

King's College Hospital NHS Foundation Trust Board of Directors

Draft Minutes of the Meeting of the Board of Directors held at 9am-11.30am on 6th February 2019, at Kings College Hospital Denmark Hill.

Members:

Ian Smith	Trust Chair, Meeting Chair
Sue Slipman	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Chris Stooke	Non-Executive Director
Faith Boardman	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director (part meeting)
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
Dr Polly Edmonds	Clinical Director (Cancer)
Sir Hugh Taylor	Chair Designate
Chris North	Lead Governor
Penny Dale	Public Governor
Barbara Goodhew	Public Governor
Stephanie Harris	Public Governor
Jane Allberry	Public Governor
Victoria Silvester	Public Governor
Carole Olding	Staff Governor
Claire Saha	Staff Governor
Sigurd Reinton	Governance Consultant

Apologies:

Prof Jonathon Cohen	Non-Executive Director
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Item	Subject	Action
019/01	<u>Apologies</u>	
	Apologies for absence were noted.	
019/02	<u>Declarations of Interest</u>	
	None.	
019/03	<u>Chair's Actions</u>	
	The Chair Ian Smith noted that he would be standing down at the end of February, and invited Sir Hugh Taylor who will become Chair on 1 st March 2019 to say a few words. Sir Hugh indicated he was pleased to have been offered the role, given his long family association with the Trust. He stated his commitment to the role and noted that the medium term solution to King's challenges lie within the wider system. He concluded by saying he would spend a few weeks getting to know the Trust before coming to a view about how to turn the rhetoric of more collaboration into a reality.	
019/04	<u>Minutes of the last meeting</u>	
	The minutes were agreed as an accurate record of the meeting held on 5 th December 2018.	
019/05	<u>Action Tracker and Matters arising</u>	
	The content of the action tracker was noted.	
019/06	<u>Integrated Performance Report M9</u>	
	Dr Dolan introduced the report by focusing on infection prevention and control. The recent outbreak of Norovirus at the PRUH was well managed. There has been very little norovirus at DH and there has been much less flu than last year. The Trust is in the top 5 improved Trusts for flu vaccination this year. There has been some c-difficile, but only two caused by lapses of care.	
	She noted that mortality data remains good across both sites and there are on-going reviews for each ward so that any anomalies can be quickly analysed.	
	ED performance remains poor, with both sites failing to reach 70% in December. Both departments are working closely with Hunters to ensure streaming is right. Action is being taken to address the poor performance at the DH Urgent Care Centre (UCC). Options for improving ambulatory care are also being developed. Bed management is improving. More needs to be done to change behaviours.	
	Cancer performance is improving and the Trust was compliant for the first time in several months. This has been the result concerted effort to improve the timeliness of diagnosis and better use of virtual clinics and electronic referrals. It is likely performance will not be as good in January as a result seasonal holidays, but the Trust should be fully compliant again by the end of February.	
	The Trust continues to focus on reducing the number of patients that have waited for more than 52 weeks for treatment. The number has reduced from 700 to 200 and it is hoped that they will all be booked (barring Bariatrics) by the end of March. It was	

Item	Subject	Action
019/06 cont/...	<u>Integrated Performance Report cont/...</u>	

noted that capacity was now available as a result of the GIRFT Orthopaedics programme and the Trust has reached agreement with SWELIOC to provide additional support. Bariatrics remains a concern, as the Trust has the highest level of referrals in the South of England. Consideration is being given to developing a networked model with other Trusts but agreement would be needed to do this. Current referral patterns are not sustainable. Booking teams are fragile with high levels of sickness. Additional staffing has been provided and there is new management in place for the orthopaedics care group. The chief executive acknowledged that situation was unacceptable and that meeting the target to reduce the list to zero by March would be very difficult.

