King's College Hospital NHS
NHS Foundation Trust

King's College Hospital NHS Foundation Trust Board of Directors – Public
Minutes of the Meeting of the Board of Directors held at 9am-11.30pm on 6th September 2018, Lecture Room 2, Education Centre, Princess Royal University Hospital, Bromley.

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
Prof. Richard Trembath	Non-Executive Director
Peter Herring	Chief Executive
Dr Shelley Dolan	Chief Nurse and Chief Operating Officer
Prof Julia Wendon	Executive Medical Director
Lorcan Woods	Chief Finance Officer
Lisa Hollins – Non-voting Director	Director of ICT and Transformation
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
Louise Clark	Deputy Director of Workforce
Anne Hinds-Murray	CQC Relationship Manager
Penny Dale	Public Governor
Carole Olding	Staff Governor
Diana Coutts-Pauling	Public Governor
Chris North	Public Governor
Stephanie Harris	Public Governor
Marion Gough	Patient Story

Apologies:

Dawn Brodrick	Executive Workforce Director
Steven Bannister – Non-voting Director	Director of Capital Estates and Facilities

Item	Subject	Action
18/84	**Apologies**	
	Apologies for absence were noted.	
18/85	**Declarations of Interest**	
	None.	
18/86	**Chair's Actions**	
	No Chair's Actions were reported.	

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Item	Subject	Action

18/87 **Minutes of the last meeting**

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

18/88 **Action Tracker and Matters arising**

The content of the action tracker was noted.

18/89 **Patient Story**

Mrs Marion Gough attended the meeting to tell the Board about her husband's extended stay at the PRUH and Orpington Hospital. Her husband was admitted to the PRUH having become ill at home, following knee surgery. He was very ill, with two serious infections including sepsis. Mrs Gough told the Board that her husband received excellent care from the start and she felt very well informed about what was happening to him. After a two week stay at the PRUH, he had recovered sufficiently well to be moved to Orpington for rehabilitation. He was mobile and making good progress, but unfortunately suffered a relapse and had to return to the PRUH. His deterioration had been identified early, and again the care was excellent although the wait for transfer was longer than it should have been due to transport availability.

Once back at the PRUH, Mrs Gough reported that he lost mobility and confidence and the physio he received did not provide the support he needed. During this time he moved to a new ward, where he received excellent support from a health care assistant who took time to get to know him, to get him mobile again and to rebuild his confidence. Mrs Gough observed that that clinical care he received throughout was excellent. She also emphasised how important the communication is to patients and their families, as well as having staff with the ability to engage and motivate elderly patients. She also noted how good the communication was between the PRUH and other organisations that had been involved in her husband's care.

Although Mr Gough had left hospital, he continued to experience on-going infections and his GP had referred him back to the hospital. Asked why his GP had done the referral (and not the hospital), Mrs Gough responded that there had been regular testing while he was in hospital but no referral.

The Board thanked Mrs Gough for speaking to them about her and her husband's experience. They were interested to know how the PRUH had developed such good relationships with the other Trust Mrs Gough had mentioned. It was reported that it was in part due to long-standing relationships, which although not perfect, are underpinned by regular and effective liaison.

18/90 **Patient Outcomes**

Professor Wendon presented the latest data on patient outcomes, highlighting a number of areas. SHIMI data remains very good. In-hospital falls have decreased, as a result of an enormous amount of work by nurses across the Trust. Concerns remain about pressure ulcers and close monitoring is in place. A recent sentinel stroke audit has identified some issues and as a result, Prof Wendon has met the lead clinicians on both sites to review process. The issues are in part about documentation and note taking but time through flow and referrals are slow; this is being addressed. She went on to note that the maternity data has been reviewed through QARC and although the data is slightly out of date, it thought that the Trust is now below national average and

progress has been made. Positively, the diabetic inpatient audit has shown vast improvement. Whilst the failure rate is high because of the way data is collected, progress has been made and has been helped by the successful roll out of Electronic Patient Records (EPR). Learning from deaths continues to be addressed through standard structures and it is the most recent review has shown two in Q4 where things could have been done differently. The report covers a number of national audits are covered; the lung cancer audit was highlighted as showing improvement (survival 1 year).

