

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 9am-11.30pm on 3rd May 2018
Dulwich Room, Hambleton Wing, Kings College Hospital, Denmark Hill

Members:

Ian Smith	Trust Chair, Meeting Chair
Sue Slipman	Non-Executive Director
Dr Alix Pryde	Non-Executive Director
Erik Nordkamp	Non-Executive Director
Prof Jonathon Cohen	Non-Executive Director
Prof Ghulam Mufti	Non-Executive Director
Chris Stooke	Non-Executive Director
Dr Shelley Dolan	Chief Nurse and Chief Operating Officer
Iain Alexander	Interim Chief Finance 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
Jessica Bush	Head of Engagement and Patient Experience – Patient Story
Mr Avi Kulkari	Consultant Ophthalmology (Patient story only)
Fran Leonard	Matron Ophthalmology (Patient story only)
Cash Ryan	Patient (Patient Story only)
Penny Dale	Public Governor
Barbara Goodhew	Public Governor
Jane Allberry	Public Governor
Victoria Silvester	Public Governor
Claire Saha	Staff Governor
Heather Weir	Staff Governor
Carole Olding	Staff Governor
Anna Ellis	KCH staff member
Joe Harper	Deputy Director ICT – Operations (Outpatients item)
Dan Persson	Deputy Director ICT – Strategy (Outpatients item)
Fiona Nicholls	Head of Operational Performance (Outpatients item)
Keiran Hughes	Excelicare
Susan Sidgwick	Resident
Anne Hinds-Murray	CQC
Jane Badejoko	Assistant Board Secretary
Dale Rustige	Corporate Governance Officer
Gill Edelman	CEO, King's College Hospital Charity
Dr David Hopkins	Clinical Director, Ambulatory medicine
Dr Sue Piper	Cardiology
Tania Massey	Cardiology
Dominque Allwood	NEXT Director.

Apologies:

Prof. Richard Trembath
Faith Boardman

Non-Executive Director
Non-Executive Director

Item	Subject	Action
18/35	<u>Apologies</u> Apologies for absence were noted.	
18/36	<u>Declarations of Interest</u> None.	
18/37	<u>Chair's Actions</u> Although there were no formal Chair's actions to report, the Chair took the opportunity to update on the board on a number of issues. He announced the appointment of Peter Herring as interim Chief Executive. Mr Herring has been appointed for a six month period, pending the appointment of a permanent Chief Executive. He noted that Alan Goldsman had resigned his position as chief finance officer and that Iain Alexander had been appointed interim CFO pending the arrival of the permanent appointee in July. He took the opportunity to thank Mr Goldsman for his contribution to the Trust. Lastly, the Chair noted Jane Bond's resignation, saying she would be a great loss to the Trust.	
18/38	<u>Minutes of the last meeting</u> The minutes were agreed as an accurate record of the previous meeting.	
18/39	<u>Action Tracker and Matters arising</u> The content of the action tracker was noted.	
18/40	<u>Patient Story</u> The Board heard from Cash Ryan, a local resident and long-standing patient of the Trust. She specifically focused her presentation on the Ophthalmology department, where she has been a patient since 1989. Ms Ryan was treated in the outpatient department in January 2018 after a haemorrhage in one of her eyes. Ms Ryan was complimentary about the care she received from her consultant generally, but in this instance she was treated by a different doctor. She raised a number of issues about continuity of care, weak and inconsistent communication, poor administration, the implications of delays in the patient pathway during appointments and a lack of patient centred care. The Board thanked Ms Ryan for her honesty and for the constructive way in which she framed the learning from her experience. The Board also apologised for the shortfalls in the care she received. It was noted that Ophthalmology was currently subject to a "Getting It Right First Time" (GIRFT) by NHSI that focuses on improving patient pathways.	

