

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, 05 April 2017 in the Dulwich Room, Hambleton Wing, King's College Hospital, Denmark Hill.

Members:

Lord Kerslake	Trust Chair
Chris Stooke	Non-Executive Director
Prof Richard Trembath	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Faith Boardman	Non-Executive Director
Sue Slipman	Non-Executive Director, Vice Chair
Nick Moberly	Chief Executive Officer
Prof Julia Wendon	Medical Director
Dawn Brodrick	Director of Workforce Development
Dr Shelley Dolan	Chief Nurse
Jane Farrell	Chief Operating Officer
Colin Gentile	Chief Financial Officer
Jane Bond	Director of Capital Estates & Facilities (<i>Non-voting</i>)
Lisa Hollins	Director of Transformation & ICT (<i>Non-voting</i>)

In attendance:

Zoe Adhya	Member of staff
Sao Bui-Van	Director of Communications
Jessica Bush	Member of staff
Gaby Charing	Trust Patient
Fiona Clark	Public Governor
Elizabeth Day	Patient Story
Lucy Hamer	Member of staff
Craig Jacobs	Patient Governor
Aidan Jevlin	Member of the public
Heather Morley	Trust Secretary and Head of Corporate Governance
Chris North	Lead Governor
Silvia Scalabrini	Engagement and Patient Experience Manager
Andy Simpson	Corporate Governance Officer (<i>Minutes</i>)
Derek St Clair-Cattrall	Patient Governor

Apologies:

Prof Jonathon Cohen	Non-Executive Director
Trudi Kemp	Director of Strategic Development (<i>Non-voting</i>)
Alan Goldsman	Interim Director of Strategic Development (<i>Non-voting</i>)
Prof Ghulam Mufti	Non-Executive Director
Erik Nordkamp	Non-Executive Director

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/40	<u>Apologies</u>	
	Apologies for absence were noted.	

017/41 Declarations of Interest

There were none.

017/42 Chair's Action

There were none.

017/43 Minutes of the previous meeting

The minutes of the meeting held on 05 April 2017 were approved.

017/44 Matters Arising/Action Tracking

The action tracker was noted.

017/45 Patient Story – Gaby Charing

The Board of Directors (the Board) welcomed Gaby Charing and her partner Liz Day. A Southwark resident for thirty years, Gaby reported that she had a history with the Trust and had been an active member of the community. Four years ago a colonoscopy revealed a tumour. She received treatment locally, having major surgery at King's in January 2014 and visiting the oncology services at Guy's and St Thomas' (GSTT). She had been in remission but unfortunately a subsequent test revealed a recurrence of the cancer, for which she was receiving treatment fortnightly. She reported that, while on the whole the clinical care she received was excellent, there were two aspects of her experience she felt needed to be brought to the Board's attention to help the Trust in its mission to continuously improve the care it provided.

The first of these related to the lack of private space where patients could speak with to their clinicians with privacy and dignity. On the Trust's Lister Ward in 2014 Gaby received an MRI scan, and advised that she did not want to receive her results at her bedside. A nurse's office was found where Gaby and her doctor were able to discuss the results but it was at the risk of interruption since it was not designated for private conversations between clinicians and patients.

The second related to due protocol not being followed by Trust staff. Gaby visited the Accident and Emergency department (A&E) on three occasions in April 2014 for different reasons, one of which was due to vomiting and a temperature spike. She was receiving chemotherapy during this period, and was carrying a card which stated that antibiotics needed to be administered intravenously within one hour of presenting with symptoms which could indicate severe infections such as sepsis. On the first two occasions she was sent home by the acute medical team so she sought advice which suggested that an oncologist should be alerted if a cancer patient presented at A&E. On the third admission a consultant was notified and a scan was ordered, after which Gaby was advised that she required an emergency surgical assessment. The result was that she neither had sepsis nor needed surgery, but Gaby was concerned about the potential implications of such an oversight so she issued a formal complaint to the Trust. In her opinion the response did not adequately acknowledge the issues she had raised.

