

**The minutes of the meeting of the Trust Board of Whittington Health held at 2.00pm  
on Wednesday 24 July in the Whittington Education Centre**

Present:	Robert Aitken	Non-Executive Director (acting Chair)
	Greg Battle	Executive Medical Director, Integrated Care
	Anita Charlesworth	Non-Executive Director
	Jane Dacre	Non-Executive Director
	Peter Freedman	Non-Executive Director
	Dr Yi Mien Koh	Chief Executive
	Martin Kuper	Medical Director
	Paul Lowenberg	Non-Executive Director
	Lee Martin	Chief Operating Officer
	Richard Martin	Director of Finance
	Jo Ridgway	Director of Organisational Development
	Sue Rubenstein	Non-Executive Director
	Bronagh Scott	Director of Nursing & Patient Experience
In attendance:	Sally Batley	Director, Improvement, Performance & Information (interim)
	Carol Gillen	Director of Operations, Integrated Care & Acute Medicine
	Kate Green	PA to Jo Ridgway/Trust Board Secretary
	Louise Morgan	Trust Company Secretary
	Caroline Thomsett	Director of Communications

13/96 Apologies for absence

96.01 Apologies were received from Joe Liddane.

13/97 Declaration of interests

97.01 No board members declared any personal interests in the items scheduled for discussion.

13/98 Minutes of the previous meeting and action tracker

98.01 The minutes of the meeting held on 26<sup>th</sup> June were approved.

98.02 Action tracker

39.02: This was scheduled on the agenda for discussion.

44.03: The testing of capacity and demand tools had now been completed and a briefing on the preferred model would be brought to the Board in September.

53.02: Quality Committee continued to monitor the take-up rates of child protection training. Take-up rates had improved recently, and further improvement was expected by September this year. A member of staff had been brought in to help with the administrative side of the training, in particular recording on ESR, and the divisions had been asked to include updates on child protection training in their bi-monthly reports to the Quality Committee.

- 61.05 The revised performance dashboard was scheduled on the agenda for discussion.
- 70.03 The results of the in-patient survey had been discussed at the July meeting of the Quality Committee
- 87.01 A service development plan (SDP) was being developed around innovative developments for the Hanley Road practice. This was being led by Helen Taylor. The Board would receive an update at its October meeting.
- 90.05 Martin Kuper confirmed that all consultants had consented to the publication of audit data on NHS choices.
- 93.01 The revised Board Assurance Framework had been discussed in detail at the July Audit & Risk Committee.

13/99 Patient Story

- 99.01 Cassie Williams introduced Gwen Moulster, Consultant Nurse from the Learning Disabilities service, who was at the Board to give a presentation on the use of pain cards. Gwen explained that it was often hard for people to communicate the level of pain they were experiencing, and particularly for people unable to talk. There tended to be an assumption that if people cannot talk about it, they are not suffering. Gwen has been working with people with complex and profound disabilities who find it particularly hard to communicate levels of pain. She expressed sympathy with the staff caring for this client group, as it was obviously difficult for them to know when people were suffering pain. Pain cards had been developed in response to this communication difficulty, and worked on a 'traffic light' system.
- 99.02 Gwen told the Board about J and his mother M. J is a sociable 26 year old man who enjoys the company of others and regularly attends a day centre. He has suffered from many health problems throughout his life particularly chest infections. Being in hospital is hard for J because of communications problems. The pain cards provided an answer to some of these. They had originally been developed to assist doctors, but had been found to be of use to all parties involved in patients' care. M had found that they had helped to reduce J's number of hospital admissions by enabling early steps to be taken once they were aware that something was wrong.
- 99.03 The cards could be used for describing symptoms of illness as well as pain, and Gwen said that whilst all the information had previously been available, pain cards meant that for the first time it was available in one place. In answer to a question from Sue Rubenstein about whether the card might also be used for people with dementia, Gwen agreed that it could, saying that she already used a dementia pain scale for questions. Anita Charlesworth spoke of the importance of staff being made aware of people's needs immediately on their arrival at hospital, and Gwen replied that a flagging system was under consideration. Bronagh Scott reminded Board colleagues that the Quality Committee received a regular report on the care of people with learning difficulties and the Trust hosted summits for professionals involved in their care.

