

King's College Hospital

NHS Foundation Trust

King's College Hospital NHS Foundation Trust Board of Directors

Minutes of the meeting of the Board of Directors held in public at 11.00 on 4 October 2017 at Bromley Central Library, High Street, Bromley, Kent, BR1 1EX

Members:

Lord Kerslake	Chairman
Sue Slipman	Non-Executive Director, Vice Chair
Prof. Jonathon Cohen	Non-Executive Director
Prof. Ghulam Mufti	Non-Executive Director
Faith Boardman	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Chris Stooke	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director
Eric Nordkamp	Non-Executive Director
Nick Moberly	Chief Executive Officer
Colin Gentile	Chief Financial Officer
Jane Farrell	Chief Operating Officer
Prof. Julia Wendon	Executive Medical Director
Dawn Brodrick	Executive Director of Workforce Development
Dr Shelley Dolan	Chief Nurse and Executive Director of Midwifery
Jane Bond - <i>Non-voting Director</i>	Director of Capital Estates & Facilities
Alan Goldsman – <i>Non-voting Director</i>	Financial Improvement Director

In Attendance:

Prof. Tim Lancaster	Dean of Medical Education, Faculty of Life Science and Medicine, King's College London (<i>Item 7 only</i>)
Graham Lawrence	Interim Trust Secretary
Jane Badejoko	Assistant Board Secretary
Lucy Hamer	Patient engagement and Experience Manager (<i>item 2.1 only</i>)
Dorothy Amura	Patient (<i>item 2.1 only</i>)
Victoria Silvester	Public Governor Southwark
Ashleigh Newman	Member of the Public
Rosemary Andrews	Public Governor – Bromley
Diana Coutts-Pauling	Public Governor – Bromley
David Jefferys	Public Governor – Bromley
Craig Jacobs	Patient Governor
Derek Cattrall	Patient Governor
Nanda Ratnavel	Public Governor – Lambeth
Fiona Clark	Public Governor – Lambeth
Penny Dale	Public Governor – Bromley
Chris North	Public Governor – Lambeth
Pida Ripley	Patient Governor
Andrew McCall	Public Governor - Southwark
Andy Cachaldora	Philips PLC
Roger Engwell	Staff Governor
Virginia Wynn-Jones	Corporate Governance Officer
Daniel Asamoah	Corporate Governance Officer

Apologies:

Lisa Hollins - <i>Non-voting Director</i>	Director of Transformation & ICT
Sao Bui-Van	Director of Communications

