King's College Hospital NHS
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 09.00 on 8 November 2017 in the Dulwich Room, Hambleden Wing, Denmark Hill

Members:

Lord Kerslake	Chairman
Sue Slipman	Non-Executive Director, Vice Chair
Prof. Jonathon Cohen	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
Erik Nordkamp	Non-Executive Director
Nick Moberly	Chief Executive Officer
Prof. Julia Wendon	Executive Medical Director
Dawn Brodrick	Executive Director of Workforce Development
Dr Shelley Dolan	Chief Nurse and Executive Director of Midwifery, and Chief Operating Officer
Alan Goldsman	Interim Chief Financial Officer
Abigail Stapleton – *Non-voting Director*	Director of Strategy
Jane Bond - *Non-voting Director*	Director of Capital, Estates & Facilities
Lisa Hollins – *Non-voting Director*	Director of IM&T and Transformation

In Attendance:

Sao Bui-Van	Director of Communications
Graham Lawrence	Interim Trust Secretary (minutes)
Kathleen Brown	Patient *(present for item 8 only)*
Tony Brown	Patient's Husband *(present for item 8 only)*
Mr Chris Chandler	Consultant Neurosurgeon *(present for item 8 only)*
Chris North	Lead Governor

Apologies:

Prof. Ghulam Mufti	Non-Executive Director

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017/114 Welcome & Apologies for absence

The Chair welcomed all those present to the meeting, including Abigail Stapleton who had joined the Trust as Director of Strategy (with non-voting membership of the Board).

The Chair noted that Colin Gentile and Jane Farrell had resigned from their roles as Chief Financial Officer and Chief Operating Officer respectively. On behalf of the Board the Chair recorded his thanks for the contribution which Mr Gentile and Ms Farrell had made to the Trust and he wished them well. The Chair noted that Alan Goldsman had agreed to become Interim Chief Financial Officer, and would therefore become a voting member of the Board, and Dr Shelley Dolan would take up the role of integrated Chief Operating Officer (while retaining her role as Chief Nurse and Executive Director of Midwifery).

Apologies for absence were received from Prof. Ghulam Mufti and it was noted that Erik Nordkamp would join the meeting later.

017/115 Declarations of Interests

There were no declarations of interests.

017/116 Chair's Action

The Chair advised the Board that acting with the Chief Executive in accordance with authority delegated to them, he had approved a draw-down of funds from NHS Improvement.

BEST QUALITY OF CARE

017/117 Minutes of the Previous Meeting

The minutes of the Board meeting held in public on 4 October 2017 were approved as an accurate record of the meeting.

017/118 Matters Arising/Action Tracking

The Action Tracker was reviewed and noted.

The Executive Medical Director briefed the Board on action taken in response to Mrs Carrie Brophy's patient story at the Board's meeting on 4 October 2017. The Board was advised that there is a procedure for escalation of requirements for pain relief in obstetric care. The Trust has Consultant Obstetricians and Consultants in Critical Care who are trained to administer the pain relief required by Mrs Brophy. At the time of Mrs Brophy's request for pain relief the on-duty Consultant Obstetrician was caring for a patient who required emergency treatment. The on-call Consultant in Critical Care was at home (as permitted) but was not notified by staff in the maternity unit so did not attend. In response to a question from a Non-executive Director the Executive Medical Director explained that it was thought that the exceptionally busy status of the maternity unit had caused the failure to follow the escalation procedure (to alert the on-call Consultant in Critical Care). It was agreed that staff in the unit, particularly midwives, should be reminded about the escalation procedure and the importance of following it.

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BEST QUALITY OF CARE

017/119 **Updates on Kate Lampard Report**

The Chief Nurse and Executive Director of Midwifery presented the report and the main points of the discussion were as follows:

In response to the report from Kate Lampard all NHS organisations had been asked to undertake a review to determine whether there was potential for Jimmy Saville to have caused harm to patients in their care. The Board was advised that to the best of the knowledge of the staff concerned Jimmy Saville had never visited any of the Trust's hospitals.

