance continues to be in the top (best) quartile nationally. Hip fracture mortality is below national average at both DH and PRUH and at both sites performance against the Best Practice Tariff criteria is better than national average.</p> <p>The Trust Diabetes services performance has improved dramatically. The Trust is working on improving performance in Liver ITU, Stoke data and patient pathway flow to improve care provided.</p>	
	TOP PRODUCTIVITY	
017/69	<u>Performance Report (Month 12)</u>	
	<p>The Board received the Trust's Performance Report for M12 from the Chief Operating Officer.</p> <p>The following key points were reported and discussed:</p> <p><u>Accident and Emergency (A&E)</u> The emergency department at the PRUH has been performing ahead of commissioner agreed trajectories. The emergency department(ED) at DH performed below commissioner agreed trajectories, due to a number of unplanned capacity constraints. The total Trust performance was 83.5% against a target of 85%.</p> <p>The Trust did not achieve the 95% national 4-hour target for March.</p> <p>DH experienced a loss of Bank and Agency shifts at short notice for it's out of hours services, this issue was addressed with the Trust's temporary staffing providers. DH also lost seven medical beds due to the decanting of Oliver ward to Charles Polki which was followed by the decanting of Mary Ray Ward and a further loss of 15 medical beds.</p> <p><u>Cancer</u> This position will be finalised 25 working days following month-end. The reported current position is provisional, pending final validation.</p> <p>The 62 day General Practitioner(GP) referral target for patients was 83% complaint against an 85% target, the measure will not be achieved for the month. The Trust's Dermatology services were at risk of non-compliance due the equipment malfunction but preliminary data for Q1, indicate full recovery.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p><u>Diagnostics</u> The position is yet to be finalised but early indicators are that it would be over the 1% target. The poor performance in diagnostics was due lack of Computed Tomography (CT) facilities at PRUH.</p> <p>Diagnostics and cancer performance on both sites remains challenging.</p> <p><u>Referral to Treatment (RTT)</u> The Trust's over 52 week waiting patients reduced ahead of trajectory for March, the Trust will be focusing on reducing this figure in further in Q1.</p> <p>The Trust is not the only provider experiencing performance challenges, most other health providers are experiencing an increased number of frail and elderly patients exhibiting complex medical conditions who require enhanced care.</p> <p>The performance report will be changing over the next few months to include longer executive summary, and trending and forecast reporting.</p>	
	<p>QARK will receive a deep dive into Theatre efficiency.</p>	QARK
	<p>SKILLED, CAN DO TEAMS</p>	
01770	<p><u>Monthly Nurse Staffing Levels Report</u></p> <p>The Board received the Monthly Staffing Report from the Chief Nurse.</p> <p>The following key points were reported and discussed: Senior nursing staff have been out on the wards speaking to junior nurses and health care assistants across the organisation to get a better understanding of their challenges. The results indicate that most teams work well together and some are in need of enhanced leadership skill at senior sister level.</p> <p>It was also noted that wards with good senior sister leadership recorded less patients complaints than others.</p> <p>The Trust continues to record high nursing staff turnover particularly at band 5 level. The recruitment and retention of young nurse is particularly challenging in relation to the living costs in London. The shortage of nursing staff continues to be a national problem.</p> <p>The Trust is focusing on improving the recruitment process and retention of nurses.</p>	
	<p>FIRM FOUNDATIONS</p> <p>Sound Finances</p>	
<u>Item</u>	<u>Subject</u>	<u>Action</u>

017/71 Finance Report (M12)

The Board received Month 12 Finance Report form Chief Financial Officer.

The following key points were reported and discussed:

The Trust achieved the projected outturn target agreed with NHSI due to a number of material non-recurrent cost improvement plans. These included CCG support, sale of the Assisted Conception Unit (ACU), and a donation from the Fetal Medicine Foundation.

The Trust achieved a £28.9m surplus position for month12, due to completion of a number large transactions. Ove the year the Trusts received £145m in cash from NHSI in the form of a working capital facility.

Achieving the regulator's target at the end of the year was a key milestone for the Trust but there is still a lot of work to be done in reducing agency spend and imbedding financial efficiencies.

Rigorous Governance**017/72 Annual Report and Accounts 2016/17**

The Board received an update on the progress of the annual report and the approval process form the trust Secretary and Head of Corporate Governance.

The following key point were reported and discussed:

The draft annual and quality account are still being updated and finalised, they will also be subject to audit once completed. The draft accounts will be presented to the Council of Governors on 18 May and then to the Audit Committee on 22 May.

The Board approved the draft annual report and quality account and provide the Chair and Chief Executive with delegated authority to sign off the final copy.

017/73 Quarterly BAF Update

The Board Assurance Framework was noted.

017/74 Declaration of Directors' Interest Register

The update register of Directors interest was noted.

FOR INFORMATION**017/75 Quarterly NHSI Submission**

The Quarterly NHSI submission was noted.

Item**Subject****Action**

017/76 Chair & Non-Executive Directors Activities

The Board noted the Chair and Non-Executive Directors' Activities report.

017/77 Board Committee Minutes

The Board noted the Finance and Performance Committee minutes from 28 March 2017.

017/78 ANY OTHER BUSINESS

There were no items of any other business raised for discussion.

017/79 DATE OF NEXT MEETING

Wednesday 7 June 2017, 09:00-11:30, Dulwich Room, Denmark Hill