

# 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 09.00 on 6 December 2017 in the Dulwich Room, Hambleton 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
Eric Nordkamp	Non-Executive Director ( <i>part meeting</i> )
Prof. Ghulam Mufti	Non-Executive Director
Nick Moberly	Chief Executive Officer
Prof. Julia Wendon	Executive Medical Director
Dr Shelley Dolan	Chief Nurse and Executive Director of Midwifery, and Chief Operating Officer
Alan Goldsman	Interim Chief Financial Officer
Lisa Hollins – <i>Non-voting Director</i>	Director of Transformation and ICT

### In Attendance:

Kirsty Leith	Patient ( <i>in attendance for patient story item</i> )
Sao Bui-Van	Director of Communications
Chris North	Lead Governor
Graham Lawrence	Interim Trust Secretary (minutes)
Jessica Bush	Head of Engagement and Patient Experience ( <i>in attendance for patient story item</i> )
Deidre Rainbow	Head of Speech & Language Therapy ( <i>in attendance for patient story item</i> )
Irina Belun-Vieira	Head of Nursing Cancer ( <i>in attendance for patient story item</i> )
Kat Tunnicliffe	Senior Physiotherapist Brest cancer Care ( <i>in attendance for patient story item</i> )
Claire Saha	Staff Governor
Chris North	Public Governor
Penny Dale	Public Governor
Jane Alberry	Public Governor
Barbra Goodhew	Public Governor
Nicholas Parkin	HSST Trainee Clinical Scientist Viapath
Carole Olding	Staff Governor
Siobhan Coldwell	Incoming Trust Secretary
Andy Simmons	Councillor Southwark
Stuart Lavine	Staff PRUH

### Apologies:

Prof. Richard Trembath	Non-Executive Director
Abigail Stapleton – <i>Non-voting Director</i>	Director of Strategy
Dawn Brodrick	Executive Director of Workforce Development
Jane Bond - <i>Non-voting Director</i>	Director of Capital, Estates & Facilities

Item	Subject	Action
017/133	<b><u>Welcome &amp; Apologies for absence</u></b>	
	The Chair welcomed all those present to the meeting.	
	Apologies for absence were received from Dawn Brodrick, Abigail Stapleton and Jane Bond.	
	The Chair welcomed (as an observer) Siobhan Coldwell, who had been appointed as Head of Governance and would take up her post on 2 January 2018. Graham Lawrence would leave his role as Interim Trust Secretary at the end of December 2017.	
017/134	<b><u>Declarations of Interests</u></b>	
	There were no declarations of interests.	
017/135	<b><u>Chair's Action</u></b>	
	The Chair had no actions to report to the Board.	
017/136	<b><u>Minutes of the Previous Meeting</u></b>	
	The Board noted that it was Prof. Jon Cohen not Prof. Julia Wendon who had attended the meeting concerning learning from deaths (as recorded at minute 017/120).	
	The Board agreed that subject to the amendment set out above the minutes of the meeting held in public on 8 November 2017 would be approved as an accurate record of the meeting.	
017/137	<b><u>Matters Arising/Action Tracking</u></b>	
	The Action Tracker was reviewed and noted.	
	<b>BEST QUALITY OF CARE</b>	
017/138	<b><u>Patient Story</u></b>	
	Kirsty Leith joined the meeting.	
	Ms Leith had recently received treatment for breast cancer and described several aspects of her experience. The care had generally been very good and in particular Ms Leith praised the kindness, compassion and attentiveness of the staff, especially the breast care nurses.	
	Ms Leith explained that following an appointment with her GP she had waited only nine days before receiving her diagnosis, and initial appointments at the Trust had been efficiently organised by the breast care nurses. Ms Leith had been scheduled for surgery but the operation had been cancelled on the day (after several hours waiting), and rescheduled for some time later. A cancellation had resulted in the operation being	

