

# 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 09:30, 06 December 2016 in the Dulwich Meeting Room, Hambleton Wing, Denmark Hill

### Members:

Lord Kerslake (BK)	Trust Chair
Chris Stooke (CS)	Non-Executive Director
Faith Boardman (FB)	Non-Executive Director
Prof. Richard Trembath (RT)	Non-Executive Director
Prof. Jonathon Cohen (JC)	Non-Executive Director
Erik Nordkamp (EN)	Non-Executive Director
Sue Slipman (SS)	Non-Executive Director, Vice Chair
Nick Moberly (NM)	Chief Executive Officer
Jane Bond (JB1) - <i>Non-voting Director</i>	Director of Capital Estates & Facilities
Dawn Brodrick (DB)	Director of Workforce Development
Dr Shelley Dolan (SD)	Chief Nurse
Jane Farrell (JF)	Chief Operating Officer
Colin Gentile (CG)	Chief Financial Officer
Alan Goldsman (AG) - <i>Non-voting Director</i>	Interim Director of Strategic Development
Lisa Hollins (LH) - <i>Non-voting Director</i>	Director of Transformation & ICT
Dr Will Bernal (WB)	Assistant Medical Director

### In attendance:

Jan Flint (JF)	Director of Nutrition and Dietetics ( <i>item 2.1 only</i> )
Helen Mencia (HM)	Programme Manager, Bariatric Transformation( <i>item 2.1 only</i> )
Lara Harris (LH)	Patient ( <i>item 2.1 only</i> )
Sao Bui-Van (SBV)	Director of Communications
Jane Badejoko (JB)	Corporate Governance Officer ( <i>Minutes</i> )
Jessica Bush (JB2)	Head of Engagement and Patient Experience
Heather Moreley (HM)	Shadowing Trust Secretary and Head of Corporate Governance
Fiona Clark (FC)	Public Governor
Craig Jacobs(CG)	Patient Governor
Victoria Silvester (VS)	Public Governor
Derek Cattrall (DC)	Patient Governor
Chris North (CN)	Public Governor
Sunita Sardiwar (SS1)	Viapath Biochemist
Steve Dunn (SD)	DMC
Helen Mencia (HM)	King's Staff
Amy Whitehouse (AW)	Johnson and Johnson ltd
David Brawand (DB)	King's Staff
Frances Smith (FS)	Viapath Clinical Scientist

### Apologies:

Dr Alix Pryde (AP)	Non-Executive Director
Prof Julia Wendon (JW)	Medical Director
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/125	<b><u>Apologies</u></b>  Apologies for absence were noted.	
16/126	<b><u>Declarations of Interest</u></b>  There were no declarations of interest made at the meeting.	
16/127	<b><u>Minutes of the previous meeting</u></b>  The minutes of the meeting held on 02 November 2016, were approved as a correct record.	
16/128	<b><u>Matters Arising/Action Tracking</u></b>  The action tracker was noted.	
16/129	<b><u>Patient Story - Lara's Story</u></b>  The Board welcomed, Jan Flint, Director of Nutrition and Dietetics, Helen Mencia, Programme Manager Bariatric Transformation and Lara Harris the subject of the Patient Story. An introduction to the patient's character and life experiences was provided, before details were given on the care she received at the Trust.  <ul style="list-style-type: none"> <li>• Trust's bariatric services are provided across the two main sites Denmark Hill (DH) and Princess Royal University Hospital (PRUH). Both sites offer tier 3 (non-surgical weight loss interventions) and tier 4 (surgical intervention) weight loss services with a conversion rate of 80-90% from tier 3 to tier 4;</li> <li>• The DH site also receives surgical referrals from Guys and St. Thomas Hospital (GSTT) for patients who have completed tier 3;</li> <li>• The DH service also provides Psychological support service. There are 5 surgeons who perform procedures across both sites. Waiting times vary from 1 to 3 years. Clinic utilisation is 50%-90% operating with a 12% cancellation rate mostly due to lack of elective beds, average length of stay post-surgery is 3.5 days;</li> <li>• Lara stated that she has struggled with her weight from her teenage years. She had tried various diet plans over the years including "<i>Weight Watches</i>" and "<i>Slimming World</i>". She finally attended her GP practice and requested help as her weight was causing depression;</li> <li>• Initially she was offered anti-depressants medication, which she refused. She was finally referred to the Trust's weight management and nutrition clinic;</li> <li>• The Lara has been a patient to the service over the last 3-4 years, she is a locally resident;</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• She was put on a diet regime which resulted in 3 pounds with loss, it was decided that Lara would undergo sleeve gastrectomy to assist with the weight loss. She waited 3 years for the procedure. During the 3 years waiting period Lara experienced 4-5 cancellations and re-appointment for her procedure;</li> <li>• She felt disheartened with the number of cancellations as each scheduled procedure date was accompanied by a strict dietary regime. Every cancellation and change of date led to unhappiness and weight gain;</li> <li>• Lara's procedure finally took place on 3<sup>rd</sup> November 2015. She met her surgeon for the first time before the procedure. Following which she recovered well and was discharged the next day;</li> <li>• She received one follow up visit from the dietician and one phone call from the clinical nurse specialist;</li> </ul>	