99.04 It was noted that this was Cassie Williams' last meeting before she moved to a different job, and the Board expressed thanks for her contribution to the Board and her role in managing the PALS and complaints services.

#### 13/100 Chairman's Report

100.01 Acting Chairman Robert Aitken informed the Board that his time had been largely taken up with accompanying the Chief Executive to a range of meetings including one with the Defend the Whittington Hospital Coalition which had by and large been a very positive one. He added that considerable work had gone into crafting the formal response to the listening exercise, and he believed that the revised clinical strategy that had emerged was a much improved product.

#### 13/101 Chief Executive's Report

101.01 Yi Mien introduced this item by commenting that it was her longest report to date due to the immense amount of activity and work currently being undertaken. She drew attention to the following key issues:

- the independent review of the Liverpool Care Pathway. She noted that, whilst there were currently no patients at Whittington Health on the Pathway, meeting the needs of the end of life patients was an important priority. The Trust would be taking the best aspects of it and incorporating them into its own procedures.
- the Keogh review of hospitals with high death rates. She noted that a new regime for the inspection of care providers was to be launched in the autumn. It was noted that Whittington Health now has the second lowest mortality rates in England.
- the review of the training and competencies of health care assistants. All employees of Whittington Health go through a full induction programme prior to starting work. The Trust has some very good health care assistants it is working to retain.
- the publication by NHS England, on 11 July of '*The NHS belongs to the people: a call for action*'. This will involve an engagement programme enabling patients and the public to submit their views on how the NHS of the future should look.

101.02 Yi Mien invited Anita Charlesworth to comment on the issue of future NHS funding following the Spending Review. Anita highlighted two issues of importance for the Trust – the money set aside for a pooled health and social care budget should benefit us as an Integrated Care Organisation, and much of this would be linked to the achievement of measurable outcomes. There were sometimes different approaches taken by Islington and Haringey, and it would be timely to hold discussions about the future provision of services. Agreeing, Lee Martin suggested the Transformation Board as the most appropriate forum for holding such discussions. Yi Mien stressed the importance of involving social services in these discussions.

### 13/102 Quality Committee Report

102.01 Bronagh Scott reported that the Quality Committee had met that morning and a written report would be circulated for the next Board meeting. The committee had received a number of annual reports, including one on infection control, and quarterly reports including one on complaints, claims and incidents. From the latter, a further improvement in response times to complaints was shown, and themes noted included clinical treatment and staff attitude. The new legal services manager was carrying out further analysis into trends for claims.

102.02 The CQC had carried out its re-inspection visit on 3 June and had found the Trust met all the standards in the care and welfare of those in receipt of its services. It had praised the Trust's care for older people and paid tribute to its work on the prevention of pressure ulcers. Bronagh informed Board colleagues that the Trust was participating in a national collaborative around the management of pressure ulcers.

102.03 Sue Rubenstein added that the committee recognised the need for a greater focus on prison healthcare and planned to address this in the autumn. Referring to the complaints report, Peter Freedman said that he would welcome more information on what steps had been taken to put things right following complaints and prevent any recurrence of situations leading to complaints being made. Bronagh Scott replied that to date it had been necessary to focus on improving response times, and now there was a tangible improvement in this area more information could be provided for the Board on such issues.

### 13/103 CQC Final Report of unannounced inspection on 3<sup>rd</sup> June 2013

103.01 The Trust had now received the final report of the unannounced inspection that had taken place on 3 June and which declared Whittington Health to be compliant with all required standards. Concern had been expressed following the CQC's previous visit about the management of medical outliers but on 3 June the inspection team had been complimentary about all the care it had witnessed. There had been one minor criticism regarding over-documentation. One patient had commented that a stay in the Whittington felt 'better than a hotel'.

### 13/104 Feedback on the Listening Exercise

104.01 Caroline Thomsett told Board members that at the June meeting a flavour of the feedback from the listening exercise had been given and she was now able to provide more detail. Key issues which had been raised during the course of the exercise included:

- disquiet over sale of buildings and land
- worries about moving services closer to home
- the impact of ward closures and reduction in staff
- reference to capping in maternity department

104.02 The report, now on the website, gives details of the public meetings, open meetings for staff, briefings and feedback leaflets. Yi Mien expressed thanks to Caroline and her team for the huge amount of work they had put in to this exercise.

