

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 7th July 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
Erik Nordkamp	Non-Executive Director
Peter Herring	Chief Executive
Dr Shelley Dolan	Chief Nurse and Chief Operating Officer
Lorcan Woods	Chief Finance Officer
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
Louise Clark	Deputy Director of Workforce
Shamil Ganatara	Interim Deputy Chief Finance Officer
Heather Smith	Head of Adult Safeguarding
Roisin Gavin	Safeguarding Nurse
Dominique Allwood	NEXT Director.
Andy Simmons	Chair, Dulwich Community Council
Ashish Desai	Staff Governor
Claire Saha	Staff Governor
Victoria Silvester	Public Governor (Southwark)
Barbara Goodhew	Public Governor (Lambeth)
Pam Cohen	Governor
Chris North	Public Governor
Stephanie Harris	Public Governor
Mark Butcher	Johnson and Johnson
Susan Sidgwick	Member of public
David Pearce	Patient Story
Theresa Pearce	Patient Story
Sophie Hatfield	Advanced Nurse Practitioner (iMobile)
Dr Sui Phin Kon	Consultant Nephrologist, Renal

Apologies:

Prof. Richard Trembath	Non-Executive Director
Lisa Hollins	Director of ICT and Transformation
Prof Julia Wendon	Executive Medical Director
Dawn Brodrick	Executive Workforce Director
Iain Alexander	Chief Restructuring Officer

Item	Subject	Action
18/68	<u>Apologies</u>	
	Apologies for absence were noted.	
18/69	<u>Declarations of Interest</u>	
	None.	
18/70	<u>Chair's Actions</u>	
	No Chair's Actions were reported. The Chair noted that in recognition of the NHS's 70 th Birthday, the Trust had made a number of short videos with staff. These were shown throughout the meeting. The Chair also welcomed Lorcan Woods, the Trust's new Chief Finance Officer.	
18/71	<u>Minutes of the last meeting</u>	
	The minutes were agreed as an accurate record of the previous meeting.	
18/72	<u>Action Tracker and Matters arising</u>	
	The content of the action tracker was noted.	
18/73	<u>Adult Safeguarding</u>	
	<p>Dr Dolan introduced Heather Smith, Head of Adult Safeguarding to the Board and paid testament to the work she has done to improve adult safeguarding at King's. Ms Smith outlined the key areas of progress including stabilising the team and ensuring the skill mix has been enhanced to include mental health, social work, learning disability and domestic violence. PREVENT (anti-radicalisation) training has been rolled out with good support from senior leaders and take-up stands at 50% (target is 85% by Dec 2018). She highlighted that the learning disability team had won a King's Award for their contribution to the Trust. They have also contributed to a Seeability film on how they helped a Down's Syndrome patient have eye surgery. The team contributes actively to policy development and training across the Trust.</p> <p>The Board welcomed the report and found the combination of analytics and stories helpful in illustrating the work of the team and the challenges the Trust faces. The Board asked for further information about Deprivation of Liberty applications (DOLs). Ms Smith noted that the system is complicated and takes time, which does not work well in a hospital setting (the legislation was established for care homes). Recently passed legislation will allow the Trust to 'self-authorise' applications for stays of up to three weeks.</p> <p>It was noted that the number of referrals where King's is implicated has increased. This is because the Trust encourages reporting. Over a third of referrals were de-escalated. An assessment of the data indicates better reporting and scrutiny not increased harm. In terms of learning from incidents, two themes emerge: time taken to escalate issues and pressure ulcers.</p> <p>The Board were reassured that the issues raised in relation to 'Disclosure and Barring Service' (DBS) checks were being addressed and an action plan is in</p>	

place.

The Board welcomed the increased emphasis on domestic violence (DV). It was noted that clinical staff are trained to identify DV victims but that training will be refreshed within the next year.

18/74 Integrated Performance Report

Dr Dolan introduced the month 2 integrated performance report, focussing on the key operational targets for the Trust. Compliance with the ED target is improving but there is still some way to go. The ongoing heatwave has led to an increase in elderly admissions, particularly with dehydration. The Trust is hopeful that it has secured the capital funds required to improve the ED facilities at Denmark Hill. Dr Dolan noted that the Trust is in discussion with NHSI about how the target is calculated which may have an impact on the baseline, although the improvement trajectory will not change. The Board will receive a fuller update once those discussions have concluded.

The Trust did not meet its cancer targets in M2. The additional investment in multi-disciplinary teams and extra support from the Cancer Network has been welcomed. Diagnostics performance was also below target, in part because of high demand at the PRUH (increased of 25%) and the impact the loss of the endoscopy suite during the winter. The cancer network is providing additional capacity in Croydon which is helpful.

'Referral to Treatment' performance remains challenging. The number of 52 week breaches is increasing. Funding is available to address this and the initial focus is in four key areas: orthopaedics, ophthalmology, bariatrics and general surgery. Initial plans have been discussed with the Regulator. There are a number of factors including theatre availability. The Board were concerned that the policy was not being properly applied and where examples of this were found, appropriate action should be taken. It was confirmed that this was the case. The Board was also concerned that the changes to ADH rates had caused part of the problem. It was noted that the Trust had appropriately applied the London policy, but that Kent still pays higher rates, which impacts on the PRUH. It was noted that bariatrics are using the lower ADH rates, which sets good practice for the Trust.

