

**The minutes of the meeting of the Trust Board of Whittington Health held in public at 2.00pm on Wednesday 25<sup>th</sup> September 2013 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
	Jo Ridgway	Director of Organisational Development
	Sue Rubenstein	Non-Executive Director
	Bronagh Scott	Director of Nursing and Patient Experience
	Simon Wombwell	Chief Finance Officer
In attendance:	Sally Batley	Director, Improvement, Performance and Information (interim)
	Trish Folan	Infection Control Lead Nurse
	Kate Green	PA to Jo Ridgway/Trust Board Secretary
	Caroline Thomsett	Director of Communications
	Glenn Winteringham	Director of IM and T (for item 13/117)

13/113 Declaration of interests

113.01 No Board members declared any personal interests in the items scheduled for discussion.

13/114 Minutes of the previous meeting, matters arising and action tracker

114.01 Bronagh Scott asked for minute 112.02 to be amended to better reflect the item.

114.02 Referring to minute 104.03, Paul Lowenberg pointed out this action should be added to the action tracker, and enquired about progress. Caroline Thomsett replied that development of a stakeholder engagement plan was the subject of an service develop plan (SDP), she would come back to the Board with firm dates but due to the need to involve stakeholders a draft was not expected before November.

Action tracker

114.03 The action tracker was updated as follows:

44.03: Lee Martin confirmed the trials of the capacity and demand tools had been completed and suggested a discussion be scheduled at a future Trust Board Seminar.

77.03: Review of the schedule of delegation would be carried over to the following meeting, work had been done but there was a need to check the updated version had been posted on the website.

87.01: This should be amended to read NHS England.

105.04: Feedback from the overview and scrutiny panels had been received by the Board. Dr Martin Kuper and Dr Greg Battle had attended on behalf of the Board, feedback had been positive and the Trust had been invited to return.

108.04: This item would be taken under the performance report.

110.01: It had been noted that where relevant, exemption reports would be produced to accompany the NHS Trust Development Authority self-certification statement.

111.01: Louise Morgan had updated the Board Assurance Framework prior to her departure from the Trust.

### 13/115 Patient Story

115.01 This month's patient story was presented by Simon Lewis, a consultant psychiatrist at Simmons House, and the mother of Peter (not his real name) a patient at the adolescent psychiatric unit. Simon began his presentation by speaking about the services provided at Simmons House, noting that the unit was one of only four units (out of around 100) in the country to be formally accredited by QNIC (external appraisal system) in 2010. He went on to speak about research carried out into the brain which showed the changes taking place during adolescence.

115.02 Peter had been referred to Simmons House with complex needs including separation anxiety so severe that he was unable to leave his mother's side. He was unable to attend school, unable to learn or develop because of his emotional difficulties, and unable to enjoy life or achieve to any of his potential. His mother had been forced to give up work in order to care for him. Simmons House had therefore provided much-needed respite and support.

115.03 Once referred to Simmons House, Peter started with a 'clean slate', with new assessments being made over a period of several weeks then months. It was stressed that for such patients there are no quick fixes, but appropriate care, consistency and hard work. Peter had been admitted twice, and on each occasion had used every resource available to help to get better. He had since returned to school full-time and was achieving excellent academic results.

115.04 Peter's mother paid tribute to the way the staff at Simmons House had helped to find the tools to unlock his problems and explore his potential. She deeply regretted, however, that once Peter reached the age of 18 no such service would be available to him, and Simon explained that this was due to a combination of commissioning and epidemiology, much of the resource for adult mental health services is taken up with caring for patients with schizophrenia. In answer to a question from Greg Battle about whether, if he could, Simon would create another such centre, Simon felt that the commissioners would be unlikely to provide the necessary resource, adding that although one could create a similar building, it was impossible to replicate the team that worked there. Board members thanked both for their interesting and moving presentation.

### 13/116 Chairman's Report

116.01 Robert Aitken spoke about the recent Annual General Meeting and first ever Annual Members' Meeting, praising the quality of the presentations at both. He had also held a positive meeting with the Defend the Whittington Hospital Coalition, where both Jeremy Corbyn MP and Cllr Catherine West had made very helpful

contributions. Dr Martin Kuper echoed this, saying that both appeared now to be fully supportive of the Trust's strategy.