Item	Subject	Action
	<p>completed early than planned, which was welcome, but Ms Leith had not known until the day of the operation that the surgeon would not be the Consultant that she knew; this was unsettling.</p> <p>After the operation Ms Leith was transferred to the care of the oncology team for chemotherapy treatment. This handover had not seemed as efficient as it could have been, and little information was given to Ms Leith. The oncology team did not seem to have access to the medical records which they required.</p> <p>Ms Leith was also treated by a specialist physiotherapist, who was excellent and gave care which was specific to Ms Leith's condition. The physiotherapist manages a support group for cancer patients to which she referred Ms Leith and she found this very helpful.</p> <p>Ms Leith concluded her remarks by repeating her praise for the clinical care and the staff, but she asked the Board to focus upon improvements in patients' pathways and appointment management. This was important so that patients understand the pathway that they would follow, have relevant information at each step, and have a staff member to whom they can turn for help and advice throughout their care journey. Ms Leith also suggested that the Trust could improve its sign-posting to services provided by other organisations, and it should adjust appointment times so that they suit patients' other commitments (such as work).</p> <p>On behalf of the Board the Chair thanked Ms Leith for her account and he introduced a discussion among the Board members. The Chief Executive apologise on behalf of the Trust for the cancellation of Ms Leith's surgery.</p> <p>The Board agreed that in developing the Trust's services it needed to focus upon patients' pathways, including having staff available to help and advise patients throughout their care. In doing so it was important to recognise that many patients were able to manage their pathways and required little support, but others may require more so the approach needed to be flexible to patients' needs.</p> <p>There was a discussion between the interface between the surgical and oncology teams that treated Ms Leith. It was noted that Ms Leith had a two-week wait for the results of some tests following her surgery, and then it was necessary for the surgeon to take the results to the oncology team; there did not seem to be a mechanism to transfer them automatically. It was also noted that the breast care nurses' involvement ended after surgery and this was material because until that point they had provided excellent pathway management (which had been less evident in the oncology phase). Ms Leith described her experience when ill as a result of chemotherapy treatment but having no person at the Trust who she could contact for advice. In that case Ms Leith was seen by her GP and referred to the Trust's Emergency Department (where she waited some time for treatment)</p>	

Item	Subject	Action
	<p>but it was unlikely that that would have been necessary if a chemotherapy specialist point of referral had been available. Board members noted that pathway management was a theme common to many of the patient stories that it heard at its meetings, so was clearly an area for attention.</p> <p>In connection with this it was agreed that the Trust needed to develop better relationships with services provided by other organisation that could serve its patients, including GPs, so that patients could be referred onwards by staff.</p> <p>The Chair thanked Ms Leith for her account and the discussion concluded. Ms Leith left the meeting.</p>	<p><b>Dr Shelley Dolan</b></p>
017/139	<p><b><u>Patient Experience Report</u></b></p> <p>The Chief Nurse and Executive Director of Midwifery presented the report and the main points of the discussion were as follows:</p> <p>There had been improvement in feedback through the Friends and Family Test but out-patient services remained a challenge. Although each specialty had a manager responsible for out-patient services it had been decided to create a role to provide overall management of them so as to co-ordinate and lead improvement in this important area. There would also be more proactive work with the transformation programme to deliver benefits in out-patient services, and greater support was being provided to staff who were under pressure so that high-quality care becomes more consistent. The Board welcomed this focus on out-patient services and agreed that it should receive a briefing on the key actions and the timetable for their delivery. The Lead Governor also welcomed these developments, noting that the services were included in the Trust's quality priorities. He suggested that the Trust should communicate actively the work that it was doing to improve services so that patients and other stakeholders understand that it is being addressed as a priority.</p> <p>The Board noted that there had been a decrease in response rates for complaints but this had been rectified. The reduced performance had been due to absences in the team that manages complaints but greater resilience was required to ensure that such circumstances, which were inevitable, did not impact performance in this way. There also needed to be inter-team learning – for example, from network care services which managed complaints very well. On a specific point, it was noted that complaints at the Princess Royal University Hospital site had increased materially in the month; it was agreed that the Chief Nurse would check the accuracy of these figures and report back to the Board.</p>	<p><b>Dr Shelley Dolan</b></p>
017/140	<p><b><u>Patient Safety Report</u></b></p> <p>The Executive Medical Director presented the report and the main points of the discussion were as follows:</p>	<p><b>Dr Shelley Dolan</b></p>