The Board remains concerned about the situation and sought reassurance that the problems with the booking team were not a consequence of budget reductions. It was confirmed that this was not the case, teams were properly funded but management needed to improve. Whilst patient care is the primary concern, the Board also noted that the rules will change in April and both the Trust and commissioners will be fined. It is hoped this will drive a change of behaviours in the system. The Board also sought reassurance that the clinical teams and particularly the medical staff were engaged in tackling the problem. It was confirmed that this was generally the case and that the GIRFT programme had been influential in achieving the right behaviours. The Board acknowledged that it was important the right performance indicators were being used to identify difficulties at an earlier stage.

The Board discussed the need to consider further the strategic position in relation to bariatrics, and the role of the university. The Trust's research programme in this area is exciting but the financial flows are not beneficial so the current position is not sustainable.

Dr Dolan went on to highlight that the Trust continues to do well in research and is one of the highest recruiters in the country.

The Board went on to discuss the workforce indicators. Appraisals rate have been sustained at 90% and statutory and mandatory training is above the target of 80%. Sickness is up slightly as are vacancy rates, although nursing vacancies remain low. Although there have been improvements in medical staffing at the PRUH, there are concerns about some areas including e.g. gerontology and the Trust is looking at different models to resolve this. Vacancies in admin and clerical roles remain high, particularly in key admin roles. Whilst the Board recognised good work being done by the Trust in this area, morale and engagement remain a concern. It was noted that the staff survey will be brought to the March Board and it will be possible to see if there has been movement in areas where there has been management focus. The Trust has had a challenging year and friends and family data has been static.

Theatre productivity in the Trust is improving, particularly at Orpington. Demark Hill theatre usage is also above 80% although there are still some issues with late starts. Theatre usage at the PRUH is mixed.

Diagnostics performance is mixed. Imaging is compliant and endoscopy at the PRUH will be compliant by the end of April if the in/outsourcing solutions are successful. Sustainability of the service is a challenge as there has been an 80% increase in demand as a result of national screening programmes.

Item	Subject	Action
019/06 cont/...	<p data-bbox="264 235 807 264"><u>Integrated Performance Report cont/...</u></p> <p data-bbox="264 304 1358 400">At Denmark Hill there has been a backlog with echocardiograph that was caused by some ill-judged budget control measures that have since been reversed and the service will be meeting targets again by the end of February.</p> <p data-bbox="264 441 1358 600">The Board congratulated the teams at Orpington Hospital on the positive scores, particularly theatres and friends and family data. It was noted that this was achieved through the positive engagement and empowerment of key staff members, particularly in nursing, and some excellent team work which has led to changes in culture and behaviour.</p>	
019/07	<p data-bbox="264 640 715 669"><u>Report from the Chief Executive</u></p> <p data-bbox="264 710 1358 772">Mr Herring introduced his report by highlighting the good clinical outcomes the Trust is achieving and as well as the good levels of patient.</p> <p data-bbox="264 813 1374 1279">He went on to emphasise the importance of the Advanced Leadership Programme which will be launched during February. It aims to provide managers with skills and tools to motivate and inspire their staff as well as hold them to account. The Trust needs to develop a more explicit culture of continuous improvement. The Board discussed the content of the programme. it was noted that it has been designed as a modular programme that develop skills in key areas such as change management and the integration of people management, morale, performance and patient care. The programme will be sponsored by the Chief Executive, who will set the tone at the start of each programme and will make the links to the Trust strategy and values. Each cohort will be multi-disciplinary but it will take some time to provide the training to all 130 senior leaders. The Board welcomed the initiative, noting it was developed, along with a number of other leadership training courses, as a result of the staff survey in 2016. The Board would welcome feedback from staff on how the programme has benefited them.</p>	
019/08	<p data-bbox="264 1319 687 1348"><u>Monthly Nurse Staffing Levels</u></p> <p data-bbox="264 1386 1382 1682">Dr Dolan introduced the report noting there were many fewer red shifts. The Trust has a number of hotspots including ED at both sites, where turnover is high. There is a London-wide challenge in relation to paediatric nurses, and there is ongoing dialogue with universities to ensure more are trained. There has been much improved grip and control on staffing, and leadership across the Trust is much better, particularly at the PRUH. The Board sought reassurance that the rise in red shifts was not indicative a wider problem. It was reported that the upward trend is in part sickness and turnover at Christmas (which is an annual occurrence). Nevertheless the Trust is not complacent and the data is reviewed weekly.</p> <p data-bbox="264 1722 815 1751">The Board noted the findings of the report.</p>	