### 13/117 Chief Executive's Report

117.01 Yi Mien Koh began her report by inviting Glenn Winteringham to comment on the implementation of electronic patient records (ESR) which had taken place over the previous weekend. Glenn reported that implementation had begun in the emergency department on the Saturday, moved onto in-patient wards on the Sunday, and to out-patient clinics on the Monday. The key test, he felt, was whether anyone had reported missing data, and so far all had appeared to have proceeded smoothly in this respect. There had been 24 hour support for staff, and for the first time that evening staff had indicated this would no longer be required. Implementation had proceeded well technically, with only three calls being logged with McKesson.

117.02 Glenn felt that the staff were coping well with the change, which for many was a huge change, moving from 'green screen' to a modern screen with a mouse. Although he was pleased with the way implementation had gone he acknowledged there was no room for complacency, as this was just the start of the project. The GP portal pilot would take place the following month and the patient portal in January. The next major part of the programme would be going live in community services. Glenn paid tribute to Yi Mien for her role as a 'fantastic' senior responsible officer (SRO), also his colleagues on the Executive Team who had given him their full backing. In return, Yi Mien thanked Glenn and his team (some of whom who had practically slept at the Trust during the implementation period), saying that this had been the best executed operation she had seen carried out in the NHS.

117.03 The remainder of her report was self-explanatory, and Yi Mien invited questions. Greg Battle thanked those who had been instrumental in gaining the A&E funding. It was noted this is already being used to fund some improvements, but Lee Martin said there was also some very detailed work in hand on models of flow across the integrated care organisation (ICO), the next phase of which was to produce a detailed project plan. In answer to a question from Peter Freedman about whether this was a one-off, Lee explained that funding was available for two years, but the second year's funding was conditional upon trusts achieving a 75 percent take-up of staff flu vaccinations. The Trust would be held to account on how the money was spent, and it was noted the current Secretary of State was very focused on hospitals.

117.04 Jane Dacre referred back to the work carried out by Ernst & Young on cost improvement programmes (CIPs), and asked whether their conclusions had been incorrect. Lee Martin replied that the Ernst & Young report had identified seven CIPs they had felt the Trust could do more, but it had been decided to stop some of these because of increased demand and their potential impact on the safety and quality of services. The Ernst & Young recommendations had therefore not been wrong but affected by unpredictable events. Lee added that some of the other CIPs may not have been followed up with sufficient speed. Anita Charlesworth emphasised the need to be explicit about the difference between income problems and expenditure ones, as it was clear the Trust was being underpaid for the work it performed. It was agreed that this needed to be discussed at the Transformation

Board. Greg Battle pointed out that clinical commissioning groups (CCGs) had only been live for six months and, within the next year, he was confident they would be in a better position to manage demand. There were also many issues affecting demand which fell outside GP control.

#### 13/118 Quality Committee Report

118.01 Bronagh Scott introduced the written report of the Quality Committee which had taken place in July, adding that it had also met immediately prior to the Board meeting. The July meeting had discussed a number of innovations, and Bronagh congratulated the surgery, cancer and diagnostics division on their information hub provided in partnership with Macmillan Cancer Support. The Trust had not performed as well as she had hoped in the recent cancer patient satisfaction survey, and there had been discussion about this at that morning's meeting in terms of what action needed to be taken to improve patient experience.

118.02 Turning to the Friends and Family test, the Trust had performed well within in-patient areas but less well in ED. There had, however, been a significant rise in positive comments made about ED. The July meeting had also discussed the 2012/13 in-patient satisfaction survey, which had demonstrated improvements in overall experience for people using The Whittington Hospital.

118.03 The meeting had also discussed Levels two and three child protection training, where the Trust had achieved a take-up of 62 percent against the target of 80 percent. She hoped staff would have achieved the 80 percent by the end of Quarter 3.