Item	Subject	Action
	<p>The Board noted that adoption of the team brief initiative was improving so that all staff in each operating theatre session understood the operations that were going to take place and could discuss them. Monthly audits were in place to measure take-up. The 'Pause for Gauze' practice was also improving, ensuring that theatre nurses checked that surgical instruments and other items were accounted for before surgery was concluded.</p>	
	<p>The Board was advised that compliance with protocols for treating sepsis had declined, particularly the time taken to administer antibiotics, so a firm focus was required on this. It was agreed that the Board would receive a more detailed report on this at its next meeting, including an analysis of the causes of the decline in performance.</p>	<p><b>Prof. Julia Wendon</b></p>
	<p>There was a discussion about patients who had left the Trust's care through their own decisions – known as patients who had absconded. The Board was advised that these were not patients who had been detained under deprivation of liberty arrangements so they had been free to leave. It was necessary to minimise this, however, and to ensure that when such patients did leave they were safe to do so. It was agreed to adopt an alternative to the term "absconded" where the patients concerned had not been detained through lawful deprivation of liberty.</p>	
	<p>It was noted that the incidence of pressure ulcers had increased, particularly at the PRUH site. It was thought that this may be the result of increased reporting, there having been a focus on this, but it was agreed to monitor the situation to ensure that there was no actual increase in incidence.</p>	
	<p>The Board noted the report.</p>	
<b>017/141</b>	<b><u>Chief Executive's Report</u></b>	
	<p>The Chief Executive presented the report and the main points of the discussion were as follows:</p>	
	<p>The Board noted that the new electronic patient record system had been rolled-out at the PRUH site and the Chief Executive recorded his thanks and congratulations to the team that had achieved this.</p>	
	<p>There had been further improvement in the key staff-related indicators, particularly the fill rate for nursing posts and on retention of such staff. The Board recorded its thanks to the Executive Director of Workforce Development and her team. It was agreed that there needed to be greater focus on talent and career management, which was material to retention of staff, and it was decided to arrange a discussion at the Education, Development and Workforce Committee (EDWC). In connection with this Chris Stooke, Non-executive Director and a Trustee of the Trust's charity, reminded the Board that the charity planned to make a donation to the Trust for the benefit of workforce development so it was agreed that EDWC would</p>	<p><b>Dawn Brodrick</b></p>

Item	Subject	Action
	<p>discuss particular projects which the charity may be able to fund.</p> <p>The Board noted that the proposed contract with Celgene had been signed, securing for the Trust a significant investment in research. Professor Ghulam Mufti, who had led this work for the Trust, was congratulated by the Board. Professor Mufti explained that the grant would enable the Trust and King's College London to continue their leading teaching and research work, which had led to developments in clinical practice for the benefit of patients.</p> <p>The Board noted the report.</p> <p><b>TOP PRODUCTIVITY</b></p>	
017/142	<p><b><u>Integrated Performance Report (Month 7)</u></b></p> <p>Erik Nordkamp, Non-executive Director, joined the meeting.</p> <p>The Board received and noted the Trust's Performance Report for M7 from the Chief Operating Officer. The following key points were reported and discussed:</p> <p>The Board's attention was drawn to performance in respect of cancer-related targets, where the Trust was non-compliant. Current performance indicated that the Trust was also likely to be non-compliant in November.</p> <p>A review was underway to identify specifically the reasons for the breaches (of targets) which had occurred but it was known already that there were challenges in key pathways, particularly in urology at the PRUH site and in breast cancer care at Denmark Hill. The lead Consultant Urologist at the PRUH was focusing on the issues, particularly the insufficient number of surgeons in post at present. In connection with this the Board noted that while the delays in treatment in urology caused the Trust to breach targets, they generally had little impact on patients' clinical conditions. In breast cancer care at Denmark Hill the administration and processes were not currently of the standard required and this was thought to be a material cause of the breaches there.</p> <p>The Board noted that inter-organisation transfers were also material in the breaches experienced by the Trust, ie. where patients were transferred to the Trust's care at too late a stage to enable compliance with targets.</p> <p>It was agreed that firm attention was required in respect of cancer treatment. There would be a further discussion at the Board's meeting in February but also at the next meeting of the Quality, Assurance and Research Committee (QARC), the focus being upon key pathways and challenges which the Trust faced. In connection with this it was noted that a cancer strategy was under development and would be presented to QARC and the Board in February 2018.</p>	<p><b>Dr Shelley Dolan</b></p>

