King's College Hospital NHS
NHS Foundation Trust

King's College Hospital NHS Foundation Trust Board of Directors – Public
Draft Minutes of the Meeting of the Board of Directors held at 9am-11am on 14 February 2018 the Dulwich Meeting Room, Hambleden Wing, Denmark Hill

Members:

Ian Smith	Trust Chair, Meeting Chair
Sue Slipman	Non-Executive Director (by phone)
Faith Boardman	Non-Executive Director
Prof Jonathon Cohen	Non-Executive Director
Erik Nordkamp	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director
Nick Moberly	Chief Executive
Dr Shelley Dolan	Chief Nurse and Chief Operating Officer
Alan Goldsman	Chief Finance Officer
Prof. Julia Wendon	Executive Medical Director
Lisa Hollins	Director of Transformation & ICT
Jane Bond - Non-voting Director	Director of Capital Estates & Facilities
Abigail Stapleton - Non-voting Director	Director of Strategy
Iain Alexander	Director of Financial Recovery

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Sao Bui-Van	Director of Communications
Louise Clark	Deputy Director, Workforce
Chris North	Lead Governor
Dr Rob Loveridge	Consultant in Critical Care – Patient Story item only
Jessica Bush	Head of Engagement and Patient Experience – Patient Story
Penny Dale	Public Governor
Stephanie Harris	Pubic Governor
Claire Saha	Staff Governor
Barbara Goodhew	Public Governor
Carole Golding	Staff Governor
Tim Killen	Astella Pharma
Victoria Kaminska	Member of the public
Ben Clover	Health Service Journal
Louisa Giblin	GE Healthcare
Catherine McLoughlin	LPPGN
Andrew Holden	Member of the public

Apologies:

Dr Alix Pryde	Non-Executive Director
Prof Ghulam Mufti	Non-Executive Director
Chris Stooke	Non-Executive Director
Dawn Brodrick	Executive Director of Workforce Development

Item	Subject	Action

18/01 **Apologies**

Apologies for absence were noted.

18/02 **Declarations of Interest**

None.

18/03 **Chair's Actions**

There were no Chair's Actions to report.

18/04 **Minutes of the last meeting**

The minutes were agreed as an accurate record of the previous meeting.

18/05 **Action Tracker and Matters arising**

The content of the action tracker was noted.

18/06 **Patient Story**

Dr Rob Loveridge (Critical Care Consultant) introduced a video presentation that showcased the experience of Milly, 11 years old, and Deanne, 34 years old, both of whom received emergency liver transplants at King's College Hospital. Both were mortally ill and neither would have survived if they had not been offered ECMO to support them during the peri-operative period: one post-transplant (Millie) and one pre-transplant (Deanne). ECMO, a form of advanced critical care intervention akin to heart-lung bypass, provides life support when conventional critical care therapies and organ support strategies have been exhausted. The first worldwide cases of paediatric and adult acute liver failure bridged to emergency liver transplantation with veno-venous ECMO were undertaken at King's College Hospital NHS Trust. The use of ECMO is often a last resort and King's is prepared to treat patients that cannot be treated elsewhere. In the video, Millie, Deanne and their families talked about their experiences during their time at King's and their recovery. They were very complimentary about the care they received. Dr Loveridge concluded the presentation by noting that King's has 50 patients that have survived this treatment. These outcomes are much better than would be predicted given the severity of this cohorts' illnesses.

The Board noted the unique and world-leading expertise within King's Health Partners and the opportunity for further collaboration in both cardiac/respiratory and liver. NICE and NHSI reviewed the service provided and praised the excellent outcomes, but the recommendations arising out of their work (particularly around a national forum) have not yet been implemented. The links to iMobile were discussed, with Dr Loveridge explaining the importance of technology in monitoring vital signs and alerting clinical staff early to potential problems.

18/07 **Patient outcomes**

Professor Wendon updated the Board on the latest patient outcome data. There were many positive outcomes. Comparatively, mortality rates are lower than expected, heart attack survival rates are good, trauma outcomes are excellent and discharge planning for dementia patients at Denmark Hill is exemplary. The Trust

is doing well on diabetes treatment and asthma and is a best practice example in treating heart failure and organ donation. Nevertheless there are areas of concern. Survival rates for bowel and lung cancer are lower than they should be and the number of inpatient falls is too high. Pressure sores as a result of delays in getting to theatre are also too high. The bowel and lung cancer survival rates were discussed in detail. Many of the cases reviewed presented with late stage cancer and co-morbidities. It is recognised that more can be done with GPs and that commissioners must do more to encourage screening. It was noted that the bowel cancer screening programme in particular was excellent.

