

King's College Hospital NHS Foundation Trust Board of Directors – with the Council of Governors

Draft Minutes of the Meeting of the Board of Directors held at 11am-1.00 pm on 3rd October 2018, Board Room, Hambledon Wing, King's 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
Prof. Richard Trembath	Non-Executive Director (part meeting)
Peter Herring	Chief Executive
Dr Shelley Dolan	Chief Nurse and Chief Operating Officer
Prof Julia Wendon	Executive Medical Director
Lorcan Woods	Chief Finance Officer
Dawn Brodrick	Executive Workforce Director
Lisa Hollins – Non-voting Director	Director of Improvement, Informatics and ICT
Abigail Stapleton - Non-voting Director	Director of Strategy
Steven Bannister – Non-voting Director	Director of Capital Estates and Facilities

In attendance:

Siobhan Coldwell	Trust Secretary and Head of Corporate Governance (minutes)
Sao Bui-Van	Director of Communications
Anne Hinds-Murray	CQC Relationship Manager
Penny Dale	Public Governor
Carole Olding	Staff Governor
Diana Coutts-Pauling	Public Governor
Chris North	Public Governor and Lead Governor
Stephanie Harris	Public Governor
Jane Allberry	Public Governor
Victoria Silvester	Public Governor
Claire Saha	Staff Governor
Sam Waterson	Public Governor
Andrea Towers	Patient Governor
Charlotte Hudson	Stakeholder Governor
Barbara Goodhew	Public Governor
Pam Cohen	Public Governor
Dr Sharpe and son	Patient Story
Dr Isabel McMullen	Consultant Psychiatrist (patient story)
Jessica Bush	Patient Story
Dr Dominique Allwood	NEXT Director.
CLlr Andy Simmons	Dulwich Community Council

Apologies:

Chris Stooke	Non-Executive Director
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Item	Subject	Action
18/99	<u>Apologies</u>	
	Apologies for absence were noted.	
18/100	<u>Declarations of Interest</u>	
	None.	
18/101	<u>Chair's Actions</u>	
	No Chair's Actions were reported.	
18/102	<u>Minutes of the last meeting</u>	
	It was noted that the minutes of the meeting held on 6 th September 2018 needed to be updated in respect of the CQC inspection at SLAM, which has not yet been published.	
18/103	<u>Action Tracker and Matters arising</u>	
	The content of the action tracker was noted.	
18/104	<u>Patient Story</u>	
	<p>Dr Sharpe, a local GP attended the meeting with his son, to talk about their experience of the Denmark Hill emergency department (ED) earlier in the year. Dr Sharpe's son experienced a mental health crisis in June 2018. Having been unable to secure support through the crisis line* he was brought to ED. Once assessed by the Psychiatric Liaison Team, he was referred for home treatment and discharged. His condition deteriorated over the next two days and he was brought back to ED where he stayed for a number of days, until a mental health bed was found for him. Dr Sharpe provided the Board with an overview of his son's treatment and care during that time and offered the Board a number of observations about their experience.</p>	
	<p>He found that staff were dedicated and hard-working but working within a system that does that is wholly unsuitable. The initial assessment was not undertaken by a doctor and it took a number of days to get a proper diagnosis of his son's illness. The physical environment is difficult anyone experiencing a mental health crisis and particularly for those experiencing suicidal thoughts, with multiple ligature points. On the basis of his experience there is no parity of esteem between physical and mental ill-health. He noted there needs to be a mindset change where patients that have to spend any length of time in ED are treated as in-patients, with suitable accommodation, regular medical reviews, observations, drug rounds, meals and drinks.</p>	
	<p>Dr McMullen, who met the family towards the end of this episode, was struck by the resilience the family had shown but also recognised that this case highlights the gap in parity of esteem. The psychiatric liaison team was established as an assessment team, but has shifted to become an inpatient team as a result of the increased numbers of patients being looked after in ED. At a team level there are now daily meetings with the ED team, with enhanced patient plans in place to ensure the basic dignity requirements of each patient are being met. Regular shift and medical reviews are also now in place.</p>	

The Board was extremely grateful to Dr Sharpe and his son for sharing their experience but concerned by what they had heard. The Board felt very strongly that home treatment and bed availability within the system needs to be addressed so that patients are spending as little time as possible in an ED setting. The Board noted that South London and the Maudsley and the CCG have reached agreement on funding 20 new short-term crisis assessment beds but were concerned that more needs to be done. The Board also accepted that it needs to ensure that the Trust is delivering the best possible care, whilst mentally ill patients are in ED.

(*this crisis line is not provided by King's)

18/105 Corporate Risk Register

Professor Wendon updated the Board on the current corporate risk register noting that there are action plans in place to address the highest risks facing the Trust. The Board noted, in light of the patient story heard at this meeting, that mental health does not feature in the current risk register and this will be remedied outside the meeting. The Board discussed options to resolve the difficulties the Trust has in meeting the needs of mentally ill patients. It was noted that discussions are underway with South London and the Maudsley and that any solution has to meet the physical and mental health needs of patients. There is considerable, ongoing work across London to assess need and the Regulator is sufficiently concerned that there are daily monitoring processes in place. In respect of the risks around equipment, it was noted the Trust's research programme may provide some opportunities. The Board also queried the additional requirements for the Mortuary at the PRUH. It was noted that temporary solutions are in place.