Item	Subject	Action
------	---------	--------

The Chief Operating Officer moved on to brief the Board on the performance of the Trust's Emergency Departments (ED). Although the ED at the PRUH site had stabilised, significant challenges remained to be addressed at Denmark Hill. The Chief Operating Officer briefed the Board on the four principal areas of difficulty and the work being done to address them:

- There was an insufficient number of beds at the Denmark Hill site into which patients could be admitted where necessary. This problem was known to the Trust and a number of options, including the potential for an additional ward, were being considered.
- Linked to that point were difficulties with flow, ie. the model and processes which were in place to transfer patients from the ED at wards. The site team were fundamental to this but it was clear that the model for the team and working arrangements required significant revision, as did the way in which patients are discharged.
- The staffing model for the ED at Denmark Hill also required a fundamental review because it present it did not support a 24/7 service and it was also necessary to address recruitment of band seven nurses (who are key to clinical decision-making and management of the ED generally). In addition, there were insufficient GPs in the Urgent Care Centre. A review of the staffing model would be completed within two weeks and as part of this the Trust would be discussing options with the agencies that supply nurses. ED managers would also engage with colleagues at St.George's Hospital NHS Foundation Trust where there had been considerable success in recruiting nurses for the ED.
- Lastly, the time taken by doctors to assess patients was significantly longer than the target permitted, due significantly to the number of patients attending the ED. The model was designed to address normal 'surges' of patients, typically 30 to 40 over a one-hour period, but the ED regularly experienced surges of 50 patients per hour for periods of five to six hours.

The Board noted that serious consideration was being given to changing the model for the ED, moving away from the integration of the Urgent Care Centre and the major injuries unit. This would require discussions with commissioners, although they were understood to be supportive, and other partner organisations, and in any event could not be implemented until April 2018 because amendments to contractual arrangements would be required.

The Chief Operating Officer concluded her remarks by assuring the Board that the staff in the ED at Denmark Hill wanted to improve the service and have a good understanding of the work required to do so, but require senior leadership support and some enabling arrangements to be in place. Support would also be required from other departments, particularly neurology and cardiology, but this was already forthcoming. The work would take time so it was unlikely that performance against the four-hour target would improve materially in the very short term – it was estimated that it would be 85% for December and at approximately 90% for quarter four of the current year.

The Board thanked the Chief Operating Officer for the clear briefing and agreed to monitor closely the work that was described.

## **SKILLED, CAN DO TEAMS**

### **017/143 Monthly Nurse Staffing Levels Report**

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

The Board noted that vacancy rates and staff turnover had both fallen across a number of specialties, which was welcome, and there was particular improvement in the haematology service.

The Board noted the report.

## **FIRM FOUNDATIONS**

### **017/144 Sound Finances**

#### **Finance Report (M7)**

The Board received and noted the Month 7 Finance Report from the Interim Chief Financial Officer.

The Board noted that non-pay expenditure was over-spent but the position was improving. Analysis was underway to better understand the causes of the over-spend.

The Trust's income was being affected by a number of external factors which it was aimed to address in part through discussions with partner organisations.

The Board noted the report and agreed to consider some of the issues in greater detail during its meeting in private later in the day.

## **Rigorous Governance**

### **017/145 Board Resolution NHSI Draw-down Facility**

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

### **017/146 Report from the Governors**

Chris North, Lead Governor, joined the meeting.

On behalf of the Council of Governors the Lead Governor congratulated colleagues on the successful implementation of the electronic patient record system at the PRUH site, which should deliver significant benefits for patient care. The Lead Governor also congratulated staff on improvements in workforce-related metrics.

The Board noted that several Governors had been elected recently and they were keen to start work in their roles. They would do so at the next Council of Governors meeting but it was also agreed that a Governor should be appointed as an observer to the EDWC.

**Jane  
Badejoko**

**FOR INFORMATION**

**017/147 Chair & Non-Executive Directors' Activities**

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

**017/148 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.

**017/149 Board Committee Minutes**

The minutes of the Finance and Performance Committee held on Tuesday 31 October 2017 were noted.

**017/150 ANY OTHER BUSINESS**

There were no items of other business.

**017/151 DATE OF NEXT MEETING**

The next meeting of the Board in public will be held from 09.00 to 11.00 on Wednesday 14 February 2018 in the Dulwich Room, Hambleden Wing, Denmark Hill.

**Graham Lawrence**  
Interim Trust Secretary  
December 2017