The maternity friends and family scores were discussed. These continue to be a concern and whilst there has been some improvement, complaints in this area are high. The themes include continuity of care (this is common across the NHS), waiting, pain control and compassion. The results have been discussed with the regional director of midwifery and King's results compare well. Nevertheless, a deep-dive of maternity complaints is being undertaken to better understand what is driving the low scores.

Appraisal rates were raised as a concern and the Board sought reassurance that action was being taken to improve this, in light of the staff survey results. It was confirmed that the dip was in part due to the launch of a new system and the team were confident that the 85% target would be reached by the end of July. Medical appraisal completion rates are 80%. Work is underway to address the key themes arising out of the staff survey and improving managerial visibility is a priority.

The Board was concerned that the Trust did not have a Research Director. A more detailed report on research and innovation will come back to the Board in the autumn.

18/75 **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 and there are still red shifts. Nursing expenditure has been subject to significant pay control. The Chief Nurse and senior nursing team have met with all ward managers and matrons, who in turn have shown excellent leadership in meeting the financial challenge. Nursing headroom in the Trust is comparatively low, which impacts on nurses' ability to complete training and professional development. This creates a retention challenge.

In terms of recruitment, it is hoped that additional funding will be announced, as part of the 70th anniversary, for nurse training so that the Trust can, over time rely less on overseas nurses. Whilst the overseas nurses are generally very good, there is always a concern in respect of retention.

18/76 **M2 Finance Report**

It was reported that the Trust has made a major step forward in the approach to building the budget this year, with much better alignment between activity, income and expenditure. This will allow much better monitoring as the year progresses. In M2 the Trust reported a £29m deficit. This is an improvement on M1 but the run-rate needs to be at £11m deficit per month in order to meet the target.

The Board noted the improved position, but were concerned about sustainability. The Board was updated on the controls that have been put in place. It was noted that pay controls were only introduced in May so the cumulative benefit has yet to be seen. It was also noted that medical productivity improvements are needed. Income is being closely monitored so that any anomalies can be quickly rectified. The CIP programme is progressing but will be difficult.

18/77 **Report from the Governors**

Mr North thanked the Board for the opportunity to speak to the meeting on behalf of the Council of Governors. He noted that many of the issues he had wanted to raise had already been covered as a result of questioning by the Non-Executive Directors of the Board.

He highlighted concerns about the impact on patient experience as a result of the nursing headcount reduction, making the link to the in-patient survey results that raise flags about nursing availability e.g. help with feeding. The Board reassured him that safer staffing levels would be maintained, and often leadership on wards is the key to good patient care.

The Governors have had good engagement with the Trust on outpatients. They note there are some common themes across specialities but also some significant differences between outpatient centres in both infrastructure and pathways, which will need addressing.

Mr North welcomed the governance workshop led by Dr Pryde at the end of June. Turnout was good and the Governors look forward to better engagement with the auditors moving forward.

The Governors continue to be concerned about the Trust's financial position. It is disappointing that the capital budget has yet to be agreed and the achievability of

the CIP is a worry. The Board reassured him that the CIP needed to be seen alongside pay controls and other initiatives that will drive down the run-rate.

The Chair thanked Mr North and the Governors for their contribution and recognised the important points being made about patient experience.

18/79 Patient Story

David Pearce and his wife Theresa attended the Board to talk about Mr Pearce's experience during a recent spell in hospital. Sophie Hadfield and Dr Sui Phin Kon, consultant nephrologist also attended.

Mr Pearce is a longstanding renal patient. He underwent a kidney transplant a number of years ago, but unfortunately, the disease that had resulted in the need for a transplant returned to attack the new kidney and Mr Pearce requires regular plasma exchange treatment as a result.

During a routine procedure to fit a fistula, the doctor carrying out the procedure punctured an artery, leading to a catastrophic injury. Mr Pearce suffered massive blood loss and 3 cardiac arrests and spent a number of weeks in the Critical Care Unit (CCU) as a result. He and his wife talked to the Board about their experience of that time and of the care he received in the hospital when he left the critical care unit.

The care Mr Pearce received in the CCU was excellent. The team communicated well with Mrs Pearce and her family and there was good peer support from other families in the unit. When Mr Pearce was well enough, he was moved to another ward where the care was felt not to be as good and the staff did not put enough emphasis on rehabilitation so that Mr Pearce could get well enough to return home. Mr and Mrs Pearce described the change as being 'cast adrift' and throughout felt that insufficient attention was being put on maintaining his kidney functionality.

The Board thanked Mr and Mrs Pearce for talking to the Board about their experience. The Trust recognises that the facilities in the 'step-down' ward that Mr Pearce went to after the CCU were inadequate and plans are in place for refurbishment. The sense of isolation after CCU is not unusual and the Director of Nursing is looking at how compassion can be improved.

18/82 Any Other Business

The Chair noted that this was the last Board meeting for Jane Bond, Director of Capital and Estates. He thanked her for all her hard work and for the contribution she has made to King's since she has been at the Trust. He also noted that it would be Erik Nordkamp's last meeting. Mr Nordkamp has recently been elected as President of the Association of the British Pharmaceutical Industry (ABPI). The Board thanked Mr Nordkamp for the expertise he brought to the Board. Mr Nordkamp noted the decision to step down had been difficult and he had enjoyed his time at King's.

18/83 Date Of Next Meeting

9am, Thursday 6th September, 2018, Education Learning Centre, PRUH