

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 6th June 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
Faith Boardman	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
Jessica Bush	Head of Engagement and Patient Experience – Patient Story
Ronak Unjia	Johnson & Johnson
Susan Sidgewick	Member of Public
Victoria Silvester	Governor
Penny Dale	Governor
Stephanie Harris	Governor
Martin Weller	Patient (patient story only)
Mr Aws Alani	Consultant in Restorative Dentistry (patient story)
Claire Saha	Staff Governor
Lisa Oliffe	Service manager Dental
Ashish Desai	Staff Governor
Lesley Davis	Head of Dental Nurse Services
Carole Olding	Staff Governor
Ben Clover	HSJ
Dominique Allwood	NEXT Director.

Apologies:

Prof. Richard Trembath	Non-Executive Director
Erik Nordkamp	Non-Executive Director

Item	Subject	Action
18/51	<u>Apologies</u>	
	Apologies for absence were noted.	
18/52	<u>Declarations of Interest</u>	
	None.	
18/53	<u>Chair's Actions</u>	
	The Chair welcomed Peter Herring to the Trust as interim Chief Executive.	
18/54	<u>Minutes of the last meeting</u>	
	The minutes were agreed as an accurate record of the previous meeting.	
18/55	<u>Action Tracker and Matters arising</u>	
	The content of the action tracker was noted.	
18/56	<u>Patient Story</u>	
	<p>Martin Weller attended the Board to outline his experiences of the treatment he received from the King's Dental team following a serious car accident. He was accompanied by Mr Alani, the consultant who treated him.</p> <p>Dr Weller received severe facial injuries including damage to his bottom lip and the loss of several teeth. Following emergency surgery at his local hospital, he was referred to Kings for restorative dental work including bone grafting and dental implants. The surgical processes were extremely complex and took nearly two years to complete because of the time required for bone grafts to be successful.</p> <p>Dr Weller was very complimentary of the care he received from Kings. The team were very patient-centred, accommodating his work schedule and the timing of appointments reflected the distances he needed to travel to attend consultations. He felt listened to when he had concerns and was able to provide feedback. He was particularly positive about the multi-discipline aspect of the team work. If he were to raise any concerns it would be the indignity of having to walk through hospital in an open gown but as a doctor himself, he recognised that this is a challenge for all hospitals.</p> <p>Mr Alani, Dr Weller's consultant, outlined more broadly the work the team does in restorative dentistry. He noted that there are clear guidelines in place that focus their work on congenital impairment, trauma and oncology. He noted that it is challenging area and difficult to co-ordinate. Surgery time dwarfed by planning time. He noted that Kings delivers good outcome in this area.</p> <p>The Board thanked Dr Weller for attending the Board and talking about his experience. They also thanked Mr Alani and his team for the excellent care they were deliver. The Board were interested to know whether Kings is a specialist centre. Mr Alani reported that it is. Most restorative units will do some aspects of the work done at Kings but there are very few that do bone graft and implant into new bone (only Kings and UCL in London and a few in the north west of England).</p>	

When asked about workload, Mr Alani reported that approximately 30% of their caseload is trauma-related and that the other significant proportion would be classed as chronic e.g. a patient that has been wearing a bridge for 20 years.

Board members that had visited the dental centre as part of the Board's "Go-See" programme were very impressed by the whole mind and body aspect and were interested to know how this featured in Dr Weller's treatment. He noted that the accident had changed him, he looks different and he had a removable denture for a time which impacted on what he was able to eat. He was anxious about whether it would be successful but didn't feel particularly traumatised. He noted however that as a medic he had insight that most patients wouldn't have and understands what happens behind scenes. Mr Alani noted that they do have a number of patients with mental ill health as well as dental needs. He noted the importance of the 'mind' aspects of their approach as restorative dentistry is a difficult process, takes time and can be uncomfortable in the meantime. Functions such as eating, smiling and laughing are often hard for patients requiring his services.

When asked, Dr Weller thought there was very little the Trust could have done anything differently. He noted that occasionally he did have to wait at appointments, but recognised this was unavoidable. The Board recognised that the dental team known for being extremely good at managing the administration of their service.

18/57

Patient Safety

Professor Wendon introduced the report. She highlighted a number of issues, including four never events during the reporting period and a number of changes to maternity services. She noted that a national analysis of reporting culture highlighted Kings as good practice. The Trust was the subject of an untriggered MHRA inspection in May had a positive outcome. She summarised the good practice in place for learning from incidents stating that safety net learning was very good and grand rounds are well attended. She also informed the Board that a number of training sessions focusing on the learning from Coroner cases were being delivered.

The Board discussed the benchmarking available to compare serious incidents by type. It was noted that the Trust's performance is similar with a slight preponderance at the serious end, in part because of a lack standard definitions nationally, and a tendency to over-estimate severity within the Trust. The fluctuations in the graph were discussed, and it was agreed that a comparison with the previous year's performance would be undertaken to ensure there wasn't a more serious underlying trend. This will be included in the next report to the Board.

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In relation to an incident outlined in the report, the Board discussed mental health and patient safety. With regard to the specific incident highlighted, the Board was reassured that the Trust had taken action to ensure window security that this was regularly reviewed. More broadly it was reported that the numbers of patients presenting with acute mental health issues at ED had risen significantly in recent weeks. A similar picture was being seen elsewhere in London and other urban centres such as Manchester and there is a severe shortage of adult mental health beds nationally. The child and adolescent situation has improved slightly as a result of additional government funding. It was reported that the London mental health lead was convening a meeting urgently to consider a system wide response.