Item	Subject	Action
019/09	<u>M9 Finance Report</u>	
	<p>The M9 finance report was introduced by Lorcan Woods, Chief Finance Officer. The reported deficit at the end of M9 was £147m. There has been better control in a number of areas, management teams understand their business have the right people in place to ensure timely management of budgets. Forecasting is improving as is financial oversight. There is also a better understanding of income flows. There is good pay control in place. Non-pay oversight and control remains difficult, in part because managers do not have the right levels of information available. Whilst a number of problems remain, e.g. accounting in research and innovation, the level of prior year invoices and the value of investments in the subsidiaries, these are now understood and being addressed.</p> <p>He went on to note that the finance team is currently being reorganised and the staff are being consulted. The aim of the exercise to provide better support to the rest of the Trust and it will be followed by a continuous improvement programme using the Kings Way methodology.</p> <p>In terms of the detail of the M9 income and expenditure report, clinical income is £12m below anticipated level. Many of the reasons for this are known (theatre closures, CCU), but there have been disappointing activity levels in some area. There is a cost pressure in research as the income was taken in 2017/18. The pay budget is underspent by £6m, this is mainly in admin and clerical. Nursing spend is nudging up so vigilance will be needed. In non-pay, the most significant impact has been the pay award for ISS and the consultancy spend, where alternative provision is being developed and costs are coming down. The Board noted that there is shadow activity recording in place in a number of areas, this is a standard approach with commissioners and is valued at c£7m. There are also c£17m in legacy issues from 2017/18.</p> <p>The Board went on to look at the financial recovery programme including the CIP. The plan aimed to deliver £75m in savings including pay reduction. It was an ambitious target and is anticipated that 90% will be delivered although the CIP will under-deliver which is disappointing. The reasons for this are still being identified. It was noted that plans are being developed for 19/20 and there will be a focus on programmes that reduce run-rate. The Board was reassured that the integration of budget setting and financial recovery had minimised double counting.</p> <p>Finally the Board discussed capital expenditure. It was noted that there is no indication that the Trust will receive further funding before the end of the financial year, although the CFO has written to NHSI requesting for further support. The budget is fully committed, but because the CCU2 is still under construction, it has not been depreciated and therefore the budget is smaller than anticipated.</p> <p>The Board noted the report.</p>	
019/10	<u>Board Resolution Draw Down Facility</u>	
	<p>The Board agreed to the resolution outlined in the paper.</p>	

Item	Subject	Action
019/11	<u>Board Assurance Framework</u>	SD
	<p>Dr Dolan updated the Board on the development of the board assurance framework (BAF) in the context of the Trust's new strategic framework. It was presented as a working progress and aims to show the strategic risks facing the Trust and the controls in place. The Board noted that there was nothing specific on the KHP Institutes and there were no shared risk strategies with system partners. The Board also asked to see a 'risk map' on a summary page, when it is next presented to the Board.</p>	
019/12	<u>Patient Story</u>	
	<p>The patient story, delivered via video, focused on the importance of clear and patient focused communication, particularly in written communications. There is a large scale project aimed at improving this aspect of communication, both in terms of quality and timeliness, led by Dr Paul Donohoe. It is also likely to be a quality account priority for 19/20.</p> <p>The Board agreed that this was a priority as it is raised as an issue in many patient stories. It is important to get the right balance between humanity and technical content. The training aspect needs to be considered and needs to be extended to nurse specialists and MDTs where volumes are high. It was noted that the local care records, which GPs have access to, should include patient communication. There is patient demand for digital communication and this is being piloted.</p>	
019/13	<u>End of Life Care</u>	
	<p>Dr Polly Edmonds attended the Board meeting to update on the programme of work she has led to improve the end of life care the Trust gives to patients. The programme has been comprehensive and has including developing a clear strategy and robust action plan, with ongoing work plans as the improvements are embedded. The Trust is now much better at recording DNA/CPR information on EPR when patients arrive, and this is regularly audited. The process is generally followed, but documentation reviews highlight issues with senior medical sign off and communication with families. There is also limited evidence of nurse engagement. The process has been amended to address this. CQC did not raise any issues when they visited in late January 2019.</p> <p>A seven day service is now available at the PRUH. The staff are busy, which is an indication of the previously unmet need. Considerable effort has been put into improving the quality of care and the support to families and the volunteers at both sites provide invaluable additional support. There has been proactive learning from complaints. Numbers are low but there are common themes including communication, clinical care and dignity and respect. Carer surveys are undertaken but capturing feedback is very difficult and a variety of methods are used including patient stories, which have proved illuminating. Feedback is generally good, but communication again is a theme as is continuity of care. A new training model has been developed, which addresses this. 1,500 staff have completed training.</p>	
	<p>The Board welcomed the update and thanked Dr Edmonds for a comprehensive report.</p>	

