

# King's College Hospital

NHS Foundation Trust

## King's College Hospital NHS Foundation Trust Board of Directors – with the Council of Governors

Draft Minutes of the Meeting of the Board of Directors held at 9am-11.30 am on 8<sup>th</sup> November 2018, Orpington Hospital.

### Members:

Ian Smith	Trust Chair, Meeting Chair
Sue Slipman	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Chris Stooke	Non-Executive Director
Prof Ghulam Mufti	Non-Executive Director
Peter Herring	Chief Executive
Dr Shelley Dolan	Chief Nurse and Chief Operating Officer
Prof Julia Wendon	Executive Medical Director
Lorcan Woods	Chief Finance Officer
Dawn Brodrick	Executive Workforce Director
Lisa Hollins – Non-voting Director	Director of Improvement, Informatics and ICT
Abigail Stapleton - Non-voting Director	Director of Strategy
Steven Bannister – Non-voting Director	Director of Capital Estates and Facilities

### In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Sao Bui-Van	Director of Communications
Jessica Bush	Head of Patient Engagement and Patient Experience
Nina Martin	Assistant Board Secretariat
Penny Dale	Public Governor
Diana Coutts-Pauling	Public Governor
Stephanie Harris	Public Governor
Jane Allberry	Public Governor
Barbara Goodhew	Public Governor
Mary Stirling	Patient Story
Sobha Ramsahye	Member of Staff
Sue Ebanks	Member of Staff
Alex King	Abbott
Tom Williams	Member of the Public
Virginiya Birgeriene	Member of the Public

### Apologies:

Prof. Richard Trembath	Non-Executive Director (part meeting)
Faith Boardman	Non-Executive Director
Prof Jonathon Cohen	Non-Executive Director

Item	Subject	Action
18/112	<b><u>Apologies</u></b>	
	Apologies for absence were noted.	
18/113	<b><u>Declarations of Interest</u></b>	
	None.	
18/114	<b><u>Chair's Actions</u></b>	
	No Chair's Actions were reported.	
18/115	<b><u>Minutes of the last meeting</u></b>	
	The minutes were agreed as an accurate record of the meeting held on 3 <sup>rd</sup> October 2018.	
18/116	<b><u>Action Tracker and Matters arising</u></b>	
	The content of the action tracker was noted.	
18/117	<b><u>Patient Story</u></b>	
	<p>Mary Stirling attended the Board to talk about her experience of having a hip replacement at Orpington Hospital. Ms Stirling was proactive in the lead up to her operation. She participated in the pre-operative briefings provided by the Trust and engaged with the Council to ensure she had the right adaptations in her home. She stayed in hospital for 6 days before returning home. She reported that the staff caring for her were excellent, the food was good and the ward was very clean. Following her return home, her dressings were checked regularly and she was provided with physiotherapy. She was also very complimentary about the community support she received. Although Ms Stirling felt her experience was generally very good, she highlighted some areas for improvement. She felt that she only received some of the physiotherapy because she requested it; she didn't see the consultant who carried out the operation, at any time after the procedure or at subsequent outpatient appointments and she found the adaptations very difficult to arrange.</p> <p>The Board thanked Ms Stirling for attending the meeting and were pleased that she had a good experience and had managed her rehabilitation so well.</p>	
18/118	<b><u>Integrated Performance Report – M6</u></b>	
	<p>Dr Dolan introduced the month 6 performance report by focusing on healthcare associated infection. The Trust has renewed its campaign to reduce infection, particularly with winter approaching. She noted that there are different issues across the Trust's various sites. Orpington has very low rates of infection and as the focus is on elective care, any infection is usually brought in rather than hospital acquired. The PRUH also has low rates but is prone to outbreaks of Norovirus in the winter. The Denmark Hill site is more challenged in part because of the age and configuration of the hospital which makes it difficult to clean. DH also has a higher proportion of immune-suppressed patients with antibiotic resistance. Public Health England (PHE) is positive about how the Trust approaches infection prevention and control but issues remain so there is a renewed focus on the fundamentals i.e. hand hygiene and cleaning.</p>	