104.03 In answer to a question from Greg Battle about an ongoing strategy for keeping people informed, Caroline replied that a stakeholder engagement plan would be produced in the autumn. In answer to a question from Anita Charlesworth about other additional feedback, Caroline said that notes had been taken at all of the meetings and she would revisit these notes to ensure that nothing of importance had been omitted.

#### 13/105 Whittington Health Clinical Strategy

105.01 Martin Kuper described the extensive process involved in the development of this strategy. There are five overarching quality principles, and if these are adhered to, the strategy will ensure that people receive the highest quality of care in the environment most appropriate for their needs. The team is also looking at the Hospital at Home model which has proved successful at the Royal Free, with safety at the forefront of their thinking. Next week sees the launch of Care Connect, which will enable patients to give feedback through a wide range of channels.

105.02 In addition to the Clinical Strategy over 50 Service Development Plans (SDPs) are being written describing how it is planned to deliver care over the next few years. The final product will then be taken to the CCGs and local authorities for their views. Once all these processes have been completed and agreement reached, decisions can be made about buildings and where staff are best positioned. It is no longer proposed to dispose of the Jenner Building, though issues around the old nurses' home and the Waterlow Unit will need to be addressed.

105.03 In terms of staff numbers, the Trust has a 10% staff turnover rate and is currently using bank and agency staff in some areas. This means that, should fewer staff be required to deliver services in some areas, it would be possible to avoid compulsory redundancies, an important aspiration for the Trust.

105.04 On maternity services, Martin confirmed that refurbishment costs would be met from within existing budgets, but that it was also planned to apply for additional funding to expand the service over time. Peter Freedman enquired whether there might be benefit in creating a 'you said, we did' briefing on care closer to home, and it was agreed that the key message underlying this was that this stemmed from a clinical decision about what was best for the patient. Paul Lowenberg described the strategy as a very clear document which answered a number of previously expressed concerns, but he wanted reassurance that the financial implications of the new strategy have been fully identified. Caroline Thomsett added that her team had also launched a new portal, on which had been placed some case histories designed to illustrate integrated care. There was one remaining overview and scrutiny panel, and feedback on these would be given at the September Board.

#### 13/106 Annual Report 2012/13

106.01 Caroline Thomsett introduced the Trust's Annual Report for 2012/13, which was to be presented at the Annual General Meeting in September. An earlier version had been presented to the audit and risk sub-committee of the Board. She explained that the structure of the report had been changed to better reflect Whittington Health's strategy and goals and how the Trust performed against them.

Some of the contents of the document were tied to statutory requirements, but comments were welcome.

106.02 Anita Charlesworth commented that the Annual Report showed the huge amount of work undertaken by the Trust in the previous year and reflected the successes achieved. It was noted that the Trust's ambulatory care service had been showcased at a recent London-wide conference; the new centre was scheduled to open in the New Year. Greg Battle, speaking as a GP, added that for him the service had been transformed through enabling direct access to consultants.

### 13/107 London Borough of Islington: Annual Partnership Report with Whittington Health

107.01 Carol Gillen introduced the Annual Report of Whittington Health's work in partnership with the London Borough of Islington. She drew attention to the following achievements:

- the high achievement of KPIs
- the tailored support enabling patients to receive care at home
- increased presence of social workers at weekends
- innovative use of pooled budgets
- increased links with voluntary sector (citing in particular Age UK)
- more efficient and timely provision of specialised equipment
- a prescription redemption rate above the national average
- good use of telehealth.

107.02 Representing the London Borough of Islington, Simon Galczynski spoke about the next steps to be taken in building a strong partnership between health and social care. One aspect of this was the integrated care board which oversaw how resources moved to appropriately support people. Simon also described a pilot project taking place within the N19 postcode area involving a multi-disciplinary team carrying out an inreach service to the hospital. This has been extended to a 30 week pilot. They were also working on a single point of contact, and in addition had submitted a bid to become one of the 'pioneer' organisations.

