

**The minutes of the meeting of the Trust Board of Whittington Health held in public at
2.00pm on Wednesday 23 October 2013 in the Whittington Education Centre**

- Present: Robert Aitken Non-Executive Director (acting Chair)
Dr Greg Battle Executive Medical Director, Integrated Care
Anita Charlesworth Non-Executive Director
Prof Jane Dacre Non-Executive Director
Peter Freedman Non-Executive Director
Dr Martin Kuper Medical Director
Paul Lowenberg Non-Executive Director
Lee Martin Chief Operating Officer
Sue Rubenstein Non-Executive Director
Bronagh Scott Director of Nursing and Patient Experience
- In attendance: Sally Batley Director, Improvement, Performance and Information (interim)
Guy Dentith Deputy Director of Finance
Chris Goulding Deputy Director of HR Operations
Kate Green PA to Jo Ridgway/Trust Board Secretary
Caroline Thomsett Director of Communications
Sam Page Head of Universal Children's Services (for item 13/130)
Steph Sollosi Interim Head of Safeguarding (for item 13/130)
- 13/129 Introduction and apologies
- 129.01 Robert Aitken welcomed everyone to the meeting. Apologies for absence were received from Dr Yi Mien Koh, Jo Ridgway and Simon Wombwell.
- 13/130 Safeguarding Children Annual Report
- 130.01 Sam Page, head of universal children's services, and Steph Sollosi, interim head of safeguarding, introduced the annual report on safeguarding children for 2012/13. Steph began by reminding Board members that the Trust has statutory responsibilities for safeguarding as laid down in the 2004 Children's Act. There had, she said, been some challenges around child protection training in part due to the integration of community services with acute, but also because some staff had been unaware of what level of training they needed. A review had been undertaken and restorative action was in place. Steph confirmed that Whittington Health was represented at both Haringey and Islington Safeguarding Children's Boards, both at Board and at sub-committee levels.
- 130.02 Sue Rubenstein confirmed that this report had been approved by the Quality Committee. The committee had taken a deep interest in training levels and was pleased to see that there was now movement in the right direction. She added how much the committee appreciated the efforts that Sam and her team had put in to resolving this. The committee was also aware there had been some difficulties in recruiting health visitors, but good mitigations had been put in place to offset any risks. The committee was cautiously optimistic that appointments would shortly be made but was confident of the mitigations in the meantime. Anita Charlesworth enquired whether the team was confident that the targets for levels two and three training would be reached in December. Steph replied that it was. Robert Aitken

questioned whether the Board could have confidence in the data, given some of the concerns that had already been expressed around ESR. Bronagh Scott replied that this had been raised at a recent London Directors of Nursing meeting, where it had become apparent that Whittington Health was not alone in experiencing difficulties with ESR. However, she did assure the board that the current information in relation to Child Protection training was accurate as a manual process of counting and recording was in place.

130.03 In answer to a question from Paul Lowenberg about structures, Bronagh Scott replied that she chaired the child protection committee, the divisional director of operations for women, children and families was a member, and Sam and the other professionals in the team were also members. She assured the Board there were strong processes in place outside the committee also, and that the child protection committee reported directly to quality committee and thence to the Board. In addition, the named nurses for child protection met regularly with Bronagh Scott and were encouraged to raise any issues that concerned them. Reports were also produced for the CCG.

130.04 Paul Lowenberg referred to a table on page nine and enquired why, if the target had not been reached, the content was shown as green; this was found to be an error. Paul then enquired how, and by when, the target for training would be achieved. Steph replied that there was an ongoing review, that the team was looking at other models, and freeing people up to deliver the training in different ways. She confirmed again that the Trust would be meeting its targets in relation to child protection by the end of December 2013. Sam assured the Board the team would feed back to the Quality Committee through their divisional reports.

13/131 Declaration of interests

131/01 No Board members declared any personal interests in the items scheduled for discussion.

13/132 Minutes of the previous meeting, matters arising and action tracker

132.01 Referring to item 121.03 Guy Dentith informed the Board that the previous figure of four had in fact been correct, therefore, no amendment to the table was required. Other than this, the minutes of the meeting held on 25 September were approved.

Action tracker

132.02 The action tracker was updated as follows:

44.03: This item had been scheduled for discussion at a Trust Board seminar and could now be removed.

77.03: The schedule of delegation had been reviewed and posted onto the website, this item could now be removed.

87.01 Martin Kuper had held some discussions with the commissioners about Hanley Road. In answer to a question from Sue Rubenstein about safety, Greg Battle replied that the Trust had successfully recruited and was confident the practice now had strong clinical leadership in place. This gave the potential for the innovative developments Martin had mentioned. He would provide a further update on these at the January meeting.

104.03 Caroline Thomsett advised that because of the comprehensive stakeholder work to be undertaken this should come back to the Board sometime in the New Year.

120.04 As this referred specifically to measures related to the Trust's effectiveness as an integrated care organisation, it was confirmed that this would be discussed at a future Board seminar.

13/133 Chairman's Report

133.01 Acting Chairman Robert Aitken began his report by informing Board colleagues that he had held discussions with Ron Jacobs on behalf of the council of governors and their next meeting was to focus on three pathways of delivery related to integration. He went on to report that winter pressures were already affecting the Trust, which was particularly busy at present.