The Board asked about the data on dementia admissions. It was reported this is a new data collection process so the data may not be quite right. The Board noted the progress in relation to diabetes, but were concerned about the increase in hypoglycaemic incidents. It was reported that there was good cross-site team working so an improvement should be seen in the next report. The Board asked about the difference in resus levels and outcomes across the two sites. This is in part to do with case-mix and demographics. **It was agreed that further analysis would be undertaken and reported to QARC.** **JW**

The Board were concerned to understand whether the issues identified by the stroke audit would impact the Trust's HASU status. It was reported that there is sufficient consultant input but that flow through ED and wards needs to be looked at, as well as flow out of hospital. The Trust needs to demonstrate effective 7 day working. None of the issues were thought to be insurmountable and the Trust has a good stroke lead at the PRUH.

Prof Cohen, as the Board lead for Learning from Deaths, noted his confidence in the programme, particularly because it is not just reactive to the incidents but because it encourage execs to think proactively about caring for relatives. The committee has come up with some very simple steps that could be transformative**. It was agreed that a paper would be brought back to a future QARC**, but that some actions have already been taken such as follow-up phone calls and better liaison with local hospices. **SD**

To conclude the discussion the Board sought reassurance that the Trust had a flu vaccination programme in place. It was confirmed that the programme will start at the beginning of October and is built on learning from Trusts that do it well.

18/91 **<u>Integrated Performance Report</u>**

Dr Dolan introduced the month integrated performance report, focussing on the key operational targets for the Trust, starting with Emergency Department targets. After a difficult July, August has been much better, particularly at Denmark Hill, but performance remains too volatile, and the PRUH has had a difficult couple of months. The challenges are different at both sites. The ED at the PRUH is the wrong size for the population. It is hoped that the Trust will receive funding to expand the resus area and widen the corridors. The other issue is medical staffing and having the right numbers s. A review is underway and one of the issues that is notable is the lack of available consultants across the pathway to do ward rounds and make discharge decisions. The other issue with medical staffing has been locum rates. Kent pays more than London so availability is often a problem. Things are improving and teams need to make sure they are making best use of what is available. There has been a review of rosters which has identified some issues and custom and practice will take time to fix.

The Trust continues to have one the largest PTLs and the largest list of 52 week waiters. The Trust has agreed to reduce this to zero by December and a robust plan is in place. There are four care groups that have too many long waiters.

Ophthalmology will be down to zero by the end of November. Colorectal surgeons been very helpful, the team is working extra weekend sessions and it is hoped this list will be cleared by the end of November. In Orthopaedics, a new associate specialist has been brought in to do weekend operations and has been excellent, hips and knees are all listed from 48 weeks. There has been some outsourcing because of a lack theatre space. SWELIOC have offered to help as have RNOH but this requires patients agreeing to change consultant, which hasn't been easy. However, the Trust is very clear that that it does not want to put the work to the private sector. The goal is to clear the long-waiters by end November. Bariatrics is a problem. 45% of referrals are from outside the catchment area. Many are Tier 4 (complex) and all providers in London have very long waiting lists. The Trust would like to to suspend out of area referrals and has looked at outsourcing but the only available option is very expensive. The lead consultant in this area has been very helpful and is engaging in debate with commissioners.