Item	Subject	Action
18/41	<p><u>Integrated Performance Report</u></p> <p>Dr Dolan introduced the month 12 report, highlighting the key performance issues facing the organisation. Research is very important to this Trust and ground-breaking work is done here. There is scope to do more and to improve visibility of what is done. The Trust is currently recruiting to key leadership positions within the Research and Innovation leadership team. The Board noted that more could be done in the research field, particularly commercially. It was agreed that a paper would be brought back to the Board outlining potential opportunities to a future meeting. It was also noted that many trusts have innovative partnerships in place and there is a need for a more comprehensive strategy.</p> <p>Infection control is improving as a result of better clinical practice. The Trust received a letter from the Chief Nurse at NHSI, commending Kings on achieving the best reduction in e-coli in the country (30% reduction in a 6 month period) and has invited the Trust to be an exemplar. The Trust has also seen much less of the multi-resistant strains of infection which is positive.</p> <p>SHIMI continues to be better than average. There is active scrutiny of the data as well as monthly monitoring by ward, which is unusual compared to many Trusts. The Board noted that clinical outcomes are excellent and that this should be celebrated in internal communication to staff. It was noted that the data in the pack showed a slip in performance at the PRUH but this had been picked up and investigated.</p> <p>Access targets remain challenging, ED performance in March was poor at the Trust (as it was across the country). Although performance in April has improved, there is still more to do. The availability of mental health beds nationally is of concern, particularly in the longer term as it is having an impact on EDs (King's experience is not unusual). The Board were concerned about the shortage in provision to deal with patients experiencing mental ill health. Dr Dolan reassured the Board that the issue had been escalated to a national level and the national clinical director for mental health has asked for national plan to be developed as a priority. NHSI have also been made aware of the Trust's concerns because of the impact it has on ED performance.</p> <p>The Trust has been compliant on cancer waiting times and has the best performance within South East London, but is not complacent. The area that needs the most focus is the 'inter-Trust transfer target' (ITT) of 31 days. The challenges are multi-factorial and there is a Trust-wide working group aimed at addressing the internal issues. The Trust is also actively engaged in the regional escalation processes.</p> <p>Diagnostics performance has not been compliant because of endoscopy performance. Although the teams are very productive, demand is high and ED winter pressures at the PRUH leads to accommodation challenges. Additional capacity has been provided by Croydon (funded by the London Cancer Network).</p> <p>Dr Dolan highlighted the improvement in complaints management. The divisions have made great strides in meeting the 85% target. The Health Ombudsman visited the Trust and was impressed with our approach particularly as very few are re-opened. The Trust is doing many more early meetings that allow patients and their families to raise issues and invites them to be part of the learning process. Follow up, communication and supervision are other factors that have driven the improvement.</p>	<p>JW</p>

The Board discussed the data in the report on 'uncashed' clinics. It was noted that there are pockets of good practice but support is needed in some areas. There is focused work on delivering improvements, with weekly review of the data.

The Board noted that RTT performance remained a concern and sought to understand what was being done to ensure targets are being met and patients are receiving treatment in a timely manner. Dr Dolan noted that there is now a dedicated manager that manages the waiting list and has active engagement with all the care groups. There are plans in place and an active trust-wide working group chaired by one of the Divisional Directors. There are a small number of areas where there are concerns, Ophthalmology (where there is an insourcing solution), Orthopaedics and Bariatrics where further thought is needed.

18/42 Travel Plan

The report was presented by Jane Bond. The production of a travel plan was a requirement of the planning consent for the CCU building. The Board felt that there was insufficient focus on patients and visitors but was reassured that 600 were interviewed and more will be done this year. The Board noted the report and agreed that the Board champion for green issues would be the Director of Capital, Estates and Facilities.

18/43 Monthly Nurse Staffing Levels

The report highlights 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. The Board noted the report.

18/44 Sound finances

The Board received an update from the interim Chief Finance Officer, Iain Alexander on the 17/18 out-turn and the plans to agree the 18/19 budgets. The Trust met the forecast it had put to NHSI in January 2018. In respect of 18/19 budget, the Trust is looking to reduce expenditure, particularly through the cost improvement programme. Staffing establishments are being reviewed and there is drive to reduce the spend on bank and agency staff. The Trust will need to make some difficult choices and is actively engaged with commissioners about the consequences of these choices. There have been on-going concerns about under-billing which means data quality is not as good as it should be but steps are in place to address this. The Trust faces a number of cost pressures and wants to fund service developments and there are rigorous processes in place to test the robustness of cases being put forward. It was noted that financial special measures had provided a number of opportunities and NHSI are being supportive. The Carter/Briggs productivity work is making good progress and anticipates providing solutions by July.