The Board was advised of a recommendation within Kate Lampard's report for the position (in respect of any visits by Jimmy Saville) to be reported to the Board in 2015/16. A review had confirmed that a report was submitted to the Quality, Research and Assurance Committee but not to the Board; the paper presented to the Board today, 8 November 2017, corrected that omission.

The Trust was required to have in place arrangements to ensure that no person, including 'very important persons', could visit service areas unless he/she is properly accompanied. No policy had been in place for the Trust in this respect but that had been corrected; a policy would be presented for approval by the King's Executive in the near future. The Board was advised that all other arrangements required of the Trust were in place.

In response to a question from a Non-executive Director the Chief Nurse and Executive Director of Midwifery explained that the Trust would be unable to confirm whether any other 'very important persons' had visited the Trust unaccompanied. The Board was advised that the Trust would be unable to confirm this because no register of such visitors had been in place but the Trust had had, and continued to have, excellent safeguarding arrangements in place. A register of 'very important visitors' would be introduced alongside the policy.

In respect of the policy and the associated arrangements it was agreed that they should be reviewed as part of the internal audit programme for 2018/19. — Dr Shelley Dolan

It was noted that no deadlines had been given for the completion of actions set out in the table which accompanied the report. It was agreed that deadline dates would be added. — Dr Shelley Dolan

The Board noted the report.

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017/120 **Learning from Deaths: Mortality Monitoring Policy**

The Executive Medical Director presented the report and the main points of the discussion were as follows:

The Board was advised that the policy, which had been developed with input from Prof. Jonathon Cohen, would add to the Trust's existing arrangements for mortality and morbidity reviews using a variety of data. The policy put into place arrangements for reviews of deaths were necessary, and ensured appropriate engagement of patients' families. There were specific provisions for reviews where deaths were unexpected.

The Board was advised that the combined arrangements would ensure that the Trust reviewed the extent to which each death was avoidable; in connection with this it was noted that the incidence of avoidable deaths at the Trust was low.

The Executive Medical Director advised the Board that she had attended a meeting of Trusts in London to discuss the new requirements. NHS Improvement representatives at the meeting had emphasised the focus on learning from deaths, not on using data to compare Trusts' performance.

The Board noted the report.

017/121 **Chief Executive's Report**

The Chief Executive presented the report and the main points of the discussion were as follows:

It was noted that excellent celebrations had been held to mark Diwali and Black History Month, with contributions from many staff. It was important to remember cultural achievements amidst the focus on delivering patient care in demanding circumstances.

The Board also noted that the Electronic Patient Record (EPR) system would be implemented at the Princess Royal University Hospital (PRUH) site. This marked a major step in improvements to the Trust's technology systems. In response to a question from a Non-executive Director the Director of IM&T and Transformation explained that progress on the implementation programme was reviewed weekly, not least to address risks. Testing of the system had been completed but training for staff would be delivered over a six-month period; this phased approach had been adopted to mitigate risks associated with implementation of the system.
In connection with risk, it had been decided not to implement now all of the parts of the system which dealt with pathology tests; test results would be recorded in the system so that they were available to clinical staff but other elements of it would be introduced later.

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The Chief Executive reported encouraging progress in respect of performance on cancer treatment, diagnostic testing, and elective care. It would soon be the case that the only patients waiting longer than 52 weeks for treatment would be those who choose to do so; in each case the Trust would ask the patient concerned to explain his/her reasons for postponing the treatment. The Chief Executive recorded his thanks to Jane Farrell, former Chief Operating Officer, for her work to deliver improvement in these areas.

The Board noted that the performance of the emergency pathway remained a challenge for the Trust. The Board discussed the extent to which this was the result of internal and/or external factors. The Chief Executive explained that bed occupancy was generally above 98%, which was very high by comparison to the national benchmark for optimum performance, 92%. The introduction of new beds was likely to reduce occupancy to 96% but there would remain a material difference between that position and the optimum; the difference equated approximately to the capacity of one additional ward. It was noted that this position could be mitigated by improving working practices along the emergency pathway, which would remain a focus for operational and clinical teams.

