

King's College Hospital

NHS Foundation Trust

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 9am-12 noon on 5th December 2018, at Kings College Hospital Denmark Hill.

Members:

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| Ian Smith | Trust Chair, Meeting Chair |
| Sue Slipman | Non-Executive Director |
| Dr Alix Pryde | Non-Executive Director |
| Chris Stooke | Non-Executive Director |
| Faith Boardman | Non-Executive Director |
| Prof Jonathon Cohen | 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 |
| 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:

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| Siobhan Coldwell | Trust Secretary and Head of Corporate Governance (minutes) |
| Sao Bui-Van | Director of Communications |
| Jessica Bush | Head of Patient Engagement and Patient Experience |
| Barrie Coker | Patient, Patient Story |
| Dr Simon Chapman | KAOS |
| Dr Hannah Baynes | KAOS |
| Barney Dunn | KAOS |
| Rosalinda James | Children's Safeguarding |
| Penny Dale | Public Governor |
| Chris North | Lead Governor |
| Barbara Goodhew | Public Governor |
| Claire Saha | Staff Governor |
| Claire Clifford Turner | Member of staff |
| Susan Gidgwich | Southwark Resident |
| Sigurd Reinton | Governance Consultant |

Apologies:

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| Prof. Richard Trembath | Non-Executive Director (part meeting) |
| Prof Ghulam Mufti | Non-Executive Director |

| Item | Subject | Action |
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| 18/126 | <u>Apologies</u> | |
| | Apologies for absence were noted. | |
| 18/127 | <u>Declarations of Interest</u> | |
| | None. | |
| 18/128 | <u>Chair's Actions</u> | |
| | No Chair's Actions were reported. | |
| 18/129 | <u>Minutes of the last meeting</u> | |
| | The minutes were agreed as an accurate record of the meeting held on 8 th November 2018. | |
| 18/130 | <u>Action Tracker and Matters arising</u> | |
| | The content of the action tracker was noted. | |
| 18/131 | <u>Patient Story</u> | |
| | Mr Barry Coker attended the meeting to talk to the Board about his experience of being a patient at King's College Hospital. He noted that in recent years he has had c35 outpatient appointments and has had a pacemaker fitted. | |
| | He reported that his experience of King's was generally good and the medical care he has received has been excellent. However, administration can be poor. The telephone reminder system works very well but letters are poorly written and don't always explain why the patient is being asked to attend an appointment. Reception staff are not always as friendly as they could be and the guidance to patients on transport links to King's is out of date. He noted also that although PALS is excellent, but is not properly advertised. | |
| | The Board thanked Mr Coker for taking the time to come and speak to them about his experience. They were interested to know whether he thought the service had improved or deteriorated over the 7 years he has been a patient. He responded that it depended on the clinics. In response to a question about how well King's compared to other hospitals he noted that a family member had received excellent care from SLAM and that the links between King's and SLAM had been excellent. | |
| 18/132 | <u>King's Adolescent Outreach Service</u> | |
| | Dr Simon Chapman, Dr Hannah Baynes and Mr Barney Dunn attended the Board to outline a new service aimed at providing outreach and support to adolescents who come into the Trust. The service is aimed at older adolescents whose medical needs are being met through mainstream services, but need wider support. Following an engagement event "Growing up with King's" KAOS was established. It is a team of c40 professionals across the Trust who are advocates for young people and young adults and who volunteer 10 days per year to support the service. Funding has been provided by a local charity which has enabled the team to recruit Mr Dunn to provide more structured support. | |