A year later in April 2015 the Trust was inspected by the Care Quality Commission (CQC). Though the subsequent report in September 2015 rated medical services

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	<p>as 'good', it did raise concerns about what was defined as a suboptimal approach to sepsis management.</p> <p>Liz then addressed the Board with an explanation of the impact of Gaby's illness on her life over the last four years. She was at the pinnacle of her career as a family therapist when Gaby was diagnosed, but the time requirement necessary to be Gaby's carer and to attend the many appointments scheduled prompted a decision to take unplanned early retirement. There was a sense that her professional identity had been subsumed by that of her identity as a carer. Like Gaby, Liz had been an active member of the community, and had recently had opportunities to use the skills and knowledge gained from her experiences managing services to help develop local cancer services. She had also managed to complete the doctorate she had had to put on hold and had been appointed as Deputy Editor of a new academic journal.</p> <p>The Board thanked Gaby and Liz for bringing their powerful story to its attention and apologised for the handling of Gaby's complaint. Significant focus had been given to complaints management over the preceding six months. The two main developments had been removing the backlog and the implementation of more robust mechanisms with which to identify and disseminate the learning arising from key concerns. Significant attention had also been paid to the management of sepsis. During 2016-17 sepsis had been one of the Trust's key quality priority focuses. Significant improvements had been made with the implementation of the Sepsis Six treatment approach, with performance for the timely administering of antibiotics having improved month on month. Use of the Quick Sepsis Related Organ Failure Assessment (qSOFA) screening tool meant that sepsis was able to be identified earlier. Work was needed to embed the changes more firmly and sepsis management would remain a quality priority focus for 2017-18. Greater assurance needed to be gained that oncologists were being alerted when cancer patients visited A&E.</p> <p>With respect to the lack of private space, it was noted that the Trust was aware of the environmental restrictions of its estate in providing the space necessary for clinicians and their patients to speak privately. Two medical wards had already been reconfigured to provide such space which was noted as positive progress by attendees, and work to achieve this more widely was ongoing. The Chief Nurse advised she would write to Gaby providing an update of the work and its progress. The Board was pleased with the progress made with complaints handling and the increasing openness of the organisation which had been fostered, part of which was providing opportunities for patients to bring their stories directly to the Board. Members commended both Gaby and Liz for their commitment to the development of those pathways.</p>	S Dolan
017/46	<u>Liver and Hepato-Pancreato-Biliary (HPB) Unit</u>	
	<p>The Director of Transformation and ICT and core members of the transformation team introduced a presentation of the redesign of the hepatobiliary service (enclosure 2.2), part of the second wave of the Trust's Transformation Programme. It was in its delivery phase after starting in September 2016. It was reported that the hepatobiliary service provided all-round care for patients with liver, pancreatic, biliary and gall bladder disorders, and delivered treatments including surgery, medicine and interventional radiology.</p>	

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	<p>In general the patient outcomes were excellent and the specialist nurses were key in delivering these. But the service did have challenges, related mainly to limited capacity and the associated delays to patient pathways. These resulted in increased lengths of stay. The streamlining and standardisation of processes into a care process model were seen as key in addressing capacity issues, achieving cancer performance targets and improving patients' outcomes and experience.</p> <p>The future vision for the service would be achieved through the implementation of twelve initiatives. The initiatives were scored in terms of their ease of delivery and likely impact in order to determine which were the most immediately important. Key among them was a multi-disciplinary approach to working, seen increasingly as the cornerstone of good service delivery in an international context. Sound IT systems were also pivotal. The effect of the initiatives would be to increase what could be done within a shorter patient stay and to improve patient discharge and follow-up.</p> <p>The transformation work revealed that staff engagement was crucial, since feedback from staff had been vitally important both in shaping the vision for the service and in delivering it. Staff conceived of both the Ticket Home and Golden Beds initiatives, designed for the early identification of referral and discharge requirements respectively. The resulting improvements to patient flow had meant increased ability to guarantee beds; the timely starting of theatre slots; and increased productivity since the released capacity had meant a greater activity volume. The redesign was still work-in-progress, as the various elements of the service needed to be unpicked and then looked at procedure by procedure. It was hoped that the clinical element would be ready for implementation by the end of April 2017, and that the multi-disciplinary approach would have transferable benefits across the Trust.</p> <p>Board members agreed that the benefits of the transformation to the patients and the Trust were clear, but that for future purposes it would be valuable for transferable learning to be documented as part of the process. Members raised questions about how patient experience feedback would be incorporated into the ongoing service changes, and what would be required to reduce the expected two-year length of the project. The response was that the usual experience capture methods would be used in parallel with the involvement of the patient throughout the whole pathway. Providing patients with material early on in the pathway to inform them about their journey was noted as a good suggestion. While it was important for the benefits of the transformation to be realised as quickly as possible, the most important thing was to empower staff sufficiently enough to drive the changes necessary to create the best patient outcomes possible.</p> <p>The Board NOTED the report and congratulated the team for its work and successes.</p>	
017/47	<u>Chief Executive's Report</u>	
	<p>The Chief Executive Officer (CEO) introduced the Chief Executive's report (enclosure 3). Tributes were paid to the victims of the Westminster terrorist incident which took place on 22 March 2017, some of whom were treated at the Trust, and thanks were given to the staff members who responded professionally. Appreciation was noted for the time given by HRH The Prince of Wales who visited</p>	