Item	Subject	Action
<b>18/118 cont.</b>	<p>Performance against A&amp;E targets remains challenged. Demand is increasing and the winter reporting regime has started. Investment is being made in ensuring that both EDs are better placed to respond to increased demand. At Denmark Hill, the work to reconfigure the Olympic entrance will be done by 17th November which will give 2 new assessment areas and space for LAS handover. This will enable the Trust to meet the target to ensure handover within 15mins. This new area will be consultant-led, with rapid assessment. All necessary tests will be done at this stage so that a full assessment and decision to admit (or not) can be completed within the 4 hour target. There has also been investment in staff including within the children's ED.</p> <p>There are plans in place to increase the size of ED at the PRUH, although the funding has yet to be secured. In the meantime, some extra capability has been secured to work with managers to improve flow and free up beds. The PRUH is also working with partners to look at how the wider system works to understand what changes are required to get best use of the capacity within Bromley.</p> <p>The Trust is not meeting the target to ensure cancer treatment is delivered within 62 days but should be back on track by December. The Cancer Network and partner hospitals have been providing additional support which has been very helpful. In a number of areas, patients are receiving treatment within 7 days which has a positive impact on overall compliance.</p> <p>There have been improvements in diagnostic waiting times although the Trust is still not hitting the target. Denmark Hill is compliant at 0.7% which has been achieved through the hard work of the general manager and clinical director. At the PRUH it is anticipated that the backlog will have been removed by the end of the financial year. Positively plain film imaging and reporting is now resourced and getting back on track.</p> <p>Performance on referral to treatment (RTT) remains challenged. The Trust has one of the largest patient lists in the country. Divisional managers have put significant effort into reducing lists and progress is being made. Nevertheless there is more to do and in order to meet the target set by NHSi, the teams will have to book 70 people per day until late December, which is difficult but achievable. Once that is done, the focus will turn to meeting the 43 week target by end March 2019. In order to meet the 18 week target, the demand and capacity across the Trust needs to be balanced. A tool has been developed to enable this so that the Trust can do proper forward planning.</p> <p>Finally, in respect of workforce, the Trust is one of the few in the country to meet the 90% appraisal rate. Statutory/mandatory training rates are also very good at 81%, up from 69% this time last year. The nursing vacancy rate is lowest in the country (except Sheffield) which is a massive achievement. The key now will be ensuring retention rates do not fall.</p> <p>The Board were concerned about the management strength at both EDs and asked whether the Trust had the right capability. It was noted that the new managing director will be joining the PRUH in November and a new general manager is now in place. Denmark Hill's resourcing is more fragile, with the departure of the deputy divisional director. Every effort is being made to fill that role.</p>	

Item	Subject	Action
<b>18/118 cont.</b>	<p>The Board remains very concerned about ED performance, noting that the step change anticipated from the recovery plan had yet to materialise. It was noted that whilst impact is difficult to predict, it is anticipated that the changes to the configuration of ED at Denmark Hill and the additional staffing will deliver up to 6% improvement. The new entrance will be open by December. Other changes including the paediatric CDU and changes the Urgent Care Centre should deliver further improvements. However, ED performance also depends in part on the rest of hospital. Capacity remains a challenge but patient flow must improve so that beds are available. Work is underway to address that. It is very clear that NHSI are expecting step change. They have been involved in developing the plans.</p> <p>The Board went on to discuss the rise in colorectal and urology referrals, which were a result of public health campaigns. The sector was not given sufficient warning of the campaigns, which has been difficult. This has been recognised and money has been provided. There has been an increase in dermatology, again as a result of a public health programme. The number of cases that are actually cancer are very small, so the services is considering how virtual clinics can be used.</p> <p>The Board expressed concern about the friends and family scores that were outlined in the report. In particular, the Board was worried about the unsafe environment. The increase in violence and aggression is unacceptable. A national NHS campaign 'We are not a target' has recently been launched and the Trust's legal team has strengthened patient contracts. The new entrance has staff protection. The Trust is working with SLAM to get 50 new emergency assessment beds over the winter. Plans are also in place to open an assessment hub for South East London.</p> <p>The Board noted that whilst the low vacancy rate is extremely positive, particularly in terms of the impact it can have on quality, there is a disconnect with the Trust's finance report later on the agenda, where bank and agency expenditure is higher than would have been expected in context. It was noted that there has been a lack of management control which has now been addressed. There will always be a need for some, e.g. where patients need "specialling", etc. but a change of mindset is needed in a small number of wards to reduce the expenditure further.</p> <p>The Board noted the report.</p>	
	<p><b>Action:</b> The Board agreed to receive an update on demand and capacity modelling at its December meeting.</p>	<b>L Hollins</b>
<b>18/119</b>	<p><b><u>Chief Executive Report</u></b></p> <p>Peter Herring provided the Board with a summary of the key points in his update report. He highlighted a number of employee related developments including the general improvement in the vacancy rate, the new staff recognition programme and the initiatives to address bullying and harassment. He also highlighted the latest digital developments, noting that the Trust is comparatively well advanced, but is constrained by a lack of funding.</p> <p>The Board discussed the digital maturity funding that has been announced by the Secretary of State. The Trust has put in a bid to the STP and is hopeful. If successful, the funds will be used to upgrade hard and software, in order ensure the Trust's IT infrastructure is more sustainable. The Trust is also assessing how COGSTAK can be used to the benefit of the Trust.</p>	

