

King's College Hospital

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 11am-1pm on 14 March 2018 in Lecture Theatre One, Education Centre, Princess Royal University Hospital

Members:

Ian Smith	Trust Chair, Meeting Chair
Sue Slipman	Non-Executive Director
Faith Boardman	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Erik Nordkamp	Non-Executive Director
Dr Shelley Dolan	Chief Nurse and Chief Operating Officer
Dawn Brodrick	Executive Director of Workforce Development
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

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Sao Bui-Van	Director of Communications
Chris North	Lead Governor
Dr Rob Loveridge	Consultant in Critical Care – left after item 2.1 (Sepsis)
Jessica Bush	Head of Engagement and Patient Experience – Patient Story
Amanda Aldred	Paediatric Matron - Patient Story item only
Rebecca Cahill	Paediatric Diabetes Nurse Specialist– Patient Story item only
Diana Coutts-Pauling	Public Governor
Penny Dale	Public Governor
Stephanie Harris	Public Governor
Barbara Goodhew	Public Governor
Kevin Labode	Staff Governor
Pam Cohen	Public Governor
Jane Allberry	Public Governor
Sam Waterson	Public Governor
Victoria Silvester	Public Governor
Emmanuel Forche	Patient Governor
Mark Butdler	Member of the Public
Rachel Powell	Bromley Healthcare
Anne Hinds-Murray	CQC
Jane Badejoko	Assistant Board Secretary
Dale Rustige	Corporate Governance Officer

Apologies:

Prof Jonathan Cohen	Non-Executive Director
Prof Ghulam Mufti	Non-Executive Director
Prof. Richard Trembath	Non-Executive Director
Chris Stooke	Non-Executive Director
Iain Alexander	Director of Financial Recovery
Nick Moberly	Chief Executive

Item	Subject	Action
18/19	<u>Apologies</u>	
	Apologies for absence were noted.	
18/20	<u>Declarations of Interest</u>	
	None.	
18/21	<u>Chair's Actions</u>	
	There were no Chair's Actions to report.	
18/22	<u>Minutes of the last meeting</u>	
	The minutes were agreed as an accurate record of the previous meeting.	
18/23	<u>Action Tracker and Matters arising</u>	
	The content of the action tracker was noted. For clarification it was noted that the issues arising out of a review of maternity services at Denmark Hill had been addressed. The pregnancy passport was an important innovation and there had been an inspection in 2017 which did not highlight any further issues.	
18/24	<u>Patient Story</u>	
	<p>The Board heard from Naomi and her family about their experiences of the children's services at the Princess Royal University Hospital. Naomi (6 years old) became very sick in November 2017. Her GP advised her parents to take her to A&E where it was found she had very high blood sugar levels. Her mother described how good the staff were with her daughter and how the play specialist helped Naomi with the glucose drinks she needed. Naomi was very scared of blood and, again, the staff and play specialist helped to ease her anxiety so she quickly became used to the insulin regime she needs to stay well. Naomi spent 6 days in hospital whilst her condition stabilised and she and her parents learned how to care for her. Her parents felt involved and supported throughout. Her parents raised a small number of concerns about the care Naomi had received, particularly when incidents occurred during the night, but they also reported that where this had happened they had raised issues with staff and appropriate action was taken.</p> <p>Following her discharge, Naomi is now an outpatient and the family are impressed with the support they have had as outpatients. This has included training relatives on how to administer insulin (so they can babysit) to training canteen staff in Naomi's school on how to measure carbs in her lunch so that she can have lunch with the other children, rather than stand out with pack lunches.</p> <p>The Board complimented the paediatrics team on the excellent care they had provided and were impressed by the level of integration that had been achieved. It was noted that the Trust followed the best practice tariff for paediatric diabetes care and the pathway includes regular contact and good multi-disciplinary team working.</p>	