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	<p>the staff and patients following the incident, and to Members of Parliament Harriet Harman and Helen Hayes who also met with members of the team which cared for the victims.</p> <p>It was reported that the 'Five Year Forward View: Next Steps' (FYFVNS), a follow up to the original Five Year Forward View, had been published by NHS Improvement (NHSI) and NHS England (NHSE) on 31 March 2017. The FYFVNS recognised the good work which had been undertaken by organisations to deliver it. It also acknowledged the challenges and was clear in its prioritisation of the improvement of A&E performance nationally. Delivering financial balance; strengthening primary care services; and improving cancer and mental health services were also given as key priorities. The Trust would need to work with South East London partners, including local councils, to ensure the £1bn of extra social care funding announced as part of the Government's 2017 budget would have the effect of decreasing delayed transfer of care, thus freeing up acute hospital beds.</p> <p>Although not yet ready for reporting, the Trust had finalised its year-end accounting and had filed its 2017-18 operational plan with NHSI. It was more important than ever to deliver the best possible full-year position in terms of financial performance and compliance with key operational targets.</p> <p>The FYFVNS also presented a clear view on the developmental path of Sustainability and Transformation Partnerships, and the recent Naylor Review of NHS Property and Estates gave proposals on the nature of the investment required by STPs. The Trust would need to be mindful of how its financial and operational plans aligned with this regional context, as well as how its investment plans aligned both with STP and broader public estate ideals. It was clear that innovative ideas to attract funding needed to be conceived in order to reduce the reliance of revenue on the capital budget.</p> <p>Concern was raised that the funding to decrease delayed transfers of care did not seem to be accompanied by guiding indicators. Further concern was raised over the potential governance issues arising from the conflict of system-wide leadership and accountabilities on one hand and the needs of individual organisations on the other.</p> <p>The Board NOTED the report.</p>	
017/48	<p><u>Performance Report (Month 11)</u></p> <p>Month eleven performance highlights were provided by the Chief Operating Officer (enclosure C4.1). It was reported that A&E compliance with the four-hour wait target had increased to 81.41% from the 78.21% reported in month ten but was still misaligned with demand and capacity. Trust representatives had met with NHS, the result of which was an agreement that a revised trajectory should be set at the end of the financial year to support the resolution of compliance issues.</p> <p>Referral to treatment (RTT) performance had worsened slightly, with the numbers of patients waiting fifteen weeks and fifty two weeks increasing. Cancer performance scores provided a mixed picture with regards to the 62 day wait</p>	

