

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 09:00, 01 February 2017 in the Dulwich Meeting Room, Hambleton Wing, Denmark Hill

Members:

Lord Kerslake (BK)	Trust Chair
Chris Stooke (CS)	Non-Executive Director
Prof. Richard Trembath (RT)	Non-Executive Director
Prof. Jonathon Cohen (JC)	Non-Executive Director
Prof. Ghulam Mufti (GM)	Non-Executive Director
Dr Alix Pryde (AP)	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 Chris Palin (CP)	Corporate Medical Director

In attendance:

Gareth Hughes	Subject of Patient Storey
Heather Berry	Patient Spouse
Sao Bui-Van (SBV)	Director of Communications
Jane Badejoko (JB)	Assistant Board Secretary (<i>Minutes</i>)
Jessica Bush (JB2)	Head of Engagement and Patient Experience
Heather Moreley (HM)	Trust Secretary and Head of Corporate Governance
Fiona Clark (FC)	Public Governor
Craig Jacobs (CG)	Patient Governor
Victoria Silvester (VS)	Public Governor
Chris North (CN)	Public Governor
Penny Dale (PD)	Public Governor
Fungisai Chirochangu (FC1)	Patient Governor
Susan Wise (SW)	Public Governor
Isabel Morley (IM)	NHS Graduate Trainee
Kate Hollingwoth (KH)	NHS Graduate Trainee
Lucy Hamer (LH)	King's Staff
Andrew Bailey (AB)	King's Staff
Silva Scavabrim (SS)	King's Staff
Michael Ebuk (ME)	King's Member

Apologies:

Erik Nordkamp (EN)	Non-Executive Director
Prof Julia Wendon (JW)	Medical Director
Faith Boardman (FB)	Non-Executive Director
Trudi Kemp (TK) – <i>Non-voting Director</i>	Director of Strategic Development