The following points were raised in discussion:

- Lara was offered counselling service to help deal with the depression and anxiety each procedure cancellation caused. The service is available but there is more that can be done to improve the quality of support offered;
- A support group for people going through this producers would have provided better quality support as it would include individuals who have gone through the same patient pathway or those still waiting; and
- It was noted that there is need for more preventative health measures in the community. Obesity as a health condition requires attention and there is need to support people who are struggling with it.

### **Quarterly Patient Outcomes**

The Board received the Quarterly Patient Safety Report.

The following key points were noted:

- More than three quarter of medical indicators reported in the Trust have been rated green, indicating outcomes better than expected, better than peer and/or within expected range, with only four rated red;
- The Trust's low rate of mortality is in the top quartile nationally, making it an outlier in a positive way;
- The Trust's relative risk of patient re-admission is below peer group trusts;
- The Trust' two major sites DH and the PRUH have risk-adjusted mortality for hip fracture which is significantly below expectation and peer group average, hip fracture care achieves a higher best practice score than Trust peers;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>The relative risk of re-admissions for patients over 75 years of age was higher than expected. This area was clinically reviewed and no systemic failures of care were identified. The review identified issues relating to accuracy of coding;</li> <li>Accurate coding has been highlighted as an area in need of improvement, it is therefore subject to a Transformation improvement programme; and</li> <li>The Trust's diabetes care performance was not its best, medication errors and low nursing numbers were identified as having performance issues. A range of action plans have been implemented to improve underperformance, further feedback will be provided in the next quarterly report.</li> </ul>	

### Quality Assurance & Research Committee

The Board received the summary of the Quality Assurance and Research Committee which took place on 28 November 2016.

The following key points were reported:

- The Committee received a deep dive into the prevention of ill health Commissioning for Quality and Innovation (CQUIN). The CQUIN offered screening to patient on smoking, alcohol and physical activity levels, in turn patients identified would be offered support to quit smoking and alcohol and healthy living advice;

The Committee noted that the level of patient who took up the stop smoking support were not reflective of the level of effort put in by clinical staff.

- The action plans, implemented following the local and external review of four maternal deaths in the Trust were progressing. Training staff to recognising and better respond to deteriorating patients have been and continue to be undertaken; and

Four patient deaths were reported as having occurred during or immediately following an endoscopic procedure at the PRUH were investigated. Three of the deaths related to gastroscopy and the review has determined that these were unavoidable. One related to endoscopic retrograde cholangiopancreatography, to improve service delivery new guidelines have been issued.

The following key points were discussed:

- Public Health England(PHE) has put in a lot of effort into identifying and directing smokers to various services. With the challenging financial restraints and cuts to community services the Trust may consider focusing on obesity as priority area for preventive health;
- PHE policy focus is moving towards more preventive healthcare measure that advice/encourage people to take better care of their health. There is an opportunity to be at the forefront of a movement aimed at educating people on health benefits of good eating habits and exercise;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• The Trust should incorporate healthy living and other preventive measures as part of its Clinical Strategy; and</li> <li>• It was noted that two of the maternal deaths were patients who were very ill and were transferred to the Trust for further care.</li> </ul>	
<b>16/130</b>	<b><u>Chief Executive's Report</u></b>	
	<p>The Board received the Chief Executive's Report.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The Trust continues to provide good service to all its patients daily;</li> <li>• Over the last few weeks the Trust has been focused on completing its two year operational plan. The timetable for completion and submission of the plan has been brought forward by three months to the end of December 2016;</li> <li>• The Trust's main focus is management and recovery of its in-year financial position, the implementation of its new organisational structure and driving the clinical transformation programme;</li> <li>• The Trust must deliver a £49m planned deficit for the year 2016/17. Delivery of the deficit will be through a combination of savings generated from service efficiencies and cost reduction on expenditure, resulting in a high risks situation with little room for error in the delivery of efficiencies;</li> <li>• The Trust has started the planning process for next year's efficiencies. They will be focused on tactical control that will facilitate changes to the way the Trust delivers clinical services. The aim is to get services to work smarter and deliver clinical benefit to their users while also being financially sustainable; and</li> <li>• To support this change the Trust has completed a restructure of the organisation. The new structure will launch in mid-January 2017.</li> </ul> <p>The following points were raised in discussion:</p> <p>The Care Quality Commission (CQC) visited the Trust on 13 October 2016. The visit considered different factors for DH and PRUH sites. The Trust is yet to receive feedback from the CQC;</p> <ul style="list-style-type: none"> <li>• It was noted that the sustainability and transformation plans (STP) were discussed at the last NHS Providers (NHSP) conference. During which it was particularly highlighted that STP's have no clear guidance on the governance structure of operation; and</li> <li>• The STP's are NHS centred there is need for more input from local authorities.</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/131	<b><u>TOP PRODUCTIVITY</u></b>	