The Board were concerned about how the RTT backlog had occurred as less than a year ago there were no problems. They also sought reassurance that plans are in place are sustainable so that performance does not slip backwards. It was noted there are a number of issues: the PTL has not been properly managed over a period of time which has now been addressed, there has not been compliance with the rules on listing patients, the demand and capacity information has been poor and theatre productivity is lower than it should be. Plans are in place to address this. With the arrival of a new deputy divisional director in one of the divisions there is proper grip on the PTL for the first time and a theatre productivity expert has joined the Trust to ensure that theatre use is optimised. **It was agreed that a report outlining the Theatre productivity challenges and how they would be addressed should be discussed at QARC in due course**. There have been some medical staffing issues – the changes to ADH payments impacted availability and there are culture and behaviour challenges with a small number of consultants. There are a number of external factors; demand for some services HAs increased exponentially e.g. dermatology referrals have increased 60% this year. It was also noted there were delays in re-opening the three theatres that had been closed during the summer. **SD**

Cancer has been very difficult particularly at the PRUH. There have been longstanding challenges with urology (this is a national problem) as well as some concerns with lung cancer. Endoscopy capacity remains a concern. The team is extremely productive, but demand is high. There is ongoing engagement with the Cancer Network and capacity in other Trusts is being used, but a sustainable solution will require some radical thinking. The other factor is how workloads have increased in Histopathology, the workload is huge as a result of new tests (it has increased 3 to 28 tests per patients on average) and there is a shortage of histopathologists.

To conclude the item, Dr Dolan highlighted the success the Trust has had in rolling out the new appraisal system and ensuring all staff have had appraisals. The current rate is 87% and the overall rate for mandatory training is 85%. This is a huge achievement for the workforce team and for the ops teams (general managers and service managers) who've provided the leadership to get it done.

18/92 **Chief Executive's Report**

Mr Herring updated the Board on a number of issues including the impact of the heatwave. He highlighted the volunteer review and the huge contribution volunteers make to the NHS. The improvement in recruitment is positive, but needs to be matched by a reduction in bank and agency expenditure. The Board discussed medical recruitment and whether being put into financial special measures had an impact on attracting good candidates. This doesn't appear to have happened at King's, although in Trusts in quality special measures have experienced problems.

The Board also agreed that it whilst the progress in bringing down the vacancy rate was positive, the Trust must not lose sight of the need to improve the diversity of its workforce. **The Board agreed to invite the workforce team to update them on the progress of the race and diversity action plan.** In respect of the volunteers the Board were concerned that there contribution was properly recognised. It was reported that this is happening through the new staff recognition scheme. **DB**

18/93 Monthly Nurse Staffing Levels

The report reflects that the Trust has the lowest vacancy rate in the Shelford group, which is very positive and is the result of considerable hard work by Workforce and Nursing. The Trust is working with NHSI to review establishment levels across all sites, wards and care groups to ensure they are correct. There are national tools for most specialities. The exercise has highlighted that some areas are using bank and agency despite being fully staffed. Putting a stop to this has created some concern, but the Trust is not going below accepted national staffing levels. The overstaffing has been a result of poor housekeeping and rostering. It has been a difficult process but pay control is now stringent.

The Board wanted to understand why the vacancy rate UPACs was so out of line. It was explained that this in part because it has a number of areas that are more difficult to recruit to such as ED and the medical wards. The Board discussed the impact of reducing nurse numbers in line with the NHSI requirement. It was noted that only 100 posts have been removed out of 5000 in total, so the impact has been small. In terms of bank and agency the Board was told that specialling remains a concern particularly for patients with mental health needs. This is similar to other trusts in London. Kings spent £5.9m last year (GSTT c£8m, UCL c£11m,). There have been some very violent incidents in ED. A new policy has been introduced and HCAs have received training but the Trusts need to do something fundamentally different in ED.

18/94 M5 Finance Report

The Chief Finance Officer provided the Board with an overview of the M5 out-turn. He noted that there is a mismatch between the Trust Plan and the NHSI plan, which is as a result of the timing of the submission to NHSI. The Trust is £1m behind on its internal plan and the NHSI has agreed that the Trust should submit a rephrased plan. This is indicative of the improvement in the Trust's relationship with them.

He went on to highlight that there were number of disputed invoices from KFM, that should have been reflected in the M4 data. He has reinforced the message with the finance teams that this should not happen and by next month (i.e. by end Sept), there should be properly consolidated group accounts.