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/01	<u>Apologies</u>	
	Apologies for absence were noted.	
017/02	<u>Declarations of Interest</u>	
	There were no declarations of interest made at the meeting.	
017/03	<u>Chair's Action</u>	
	The following key points were reported: The Trust Chair recently met Lord Ajay Kakkar, professor of surgery at UCL and chair of UCL Partners, who is the son of a very distinguished former clinician at King's who sadly died in November 2016.	
	Lord Vijay Kakkar worked at King's for more than 30 years, from 1965 to 1997. He was a vascular surgeon and research scientist who first drew attention to the extent of the problem of blood clots during surgery, and pioneered the use of heparin as a prophylactic treatment. He was the founder director of the Thrombosis Research Institute, a post now held by his son.	
	Lord Kakkar's family would like to fundraise to support the provision of a suitable memorial at King's to celebrating Lord Vijay Kakkar achievements. Over the next few months the Trust will engage with family members on the form this should take, a proposal will be brought to a future Board meeting.	
	Trust Board members will recall that in December 2016 and January 2017 the Trust drew down funds from the Interim Working Capital Facility Loan. The Chair and Chief Executive Officer signed Board resolutions whenever there was necessity for a draw down. The Trust does not expect to draw funds down in February so a Board resolution will not needed for this month.	
017/04	<u>Minutes of the previous meeting</u>	
	The minutes of the meeting held on 06 December 2016, were approved as a correct record.	
017/05	<u>Matters Arising/Action Tracking</u>	
	The action tracker was noted, item 16/116.1 from 02 November 2016 - re-designed of the Trust performance report will be delivered in April 2017.	
017/06	<u>Patient Story - Gareth's Story</u>	
	The Board welcomed, Gareth Hughes and his wife Heather Berry, a Practice Development Nurse employed by the Trust. They attended to present details of the care Gareth received at the Trust's emergency department.	
	The following key points were reported and discussed:	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>On 23 November 2016 Gareth was brought to Denmark Hill (DH) accident and emergency (A&E) department by ambulance following a cycling accident. He had sustained a head injury and could not remember what had happened during the accident.</p> <p>Following admission Gareth was treated by staff and discharged to continue his recovery at home. Two weeks after his discharge from the Trust he began to experience chest pains, an ambulance was called and Gareth was brought to the Trust's DH emergency department (ED).</p> <p>The ED was extremely busy that evening and Gareth was admitted into a bed in the minors area, as there were no free beds in the majors.</p> <p>Following admission preliminary nursing checks were not started for 40 minutes. During the nurse assessment and prior to her commencing an electrocardiogram (EKG or ECG) test that checks for problems with the electrical activity of the heart, Gareth informed the nurse that he would have an abnormal reading as he has been diagnosed with a heart condition. He had received treatment for this condition at the Trust.</p> <p>He further wanted to provide the nurse with details of his last EKG which were recorded on his personal mobile device along with records of his x-rays showing the fracture he sustained in an initial incident in summer 2016;</p> <p>Nursing and Medical staff were dismissive of his comments would not accept the information he provided as they could not verify the source. Gareth's records of his heart condition or the x-rays taken in November 2016 could not be accessed by treating clinicians as they were not part of the patient records they were viewing. It was also established that no x-ray picture of his ribs was taken in November 2016.</p> <p>Gareth was taken to have another set of x-rays done. While he was transferred to the x-ray area he noticed a few environmental issue such as tape on the ceiling from the Channel 4 filming of '24hr in A&E' and outdated information on notice boards in waiting areas.</p> <p>Once the x-rays were completed doctors informed Gareth that they would admit him overnight and discharge him in the morning following consultants review. Due to the amount of time spent in hospital Gareth opted to be discharged at 5 am noting he would attend his General Practitioner (GP) in the morning and obtain pain medication.</p> <p>At 9 am that morning Gareth was asked to return to the Trust as careful inspection of his x-ray had revealed a fracture in his Pelvic bone.</p> <p>Gareth and his wife returned to ED at which point he was not physically examined by the treating clinician, he was given a referral letter to the fracture clinic which had the wrong date listed on it and a prescription for pain medication.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>On presenting the prescription to Pharmacy services at the Trust, Gareth was informed that his prescription for a control medication was not correctly completed and they would not provide him with the medication listed.</p> <p>Gareth returned to ED where the prescribing doctor provided him with a second prescription which upon presentation to Pharmacy was once again declined. A third accurate prescription was finally issued. Gareth and his wife were very upset at this time.</p> <p>They were advised to put in a complaint with the Trust's PALs services.</p> <p>Gareth was delayed attending his outpatient fracture clinic appointment, but he was still seen by the specialist clinician who had been supplied with wrong set of x-ray records which were from his hand fracture sustained in summer 2016.</p> <p>The letter for his next outpatient fracture appointment was received the week commencing 30 January, at which point the appointment had passed.</p> <p>The Board apologised to Gareth for the unpleasant experience.</p> <p>Having carefully listened to Gareth's story the Board acknowledged that the key issues in his case were: the electronic patient records (EPR) system's ineffectiveness, extreme pressure on emergency services, patient clinician interaction (communication), delays in transfer of information and administration errors.</p> <p>Gareth recognised that the Trust is under immense pressure, he noted that improvement measures are being implemented across a lot of services. He encouraged the Trust to improve the internal environment and think about health and wellbeing of its staffing resource.</p> <p>The Trust will learn from Gareth case and improve system process processes in particular with the roll out of the new EPR system and the wider Transformation programme.</p>	
017/07	<u>Quarterly Patient Outcomes</u>	