Item	Subject	Action
18/25	<u>Sepsis</u>	
	<p>Professor Wendon introduced the item, noting that improving the identification and treatment of sepsis is a national priority and a NHSE QUIP. The Trust programme is led by Dr Rob Loveridge, who took the Board through a presentation outlining how the Trust has worked to better manage sepsis patients. Sepsis is a difficult infection to identify, which presents challenges when developing a programme. Dr Loveridge worked with NHSE to develop a strategy that focused on recognition, 'bad' sepsis identification (where risk of mortality is high), "sepsis 6" compliance and outcomes.</p> <p>Dr Loveridge reported that as a result of the increased focus on sepsis, the Trust's performance in identifying and treating it has improved considerably since 2016 for both inpatients and those arriving through the emergency department. Compliance with 'sepsis 6', the bundle of medical therapies that has been shown to improve outcomes in sepsis patients, is high and the mortality rates, particularly amongst the high risk cohort, are considerable lower than they were. Data recording has been a challenge because of the numbers of systems in place across the Trust. Electronic patient records (EPR) will make that easier, as would automated reporting of vital signs, which has been introduced by NHS Scotland. Asked how the Trust compares nationally, Dr Loveridge noted that there are wide variations across the country, but compliance nationally is about 60%. It was noted that the number of sepsis cases was increasing. This is in part due to better identification, but also because of increasing co-morbidities e.g. people with compromised immune systems. In respect of training, particularly for junior doctors, there is more to do to ensure they are considering acuity and co-morbidity.</p>	
18/26	<u>CQC Action Plan</u>	
	<p>The Trust was inspected by CQC in September 2017 and their report was published at the end of January 2018. The Trust was identified as 'requiring improvement' although the report found that many services had improved since the Trust was inspected in 2015. The report identified a number of areas where improvements are needed an action plan has been developed as a result. It is likely that the inspectors will return during 2018 and it is essential that the Trust can evidence that it has responded to the concerns raised in 2017. The Board of Directors agreed the action plan.</p>	
18/27	<u>Chief Executive's Report</u>	
	<p>Dr Dolan introduced the Chief Executive's report. She highlighted the good morbidity outcomes that the Trust has achieved. These compare very well internationally. The Board discussed the impact of 7 day services on SHIMI. Prof Wendon noted that the data is reviewed regularly and it is consistent across the week. The Trust is robust at reviewing data trends down to ward level and all spikes are investigated. This approach is unusual in the NHS.</p> <p>The report identifies the Trusts ongoing success in attracting research income. This is important as it drives improvements in patient care. Understanding patient views and the experiences for friends and families continues to be important. The learning from the survey carried out in CCU has been very important in considering how to improve support to patients and their families.</p> <p>The Board praised the Consultant Connect initiative, noting that it is gaining momentum. It has been in place for 4 months and the feedback has been positive.</p>	

18/28 **Integrated Performance Report**

Dr Dolan introduced the month 10 report, highlighting the key performance issues facing the Trust. Flu has had a significant impact on capacity. The Denmark Hill site has been an outlier in London. The equivalent of two wards have been taken up with flu patients. The 17/18 flu vaccination has not been very effective, but there are low vaccination levels particularly in Camberwell. The Trust has been in discussion with Public Health England about how to improve vaccination levels, with targeted campaigns.

Performance in addressing complaints has been poor for some time, but is showing improvement. It is up to 71% in one division and the others are catching up.

A&E performance continues to be of concern. February and early March have been particularly difficult across both sites and across London more generally. Staff are coping well but the footfall in both EDs has been higher than it has been for many years. More generally the Trust is very grateful for the efforts the staff have made to get to work during the snow, particularly at the Bromley sites.

Achieving the cancer targets remains challenging, particularly the diagnostic targets. Fortunately, despite the winter pressures the Trust has not had to cancel any cancer related surgery.

Referral to Treatment (RTT) performance is improving but there is still a significant backlog.

18/28 **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 neuroscience. The Board noted the report.

18/30 **Month 10 Finance Report**

The month 10 finance report was introduced by Alan Goldsman. The report shows a M10 out-turn deficit of £97.6m. This is in line with expectations. Jane Bond reported that the Trust had been awarded a capital loan of £32.8m by NHS England, which was welcome and will be a significant investment in patient safety. The money, which needs to be spend by the end of the financial year will be focused on addressing the maintenance backlog. It is likely that c£5m will be carried forward into the next financial year and this has been agreed by the Dept of Health and NHS England.

The Board noted the concerns raised in the report about drugs shortages. Although there have been some improvements e.g. blood thinners and Hepatitis B treatments, it continues to be of real concern.

18/31 **Board Resolution NHSI Draw-Down Facility**

The Board Resolution was agreed.

18/32 **Report from the Governors**

Chris North, Lead Governor updated the Board on the meeting the Council of Governors held with Baroness Dido Harding. The meeting had been very productive and she recognised the challenges faced by the Trust and the need to focus on grip and control.

18/33 **Board Committee minutes**

The minutes of the Finance and Performance Committee meeting on 30th January 2018 were noted.

18/34 **Any Other Business**

None.

18/34 **Date Of Next Meeting**

9am Wednesday 6th June 2018, Dulwich Room, Denmark Hill.