18/45 Board Resolution NHSI Draw-Down Facility

The Board Resolution was not agreed as the Trust had not received the correct notifications from NHSI.

18/46 **Report from the Governors**

Chris North, Lead Governor focused on the areas highlighted by the patient story and the report from Dr Dolan that complaints performance was improving. He noted that addressing the behaviours and culture of the Trust needs to underpin any improvement.

He was also concerned about the wider systems issues that were highlighted the mental health concerns raised by Dr Dolan when updating the Board on ED performance, particularly given the proximity of one of the largest mental health Trusts in the country. It was noted that our relationship with SLAM is very good but they are feeling the lack of beds acutely. He was concerned that the Trust is not doing enough to lobby government to drive improvement in this area.

18/47 **Board self-certification**

The Board is required to certify that it is complying with the requirements of its licence. The Trust Secretary noted that because the Trust had been placed in financial special measures it could not confirm that it is. Given the lack of resilience in some areas and the reliance of interims in key posts, the Board agreed that it should qualify the statement that:

“The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.”

18/48 **King's College Hospital Charity**

Gill Edelman, Chief Executive of the King's College Hospital Charity outlined the work the Charity has been doing and the grants that it has awarded to projects in the Trust. Funds are used to enhance patient care and should be focused on activity that is not considered core business. Grants have also been used to support innovation and to support staff development. The Charity is also actively involved in the development of the CCU, and moving forward would like to be a stronger strategic partner to the Trust. There was a discussion about the Charity's fundraising activity and that of KHP. Charity Commission rules are very clear about how funding can be used, so the King's charity deed is very clear that any donations must be spent within the Trust. The Board expressed its gratitude to the Charity for the support it has provided to the 'freedom to speak up' campaign. In outlining future plans, Ms Edelman highlighted the work that the Charity needs to do in raising its profile within the Trust and improving its brand more generally. More also needs to be done to improve stakeholder relationships. She also reassured the Board that the Charity has plans in place to ensure it is GDPR compliant.

18/49 **Outpatients**

The Board received a presentation from Nicky Waring-Edkins, the Director of Outpatients, Dr David Hopkins (Clinical Director Ambulatory Medicine and Outpatients), and Dr Sue Piper and Tania Massey from Cardiology on how the Trust is working to improve outpatient care across the Trust. Ms Waring-Edkins noted that the Trust had not previously had a Trust-wide approach to Outpatients and that digital innovation has been missing. The programme has engaged with

staff across the Trust to address these issues and to develop consistent standards and processes across all care groups. A number of digital innovations are being implemented and there has been a focus on reducing demand by the CCGs, so that more patients receive support in the community rather than in a hospital setting. Dr Piper outlined how this was being operationalised within Cardiology. The focus has been on developing a one-stop shop approach within the heart failure service so that patients only attend once, undertake all the consultations and tests that are needed and leave with an agreed treatment plan. This has meant better outcomes for patients but is also more cost effective for the Trust. Dr Hopkins concluded the presentation by noting that there is a large programme of work in train and there has been significant change but it will take time to roll out across all sites and care groups. He underlined the importance of good communication as a golden thread and key to reducing demand.

The Board welcomed the progress that was being made, noting that outpatient experience has been a consistent theme in patient stories. It was noted that digitisation is positive, including the new technology aimed at engaging electronically with customers but noted that not all patients have smartphones. The Board was reassured that patients opted in to this and letters would still be sent if it was the patient's preferred method of communication. The Board also noted that there was more to do, particularly in patient transport and signage, and agreed that regular updates would be scheduled to monitor progress.

18/49 **Any Other Business**

Dr Pryde introduced the Board to Dr Dominique Allwood. Dr Allwood is on the Next Director scheme, which aims to increase the diversity of non-executive directors in the sector. She is being mentored by Dr Pryde.

18/50 **Date Of Next Meeting**

9am Thursday 5th July 2018, Dulwich Room, Denmark Hill.