It was reported that approximately one third of the mentally ill patients coming to the Trust require a mental health bed, and this includes patients on medical wards. This is the group that has seen the biggest increase both in numbers and acuity. Approximately a third are self-medicating with drugs and/or alcohol and the remaining third are frail elderly who need medical treatment but also have dementia. It was reported that there is active engagement with local authorities and commissioners to ensure that social care is engaged.

18/58 Integrated Performance Report

Dr Dolan introduced the integrated performance report. She highlighted an outbreak of Candida Aris, which can be an efficient spreader if not contained quickly. The Trust was commended last year for controlling a previous outbreak and the teams where the infection has arisen this time have responded very well. She noted that the infection was not dangerous but can mean extended hospital stays for those affected.

A&E performance has improved in the last month but the challenge will be to sustain it. Denmark Hill had a 24 hr period at 91% which was massive morale boost for the team and Commissioners and regulators pleased with the direction of travel.

Cancer remains compliant but performance against the inter-Trust transfer (ITT) target remains static. The Trust is working closely with the south east London network to review pathways. Diagnostic waiting times are below target, principally because of the endoscopy backlog at the PRUH caused by winter pressures. Although the unit is one of the most productive in the country it is too small. There is a plan to address this but it requires investment. The Trust did well in a recent quality assessment for bowel screening at Denmark Hill but it was recommended that pathology could be improved.

RTT still a challenge. There is a significant list of patients that have waited for more than 52 weeks and at all stages below that. A detailed programme plan has been developed for discussion with commissioners but it requires investment. There are three significant areas of concern: ophthalmology, orthopaedics and bariatrics. The Board was concerned that the RTT situation appeared to have deteriorated and sought reassurance that the new plans being considered would be successful.

The Board welcomed the latest set of friends and family data.

18/60 Chief Executive's Report

Mr Herring introduced the reporting, highlighting a number of issues facing the Trust. He noted that the financial challenge facing the Trust remained significant but that the Trust was receiving both additional support and scrutiny as a result. Ensuring grip and control has been an immediate priority but this cannot be at the expense of quality. Budgetary management needs to improve and a new business case process has been introduced. The next area of focus will be productivity.

He went on to note the good progress in the 'friends and family test' but suggested there is more to do, particularly when set against some of the complaints the Trust is receiving. He also highlighted the importance of improving the out-patient experience at Kings. The Board welcomed the renewed commitment on outpatients and following last month's discussion are persuaded there is a good

focus on improving the service, and agreed the focus need to be on “quick-wins” as well as the longer term improvements that are needed.

The Board discussed the new business case approval processes. It was reported that the aim has been to improve the quality of the cases coming forward, with the development of new templates. The Trust's investment board has been re-established to ensure all business cases are robustly scrutinised. It noted that unless cases will deliver new income or address urgent patient safety issues they are unlikely to succeed. The Trust also needs to ensure that it is following business cases through to the point where it able to assess whether implementation has delivered the desired benefits. This is not done consistently enough at the moment.

The capital and estate challenges raised in the report were discussed in more detail. It was reported that whilst issues are being escalated to NHSI, it has to be recognised that the national capital fund is significantly oversubscribed.

18/61 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 report provided an update on the pay controls that have been put in place. The Board were concerned that there would be an increase in ‘red shifts’, but were reassured that as medical wards are fully staffed, there should be fewer of these moving forward.

18/62 Sound finances

The Board received an update from the interim Chief Finance Officer, Iain Alexander on the month 1 out-turn data. It was noted that an overspend of £16m was reported at the end of April but that this was not a fair representation because of the lag in income data. It was also noted that 2018/19 budgets have not yet been loaded up, so there is no recognised within the number. The Trust has implemented a number of pay controls which will impact in month 2 figures. The Board sought reassurance that when the budgets were uploaded, operational staff would recognise their budgets as this had been a problem in the past year. It was noted that the Trust had approached budgeting differently this year with much more engagement and care group activity has been signed off locally. The workforce plan also been thoroughly reviewed.

18/63 Board Resolution NHSI Draw-Down Facility

The draw-down request was agreed.

18/64 Report from the Lead Governor

Mr Ashish Desai spoke to the Board on behalf of the Governors and started by welcoming Mr Herring to the Trust. The Governors remain concerned about the financial challenges facing the Trust, particularly in respect of the timeliness of the budget setting process and the realism of delivering the budget that has been set. They were also concerned about the status of the audit and signing of the 2017/18 accounts. Governors noted the support being provided by NHSi but were concerned that it will not deliver the savings that are being anticipated. Access to STP funding was also highlighted, with Mr Desai noting that Barts had been able to

access it, despite being in special measures.

The Board agreed that the audit had been challenging but recognised it had been a much more rigorous process this year. The Board sought to reassure Governors that the budget setting process had been robust, NHSi had been fully involved and that significant controls are being put into place to ensure targets are met. The Board noted that whilst the GIRFT productivity programme was intensive, it is being taken seriously and the Board is confident it will deliver benefits.

The Chair concluded the discussion by thanking the Governors for the time and effort they put into supporting the Trust.

18/66 **Any Other Business**

No additional business was raised.

18/67 **Date Of Next Meeting**

9am Thursday 6th September 2018, PRUH