Learning from Deaths systems are in place in Denmark Hill and being established at the PRUH (outcomes will be provided in the next report to the Board). The analysis shows that only a small number are avoidable. Families are involved the reviews. Professor Cohen (who leads on Learning from Deaths for the Board) reassured the Board that the learning from deaths process has been well done and the Trust, given its complexity, will always have a small number of deaths that require investigation. The challenge is to ensure that services learn and improve. In discussions with the Bereavement Office, there are themes that need addressing e.g. ensuring the possessions of deceased patients are returned to families.

The final area of discussion was laparotomy data, which had previously been a red flag as a result of the national emergency laparotomy audit (NELA). Performance has improved and the NELA data shows improving mortality rates but there is still more to be done. This has been a Trust quality objective during 2017/18.

18/08 **Freedom to Speak Up Guardian** **Action**

Sue Slipman presented the report to the Board. The report summarises internal whistleblowing activity in the last 6 months, noting that the Guardian has felt well supported by the Trust. No new issues of patient safety have been uncovered and that there has been reasonable uptake on the new policy, with 28 cases reported. There are concerns that PRUH staff don't have the same level of access to the Guardian. Bullying and harassment is a key theme in more than half of the issues raised with the Guardian. In establishing its arrangements, the Trust has learnt from the experience of other trusts and the seniority of the Guardian is crucial. That aspect of the King's arrangement works very well and Jen Watson's contribution has been excellent. There has been a good publicity campaign across the Trust and it is included in induction for new staff.

The Board was concerned that the issues raised were indicative a much wider cultural challenge that requires the focus and engagement of the most senior managers in the organisation. It was noted that bullying and harassment is a problem across the NHS, so there is an opportunity to learn from others. The staff survey results, due at the beginning of March will provide much more detail and allow managers to understand the hotspots in the organisation. Culture and morale has been identified as a priority for the Education, Workforce and Development Committee for 2018/19.

18/09 **Chief Executive's Report**

Nick Moberly highlighted three aspects of his report. January was a difficult month and the Trust performance dipped due to 'winter pressures', particularly flu and norovirus. He noted the imposition of financial special measures which would be discussed later on the agenda. He updated the Board on the publication of the

Trust's latest CQC inspection. Whilst there was some disappointment that the score remained "requires improvement", there were many positive findings in the report. The Board will receive an action plan in response to the recommendations in due course.

In response to a question from the Board, it was noted that the Trust's commitment to clinical excellence, research and teaching remains unchanged but it was acknowledged that clinical research in a national context was not where it should be. The explicit commitment to teaching was important in the context of FSM and concerns that student training could be constrained. There will be ongoing engagement with stakeholders and the KCL data on student satisfaction will be used to track perceptions.

Outpatient performance remains a concern for the Board. A report will be brought to the Board in the summer outlining what can be done to turn round performance. A pathfinder programme will be developed to test approaches and the learning from this will be reported back to the Board. **L Hollins**

18/10 **Integrated Performance Report**

Dr Dolan introduced the month 9 report, highlighting the key performance issues facing the Trust. Accident and Emergency (A&E) remains challenging, with the Trust failing to meet the 90% at either site, although performance at the PRUH is better than Denmark Hill. Performance has not been helped by lower than expected performance at the urgent care centres. Bed capacity is too high which impacts negatively on patient flow. NHSI has provided specialist consultancy advice and support and the data from this has given the Trust real clarity on where the problems are. Sustained effort on key areas particularly transfer/discharge of patients and understanding of where there is bed capacity across the whole Trust is beginning to show dividends. Weekend discharge continues to be a challenge, but improved dialogue and work with CCGs and others is improving the situation. The staffing model is not right, but there is a cost to changing it so a business case has gone to the regulator. If the extra staffing is agreed by NHSI, the department needs to deliver a step change in performance. Staffing turnover is low in ED in spite of the workload but there are key vacancies, particularly Emergency Nurse Practitioners that are very difficult to fill.

