

**King's College Hospital NHS Foundation Trust Board of Directors**

Draft Minutes of the Meeting of the Board of Directors held at 11am-1pm on 6<sup>th</sup> March 2019, at the Princess Royal University Hospital, Bromley.

**Members:**

Sir Hugh Taylor	Trust Chair, Meeting Chair
Sue Slipman	Non-Executive Director
Chris Stooke	Non-Executive Director
Faith Boardman	Non-Executive Director
Prof Jonathon Cohen	Non-Executive Director
Peter Herring	Chief Executive
Dr Shelley Dolan	Chief Nurse and Acting Deputy Chief Executive
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
Bernie Bluhm – Non-voting Director	Interim Chief Operating Officer (DH)
Fiona Wheeler – Non-voting Director	Acting Executive Managing Director (PRUH)

**In attendance:**

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Sao Bui-Van	Director of Communications
Chris North	Lead Governor
Penny Dale	Public Governor
Stephanie Harris	Public Governor
Jane Allberry	Public Governor
Victoria Silvester	Public Governor
Diana Coutts-Pauling	Public Governor
Kevin Labode	Staff Governor
Dominique Allwood	NEXT Director
Andrea Towers	Patient Governor
Emmanuel Forche	Patient Governor
Sarah Cooper	Johnson & Johnson
Mary Stirling	GSTT Governor

**Apologies:**

Prof. Richard Trembath	Non-Executive Director
Prof Ghulam Mufti	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Steven Bannister – Non-voting Director	Director of Capital Estates and Facilities

	<b>Subject</b>	<b>Action</b>
<b>019/16</b>	<p><b><u>Apologies</u></b></p> <p>Apologies for absence were noted.</p>	
<b>019/17</b>	<p><b><u>Declarations of Interest</u></b></p> <p>None.</p>	
<b>019/18</b>	<p><b><u>Chair's Actions</u></b></p> <p>No Chair's actions were reported.</p>	
<b>019/19</b>	<p><b><u>Minutes of the last meeting</u></b></p> <p>The minutes were agreed as an accurate record of the meeting held on 6<sup>th</sup> February 2019.</p>	
<b>019/20</b>	<p><b><u>Action Tracker and Matters arising</u></b></p> <p>The content of the action tracker was noted.</p>	
<b>019/21</b>	<p><b><u>Patient Story</u></b></p> <p>Item withdrawn.</p>	
<b>019/22</b>	<p><b><u>Patient Outcomes</u></b></p> <p>Prof. Julia Wendon introduced the Q3 patient outcomes report, noting that the majority of indicators were green. Only seven indicators were red-rated and these related to aspects of emergency laparotomy, kidney transplant, fractured neck of femur pain management and stroke. She noted that the national emergency laparotomy audit (NELA) shows a lack of risk assessment. However, mortality rates are lower than the national average. More generally, the Trust's mortality indicators remain positive and analysis shows that weekends and demographics do not impact negatively on the indicators.</p> <p>Prof Cohen noted that QARC had discussed mortality data and were concerned that there had been an upward trend at the PRUH that needed to be further investigated. It was reported that there had been a concern about sepsis and co-morbidity and staff training had been improved.</p> <p>Mrs Boardman asked whether theatre utilisation was a factor in the laparotomy audit. It was reported theatre productivity has improved, particularly for elective use, but emergency capacity remains challenged. However the NELA cohort is small and outcomes remain good.</p> <p>The Board noted the report.</p>	

**Subject****Action****019/23 Integrated Performance Report**

The Board received a report outlining the M10 and year to date operational performance of the Trust. Dr Dolan summarised the key quality indicators, noting that the Trust would not meet the c-difficile target for the year. Next year the target will be higher as the methodology is changing to include community acquired infections. The Trust will be working with the STP to agree recording mechanisms. The Trust has reviewed 4 cases in detail to understand the root cause. Only two lapses have been care were found.

Bernie Bluhm updated the Board on emergency care access, noting that performance in January had been poor at 69.7%. An improvement plan is in place, supported by an external provider. Improvement is needed in a number of key areas including early decision making, early discharge and ambulatory care. The Trust will be working with the regulator and commissioners to ensure that the recovery trajectory is realistic. Fiona Wheeler reported that the PRUH faced many of the same challenges although the urgent care centre performance was very good. The PRUH also has an externally supported improvement plan in place that focuses on flow through the emergency department, ambulatory care and discharge planning. The PRUH is working to ensure engagement of external partners with a view to achieving better out of hospital assessments. Mr Stooke noted the relationship with the friends and family survey data and sought assurance that the Trust was working to improve patient experience in both EDs. Ms Bluhm noted it was difficult given the long waits and overcrowding, but the importance of communication with patients was being reinforced with staff.