**16/131.1 Performance Report (M07, 2016-17))**

The Board received the Trust's Performance Report for M07.

The following key points were reported;

- Trust performance against the 4-hour accident and emergency (A& E) waiting times target was 83.3%. This was below commissioner agreed improvement trajectory of 91.4% and below national targets of 95%;
- Performance at the PRUH had improved but it was still below trajectory. Urgent care attendances were up which is a-typical for attendances in this period in Bromley;
- DH performance experienced a 6.3% increase in elderly attendances while Type 1 adult attendances (16-74 years) remained relatively stable;
- The Trust met with regulators and commissioner and agreed new improvement trajectories that take into account capacity constraints and bed shortage. The Trust will be monitored against these trajectories going forward;
- Referral to Treatment Time (RTT) cohort of patients waiting over 52 weeks decreased and remained ahead of plan. However incomplete compliance for all patients waiting over 18 weeks increased, this was a consequence of redirection of validation resource to prioritise data quality actions agreed with commissioners;
- Trust cancer targets were met in full for patients referred urgently by a GP under the 2 week cancer rule at 89.2%, first treatment within 62 days against a target of 85%. Achieving this target remains challenging;
- Diagnostic waits was achieved at 0.77% against target of 1%. The continued improvement in this area is a testament to the team. The service is also looking at ways to improve forecasting and trend recognition; and
- The Trust will no longer be monitored under Monitor's Risk Assessment Framework this was replaced by NHSI's Single Oversight Framework (SOF) launched in October 2016. Under the new framework the Trust will no longer report on the level of c-difficile infections.

The following points were raised in discussion:

- The Trust has a patient risk assessment process in place which regularly reviews all patient waiting over 52 weeks for treatment. This process was further refined to ensure not clinical harm is experienced by long waiting patients;
- The increased number of delayed patients transferred from other providers has increased. There is no information on the reasons for this occurrence but pressure in local care networks could be a contributing factor;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>• The Trust has instigated a new system which reviews patient bed occupancy and records delays to discharges as part of a national CQUIN;</li> <li>• The renegotiated emergency department(ED) trajectory requires the Trust to achieve 91.4% ED compliance by the end of Q4, 2016/17. Achieving this target will be dependent on the additional bed capacity at Orpington, the PRUH and DH being operational on plan;</li> <li>• It was noted that Ruskin Wing at DH is expected to provide additional non elective bed capacity by the end of December 2016. These beds should improve the ED pathway patient flow; and</li> <li>• The challenges with the ED expansion plan are obstacles to improving overall Trust ED performance . It would be valuable for Trust performance reporting to give greater visibility of drivers to commissioning partners and regulators in order to drive pathway redesign and improvement.</li> </ul>	

**16/132 SKILLED, CAN-DO TEAMS**

**16/132.1 Monthly Nurse Staffing Levels Report**

The Board received and discussed the Monthly Staffing Report.

The following key points were reported:

- The Nursing staffing levels reported at DH site were below the 95% informal benchmark of Foundation Trusts and below other Shelford group trusts, PRUH fill rate was 98%;
- The Trust has a high level of nursing vacancies, 930 nurses were employed over the last year, but the turnover is just as high;
- The Trust nursing workforce is made up of a lot of young nurses who are enthusiastic but require supervision and training. The Trust has recruited a number of overseas nurses who are employed as HCA in the first instance while they await Pin registration from the Nursing and Midwifery Council(NMC), which can take up to 9 months; and
- The Trust is working on getting the right balance of skill mix and experience in the workforce.

**16/132.2 Education Workforce and Development Committee Chair's Update**

The Board received the summary of the Education Workforce and Development Committee which took place on 29 November 2016.