| Item | Subject | Action |
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| 18/132 cont... | <p data-bbox="264 338 1382 607"><u>KAOS cont...</u></p> <p data-bbox="264 338 1382 607">The Board heard that the service engaged with 100 patients between April and November 2018, 78% of the relevant age group. Referrals come through EPR but they also receive a list every day. They are often working with young people being treated by 25 diff sub-specialities across 30 wards, excluding paediatrics. On average 10% of these young people want to self-discharge and the team has been successful stopping 75% of those. The team also look at preventable and non-preventable admissions. The readmission rate for young people they have engaged with is 1.8% compared to 3.8% for the cohort.</p> <p data-bbox="264 640 1382 775">The team provided the Board with two case studies of how they had successfully re-engaged young patients in their treatment, supporting them to manage their illnesses more effectively and in one of the cases, to develop longer term goals to return to education and eventually to employment.</p> <p data-bbox="264 808 1382 1043">The Board praised the success of the programme and asked about the how the programme could be further developed. It was reported that funding was not secure, there could be more engagement with out-patients and ED as well as more follow-up once patients had been discharged. The Board also heard that the team would broaden the age range of young people they currently work with and that youth work could be better co-ordinated. The Board also discussed the level of mental health need amongst the cohort they engage with.</p> <p data-bbox="264 1077 1382 1106">The Board thanked KAOS for the good work they do with young patients in the Trust.</p> | |
| 18/133 | <p data-bbox="264 1144 815 1173"><u>Children's Safeguarding Annual Report</u></p> <p data-bbox="264 1211 1382 1514">Dr Dolan introduced the annual children's safeguarding report. Activity has been high, reflecting the deprived urban nature of the local area in Camberwell, although Bromley is not without issues. Dr Dolan reported that the team has done an excellent job and the feedback from the local authority safeguarding boards is positive. She added that the Board should be assured that this vulnerable area is well managed. The Board discussed where the Trust could improve. It was noted that ED sees many older teenagers who are vulnerable but not always co-operative and training was being done to address this. It was noted that there was also scope to improve levels of mandatory training.</p> <p data-bbox="264 1547 624 1581">The Board noted the report.</p> | |
| 18/134 | <p data-bbox="264 1615 528 1644"><u>Patient Experience</u></p> <p data-bbox="264 1682 1382 1850">The Board received a report outlining the results of a patient experience audit of the Frailty Unit, a new service that has been developed to improve the service provided to frail older people that attend ED. The feedback has been excellent and demonstrates the impact the transformation team has had on redesigning pathways. The Unit has very good results and average length of stay has fallen by 3 days in the past year.</p> <p data-bbox="264 1883 871 1912">The Board welcomed the findings of the report.</p> | |

| Item | Subject | Action |
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| 18/135 | <p><u>Patient Outcomes</u> Professor Wendon introduced the report, which outlines Q2 patient outcomes. She noted that many of the measures were rated 'green' which was reassuring. She highlighted the significant improvement in falls and pressure sores, as well as the consistency of the SHIMI data which showed there was no 'out of hours' effect on the data. She noted that the stroke audit was red. This was in part due to delays in patients arriving at HASU and pressure sores were also a concern. Action plans are in place to address the audit findings. She went to highlight the ICNARC data that showed general and liver ITUs were outliers. She explained that patient outcomes were still excellent and work was being done to understand why the units were outliers. Finally, she summarised the learning from deaths data, stating that only one could have been avoided.</p> <p>The Board noted improvements in pressure ulcers. The Board discussed the ICNARC data and what could be done to reduce the numbers of late referrals. It was noted that the critical care GIRFT programme will have a positive impact and that the i-mobile team needs to do more education across the Trust. Case reviews showed that there were no concerns about admission, once patients had been identified, which supports the view that better education is key. The introduction of NEWS2 would also make a difference.</p> <p>The Board noted the number of never events and discussed the causes. It was noted in relation to air and oxygen that this is a new 'never event' nationally and that staff have been educated but behaviour change is difficult to achieve. Structural changes are being made to air and oxygen sockets which will reduce the likelihood of further events.</p> | |
| 18/136 | <p><u>Integrated Performance Report – M7</u> Dr Dolan updated the Board on mental health provision. The Board has long been concerned about the rise of severely mentally ill patients attending the emergency department. It was not uncommon to have 10-12 patients a night in ED who required a mental health response and most of them stayed in ED more than 48 hours because of the national shortage of mental health beds. The King's experience was common across London and other large urban centres outside London. There has been significant lobbying at a London and national level and an action plan was drawn up. Much of it has been successfully implemented but bed availability remained a problem. This has now been addressed and SLAM has successfully freed up 90 beds. She noted that in the past 4 weeks no patient has waited more than 48 hours for a bed. Other changes are being implemented to ensure patient flow is maintained and that further problems do not occur later on, particularly as winter arrives.</p> <p>The Board were pleased that progress has been made and asked about the impact it had on ED. Dr Dolan noted that it was not clear whether there had been an improvement in performance but that the impact on staff and patient experience has been significant. The Board discussed the learning from the October Patient Story, particularly about patient experience. Dr Dolan noted that as a result of that presentation, an action plan had been drawn up with Dr Sharpe and the team, aimed at addressing the issues raised. That has now been fully implemented. The Board agreed Dr Sharpe should be invited back to discuss how services are being improved.</p> <p>Action: Dr Sharpe to be invited to a future Board meeting to discuss how services are being improved.</p> | |