In connection with emergency activity the Board discussed care for patients with mental illness. These patients fell into three groups: (1) patients who misuse alcohol and/or drugs, who have no diagnosis of mental illness but require a substantial amount of care over a short period and are often very disruptive to the Emergency Department; (2) frail and elderly patients who require care for physical illness which exacerbates dementia; and (3) a relatively small group of patients who attend with severe mental illness and require significant care.

The Board discussed action which might address the impact on the system of care for such patients. As context it was noted that the Trust would be reporting the number of patients with mental illness who wait more than 12 hours for admission; this was helpful because it would increase awareness as to the number of such patients and the impact which their care had on the emergency pathway. In connection with this it was noted that the Chief Nurse and the Executive Medical Director held regular meetings with their equivalent colleagues in South London & Maudsley NHS Foundation Trust (SLAM) with a view to improving care pathways. In particular, it was proposed that patients were particular mental illness diagnoses could be treated in the Maudsley Hospital, which was adjust to the Trust's Denmark Hill site, not in the Emergency Department. It may also be possible for SLAM to fund part or all of a clinical decision unit (at the Trust's Denmark Hill site) specifically for patients with mental illness. The Board recognised that SLAM's resources were constrained but it was agreed that these or other solutions were required because the current arrangements were not conducive to care for patients with mental illness and were impacting

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materially the functioning of the emergency pathway. Discussions were also underway with colleagues at Guy's and St.Thomas' Hospital NHS Foundation Trust to identify learning from its emergency departments.

Finally, the Chief Executive welcomed the forthcoming replacement of some radiology equipment, delayed to some extent to date by the lack of capital funding available to the Trust. In connection with this it was noted that there were proposals from NHS partner organisations to issue a tender for pathology services in all NHS organisations in south east London. This would be a very significant tender and, if implemented, would have a material effect on the Trust so it was agreed that the Board would hold a separate discussion on the matter. — Prof Julia Wendon

TOP PRODUCTIVITY

017/122 **Integrated Performance Report (*Month 6*)**

The Board received and noted the Trust's Performance Report for M6 from the Interim Chief Operating Officer. The following key points were reported and discussed:

The Board noted that there had been two incidences of MRSA bacteraemia, one of which was in maternity care. The mother and baby concerned remained in hospital but were recovering well.

The Board discussed the performance of the emergency pathway. A team of operational managers and clinicians had met, with the Chief Executive in attendance, to identify key priorities for action. This had resulted in a number of beneficial improvements being identified for swift implementation – for example, separate management of the urgent care centre, and the introduction of point of care testing. At the PRUH site the lack of available beds in care homes was a material issue because it prevented the discharge of patients and it was known that Sundays and Mondays were particularly challenging in respect bed occupancy; it had been agreed, therefore, to review the profile of staffing so that there were sufficient staff to care for patients on those days. At the Denmark Hill site the challenges were generally internal – for example, to discharge patients by 11.00am each day wherever possible to create capacity for admissions later in the day (when the Emergency Department was generally busiest). A Non-executive Director asked for further examples of the actions identified by the team and in response it was agreed to circulate the action list from the meeting. The Board noted that the operational and clinical managers would continue to meet weekly. — Dr Shelley Dolan

The Board discussed these issues, with Non-executive Directors asking why the actions described had not been addressed before. The Board was advised that a number of the initiatives had only very recently come into effect – the urgent care centre, for example. It was noted that senior leadership was required to enable operational and clinical staff in a number of teams to work together to identify and implement changes which would be beneficial to the emergency pathway, although some additional managerial capacity may also be necessary. It was confirmed that this work would be led by the Interim Chief Operating Officer.