118.04 Since the July meeting, there had been an inspection at HMP Pentonville, and the initial verbal report received indicated that healthcare services had performed well. There had also been a positive CQC report on health visiting services in Islington. Paul Lowenberg informed colleagues that he had carried out a patient safety walkabout visit to Pentonville recently and noted that a new governor was about to start. He recommended an early meeting take place as this could have a significant impact on the Trust's relationship with the prison. Lee Martin assured the Board that he and Carol Gillen had already scheduled such a meeting and had developed a plan of engagement. Sue Rubenstein reflected on the difficulties of providing healthcare services to a remand prison where there was a complete turnover of prisoners every couple of months.

118.05 Anita Charlesworth drew colleagues' attention to the recent media coverage of nurse staffing levels, and wondered whether this should be discussed at a future public Board meeting. Bronagh Scott replied that a paper outlining the approach and methodology to determining nurse staffing levels had been approved at an earlier Quality Committee and this had been presented to Trust Board. She also reminded the Board of the benchmarking work the Trust had participated in with other London trusts. The outcome of the first phase of this work had been discussed in detail at a trust board seminar. The trust has recently received the final report to phase 2 of this work which is being presented at the October board seminar. She added that she was at present carrying out an in-depth review of staffing levels on the wards, and she would be in a position to report back on this in November 2013.

### 13/119 Infection Prevention and Control Annual Report

119.01 Bronagh Scott introduced Trish Folan, present to produce the Annual Report on behalf of the director of infection prevention and control Dr Julie Andrews. Trish began by informing the Board that the Trust had met its C. difficile target for the previous year, but breached its MRSA target (by just one). For this year, the MRSA target is zero and the C. difficile ten.

119.02 Trish and her team had carried out a day-long visit to HMP Pentonville and would be repeating the exercise in October. They had found there to be significant issues relating both to cleaning and the environment, and she had recently met with an architect as part of the ensuing action plan.

119.03 Trish went on to advised the board of the annual flu vaccination programme for 2013/14. She pointed out that the target uptake for staff vaccination is 75 percent. In 2012/13 the trust achieved a staff uptake rate of just below 60 percent. She advised that the flu vaccines had arrived at the Trust the previous day, and the infection control team would be working with communications on the annual 'flu campaign, which would be led by Occupational Health. In answer to a question from Martin Kuper about what the team was doing to ensure take-up in the community, Trish replied that they had employed an additional nurse from the bank whose main role was to visit community services to maximise vaccination opportunities for staff there.

In answer to a question from Paul Lowenberg about infection rates following hip replacements being above the national average, as highlighted in the current month's performance report. Trish explained this was largely because Whittington Health carried out very few of these operations, therefore any incidents of infection would leave the trust exposed as an outlier. There had however been a recent rise in orthopaedic infections, and this was being investigated.

119.04 It was agreed that Trish would return at the end of the meeting in order to vaccinate Board members.

### 13/120 Monthly integrated performance dashboard

120.01 Introducing this item, Sally Batley informed Board members that some additional indicators had been included, also that as requested indicators had been aligned to the aims of the Board. This was now the second iteration of the dashboard, and improvements and amendments would continue to be made until the Board was content with it.

120.02 Moving on to the content of the report, Sally said that the Trust was now on track to achieve the 18 weeks referral to treatment (RTT) by the end of September following implementation of an extensive action plan. There remained some people who had waited more than 52 weeks; these had been identified as part of the validation exercise and all now had dates to be seen. ED had exceeded its target in August, and the Trust was also compliant with cancer wait targets with the exception of the 62 day target, and again the Trust was set to be on track in this area by October.

120.03 Anita Charlesworth said that she continued to have some difficulties with the format of the report. She suggested the inclusion of some comparisons, for example the length of stay as against the national average. Her main difficulty was that the data did not appear to show the Trust's performance as an integrated care organisation, and it might be that two reports were needed, one which reflected operational excellence and the other transformational achievements as an ICO. Dr Martin Kuper suggested innovative practice such as the use of tele-health might go some way towards resolving this. Robert Aitken congratulated Sally and her team on the improvements made to the report and the inclusion of community data. He said that the Board appreciated that this was still work in progress.