Item	Subject	Action
18/120	<b><u>Monthly Nurse Staffing Levels</u></b>	
	<p>Dr Dolan introduced the report, noting that the Trust is required to undertake establishment reviews to ensure staffing is appropriate for quality/safety. This year the Trust has involved the regulator as well as experts on acuity and dependency to assess how well nurses grade patients. There has also been external involvement in the assessment of maternity staffing. It is possible that the staffing model may need to be reviewed.</p> <p>The Board noted that NHSI believe the Trust is over-established and should therefore have no vacancies. It was noted that whilst in an emergency or major incident there is flexibility across disciplines there are a number of areas where nursing is very specialist including paediatrics where specific training is required. There is flexibility within the medical and surgery wards where there are 3 safety huddles a day that will move staff across to wards that have been rated amber/red. The Trust needs to demonstrate that it is managing resourcing but with the right level of focus on safety and quality.</p> <p>The Board were interested to know what the Trust was doing to ensure staff was being retained. It was noted that the Trust has been involved in a pilot initiative with NHSI, and is considered a national exemplar. Analysis shows that one of the main reasons staff stay is good team work, so nursing leadership is really important as is the nursing role within MDTs. The aspiring sister/matron programme aims to develop good leaders. Turnover has reduced from 25-14% in the last two years and there are positive initiatives in place such as internal secondments. There is more that can be done for example, to improve opportunities for flexible working.</p>	
18/121	<b><u>M6 Finance Report</u></b>	
	<p>The report was introduced by Lorcan Woods, Chief Finance Officer. At month 6, the Trust was recording a £89m deficit. He noted that there had been an improvement in pay expenditure, with a reduction in expenditure on bank and agency staffing. Income levels remain lower than expected due in part to a loss of activity as a result of theatre closures during the summer but also because of problems with capturing activity. Considerable effort is being put into getting this right and it is anticipated that income will be back to anticipated levels shortly.</p> <p>The increase in non-pay spend includes the NHS pay award for ISS and Medirest staff. This is positive for the staff affected and is part funded by the Department of Health. The consultancy budget is overspent and there is a clear plan in place to transition to an in-house team to drive recovery.</p> <p>He went on to note that 'creditor days' has increased from 81-91 days, which is too long and has a detrimental impact on supplier relationships. It would appear that this is in part due to a 'No PO, No Pay' backlog, but focus is needed to get the averages down.</p> <p>The Board were concerned that the income profile looked ambitious for the rest of the year. It was noted that these have been challenged through internal governance processes and the divisions know what is required of them and what capacity they have.</p>	

Item	Subject	Action
<b>18/121 cont.</b>	The Board sought assurance in the numbers and the year-end position. It was confirmed that the numbers reported are right although there is some uncertainty in the year-end position, both in terms of opportunities that have been identified through efficiency programmes and operational risk. Discussions are also on-going with the Commissioners and, although the Trust has a good track record, the number of challenges from Commissioners has increased in recent months, which has put a strain on the Trusts ability to respond. .	
<b>18/122</b>	<b><u>Report from the Governors</u></b>  Jane Allberry attended the meeting to report on behalf of the Governors. Their main concern is the worsening constitutional targets, whilst noting the improvement on cancer and diagnostics. It was also surprising that the providers sector had not had more notice of the public health campaigns, given the impact it has had on service provision. She raised some concerns about how data is presented and it was agreed that the Trust would look at how it could make the papers more easily digestible in the new year. In respect of workforce the Governors questioned whether this would create problems in the context of the Trust's financial situation.	
<b>18/123</b>	<b><u>Board Assurance Framework (BAF)</u></b>  The Board discussed the importance of the Board Assurance Framework, noting that it required further work. The new Director of Quality Governance will be focused on ensuring there is a better link between the Trust's risk register and the BAF.	
<b>18/124</b>	<b><u>Any Other Business</u></b>  A member of the public asked whether the Bromley CCG was invited to attend the Board meeting. It was confirmed that the meeting was open to them.	
<b>18/125</b>	<b><u>Date Of Next Meeting</u></b>  9am, Wednesday 5 <sup>th</sup> December 2018	