| Item | Subject | Action |
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| 18/136 cont... | <p><u>Integrated Performance Report – M7 cont...</u></p> <p>The Board discussed whether there are plans to increase overall bed numbers at the local mental health Trusts. It was noted that the PRUH is generally well served by Oxleas and that King's is very supportive of SLAM's development plans.</p> <p>Dr Dolan moved onto ED performance. She started by outlining the key elements required for achieving the 4 hour access target. The 4 hour target is a measure of the whole system including out of hospital. There is compelling evidence is that the whole system has to be engaged. Only those who needed it should be coming through ED. It is clear from the analysis from the national GIRFT team that too many acute admissions come through ED at King's. Other Trusts have multiple pathways. Dental is the only care group to do this at Kings, but it creates difficulties when a bed is needed (albeit only very occasionally) because of ED priority.</p> <p>EDs need a proper streaming service with patients being redirected at the front door. This should be led by emergency nurse practitioners. This may involve redirecting people to their GP. It has been agreed that additional GP training will be provided. Redirection to the UCC needs to be effective. At the PRUH it generally works well but there have been issues at DH in part as a result of the way the contract has been written and performance managed. UCC needs to run at 98% to be effective.</p> <p>Flow in ED needs to be effective. There are new clinical directors at both sites who are doing good work to improve existing processes including diagnostics and staffing. Treatment and assessment also needs to work well. ED doctors can do diagnosis and treatment, but shouldn't. National data shows the Trust has 20% fewer assessment beds than needed but the required levels could be achieved within current capacity. Achieving flow and getting the approach to assessment right also requires a change in culture and behaviour which is being addressed. Finally, patient flow through the hospital is needed. The Trust needs requires 132 beds per day to achieve this which means ensuring early discharge across the Trust.</p> <p>She went on to outline what the Trust is doing in each of these areas to improve overall performance against the target. This includes from January using data to ensure patients are being directed appropriately. All relevant clinicians will attend a 1 day workshop to discuss pathways, and to work through how to get them fit for purpose. GP training is going to be regularly reinforced. Medical staffing levels are also being increased as they are comparatively low.</p> <p>It was noted that flow is working quite well in medicine but needs to be better in surgery. The staff here are well engaged and keen to develop new approaches. At DH ensuring the whole hospital is engaged in supporting ED to meet the target is difficult. Tertiary specialities are not well engaged in flow and bed availability. This is a cultural challenge and will be a priority for Hunters when they start their programme. They have experience of doing this successfully in other similar Trusts. A number of other actions have recently been implemented including the opening of the Olympic entrance and the engagement of CHS in supporting discharge of patients that are medically fit to leave.</p> <p>The Board welcomed the focus on reducing demand noting there was some way to go to reach the national average of 67%. It was acknowledged that very few Trusts nationally are meeting the 4 hour target but the King's performance is poor and has been for a long time. Many of the drivers of poor performance are within the Trust's purview to resolve.</p> | |