	<p>The Board received the Quarterly Patient Safety Report and quarterly DIPC.</p> <p>The following key points were noted: 88% of medical indicators included in the report had been rated green, indicating outcomes better than expected, better than peer and/or within expected range, there were zero red indicators in quarter 3 (Q3);</p> <p>The Trust's level of mortality continues to be in the top (best) quartile nationally with results better than all other London peers in major trauma, better than national average for stroke and better than Shelford peers for hip fracture. The Trust is rated 19 from 136 providers nationally.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>Relative risk of readmission overall is below better than expected.</p> <p>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.</p> <p>It was noted that the Trust may be experiencing issue around process management but its outcomes indicate that there is dedication to provide the best care to patient by staff.</p> <p>The over 75 year patient group with higher risk of re-admission must be given further attention, it was also noted that the re-admission rates are higher over weekends as recorded on the Summary Hospital-level Mortality Indicator (SHMI).</p> <p>While the outcome results are good and highlight the Trust's dedication to provision of good clinical services, the pressures of performing under challenging condition is absorbed staff.</p> <p>The Trust has opened a new medical ward at Orpington which is the reason for the site's feature on the SHMI data.</p>	
	<p>The Board will receive an update on over 75 re-admissions for Trust which will include the number of re-admission over the weekend and the number of bed days at Orpington. The date for December 2016 will be analysed.</p>	Julia Wendon
017/08	<p><u>Quarterly Patient Safety</u></p> <p>The Board received the Quarterly Patient Safety report presented by Chris Palin.</p> <p>The Trust had two never events reported in Q2, one related to a retained vaginal swab after a failed instrumental delivery followed by Caesarean Section at PRUH and the removal of a lipoma from the wrong shoulder at DH.</p> <p>Subsequently two more events have been reported and are under investigation. The level of never events has been a topic of discussion by the Executive team with a plan to review these further.</p> <p>The Trust recorded four MRSA bacteraemia incidents at DH to date, two cases in each quarter. The source was identified and infection preventive protocols were implemented. Two further cases were identified at other Trusts in patients who had been treated by the Trust; there were no Trust apportioned cases at the PRUH.</p> <p>The Trust has recorded 24 Candida auris cases since April 2016, contact screening has been undertaken following a presumptive case and admission and weekly screening is now in place in all Critical Care Units.</p> <p>The Trust is collecting and reporting information on sepsis safety as part of a national quality priority campaign.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>Results of the annual observational audit of the use of Surgical Safety Checklists indicate that there have been improvements. The number of reported serious incident in Q2 was 27, a significant reduction from 40 reported in the previous quarter.</p> <p>It was noted that in Q2 no cases of potentially preventable Hospital Acquired Thrombosis (HAT) were recorded at the PRUH a significant achievement for the Trust.</p> <p>The good results in HAT at the PRUH were commended. The Trust was encouraged to put in the same effort to reduce the level of never events recorded in the Trust. It was noted that the national average for an acute trust is 6 never events per year, but the Trust's target is 0 for next year.</p> <p>It was noted that previously the Trust's satellite site at Orpington had no incident, the change in performance is as a result of launching 26 medical bed frailty ward.</p> <p>The Trust has developed a new protocol to aid its identification and contamination of Candida auris. The Trust is also in negotiations with Viapath on the development of a new test. While the Trust is implementing infection prevention and control protocols it was noted that the spread of the pathogen is affected by low nursing levels.</p>	<p>Chris Palin/Julia Wendon</p>
017/09	<p><u>Quality Assurance & Research Committee Chair's Update</u></p> <p>The Board received the summary of the Quality Assurance and Research Committee which took place on 24 January 2017.</p> <p>The following key points were reported: The Committee received an update on the transformation work undertaken to improve the patient flow and administrative processes within outpatients departments. Outpatients is an area the Trust has been keen to improve.</p> <p>The improvement will be focused on staff attitude towards waiting patients and how staff can better address patient concerns and improve the negative attitude towards complaints. There will also be a focus on dealing with challenging patients who may suffer from mental health conditions, the Trust will be collaborating with South London and Maudsley NHS Foundation Trust (SLaM) to better design the service.</p> <p>The Committee received a presentation from Professor Peter Littlejohns, Deputy Director of South London's Collaboration for Leadership in Health Research Care (CLAHRC). Research outputs are not always well translated into everyday clinical practice and the CLAHRC program gives focus to such areas.</p> <p>The high levels of staff vacancies in specific areas was discussed, there is a nursing profession national shortage which is particularly challenging in London. Work around patient engagement and involvement was encouraged.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/10	<u>Safeguarding Report - Children</u>	
	<p>The Board received the annual Children's Safeguarding report.</p> <p>The following key points were noted: Actions raised in the previous year's report at the PRUH were addressed with new staff members engaged.</p> <p>The demand on maternity services has been a cause for concern. Safeguarding within maternity services has been placed on the Trust's Risk Register due to the volume and complexity of cases. Greater levels of funding have been requested to help address the associated issues.</p> <p>Safeguarding services at the PRUH have recorded issues relating to children not attending appointments and patients suffering from mental health issues. In 2016 funds were secured and a midwife specialist in mental health was recruited. This has enabled the specialist midwife to provide safeguarding support to other midwives.</p> <p>The Trust's new Havens safeguarding service is now open and fully operational. In addition to the standard service they will also provide advocacy support for 13 to 17 year olds and psychological support for both children and their parents. The service also received the CQC's Not Seen Not Heard Report, along with an action plan to address the recommendations contained within the report. The Trust is responding to all recommendations with appropriate action plans. The Trust contributed to four serious case reviews and three multi-agency case reviews in the reporting period, and the reports were presented to the Safeguarding Children Committee (SCC).</p> <p>The level of Safeguarding training in the Trust remained below target. While the Trust's initiative to provide face to face daily walk in training had improved, compliance levels, there is still a need to improve training compliance. It was noted that the new electronic training platform will provide the Trust with a new tool to better deliver training to staff on multiple electronic platforms.</p> <p>During the reporting period the Trust conducted audits and evaluations of the interventions undertaken to safeguard children to provide positive assurance that the organisation is making a positive difference to children's lives.</p>	