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/113	<u>Welcome & Apologies for absence</u>	
	The Chair welcomed all those present to the meeting, Apologies for absence were received from Lisa Hollins.	
017/114	<u>Declarations of Interests</u>	
	There were no declarations of interests.	
017/115	<u>Chair's Action</u>	
	The Chair had no actions to report.	
	BEST QUALITY OF CARE	
017/116	<u>Patient Story</u>	
	Mrs Dorothy Amura attended the Board meeting to give her account of care in the Emergency Department at the Denmark Hill and other services in the Trust.	
	Mrs Amura explained that she had suffered an accident which resulted in a severe break in one arm. Mrs Amura had been taken by ambulance to the Emergency Department at the Denmark Hill site where she had undergone an x-ray. Mrs Amura had been discharged home with a request that she return the next day; she had done so and been informed during that next day that she would require surgery to treat her broken arm. However, Mrs Amura had been told that no beds were available so it was not possible for the operation to take place that day. Mrs Amura had witnessed an argument between two members of staff, including a doctor, concerning the fact that she required urgent surgery but that it was impossible that day because no beds were available. A third member of staff had intervened to deal with the argument. Mrs Amura explained to the Board that she regarded this argument as unprofessional in any setting but particularly so given that it was witnessed by her, the patient concerned.	
	Mrs Amura had been discharged home with paracetamol to manage the pain that she was experiencing. However, the pain was severe so the paracetamol did little to manage it. Mrs Amura was asked to call the Trust each day in order to find out when her operation would take place. After several days a bed became available and the operation was completed successfully. Mrs Amura was transferred to the Orpington site where she received excellent care and had subsequently undergone physiotherapy treatment (although none had been available until 10 weeks after the operation despite Mrs Amura being advised that she should have that treatment within four weeks).	
	Mrs Amura concluded her account by explaining that once the operation took place the care she received was excellent but that her experience in the Emergency Department was very poor, resulting in significant pain over several days.	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>On behalf of the Board the Chairman thanked Mrs Amura for her account and he apologised for the poor experience which had had in the Emergency Department at Denmark Hill. The Executive Medical Director also apologised and noted that the pathway which Mrs Amura had followed had clearly been unsatisfactory, as had the pain relief which she had been given; this was a serious failure of care because it was possible for doctors in the Emergency Department to prescribe medication that would have relieved the majority of the pain that Mrs Amura experienced.</p> <p>The Chief Operating Officer apologised for the postponement of Mrs Amura's operation due to insufficient beds being available. There was a shortage of beds for the emergency pathway but this did not excuse the delay and the pain which Mrs Amura had experienced.</p> <p>It was noted that the argument that Mrs Amura witnessed was not consistent with the Trust's values and the behaviours that it expected of its staff. This would need to be investigated and addressed with the members of staff concerned.</p> <p>The Board discussed the delays which Mrs Amura had experienced and in particular the fact that she had been asked to call the Trust several times to confirm whether or not a bed was available. It was noted that as a result of recent changes to care pathways every patient who was discharged from elective care received a telephone call on the same day, or the next day, from a nurse. This was in effect for elective care but was more difficult for patients treated in the Emergency Department. If such a call had been made to Mrs Amura the clinician concerned would have identified the pain that she was experiencing and could have arranged pain relief and progressed more actively the surgery that was required. The bed managers who Mrs Amura had spoken to had been unable to do this.</p> <p>The Board concluded its discussion, agreeing that it should receive a report on the action taken to address the poor care experienced by Mrs Amura – in particular, the inadequate pain relief prescribed, the argument witnessed by Mrs Amura and the delays to the surgery.</p>	Dr Shelley Dolan
017/117	<u>Minutes of the Previous Meeting</u>	
	<p>It was agreed that minute 017/105, Standing Financial Instructions, would be amended such that it recorded the decision of the Audit Committee (when reviewing the Standing Financial Instructions ahead of submission to the Board) that the delegated authority in respect of capital expenditure should be reviewed.</p> <p>The minutes of the Board meeting held in public on 13 September 2017 were approved, subject to the amendment recorded above.</p>	Graham Lawrence
017/118	<u>Matters Arising/Action Tracking</u>	
	The Action Tracker was reviewed and noted.	
017/119	<u>Quarterly Patient Experience Report</u>	
	The Executive Medical Director presented the report and the main points of the discussion were as follows:	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/120	<p>The Board noted that new systems were being introduced to assist ward staff to identify patients whose condition was deteriorating so that a clinician could respond swiftly. The system would also improving the auditing of care.</p> <p>In respect of the Trust's quality priorities, a procedure had been introduced into operating theatres so that pre and post-surgery actions would pause at key points to ensure that safety-critical checks could be made – for example, to ensure that all surgical instruments were accounted for before surgery was completed. This represented good patient safety practice and would help to reduce never-events such as retained swabs.</p> <p>The Board noted that there had been a number of near-misses in radiology screening but analysis had identified no themes that needed to be addressed.</p> <p>Similarly in respect of serious incidents, there had been some missed and/or delayed diagnoses following x-rays. In some cases it was difficult to interpret x-rays definitively but there were examples of delays in results being checked. This was being addressed, including through the introduction of electronic systems to track results and interpretation of them.</p> <p>The Board discussed the incidence of falls. It was noted that a significant proportion of falls concerned patients with severe dementia or other neurological conditions. Such patients were asked by staff to request assistance before leaving their beds – for example, to visit a bathroom – but often did not do so and fell. In response to a question from a Non-executive Director the Chief Nurse advised that there was no correlation between such falls and red shifts (when ward staffing was below the level required) so falls could not be attributed solely to the availability of staff to assist patients. An audit was underway with the aim of identifying the root causes of falls so that action could be taken to reduce their incidence.</p>	Graham Lawrence
017/121	<p><u>Chief Executive's Report</u></p> <p>The Board received and noted the Chief Executive's report.</p> <p>The Chief Executive reported that the inspection by the Care Quality Commission was ongoing with some service assessments continuing and interviews taking place with senior leaders and others for the well-led element of the framework.</p> <p>The Trust remained focused upon improvements in the emergency pathway, not least to improve performance against the four-hour target for emergency departments, but elective access also remained important.</p> <p>Work was underway to improve patients' experience in out-patient services but also on wards (through the Kingsway for Wards programme).</p> <p>There had been improved in utilisation of theatres, about which the Finance and Performance Committee had received a presentation. It was agreed to circulate this to all Board members.</p> <p>The organisation's leadership and management structure was settling in after a review and staff engagement was improving. However, time would be required to achieve sustained change in that respect.</p>	Graham Lawrence