Item	Subject	Action
019/13 cont/..	<p><u>End of Life Care cont/...</u></p> <p>Dr Edmonds was asked about palliative care for patients with dementia, with particular concern that this group may be unable to communicate their pain. She noted that dementia behaviour can be pain related and the Trust has recently received a grant to explore this further.</p> <p>The Board discussed the importance of recoding DNA/CPR and the use of electronic records. It was noted that the Trust ensures “co-ordinate my care” records are updated, as advanced planning is important for end of life care, but in order to be effective it needs to be used by all services including London Ambulance Service and EDs. Opportunities to improve take up are being explored as it helps inform decision-making, although there will be issues with care home access.</p> <p>It was noted that doctors in training do get communication training which includes care for the dying. Nevertheless, there are concerns with junior staff leading decision making. EPR has been changed so that consultants must now countersign the records. It is audited. Patient safety grand rounds an academic half days are also available for medical staff who find it difficult.</p> <p>Chris Stooke provided the Board with assurance that there has been effective executive and non-executive oversight of end of life care through the End of Life Care Committee. It was also noted that national surveys are used to undertake deep-dives that are reported to the monthly committee. One of the key findings is that the doctors in training at both sites are committed and knowledgeable which has been a significant change in recent years.</p>	
019/14	<p><u>Report from the Governors</u></p> <p>Mr North reported that the Council of Governors remain appreciative of the work all staff are doing through the winter. Nevertheless the Governors remain concerned about some aspects of performance particularly in relation to the four hour access target. They are particularly disappointed about the RTT 52 week situation having previously been told it would be resolved by the end of 2018.</p> <p>In relation to the Trust’s financial position, it would appear that there is now a clear understanding of the situation and a clear idea of what the run-rate should be moving forward as well as the activity/coding/income gap. The Governors recognise that the Commissioners will not fund some activity until 2020, and would therefore urge the Board to be firm in ensuring the control total and requests for capital are realistic in setting the 19/20 budget.</p> <p>Mr North noted that he has spent some time with Mr Reinton on the governance review. COG is looking forward to seeing the outcome of that work. The Governors have been concerned about instability of leadership and think it likely that the review will confirm this. It is therefore of concern that the Chair will be leaving at the end of the month. Mr North took the opportunity to acknowledge the significant work Mr Smith has led to understand the problems facing the Trust. The appointment of a new Chair and Chief Executive will be disruptive in the short term. In relation to the appointment of the new Chair, the governors have written to NHSI to ask for their views on the future direction of the NHS and the impact this will have for staff and patient care.</p>	

Item	Subject	Action
	<u>Any Other Business</u>	
	<p>Sue Slipman thanked Ian Smith for chairing the Trust over the past year. She noted that he dedicated last year to helping the Trust get to grips with what went wrong, and in doing so has left no stone unturned. The groundwork is now in place to build a sustainable future and deliver the King's strategy. She noted that he also won the respect of the Governors which is important and had not been easy. NHSI have also recognised the job that has been done.</p>	
019/15	<u>Date Of Next Meeting</u>	
	<p>11am, Wednesday 6th March 2019, Bromley</p>	