017/11 Chief Executive's Report

The Board received the Chief Executive's Report.

The following key points were noted:

<u>Item</u>	<u>Subject</u>	<u>Action</u>
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The Trust has been operating in a fragile and pressured emergency care system over the holiday season. The extreme pressure on services was experienced by majority of London trusts.

The Trust is focusing on continuing to provide safe services and reducing the number of vacancies across all sites. The Trust complaints response time continues to improve with learning practices for each complaint incident utilised to improve service delivery.

The Trust continues to deliver excellence in medical education in partnership with King's College London (KCL). KCL are constantly striving to improve student satisfaction and a number of improvement schemes aimed at enhancing student experience will be implemented from September 2017.

Progress has been made at Orpington and the PRUH concerning the planned additional bed capacity. The Trust has successfully launched 26 beds at Orpington and 37 escalation beds at the PRUH. The capital estates work associated with the extra beds has been completed, but due to staffing shortages the full number of beds will not be operational until the end of Quarter 4. The planned additional beds for Denmark Hill are not operational due to lack of staff.

It was noted that the Care Quality Commission (CQC) made contact with the Trust regarding the escalation beds at the PRUH as some were in non-clinical areas. A detailed report and risk assessments has been provided in response.

The Trust will continue to focus on achieving regulators targets for 2016/17 and providing services to its patient and planning for 2017/18.

017/12	<u>Performance Report (Month 09)</u>	
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The Board received the Trust's Performance Report for M09.

The following key points were reported:

The Trust's accident and emergency (A&E) department's compliance against the 4-hour target declined from 79.89% reported in November to 75.48% in December.

There key factors affecting performance are:, increased number of patients attending emergency services, with more complex acuity particularly in over 75 year olds who require additional resources, increase in the number of young patients and delays in discharge for medically fit service users.

The number of patients medically fit for discharge to an appropriate social care facility was 3 times as high as last year at the PRUH. The pressures on social care are making it problematic to transfer patients into social care.

While bed occupancy is the highest recorded the patient that are in hospital need to be in hospital as they present complex acuity and require multisystem care.