| Item | Subject | Action |
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| 18/136 cont.... | <p><u>Integrated Performance Report – M7 cont....</u> The slight decrease in performance at the PRUH was noted, and the Board discussed whether One Bromley was delivering. It was noted that it is currently aspirational. It may be successful in time, but the Trust is having to make decisions about providing additional 'step-down' beds because the community beds that were promised have not materialised. It was noted that a recent workshop had highlighted a number of problems, mainly transactional, than can be quickly fixed. There is a medium term plan. The Board agreed it should receive a report outlining progress to date in the new year.</p> <p>ACTION: Board to receive an update on One Bromley at its next meeting.</p> <p>In concluding the discussion on the 4 hour target, the Board sought reassurance that the Trust was prepared for winter pressures. It was noted there had been significant learning from last year and that many of the changes highlighted above mean the Trust is better prepared.</p> <p>Dr Dolan went on to outline how the Trust was meeting the RTT targets. She focused on 52 weeks, noting that it was unlikely the Trust would get to zero by the end of December. NHSI have been made aware. There is no capacity in London to meet the bariatrics waiting list. In Orthopaedics there are 160 outstanding cases. 28 will be taken off either because they are refusing treatment or don't need surgery. The Trust is working with SWELIOC to reduce the list. Managers are working very hard to ensure that the prioritisation is right and that lists are being pooled where possible.</p> <p>Whilst there have been challenges with organisational culture and behaviour there have also been historical systemic problems, which in the main have been resolved through the GIRFT productivity programme. The Board also noted that the management grip and control of RTT needs to be improved so that performance is sustained.</p> <p>The Board went on to discuss performance against the cancer targets, noting the positive direction of travel.</p> | |
| 18/137 | <p><u>Chief Executive Report</u> Peter Herring provided the Board with a summary of the key points in his update report. The Board noted the report.</p> | |
| 18/138 | <p><u>Freedom to Speak Up Guardian Report</u> Sue Slipman updated the Board on the work of the committee and commended the work of Jen Watson as the Trust's Freedom to Speak Up Guardian. She noted that it has become obvious through year that Jen couldn't do everything and following a recruitment process a Guardian for the PRUH, Stefan Kolkowski, has been appointed. The next step will be to recruit an ambassador network, that reflects the Trust. She went on to outline the cases that come through, noting that there are some patient safety related cases but most are bullying and harassment. The report outlines how the Trust is addressing bullying and harassment, including support for managers as there staff feel there is a lack of training and support. The learning has been shared with HR. She concluded by noting that the Freedom to Speak Up Guardian now feels embedded and there is good engagement.</p> | |

| Item | Subject | Action |
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| 18/138 cont.. | <p><u>Freedom to Speak Up Guardian Report cont..</u></p> <p>The Board discussed the importance of good leadership and the need for managers at all levels to live the values of the organisation. It was noted that the data supports data reviewed by EWDC, highlighting weak spots within the Trust. .</p> <p>The Executive Director of Workforce noted that a number of metrics have subtly changed in recent months, possibly demonstrating the impact of the BAME Network. Their ambassadors are representative and are picking up issues. It is recognised that staff aren't always confident that their issues will be treated confidentially.</p> | |
| 18/139 | <p><u>Monthly Nurse Staffing Levels</u></p> <p>The Board noted the findings of the report.</p> | |
| 18/140 | <p><u>M7 Finance Report</u></p> <p>The M7 finance report was introduced by Lorcan Woods, Chief Finance Officer. It was reported that financial control is improving, although difficulties remain, in part because detailed information is not readily available. An improvement plan has been developed and the finance function has been reviewed. A new structure is being implemented and vacancies are being filled. New systems may be needed in time, and financial leadership is required. The Board welcomed the finance department's progress and looked forward to better engagement in the next round of business planning.</p> <p>The Board discussed the Trust's subsidiaries, noting that KFM is now stable and the accounts will be signed by the auditors before the Christmas break.</p> <p>The overall M7 position was disappointing and although pay budgets are underspent, income expectations have not been achieved for a number of months. The level of commissioner challenges to invoices remains a concern and the Board agreed this was unhelpful. It was also noted that the savings from the CIP programme were weighted to the second part of the year, so it is important that those are achieved.</p> | |
| 18/141 | <p><u>Board Resolution Draw Down Facility</u></p> <p>The Board agreed to the resolution outlined in the paper.</p> | |
| 18/142 | <p><u>Report from the Governors</u></p> <p>Mr North started by welcoming the developments in mental health. He went on to note that the governors remain concerned about performance and the Trust's financial position. In respect of performance he remains concerned about capacity and whether this is being fully addressed in the plans. In respect of the financial position, the governors are concerned about income challenges with the CCG. He noted that the Board should be having discussions about how this is being addressed in public. Finally, he noted the comments made throughout the meeting about the cultures that exist within the Trust and how important addressing this would be for the performance of the Trust.</p> | |
| 18/143 | <p><u>Any Other Business</u></p> <p>No other business was raised.</p> | |

18/142 **Date Of Next Meeting**

9am, Wednesday 6th February 2019, Denmark Hill