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	The Board concluded its discussion about the performance of the emergency pathway by noting that it would continue to receive significant focus but it was unlikely that the Trust would achieve the 95% target in respect of the 4-hour wait standard by the end of the financial year. It was more likely that the Trust would achieve 90%, and therefore would be subject to penalties from commissioners. In relation to performance in this respect, the Trust had been asked by NHS Improvement (NHSI) to accept assistance from a consultancy firm, Transformation Nous, to work with clinical and operational teams. Some of the firm's staff were known to colleagues at King's and had a good record of achieving improvement but it was agreed nevertheless to consider this further at a meeting of the Finance and Performance Committee. It was note that the consultancy's fees would be paid by NHSI.	Dr Shelley Dolan
	In respect of cancer treatment, performance was generally good but some pathways required particular improvement, notably urology.	
	The Board noted the report.	
	SKILLED, CAN DO TEAMS	
017/123	**Monthly Nurse Staffing Levels Report**	
	The Chief Nurse presented the report and the main points of the discussion were as follows:	
	The Chief Nurse advised the Board that the challenges in respect of recruiting and retaining nurses were more acute than at any time in the past. The problem was being experienced nationwide but it was particularly acute in London. A recent meeting with national NHS leadership, regulatory and policy-setting bodies, including Health Education England, had recognised the severity of the problem.	
	The Trust would need to take a different approach if it was to address the challenges it faced. This would need to encompass significant flexibility as to the working hours offered to nurses but also a renewed approach to retention, including offers of accommodation, progression in-role and career development opportunities, and potentially money. It was suggested, for example, that the Trust could offer candidates a bursary to study and qualify into nursing at the Trust (in response to the national bursary being withdrawn). A similar approach had been adopted at Sheffield Teaching Hospitals and had resulted in the lowest nursing vacancy rate nationally, 8%. It was agreed that these issues should be considered further in a separate discussion for the Board.	Dawn Brodrick/ Dr Shelley Dolan
	The Board noted the report.	
	FIRM FOUNDATIONS	

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017/124 **Sound Finances**

Finance Report (M6)

Eric Nordkamp, Non-executive Director, joined the meeting.

The Board received and noted the Month 6 Finance Report from the Interim Chief Financial Officer.

The following key points were reported and discussed:

The Trust's current financial position was explained to the Board, as set out in the report. In particular the Board noted that £11 million in-month run rate and agreed that this needed to be addressed urgently in order to reach and maintain a sustainable position.

The Board discussed the principal causes of the position. Income was noted to be £8 million adverse to budget, though the capital grant from Celgene should be received in the near future because the contract was due to be signed imminently.

It was noted that pay expenditure was ahead of budget, probably due to recruitment of additional nursing and medical staff. The Chief Executive advised the Board that the executive team had reviewed the controls associated with pay expenditure and would apply them rigorously. It was agreed to share the outcome of the review with the Non-executive Directors. In connection with the controls it was noted that all recruitment proposals were subject to a quality impact assessment so that no decision to hold vacancies should impact upon patient care.

The Cost Improvement Programme (CIP) was delivering to plan, £22 million having been achieved in the year-to-date, but it was necessary to reach a total of £66 million for the year so substantial progress was required (the plan having been deliberately phased to deliver in the second half of the financial year). The Trust had identified £60 million of green-rated CIP schemes for the year but a further £10 million in total was required in order to reach the required £66 million of green-rated CIPs (allowing for some schemes to be rejected following risk assessments). — Dawn Brodrick/ Alan Goldsman

The Chief Executive referred to the recent financial reforecast which the Trust had submitted to NHS Improvement, comprising a stretch base case and a downside case for the year-end financial position. This had been prepared at month six but it may be necessary to review the position at month nine. NHS Improvement was considering the reforecast and continued to hold monthly meetings with the Trust.

The Board agreed that it would continue to apply firm focus to the Trust's financial position for 2017/18 but at this stage of the year it was also important to plan for 2018/19. It was acknowledged that a number of improvements were necessary in respect of the planning process and the Board noted that the executive team was determined to address them, with material progress being made towards a plan before the Christmas/New Year period. This would include greater alignment of operational and financial plans (including capital expenditure) and the Trust's strategy and objectives for 2018/19.

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The Board noted the report.