120.04 Lee Martin paid tribute to the work carried out by Sally Batley and Kate Sylvester over the previous six to eight weeks, adding that they had tried to contact other ICOs to share thinking about reporting in this area but had found that others were experiencing similar difficulties. Recognising this, Sally had suggested working with the Board to come up with some metrics. Considering what 'good' might look like, Paul Lowenberg felt this was a fundamental opportunity to work with the CCGs on this in a way that encouraged real ownership, and Sue Rubenstein added that this was about measuring the deliverability of the Trust's strategy. Yi Mien felt that the performance report was about operational excellence and should not be diluted. Peter Freedman also congratulated Sally Batley on what had been achieved to date. Lee Martin said there would be further debate when looking at the measures of success for the SDPs, and this might need to be discussed further at a Board seminar. Greg Battle suggested inviting representatives from the CCGs.

120.05 Referring to page 45 of the report, Jo Ridgway said that there appeared to have been a spike in staff turnover for the month of July, where it had risen to 16.4 percent. This was explained by the fact that prior to July the Board had been receiving reports where some categories of staff had been filtered out, such as staff who had been dismissed and the departure of those on short-term contracts. These staff groups had now been included, but the July figures had also included junior doctors, which was an error. Junior doctors should also not be included in the figures for appraisal, but should for mandatory training, which was key. Following discussion, it was agreed data should not be backdated even to correct inaccuracies. Jo Ridgway also intended to investigate the staff sickness figures as she suspected under-reporting in this area.

### 13/121 Financial Report

121.01 Introducing this item, Simon Wombwell said that he would welcome feedback from Board colleagues on the format of the report. The organisation was in deficit at month five. A break-even position was achievable by the year end, but Simon Wombwell expressed his concern about not being able to do so without further action being taken. Returning to Anita's earlier comments about the CIP programme, Simon said there was currently a £2m. shortfall, and not only had certain CIPs stopped, but the Trust had in fact invested more. The balance of the deficit was down to a number of issues including spending on bank and agency staff, predominantly the latter, and the financial position was being supported through the use of reserves.

121.02 Simon informed Board colleagues there were three main issues to resolve:

- delivery of CIP
- not investing further in RTT unless funded for it, and
- getting the agency spend under control.

121.03 Referring to the final page of the report, Simon explained that as an aspirant foundation trust (FT) he was monitoring performance against Monitor's risk ratings. There was one error in the final table where it showed the Trust's rating as four when the correct figure should have been one.

121.04 Peter Freedman said that he would welcome further detail on the recovery plan. Simon answered that his team was offering some central support to the bank and agency project and was also going out to support the divisions. There was a great deal of work to be done over the next few days. He was also seeking an urgent meeting with the CCGs to discuss funding as the Trust had carried out additional work for which it had not been paid. There were some positive points, however; RTT would end at the end of the month, and there appeared to be a drop in the cost of agency staff in September. Dr Martin Kuper added that he had recently been reviewing the SDPs, and he felt these contained more financial opportunities than had previously been thought.

121.05 Anita Charlesworth said that there needed to be a plan which was real, solid and deliverable. The Board also needed to understand what was a sensible achievable level of CIP.

13/122 Board Assurance Framework (BAF)

122.01 Dr Yi Mien Koh confirmed that this was the version of the BAF which had incorporated comments made at the most recent Audit and Risk Committee. It was noted the auditors had suggested that levels eight or lower could be removed and go instead to risk registers.

13/123 Terms of reference for Transformation Board

123.01 Dr Yi Mien Koh confirmed that the terms of reference for the Transformation Board had been circulated for information only.

**Action Notes Summary 2013-14**

This summary lists actions arising from meetings held March to July 2013 and lists new actions arising from the Board meeting held on 25<sup>th</sup> September 2013.

Ref.	Decision/Action	Timescale	Lead
44.03	Report on use of capacity and demand tools to reduce waiting times to be added to the Board Seminar Programme	Nov 2013	LM
77.03	Board to review the Schedule of Delegation	Oct TB	LM
87.01	Dr Martin Kuper to discuss possible innovations and funding sources for Hanley Road with NHS England	Oct TB	MK

104.03	Communications team to produce a stakeholder engagement plan later in the year	Nov TB	CT
117.04	Discussion about income to be held at the Transformation Board	Nov TB	YMK
118.05	Board to receive feedback on the review of nursing levels on the hospital wards	Nov TB	BS
120.04	Discussion of performance measures and metrics to be added to the Board Seminar Programme		LM