<u>Item</u>	<u>Subject</u>	<u>Action</u>
TOP PRODUCTIVITY		
017/122	<u>Integrated Performance Report (Month 5)</u>	
	<p>The Board received and noted the Trust's Performance Report for M5 from the Chief Operating Officer.</p> <p>The Board was briefed on the Trust's performance against the principal measures, as set out in the report.</p> <p>It was noted that there had been no significant overall increase in attendances at the Trust's emergency departments but the number of frail elderly patients had increased and so had trauma activity. In aggregate the Trust was noted as performing at 85.6% against the four-hour target; the Board discussed the further action that was necessary to achieve 90% and it was agreed to consider this at a meeting of the Finance and Performance Committee, including the outcomes from a recent external review of the Trust's plans in respect of the emergency pathway.</p> <p>The Board also discussed action to improve utilisation of operating theatres. It was noted that the Trust had adopted new measures of utilisation (which were commonly used in the NHS) so that efficiency could be assessed more easily. Work was underway to improve the productivity of medical staff, including a team-based approach to rotas so that surgeons could cover for others' annual leave and other absences. It was noted, however, that the action plan would take time to implement so it was agreed to return to this discussion at a future meeting.</p> <p>In respect of quality of care, the previous two months had been particularly challenging due to the closure of beds as a result of infections, including norovirus.</p>	
017/123	<u>Annual Energy and Carbon Management Report</u>	
	<p>The Director of Capital, Estates and Facilities presented the report and the main points of the discussion were as follows:</p> <p>The Board noted that the Trust had reduced its consumption of carbon fuels by 6% and was currently compliant with the relevant target in that respect.</p> <p>However, the state of the estate at Denmark Hill was such that it consumed more energy than was desirable. The Trust had plans to address this but they could only be delivered over a long period.</p> <p>The Board thanked the Director of Capital, Estates and Facilities for the report.</p>	
SKILLED, CAN DO TEAMS		
017/124	<u>Monthly Nurse Staffing Levels Report</u>	
	<p>The Board received and noted the Monthly Staffing Report from the Chief Nurse and Executive Director of Midwifery</p> <p>The Board noted that the Trust had been working with NHS Improvement (NHSI) to implement a number of measures to improve nurse staffing; NHSI had been</p>	

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	<p>impressed by the Trust's achievements in this respect but some challenges remained.</p> <p>The Chief Nurse highlighted a recent speech by the Secretary of State for Health in which he had committed the Government to increasing by 5,000 the number of nurse training places available; however, the bursary for student nurses had been withdrawn. The Government remains committed to the introduction of the nursing associate role. The Trust was a pilot site for this scheme and continued to promote it but some students had withdrawn from the course.</p> <p>The Board noted that the use of bank and agency staff in the Trust continued to decline as planned. Where it was necessary to engage such staff, the bank was used first and agency support only when there was no alternative.</p>	
	<p>FIRM FOUNDATIONS</p> <p>Sound Finances</p>	
017/125	<u>Finance Report (M5)</u>	
	<p>The Board received and noted the Month 5 Finance Report from the Deputy Chief Financial Officer.</p> <p>The Board noted that the Trust's overall position was £11.3 million adverse to budget, due partly to increased expenditure but also falling income. Non-pay expenditure was £800,000 adverse to budget, principally through pharmacy and clinical supplies costs. The Chief Financial Officer reported that as a result of the financial position the Trust would need to reforecast its year-end position.</p> <p>The cost improvement programme was ahead of target but it was noted that the majority of schemes planned to deliver in the second half of the year so it would be important to sustain this performance.</p> <p>The Financial Improvement Director briefed the Board on the proposed grant from Celgene, ie. a £20 million investment in the Trust and King's College London to support research and capital developments, particularly the Haematology Institute. The terms of the grant were being finalised at present.</p>	
	<p>Strong Partnerships</p>	
017/126	<u>STP Memorandum of Understanding</u>	
	<p>The Financial Improvement Director presented the report and the main points of the discussion were as follows:</p> <p>The Memorandum of Understanding (MOU) was designed to provide a framework within which the provider trusts within the Sustainability and Transformation Partnership (STP) could collaborate to achieve a number of objectives. The MOU recognised the sovereignty of the providers so that neither it nor the STP could or</p>	