017/125 PATIENT FOCUS

Mrs Kathleen Brown attended the Board with her husband, Mr Tony Brown, to describe her experience as a patient in the Trust's neurosurgery service.

Mrs Brown explained that some years ago she had experienced severe fatigue and a number of other symptoms so had sought medical treatment. Mr Brown had been treated in a number of specialties in several NHS organisations, including her GP, and had initially been diagnosed with Multiple Sclerosis. A visit to King's College Hospital had led in 2002 to a referral to Mr Christopher Chandler, a Consultant Neurosurgeon at the Trust. Mr Chandler had agreed to carry out an operation to insert a shunt, to reduce fluid pressure which was the cause of Mrs Brown's symptoms. The operation had been immediately successful in relieving the symptoms, although, as was normal for such conditions and treatments, several revision operations had been necessary over subsequent years. Mrs Brown had made frequent visits to the Trust to undergo care associated with her condition; Mrs Brown praised all the staff involved in her care, including support staff such as cleaners and caterers, and in particular Mr Chandler and his Secretary, Lizzie Goda. Mrs Brown told the Board that her care had been excellent.

Mrs Brown explained that as is common with her conditions she experiences frequency fluctuations in her health. Mrs Brown explained that she had become very knowledgeable about the management of her condition so only sought medical treatment when necessary but she noted that such treatment was difficult to access. This was because her GP and local hospital had insufficient knowledge of her condition – it was not expected that they would have this expertise – so the pathway for referral to Mr Chandler was fragmented and complex, often requiring Mrs Brown to explain to clinicians the causes of her symptoms and the treatment that was necessary (at the Trust).

Mr Chandler supported Mrs Brown's assessment of the pathway, noting that the service required a team of clinical nurse specialists (CNS), or similar, to engage with and advise patients and partner NHS organisations to create an efficient pathway. Mr Chandler used the example of the CNS team for brain tumours as an example of the way in which such a service could function. He explained that Mrs Brown's condition and other neurological disorders were such that frequent interventions (at specialist centres such as the Trust) were required over long periods, often to treat life-threatening complications, so it was essential that referral pathways from local NHS services were designed around patients, not the services that served them.

The Board thanked Mrs Brown and Mr Chandler for their contributions to the conditions; it was noted that the pathway was the type of service that the meeting. It was agreed that attention was required to this and other neurological

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Trust's transformation programme aimed to improve so it would be addressed with partner NHS organisations. Such work on other conditions' pathways, including chronic kidney disease, had proven successful.

It was also suggested that patients with the condition may benefit from a support group managed by and for expert patients such as Mrs Brown, but with input where necessary from Trust staff.

Mr and Mrs Brown left the meeting.

Rigorous Governance

017/126 **Board Resolution NHSI Draw-down Facility**

The approved the proposed draw-down from a loan facility.

017/127 **Report from the Governors**

Chris North, Lead Governor, joined the meeting.

The Lead Governor welcomed the recent Board discussion about the South East London Sustainability and Transformation Partnership (STP), which had addressed some important issues. The STP would need to address patients' pathways such as those described by Mrs Brown.

The Trust's work with SLAM, to develop a mind/body (or whole-person) approach to healthcare was also welcomed as extremely important.

The Board was also advised that a number of new Governors had recently been elected and the other Governors were looking forward to working with them.

FOR INFORMATION

017/128 **Chair & Non-Executive Directors' Activities**

The Board noted the Chair's and Non-Executive Directors' Activities report.

017/129 **Monthly Submission to NHS Improvement**

The Board approved the self-certification, noting that it had been reviewed at a recent Finance and Performance Committee meeting.

017/130 **Board Committee Minutes**

The minutes of the Finance and Performance Committee held on Tuesday 26 September 2017 were noted.

017/131 **ANY OTHER BUSINESS**

There were no items of other business.

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017/132 **DATE OF NEXT MEETING**

The next meeting of the Board in public will be held from 09.00 to 11.00 on Wednesday 6 December 2017 in the Dulwich Room, Hambleden Wing, Denmark Hill.

Graham Lawrence
Interim Trust Secretary
November 2017