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>Bed shortage on both main sites has been immense but there have also been staffing shortages.</p> <p>Trust staff meet NHSI representatives and provided regulators with detailed information on pathway, process and proposed improvement plans to address the challenges in emergency care. The Trust improvement trajectories have been re-aligned with appropriate targets.</p> <p>The Trust was fully compliant with national targets in Cancer and Diagnostics for Q3, an achievement in the face of challenging circumstances.</p> <p>The RTT recovery plan is progressing; the Trust will be investigated by NHSI on its performance in this area.</p> <p>The variance in performance between this year and the last is identifiable; the Trust is operating in a fragile healthcare climate that has affected all health providers. Evidenced by more than half of providers not meeting the 4hr emergency target in winter. The Trust attended an escalation meeting with regulators, along with other trusts struggling to cope with the patient influx to discuss a solution.</p> <p>The Trust has drafted a plan and strategy for each site as the issues affecting both sites differ. The planned ED expanded footprint should be operational at the end of Q4 with results in the first quarter of 2017/18.</p> <p>The operational pressures are exceptional; the Trust has begun to collect data on acuity to ensure it can provide regulators with a total picture of the pathway.</p> <p>It was noted that theatre efficiency was 55% at DH, this is heavily dependent on bed capacity/availability. With the improvement trenches for RTT and ED becoming operational shortly there will be efficiencies rolled out across multiple platforms particularly the currently inefficient theatre booking system.</p> <p>The RTT pathway will not be recovered by utilising current in-house resources; there is need for extra financial resources and manpower to complete the work.</p>	
	FPC will monitor ED timeline progress and advice the Board when the next progress update will be available.	FPC
	QARC will receive a deep dive into the process for assessment of clinical risk of over 52 week waiting patient on RTT.	QARC
017/13	<u>Monthly Nurse Staffing Levels Report</u>	
	<p>The Board received and discussed the Monthly Staffing Report.</p> <p>The following key points were reported:</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>London like the rest of the country is experiencing shortage of qualified nursing staff. Nursing staff at the Trust are considered adversely affected as they have access to less educational funding than other London peers.</p> <p>The reduction in training funding was part of a Trust initiative to reduce cost and generate savings. The Trust has updated its nursing agenda to providing alternative means of training support to its nursing staff. To get the message out to the nursing community and social media aimed at targeting new nurses has been launched via the Trust's Communications Department.</p> <p>The launch of the new leadership structure will further improve the Trust's leadership issues which will be enhanced by the '<i>King's Way</i>' transformation programme. The Trust aims to boost staff morale and improve the working environment.</p> <p>The Trust consistently recruits large numbers of nursing staff but it also loses just as many. The speciality nursing groups are particularly challenging to recruit to.</p> <p>The changes to nursing bursaries will further influence where potential nurses take up employment. The Trust is working on developing a new in house training programme and partnering with KCL to support further career development opportunities.</p> <p>The Board noted the number of red shifts and will monitor this further via the QARC.</p>	
	<p>Education Workforce and Development Committee Chair's Update</p> <p>The Board noted the summary of the Education Workforce and Development Committee which took place on 24 January 2017.</p>	
	<p>FIRM FOUNDATIONS</p> <p><u>Sound Finances</u></p>	
017/14	<u>Finance Report (M09)</u>	
	<p>The Board received the Monthly Finance Report.</p> <p>The following key points were noted: The Trust's cumulative operating deficit as at month 9 was £78.9m. This was an adverse variance of £52.1m against the year to date planned deficit of £29.3m. The variance relates to Sustainability and Transformation Funding, Special Purpose Vehicle and Hepatitis-C national CQUIN have been acknowledged by NHSI. The key drivers of the rest of the variance were clinical income underperformance, CIP slippage and non-pay expenditure pressures.</p> <p>The Trust's deficit target for the year is £48.9m, month 9 position indicates its £4.6 million behind plan. The efficiency board is meeting weekly and monitoring all slippage and pushing mitigation measures.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The increase in operational pressures have had an adverse impact on the successful performance of the CIP schemes. The original 6+6 projections plan is being updated to reflect the additional pressures and capacity constraints.</p>	
	<p>The Trust's capital plan for 2016/17 required £48.8m in funding, this has been reduced to aid the national capital account. The Trust's current capital programme is £38.8m, however the Trust has been spending at risk on capital expenditure that directly impacts on patient safety.</p>	
	<p>The Trust has been allowed and additional working capital facility of £22.7m as revenue support from regulators until the end if the financial year. In January the Trust drew £14m.</p>	
	<p>The Trust has reached agreement on all major specialist contracts for 2017/18, including NHS England and commissioners.</p>	
017/15	<p><u>Finance & Performance Committee Chair Update</u></p>	
	<p>The Board agreed that the points in the report were covered adequately by the discussions on other items on the agenda.</p>	
	<p><i>Rigorous Governance</i></p>	
017/16	<p><u>Council of Governors Report</u></p>	
	<p>The Board welcomed Chris North, Lead Governor who delivered the Council of Governors (CoG) Report.</p>	
	<p>The following key points were noted: Tuesday 31 January was the last day of service for the following governors: Anoushka de Almeida , Eniko Benfield and Paul Corben, the Trust is thankful for all their hard work and contribution to the Council of Governors.</p>	
	<p>It was noted that 2 of the newly elected governors were in attendance: Susan Wise and Fungisai Chirochangu.</p>	
	<p>The CoG were pleased to receive an update on the improvement work streams planned for A&E in particular the Mental Health beds. The Council would like more information on how the Trust will rollout operationally the pilot project that requires it to validate status service users eligibility to free healthcare.</p>	
	<p>The Trust will be piloting the projects as it is a statutory request from the Department of Health. To ensure there is minimal disruption to services the Trust will be piloting the project in Ophthalmology and Dermatology.</p>	
	<p>The Trust has been operating with extended payment schedules suppliers. Trust services were disrupted due to unpaid supplier invoices; this has been communicated to regulators.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	FOR INFORMATION	
017/17	<u>Chair & Non-Executive Directors' Activities</u>	
	The Board noted the Chair and Non-Executive Directors' Activities report.	
017/18	<u>Board Committee Minutes</u>	
	The Board noted the Finance and Performance Committee minutes from its meeting on 24 January 2017.	
017/19	<u>ANY OTHER BUSINESS</u>	
	There were no items of any other business raised for discussion.	
017/20	<u>DATE OF NEXT MEETING</u>	
	Friday 10 March, Cambridge House, 1 Addington Square, London, SE5 0HF.	