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	<p>would bind the Trust to any decision with which the Board disagrees.</p> <p>However, following a review of the MOU by the Interim Trust Secretary it was proposed to make a number of amendments to make more explicit the basis upon which the providers would make decisions through the MOU, and to emphasise the sovereignty of the organisations. The Interim Trust Secretary explained the amendments as highlighted in the papers.</p> <p>The Board noted that no general practitioner (GP) practices were included in the MOU, although it did recognise the need for the trusts to work with GPs as key providers in the healthcare system. It was agreed that there should be an explicit objective to develop relationships with GPs so as to improve care pathways and reduce admissions to hospitals.</p> <p>The Board discussed some provisions of the MOU, agreeing to make more explicit the fact that no decision of the providers collectively could bind the Trust. It would be necessary to discuss the amended MOU with partner organisations with the aim of securing their agreement to it.</p> <p>The Board resolved that subject to the amendment recorded above, the Memorandum of Understanding would be approved for discussion with partner organisations.</p>	Graham Lawrence
017/127	<p>Rigorous Governance</p> <p><u>Report from the Governors</u></p> <p>The Lead Governor reported to the Board the recent issues considered by the Council of Governors and Governors' activities. In particular the Board noted that the Annual Members' Meeting held on 28 September 2017 had been well-attended and successful.</p> <p>FOR INFORMATION</p>	
017/128	<p>Chair's & Non-Executive Directors' Activities</p> <p>The Board noted the report of the Chair's and the Non-Executive Directors' activities.</p>	
017/129	<p>Monthly Submission to NHS Improvement</p> <p>The Board approved the self-certification, noting that it had been reviewed at a recent Finance and Performance Committee meeting.</p>	
017/130	<p>Board Committee Minutes</p> <p>The minutes of the Finance and Performance Committee held on Tuesday 29 August 2017 were noted.</p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
017/131	<p>EXCELLENT TEACHING AND RESEARCH</p> <p>King's College London Medical School Structure</p> <p>Prof. Richard Trembath, Executive Dean of the Faculty of Life Sciences, King's College London (KCL) (and KCL-nominated Non-executive Director of the Trust), presented the report.</p> <p>Prof. Tim Lancaster, Dean of Medical Education for the Faculty of Life Sciences, joined the meeting.</p> <p>Prof. Trembath explained the faculty structure of King's College London and the schools that since August 2017, following a review, comprised the Faculty of Life Sciences and Medicine (the Faculty). The Faculty's Executive Board was explained to the Board, noting that all the roles had been subject to an appointment process. It was recognised that the majority of the roles were held by male staff but the Faculty had an aim to increase diversity among its leadership team.</p> <p>Prof. Lancaster explained the new medical education curriculum which the Faculty had introduced. He emphasised three principal areas of change: a focus on the links between physical and psychological health; an increase in clinical and science-based learning; and recognition of both the constraints on resources in the NHS and the increasing demands for healthcare (including due to an ageing population).</p> <p>Prof. Trembath referred to recent challenging results from a survey of students, noting that the Faculty was working to improve students' experiences and to enhance their links with, and support from, teaching staff. The Faculty aimed to establish longer-term relationships with students throughout their courses and beyond.</p> <p>The Chief Nurse welcomed the increased focus on clinically-based learning in the curriculum and in relation to this noted the importance of a multi-profession approach so that newly-qualified doctors had experience of working with nurses and other clinicians.</p> <p>The Board thanked Prof. Trembath and Prof. Lancaster for an informative and helpful presentation.</p>	
017/132	<p><u>ANY OTHER BUSINESS</u></p> <p>There were no items of other business.</p>	
017/133	<p><u>DATE OF NEXT MEETING</u></p> <p>The next meeting of the Board in public will be held from 09:00-11:30 on Wednesday 8 November 2017 in the Dulwich Room, Hambleden Wing, Denmark Hill site.</p>	

Graham Lawrence
Interim Trust Secretary
October 2017