In respect of Referral to Treatment (RTT), 77.8% of patients were treated within 18 weeks, which is slight improvement. Work is ongoing to improve the 52 week breaches and a plan is being developed with clinicians. The Board was assured that all patients who have waited for more than 52 weeks for treatment have been assessed for harm and safety. Demand and capacity modelling is underway to minimise the number by the end of Q4. The Board noted that QARC had reviewed this in detail and had emphasised the importance of ensuring patients were being contacted regularly with an updated position.

Cancer performance was reported to be compliant at the PRUH, but not at Denmark Hill. The Trust is part of a system and therefore ensuring patient referrals are timely is key, and performance in this area needs to improve. The backlog of prostate and colorectal cases has reduced. The Board noted the need to improve in this area, considering it a patient safety issue.

Diagnostics are compliant with the exception of Endoscopy at the PRUH. The unit does not have sufficient capacity to cope with demand. NHSI are supporting the development of a plan to address this, but the lack of capital funding is a concern.

The Board noted the findings of the HEE visit. The Board also noted the positive workforce data including vacancy and training rates. The increases in sickness and turnover were noted.

**Subject****Action****019/24 Chief Executive Report**

Peter Herring provided the Board with a summary of his report, highlighting the contribution the Trust had made to a recent knife crime report. He also noted that the Care Quality Commission has visited the Trust a number of times to carry out a detailed inspection that includes use of resources and whether the Trust is well led. Their work is now concluded and the Trust should receive a draft report in April 2019.

The Board noted the report.

**019/25 Chair and NED Activity**

The Board noted the report, which outlined the activities of the Chair and NEDs over the previous 3 months.

**019/26 Monthly Safer Staffing Levels (Nursing)**

Dr Dolan presented the monthly safer staffing levels, that provides the Board with assurance that nurse staffing levels are regularly monitored across the Trust. She noted that the Trust nurse vacancy rate is very low, but there are hotspots within the Trust e.g. childrens and neonatal, where there are national shortages. There has been a renewed focus on reducing sickness levels because of the impact this has on the Trust's ability to provide safe care.

The Board noted the report

**019/27 M10 Finance Report**

Lorcan Woods confirmed that following a conversation with Board earlier in the year, the Trust had accepted its control total for 2019/20 and the Trust is now focused on agreeing the budget, capital plan and cost improvement programme (CIP). The contract discussions with commissioners should also be concluded by the end of March.

He went on to report that in M10, the Trust had recorded an in-month deficit of £14m and that the year to date deficit is £162m. This was within the forecasted range. The Board noted that pay control remains good and that there is a better understanding of the shortfall on clinical income, but that non-pay expenditure control needs to improve. In 191/20, the Trust will plan differently for winter pressures within the budget.

As the Trust approaches the end of the financial year, the finance teams has plans in place to ensure the annual accounts are produced and audited within the prescribed timetables.

The Board discussed the vacancy levels within the admin and clerical staff group and asked what had been done to ensure that the staffing levels were fit for purposed. It was noted that within the finance function a full review had been completed and the structure had been red. However this approach has not been undertaken

**Subject****Action**

consistently across all areas. The Board recognised that ensuring staff had the appropriate skills was as important as headcount.

The Board discussed the capital position, noting that the 19/20 capital budget will be very difficult and that discussions are ongoing with NHSI to address this. More generally the Board recognised the important of meeting 19/20 financial targets in order to build confidence that the deficit is being addressed.

The Board welcomed the announcement that the Trust has been awarded £1.4m from the STP digital maturity fund.

The Board noted the report.

**019/28 Board Assurance Framework**

Dr Dolan presented the latest iteration of the Board Assurance Framework (BAF). The corporate risk register has been refocused and now aligns with the BAF. The Board agreed there needed to be more clarity on the key risks facing the Trust and how they are being addressed.

**019/29 Loan Resolution**

The Board agreed the draw-down request.

**019/30 Report from the Governors**

Chris North welcomed Sir Hugh to King's and reported that he was pleased to hear that Sir Hugh would be patient-centric in his approach. He noted that the governors remain concerned about performance, particularly against the emergency care referral to treatment standards.

He thanks Mr Herring for the contribution he had made to the Trust as interim Chief Executive and sought assurance that there would be a full handover with Dr Kay, the incoming CEO. Mr Herring confirmed this was in place.

**019/31 Any Other Business**

The Chair updated that the Trust had preparations for the pending EU exit in hand, particularly if the UK left with 'no deal'. There has been national contingency planning and the Trust has been fully engaged.

The Chair noted that Peter Herring would be leaving the Trust and the end of March and thanked him for his contribution. Mr Herring had joined the Trust at a difficult time and had been important in stabilising the organisation.

**019/32 Date of the next Meeting**

TBC