107.03 Referring to the hospital at home service, Greg Battle spoke of the importance of close liaison with GP practices, and Anita Charlesworth advocated the inclusion of the housing sector. Simon replied that a representative from the housing sector was included within the N19 pilot and was helping with repairs etc. There was also an important role for providers of mental health services, and this was a key part of the pioneer bid.

107.04 In answer to a question from Sue Rubenstein about whether patient experience was being captured, Carol assured the Board that it was, and Bronagh Scott added that the extension of the Friends & Family test would assist with this once it had been implemented.

107.05 The Board welcomed Islington Councillor Janet Burgess, Executive Member for Health and Wellbeing to the Board. Cllr Burgess delivered a brief speech on the benefits of successful partnership working, mentioning that she had attended meetings of the CCGs and Mental Health Trust in addition to Whittington Health. Anita Charlesworth emphasised the immense value of the partnership to the Trust.

### 13/108 Trust Board Performance Report

- 108.01 Introducing this item, Sally Batley informed Board members that the newly-designed performance report conformed to the requirements of the Trust Development Authority (NHSTDA) in terms of the level of oversight and scrutiny it provided. It was currently slightly weighted towards acute services, community services were to be included but needed to be further developed over the coming months. The format of the report meant that it began by citing areas of improvement, and ended with 'other focus areas for action', which sit outside the national statutory requirements but need to be brought to the Board's attention.
- 108.02 Moving on to specifics, Sally referred to Referral to Treatment (RTT) waiting times, informing Board members that a plan had been agreed with commissioners. Performance would drop again in August before the Trust reached the desired position in September. It was noted that the exact position on paediatric oncology needed to be checked prior to the production of the next Board report. In answer to a question about the three cancelled operations, Lee Martin explained that one had been due to an equipment failure, one to the bereavement of a consultant, and the third where an emergency had to be prioritised.
- 108.03 Lee Martin informed Board members that by September the Trust expected to be responding to 80% of complaints within the prescribed timeframe, acknowledging this was a stretching target. The pilot within surgery, cancer and diagnostics which involves the head of nursing leading on complaints had proved a great success. Improvements had also been made within integrated care and acute Medicine. Both the Board and the Quality Committee would wish to see evidence of sustained improvement.
- 108.04 In answer to a question from Anita Charlesworth about late booking, Lee Martin replied that some two thirds of these were by patient choice, and that considerable work had been undertaken within cancer services about the importance of being seen early. It was agreed to come back to the Board with more information.
- 108.05 Robert Aitken noted the new format of the report which would evolve further over time. He asked about mandatory training and appraisal, and Jo Ridgway reported that there had been some good progress over the previous month. One area where figures on mandatory training remained low was facilities, and Jo reported that the team had block-booked staff onto the portal to assist take-up in this area. Pay slip reminders had also been issued in May and June. Sue Rubenstein informed the Board that she had noted real evidence of changed practice brought about through staff undergoing Levels 2 and 3 Child Protection Training.

### 13/109 Finance Report

- 109.01 Richard Martin began his report by informing Board colleagues that there was an in-month deficit of £649k and an estimated underperformance of £1,299 on CIP for the year to date of which a significant amount was due to higher levels of activity. There had also been an increase in the use of temporary staffing. The Trust's risk rating had moved to a 2. It was noted that variables when looking at future possible scenarios included CIP delivery and negotiation with the commissioners

about funding for a higher level of activity. In addition, Richard warned Board colleagues that the level of cash was seriously reduced.

109.02 Paul Lowenberg expressed his continued concern at the level of spending on temporary staff, and urged the executive team to exercise tighter controls in this area. Lee Martin explained that work was in hand to address this, but due to being two months behind in accruals progress was not reflected in the report.

109.03 The Board noted the contents of the report.

13/110 NHS Trust Development Authority Board Statements (May 1013)

110.01 The monthly TDA self-certification return for May 2013 was circulated and its contents noted and retrospectively agreed by the Board. Anita Charlesworth requested that for the future an exemption report should be provided.