18/106 Integrated Performance Report

Dr Dolan introduced the month 6 integrated performance report, by focussing on infection prevention and control noting that the flu vaccination campaign had just started. The Trust had 2 wards closed for 10 weeks last winter and is keen to ensure vaccination rates are better this year. Vaccination rates in the community are low in Camberwell and residents are being offered the vaccination even if they are not registered with a GP.

Although SHIMI data has not been produced yet in 2018, other mortality indicators show that the Trust is doing well.

In respect of the key operational targets for the Trust, Dr Dolan noted that the 4 hour A&E target is still not being met. The impact of mental health patients being kept in ED has been well rehearsed and as well as the patient care issues, it impacts on operational efficiency and staff morale. Performance is below trajectory which is unacceptable, with beds and flow amongst the biggest challenge in August. Surgical discharge is an increasing concern. Action is being taken to address this, but sustained daily consistency and grip is needed.

The Trust is updating NHSI weekly on its RTT performance and a plan is in place to reduce to zero the number of patients who have waited 52 weeks or more for treatment by the end of November. It is a good plan but with little flexibility. Implementation is slightly behind plan, generally because of patient choice. Productivity in key specialities is improving but there is some concern about bed availability over the winter.

Item	Subject	Action
	<p>The Board discussed theatre productivity in more detail. There was concern about the number of operations that were cancelled on the day although it was noted that the numbers are reducing. The Board was informed that considerable effort is being put into addressing productivity and it is very good in some areas including day surgery.</p> <p>Cancer performance remains challenged. Referrals have increased as a result of public health campaigns and nationally the 62 day wait in respect of prostate cancer is difficult because of the availability of urology specialist. The urology surgical workforce at the PRUH is currently very depleted so patients are being referred to GSTT. Diagnostic performance will be compliant by March 2019. Outsourcing and in-sourcing are being used to address the backlog.</p> <p>To conclude the item, Dr Dolan highlighted the success the Trust has had reducing nursing vacancies. Appraisal and training rates remain high although there is a concern that sickness has risen slightly. The Board were pleased with the improvements in appraisal levels, recognising the effort that has been made to achieve this.</p>	
18/107	<p><u>Monthly Nurse Staffing Levels</u></p> <p>The report reflects that the Trust has the second lowest vacancy rate in the Shelford group, which is very positive and is the result of considerable hard work by Workforce and Nursing. There are fewer red shifts which is good for quality and safety. Bank and agency spend has reduced as has the use of 'specials'. There are still some wards where the grip is not as tight as it should be and work is underway to address this.</p>	
18/108	<p><u>M5 Finance Report</u></p> <p>The Chief Finance Officer summarised the key issues arising out of the M5 Finance Report, noting that the Trust is not currently meeting its in-year financial plan. The key reasons for this are reduced activity and income a lack of clarity on whether the recent pay award will be fully funded for contractors. .</p> <p>Income and activity data have been reviewed and divisional plans have been assessed. It is anticipated that activity (and therefore income) will return to target levels but it is unlikely the losses be retrieved</p> <p>In respect of pay, there has been positive movement. Agency spend has reduced to an estimated £25m in 19/20, down from £35m in 17/18 and £30m in 16/17, although this is in the context of historically low vacancy rates. Whilst noting the positive trend in pay expenditure, the Board were concerned there is more to do to ensure that reduction in vacant posts is off-set by further reductions in expenditure on bank and agency staffing.</p> <p>The run-rate for M5 is £16m which is still above trajectory but this includes one off costs that can be rectified. There are further opportunities to improve pay run rates, although the Trust is aware that this will be challenging given winter is coming.</p> <p>In respect of capital, the Trust has allocated £40m funding, and it is all committed, so there is no scope for flexibility. The Board were concerned that there are a number of major capital projects in train that may create additional demand on an already tight capital budget, as well as the known equipment maintenance requirements. It was noted that a prioritised list has been developed and NHSi is aware of the risk. It was</p>	

noted that although the Charity can providing additional funding there are strict criteria and it can't be used to fund business as usual.

The Board noted the risks to the deliverability of the programme. Considerable effort is being made to identify further opportunities, and there are wider plans in place including workforce cost reduction and productivity improvements aimed at enabling the Trust to achieve its targets.

18/109 Report from the Governors

Mr North noted the Board is monitoring key performance indicators and the budget and asked whether there are other ways the board can be seen to be reviewing data on a more regular basis that gives message to the Trust that it is being taken very seriously. It was noted that a considerable amount of scrutiny happens in the Board's sub-committees.

18/110 Any Other Business

No items of AOB were raised.

18/111 Date Of Next Meeting

9am, Thursday 8th November 2018, Orpington Hospital