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	<p>target for treatment, since the Trust was compliant for patients who had been referred from a national screening programme but non-compliant for those who received an urgent GP referral. Diagnostic targets were achieved in month eleven, but there had been significant challenges related in part to the essential replacement of a CT scanner at the Princess Royal University Hospital.</p> <p>Members reflected on the patient story earlier in the meeting to seek assurance that matters related to sepsis management and patient privacy were being addressed. The response was that sepsis was being managed well but that environmental issues related to privacy could be managed better, and that progress had been inhibited by the age of much of the estate.</p> <p>The Board NOTED the report.</p>	
017/49	<p><u>Monthly Nurse Staffing Levels Report</u></p> <p>The Chief Nurse introduced the report which provided an update on the Trust's planned and actual nurse staffing levels, a regulatory requirement. It was reported that a campaign had been initiated to improve domestic nurse recruitment in what was a particularly difficult recruitment environment. Part of this was a Twitter campaign which had already begun. It was testament to the tough recruiting environment that the Trust's neuroscience services struggled to attract nurses despite its excellent research output. Targeted recruitment activities would be used to support this and other specialities. The Trust had however been lucky in attracting leading matrons for medical wards. It was suggested that a lot of nursing staff chose agency work because of the flexibility it afforded, and that the Trust should try to influence the national debate on staffing shortages in order to consider how employment contracts could incorporate greater flexibility.</p> <p>A gap analysis conducted at the Trust's Denmark Hill site showed a skills, development and education gap. The same exercise would be undertaken at the Princess Royal University Hospital, and targeted ward-level action plans would be presented to the Board's Education and Workforce Development Committee.</p> <p><u>FIRM FOUNDATIONS</u></p> <p>Sound Finances</p>	
017/50	<p><u>Finance Report (M11)</u></p> <p>The month eleven finance report was presented by the Chief Financial Officer. It was reported that the Trust's cumulative operating deficit was £78.9m, an adverse variance of £53.2m against the planned deficit of £25.7m. The variance included factors totalling £35.7m which were outside of the Trust's control, meaning in reality that the Trust was £17.5m off-plan. The in-month run rate was a deficit of £2.8m.</p> <p>The predicted year-end forecast required the Trust to deliver a surplus in month twelve of £29m. The Trust has drawn down its full £89.6m Working Capital Facility plus a further £36m as an uncommitted revenue loan, bringing the total to £125m. This had been impacted further in month twelve due to the significant spending required during that particular month.</p>	

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	<p>In discussion of performance, it was noted that the Board's Finance and Performance Committee had a 'deep dive' into cancer performance and concluded that, whilst performance was good, it was a fragile situation. The existence of old equipment and other necessary reconfiguration work made improvements expensive. A meeting with NHSI raised governance concerns by the regulator on the Trust's decision to suspend and recommence RTT reporting. In subsequent meetings between NHSI and senior Trust representatives the openness and thoroughness of the process were reinforced and evidence was supplied to show the same. It was hoped that a response from the regulator would be received by the end of April.</p> <p>The Board NOTED the report.</p>	
	Rigorous Governance	
017/51	<u>Register of Declarations of Directors' Interests</u>	
	The register was NOTED .	
017/52	<u>Council of Governors Report</u>	
	<p>The Trust's Lead Governor provided an oral report on behalf of the Council of Governors (the Council), and began by expressing the appreciation of governors from the Trust and from South London and Maudsley of the way the Trust responded to the Westminster terrorist incident.</p> <p>Since the last public board meeting, governors had attended two Trust members' evenings and a governor workshop. All of the events were valuable and had a good turnout of governors. The workshop in particular provided governors with the opportunity to receive candid presentations from Trust staff on financial, estate and other matters. With regards to the estate, the Council would urge the Trust to sustain longer-term thinking to ensure that in the future there would be an estate which was fit for purpose.</p> <p>A presentation on duty of candour was informative but governors would have found it useful to understand its interpretation at the corporate level. Of particular relevance in this regard would be the extent to which the Trust's financial position was discussed publicly. Public opinion was very important and its representative body, the Council, would encourage more open communication.</p> <p>The Board considered the Council's points valid, particularly with regards to the comments on duty of candour and its relevance to public communication. There had been a move in this direction recently but it needed to be calibrated very carefully to be effective. Plans detailing the Trust's longer-term estate aspirations would be presented to the Board in June or July of 2017. They would then be considered by the full Council before broader and more public consultation was initiated.</p>	

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	FOR INFORMATION	
017/53	<u>Chair & Non-Executive Directors' Activities</u>	
	The activity report was NOTED .	
017/54	<u>Board Committee Minutes</u>	
	The Board NOTED the minutes of the Trust's Finance and Performance Committee meeting held on 28 February 2017.	
017/55	<u>ANY OTHER BUSINESS</u>	
	There was none.	
017/56	<u>DATE OF NEXT MEETING</u>	
	Wednesday 03 May 09:30 -11:30, the Board Room, Princess Royal University Hospital	