In overall terms, if the one-off items are stripped out, the last 3 months has shown a steady monthly deficit of £12m, which if extrapolated for rest of year gives a £156m deficit. This is £10m over the control total agreed with NHSI. The team are implementing regular forecasting reviews so that there is a better view of where the challenges are and early invention is possible.

Mr Woods went on to update the Board on his reflections having joined the Trust in early July. He has brought in a deputy director on secondment from NHSI and he is undertaking a review of the finance function. It is a collaborative and engaging process aimed at bringing the team on board to address the issues that have been identified. There are a number of structural challenges and work practices that need to change including removing silos within the function, and clarifying roles and responsibilities and hand offs between teams. A number of priorities have been identified including improving month end and forecasting, medium term planning, the

purchase to pay cycle and KFM engagement. The control environment needs a step-change in improvement and Mr Woods has had a good session with the external auditors to understand their concerns and to think about capacity and timetables.

The Board was pleased that there was a renewed focus on getting the basics right as well as the control environment. They reflected that basic business planning and projected management also needed to improve. It was noted that business planning had been selected as a high priority, given how late the 2018/19 budget was agreed. The collaboration between Ops and BIU to get it right is better as is the link between activity and finance data. It was also noted that BIU are about to start planning for next year. There is an on-going internal discussion about improving project management and how this supports delivering change. The two PMOs needed to be brought together with a renewed focus on productivity improvement. The Board supported this view but also recognised that there is a skills deficiency in the Trust in this area.

The Board asked how confident the Trust is about the income assumptions in the budget. In this area transparency is key and the finance team needs to be very transparent about how estimates are made. There also needs to be greater understanding across divisions about what can be recognised and what can't be. The teams are staring to put through changes in respect of coding and invoicing but it is a long process and because of the income rules in the NHS, it may be sometime picture improves.

The Board noted some concerns about business case approval and delivery. There have been significant improvements in the process and there is now a benefits realisation review six months after the business case has been improved. In the past, business cases were improved without funding. This is now not possible.

The Board noted the improvements in rigour and capability but recognised there is still a long way to go in addressing the Trust's financial challenge.

18/95 **Board Resolution NHSI Draw Down Facility**

The Resolution to draw down funds from NHSI was agreed.

18/96 **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 recognised the hard work that goes on across the Trust and that despite worrying performance figures, staff work hard.

He observed that the Board is functioning more effectively and cohesively, with better interactions between the NEDs and Executive. However, the challenge now is to deliver the improvement. The Council of Governors would expect the leadership of the Trust to be managing the behaviour issues proactively. It is relentless but needed.

Mr North asked about the roll out of electronic patient records (EPR) in light of digital announcement the Secretary of State had made earlier in the day. The Board noted that EPR roll out had been a great success but there were capital constraints preventing further roll-out. The fund announced by the Secretary of State is being allocated by STPs with a clear direction that it should be spent on provider digital maturity. The Trust has submitted a bid of £1m.

Mr North asked the Board to consider the key messages it was giving the Members at the annual members meeting, and asked whether NHSI had been invited to the meeting. The Board noted that it was important that NHSI were supportive of the

turnaround plans and the time it takes. The Board will be honest with the members about the challenges the Trust faces in addressing finance and performance.

The final area of concern Mr North raised was in relation to mental health, again noting that NHSI need to understand the implications for performance. He reflected that SLAM had recently been inspected by the CQC, although the result was not yet known.. He was concerned about 'bed blocking' at SLAM and the impact this has on ED, particularly at Denmark Hill. The Board agreed that the situation is terrible. It has implications for staff safety and patient care. The Board noted that the Trust cannot solve the problem alone and that there are ongoing discussions across the sector, without any solutions being found. **The Board agreed that a fuller discussion should be held at the November meeting**. **PH**

18/97 **Any Other Business**

No items of AOB were raised.

18/98 **Date Of Next Meeting**

11am, Wednesday 3rd October 2018, Denmark Hill