The following key points were reported:

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>The Committee received a presentation from Prof Stuart Carney, Vice Dean International and Dr Louise Dubras, Deputy Dean of Medical Education from King's College London (KCL). They provided updates on the new Bachelor of Medicine/ Bachelor of Surgery (MBBS) 2020 curriculum and the improvement measure they are implementing to increase student satisfaction;</li> <li>An update on Sustainability and Transformation Plan (STP) collaborative work between South London providers with the aim of having a joint approach to improving workforce in the South London economy;</li> <li>It was noted that the recorded level of statutory and mandatory training and appraisal compliance in the Trust remained static. This was attributed partly to the non-functionality of the current e-learning environment and lag between managers recording paper appraisals on the system; and</li> <li>A new multifunctional functional and accessible e-learning system will be rolled out across the Trust over the next six months, the new system should improve compliance levels.</li> </ul> <p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> <li>The Board was informed that Prof Stuart Carney, Vice Dean International will be leaving KCL in January 2017. A suitable replacement has been appointed; and</li> <li>The Government has challenged all medical educational institution to increase medical student intake by 20% by 2018. This is an opportunity for the Trust and KCL to build on medical workforce together.</li> </ul>	

**16/133**      **FIRM FOUNDATIONS**

**Sound Finances**

**16/133.1**    **Finance Report (M07, 2016-17)**

The Board received the Monthly Finance Report.

The following key points were noted:

- At the end of month 7 the Trust's cumulative operating deficit was £62.3m. This is an adverse variance of £40.1m against the year to date planned deficit of £22.2m;
- The key drivers of the deficit are non-pay expenditure, CIP slippage, expenditure on cost pressures, loss of STF and NHS clinical contract activity levels;
- The Trust's run rate was £2.8m for month 7 a reduction on month 6. The run rate monthly averages have reduced due to workforce CIPs producing results;

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/134	<ul style="list-style-type: none"> <li>• Cash remains a significant challenge for the Trust. The working capital facility has been utilised at over 90%. The Trust has been working with NHS Improvement (NHSI) to organise a new loan facility, feedback from NHSI is expected shortly;</li> <li>• The Trust's capital programme is being scrutinised by NHSI and NHSE pending authorisation. The Trust is spending £24m at risk on capital projects which are key to patient safety. NHSI are aware of the need to spend;</li> </ul> <p>The following key points were discussed:</p> <ul style="list-style-type: none"> <li>• The Trust's capital spend programme for 2016/17 was reforecast to only include absolutely vital projects spend. This resulted in the Trust not replacing some equipment, machinery and delayed repairs to infrastructure, these have been deferred to next year; and</li> <li>• The Trust will be including information on its capital build expenditure in the two year operational plan being drafted;</li> <li>• The Trust's 2017/18 capital request will be significantly larger than the request this year, due to the backlog of repair schedules carried forward.</li> </ul>	
16/134.1	<p><b><u>Finance &amp; Performance Committee Chair Update</u></b></p> <p>The Board agreed that the points in the report were covered adequately by the discussions of the M07 Finance Report.</p> <p><b><u>Rigorous Governance</u></b></p>	
16/135	<p><b><u>Council of Governors Report</u></b></p> <p>The Board welcomed Chris North, Lead Governor who delivered the Council of Governors Report.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The Council of Governors supports the Trust's capital building spending at risk, patient safety is always a key priority;</li> <li>• The performance challenges facing the Trust are numerous and there is need to improve access targets;</li> <li>• The Council of Governors would advise the Trust to negotiate with NHSI and NHSE regarding the capital spend programme for next year there is need for a balanced dialog; and</li> <li>• The Trust should also focus on the hearts and minds of its staff and wider constituency. Staff are under immense pressure to continue to deliver service improvements with restrained resources.</li> </ul>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
16/136	<b><u>FOR INFORMATION</u></b>	
16/136.1	<b><u>Chair &amp; Non-Executive Directors' Activities</u></b>	
		The Board noted the Chair and Non-Executive Directors' Activities report.
16/136.2	<b><u>Board Committee Minutes</u></b>	
		The Board noted the Finance and Performance Committee minutes from its meeting on 25 October 2016.
16/137	<b><u>ANY OTHER BUSINESS</u></b>	
		The Board was updated on the following Action tracker items:
		<b>Item: 16/8.2 from 02/02/2016</b> Adult Safeguarding Report-The Trust is not an outlier for DoLs data across the Shelford Group.
		<b>Item: 16/8.3 from 02/02/2016</b> Children Safeguarding Report- The level to training in Children safeguarding has improved. The Trust will be rolling out a new e-learning system April 2017.
16/138	<b><u>DATE OF NEXT MEETING</u></b>	
		Wednesday 1 February 2017, 09:00 Dulwich Room, Hambleton Wing, Denmark Hill.