In respect of diagnostics, the Trust was compliant until December 2017. The breaches are mainly endoscopy, as a result of the endoscopy beds at the PRUH being escalation beds with ED is busy. The Cancer Network has funded lists at Croydon, which will in part address the backlog but discussions are ongoing about how more capacity can be provided.

Urgent cancer operations have not been cancelled but there is more to do. There has been excellent leadership in this area and good collaboration with Guys and St Thomas.

Referral to Treatment (RTT) performance is improving but there is still a significant backlog. Patients that are nearing 52 week waits are a particular concern and divisions are focused on reducing this to zero by the end of March. This is being addressed by a mix of in-sourcing, weekend working and undertaking the work at other hospitals. There are some areas for which solutions have not yet been found. The Trust has employed a specialist resource to support this area on a temporary basis.

18/11 **Monthly nurse staffing levels**

Dr Dolan highlighted the efforts of HR and Nursing teams to reduce the nursing vacancy rate in the Trust. Whilst the overall picture is much improved, there are a number of hotspots across the Trust including general medicine, paediatric intensive care, theatres and neurosciences. Emergency Nurse Practitioners are also difficult to recruit. The Trust has recruited successfully from abroad but more could done and key to success is the effectiveness of processes in place to support nurses through the recruitment process and once they start in the Trust. King's is working closely with the NHSI nursing retention team and is learning from other Trusts where possible, although it was noted that London is a particularly competitive market for nurses. The Board expressed surprise that flexible working was only now being introduced. In fact it has been available for some time but was at the discretion of local managers. This most recent development has been aimed at centralising some of the decision making to ensure consistency and to challenge the culture in some parts of the organisation. It is recognised that it makes rota planning more difficult, but it has worked in other Trusts.

18/12 **Update on Financial Special Measures**

The Board noted that this was the first time it had met since FSM had been in place. Alan Goldsmith outlined the implications of this. There have been no restrictions placed on the Trust in respect of cash or capital. The Trust is able to pay its bills and this is being communicated to suppliers. The Trust is expected to develop and deliver a financial recovery plan and there are are a number of milestones the Trust must meet to provide the regulator with assurance. In the main these are aligned with national planning timescales. There will be enhanced scrutiny and oversight of the Trust by NHSI and Commissioners. There has been significant engagement with staff and Governors and once the Board has a full understanding of the drivers of the underlying deficit it will be shared with them. Whilst the Trust would rather not be in this position, FSM does provide a platform to build a more sustainable future.

18/13 **Month 9 Finance Report**

The month 9 finance report was introduced by Alan Goldsman. The report shows a M9 out-turn deficit of £82m. This is in line with expectations. Considerable effort is being put into delivering £54m CIP savings, with delivery being accelerated in the final quarter of the year. Negotiations are underway with specialist and local commissioners ensure the Trust receives full payment for activity. Discussions are also ongoing with NHSE about gain-share from commercial clinical trials. Pay controls are also in place to ensure that discipline is maintained although it was noted that the Trust does not have a recruitment freeze in place.

18/14 **Board Resolution NHSI Draw-Down Facility**

The Board Resolution was agreed.

18/15 **Report from the Governors**

Chris North, Lead Governor thanked Sue Slipman for taking on the role of Acting Chair following the departure of Lord Kerslake. He also thanked the new Chair Ian Smith for establishing good working relationships with the Governors. Following the imposition of financial special measures the Governors have established a link with NHSI, and have held a session with Stephen Hay, their Deputy Chief Executive. There will be ongoing discussions with NHSI and their Chair, Baroness

Harding will be visiting the Trust in early March. The Governors' key concern, moving forward, is restoring the Trust to a sustainable and stable footing. They recognise that most of that must be delivered locally but believe NHSI/E must contribute to delivering stability. The Council of Governors is looking forward to seeing financial recovery plans at its joint meeting with the Board in March. The Chair thanked Mr North for his support, noting that the Governors have been appropriately demanding and angry about the financial situation and suitably challenging about recovery plans.

18/16 **Board Committee minutes**

The minutes of the Finance and Performance Committee meeting on 9th January 2018 were noted.

18/17 **Any Other Business**

None.

18/18 **Date Of Next Meeting**

11am Wednesday 14th March 2018, Princess Royal University Hospital, Bromley