13/111 Board Assurance Framework

111.01 The Board Assurance Framework had been presented at the 11 July audit and risk committee and the version circulated with the Board papers reflected the content of discussions held at that meeting. Peter Freedman asked for the action columns on the right of the document to be updated.

13/112 Any other business

112.01 The following items were put forward for inclusion in 'Board Matters':

- Patient Story
- Annual Partnership Report with London Borough of Islington
- CQC visit
- Revised clinical strategy.

112.02 Martin Kuper expressed congratulations to Bronagh Scott on her appointment to the Clinical Senate. Yi Mien added that the Board should also congratulate the four women from the Whittington who had recently been named in the Queen's Birthday Honours.

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**Action Notes Summary 2013-14**

This summary lists actions arising from meetings held March to June 2013 and lists new actions arising from the Board meeting held on 24<sup>th</sup> July 2013.

Ref.	Decision/Action	Timescale	Lead
44.03	Report on use of capacity and demand tools to reduce waiting times to be produced for Board members	July 2013	LMa
77.03	Board to review the Schedule of Delegation	Sept TB	LMo
87.01	Martin Kuper to discuss possible innovations and funding sources for Hanley Road with UCLP	Oct TB	MK
105.04	Trust Board to receive feedback from local authority overview and scrutiny panels	Sept TB	YMK
108.04	Board to receive more detailed information about late bookings (referred to in performance report)	Sept TB	LMa
110.01	Where relevant, an exemption report to be produced to accompany the TDA self-certification statement	Sept TB	YMK
111.01	Action columns within the Board Assurance Framework to be updated to better reflect current position	Sept TB	LMo

- Minutes of the June meeting should have recorded a question about what monies were owed to the Trust by foreign patients.
- The annual report had not been included with Board papers sent in the post  
*Apologies were offered to this and it was noted spare copies of any papers to be tabled should be available for members of the public.*
- Concern about the reference made in the Islington report to the use of GP trackers for patients with dementia and what the implications of this are
- Is the Trust leasing back a building which it had previously sold (Block A)  
*This building was never owned by Whittington Health. It formerly belonged to the mental health trust.*
- Staff engagement – concern that some staff were not necessarily prepared to voice their opinions.
- New health record system – will patients be able to withdraw?  
*The new EPR system is for Whittington Health and not part of a national system, it will therefore not send information anywhere else.*
- The June Board papers make reference to the May Quality Committee having discussed the death of a patient who had received treatment from the bariatric service.  
*The inquest had been held and there had been no criticism of the service, although there had been of an individual, who was currently excluded.*
- Treatment of those with disabilities should form an important part of HCA (and indeed any other) training.  
*This was a point well made and would be included.*
- Interest expressed in the new inspectorate, was there any way of putting forward people with disabilities as part of the team?  
*Anyone wishing to nominate themselves or others as part of the team could write directly to Mike Richards. People can also volunteer via the CQC website. We would make the point that those with disabilities should be properly represented.*
- The Trust should do more to publicise organ donation.  
*Although transplants are not carried out the hospital does harvest, and recently ten people across the country profited from just one donor.*
- Referring to the chief executive's report, what patient involvement would there be in designing the replacement for the Liverpool Care Pathway?  
*There had been patient involvement in designing the LCP, and Whittington Health would certainly welcome patient involvement in designing any alternative to it.*
- Referring to the clinical strategy, it was hoped, when looking at any planning brief, that the Trust would ensure local views were taken into account  
*This would be raised with the local council and appropriate advice sought from the planning department.*

- Referring to the listening exercise – importance of continued engagement with local stakeholders
- Care closer to home – who will ultimately be responsible?  
*Noted that for enhanced recovery the aim is so see people discharged more quickly in a better state of health, important to get this right. Pilot work taking place at present. Noted that for many the preferred clinician / point of contact is the GP.*
- Will there be a greater use of portals for the patient?  
*Portals are being developed initially within maternity – this is because this client group is used to looking after their own records and is also relatively young. People will be able to input data.*
- Point about clinical methodology for discharge and personal experience of urology service.  
*Closed by the Chairman due to personal nature and potential confidentiality issues. Anyone wishing to make a complaint or raise issues of a personal nature is welcome to contact the Trust's PALS service.*

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