133.02 Robert had visited Thorogood Ward with Bronagh Scott and the Bingfield Road Health Centre with Alison Kett. At the latter, he had been particularly impressed by the system the team had introduced for following up patients with pressure ulcers, whereby an assistant went out to visit people's homes. He had also attended the first of the new Whittington Health showcase events spearheaded by Sally Herne which he felt to be deserving of a wider audience and wondered whether it might be possible to make it available on the public website as a podcast. Externally, he had met colleagues from both Haringey and Islington Healthwatch. In answer to a question from Peter Freedman, he replied that discussions with Healthwatch had been of a general nature given those organisations were in their infancy and at the stage of working out who their key stakeholders were.

133.03 At a conference organised by Monitor, Robert had heard Mike Richards speak about the 'overwhelming' task he had undertaken, visiting hospitals with teams of between 40-80 investigators.

133.04 The EPR system had now been operational for around three weeks and continued to be closely monitored. There had been some initial concerns, but on the whole, the system was running smoothly and Robert had seen evidence of this on his visit to Thorogood ward where he had witnessed its efficient use by some junior staff. It was noted however that the system was not yet generating all the required reports and strenuous efforts were being made to remedy this.

13/134 Chief Executive's Report

134.01 The Chief Executive's written report had been circulated, and in Yi Mien Koh's absence, Board members were invited to put questions to Greg Battle. Referring to the third paragraph on strategy, Martin Kuper informed members that he had attended an event to mark NHS England London Region's 'Call to Action', where finance had been high on the agenda. He also informed them that Anne Rainsberry and Andy Mitchell, seeing a shortfall in funding going forward, had asked both commissioners and providers to come up with a list of ideas on how to close the gap. Whittington Health would be responding to this request, and it was noted that the Trust exemplifies many of the more innovative ideas mentioned to date.

134.02 The serious case review into the abuse of Child T in Haringey had been published by Haringey Local Safeguarding Children Board on 10 October. It was noted that

Whittington Health had only taken over management of children's services in Haringey in June 2011, after the incidents described in the report had taken place, and a wide-ranging programme of improvements had been introduced since then.

134.03 The Board discussed Whittington Health's foundation trust application and it was noted that Monitor was itself refreshing its processes, with the key focus for this year being on operational excellence, its achievement and sustainability. Anita Charlesworth pointed out that the Trust would not be eligible to go forward to Monitor until after its inspection by Mike Richards' team. Seeing as that his team was known to be prioritising organisations that were either close to becoming FTs or felt to be a risk, given Whittington Health was neither, its inspection date was unlikely to be soon. Additionally, it was understood that Mike Richards' team did not yet have an agreed model for ICOs from which to work, although Bronagh Scott informed colleagues that St George's which was also an ICO was to be inspected in the near future.

134.04 Referring back to the 'Call to Action', Paul Lowenberg mentioned that, during a recent visit to Meyrick Ward, he had observed 25 per cent of patients awaiting some solution prior to discharge. Robert Aitken said that he was aware there was a reference to delayed discharge in the performance dashboard. Martin Kuper stated that the commissioners were increasingly starting to look at values-based commissioning. The Transformation Board is the overarching body best placed to help the Trust to deliver a truly integrated service. He added that, as an integrated care organisation, the Trust should be in a strong position to capitalise on the integration fund. Lee Martin briefed Board colleagues on the work that had been carried out to address the problem of delayed discharge, including a new access room which was to be opened the following week. Patient flow lead nurses would also be starting that week. Martin Kuper added that a new discharge bundle was to be implemented. Overall, the length of time waiting for discharge had improved considerably.

13/135 Quality Update

135.01 Bronagh Scott presented the Quality Committee report for the meeting held on Wednesday 25th September 2013. She highlighted a number of innovations beginning with the safeguarding children annual report which had been discussed earlier. She spoke about the MacMillan Information Hub and advised that the Trust had not scored as highly as it could have done in the cancer patient experience survey, and a detailed action plan had been drawn up as a result. The information hub was part of this work and the staff were currently being recruited. Other positive issues reported included the Friends and Family test, where the position had improved in ED both in terms of quantity and content. The Supervisor of Midwives Team had been awarded team of the year by the local supervising authority for NHS England London region (LSA).

135.02 The September 2013 meeting had also received the annual research and innovation report, which demonstrated the considerable range and number of innovative practice and research being undertaken by the Trust. Bronagh next informed the Board of the ongoing work to reduce the incidence of acquired pressure ulcers in hospital and community settings. The Trust is currently close to meeting the CQUIN target to reduce the incidence of pressure ulcers by 50%-reminding colleagues that Whittington Health is participating in the McKinsey

collaborative with a number of other Trusts aimed at introducing a number of improvements to reduce the incidence of pressure ulcers.

- 135.03 There had been a recent inspection of services at HMP Pentonville. This report had not yet been received, but the verbal feedback had been positive. The Quality Committee planned to carry out a deep dive into Pentonville in November 2013.
- 135.04 There had been an improvement in mandatory training, also in complaints' response times. However there remained concern about the sustainability of this improvement as there were a number of capacity issues in divisions and in the central complaints team.
- 135.05 On infection control the target for hospital acquired C-Diff is 10 cases and the Trust has to date identified 12 cases. All cases have had an in-depth review and there is no evidence of transmission. The infection prevention and control team are planning a major drive around hand hygiene throughout the Trust. Robert Aitken commended the work of Julie Andrews and her team in visiting every one of the Trust's community sites.
- 135.06 Sue Rubenstein informed Board colleagues that consideration had also been given to the establishment of a quality dashboard. Work is ongoing with the information team and report on relevant metrics.
- 135.06 Bronagh advised the Board that the committee had also received a report on the actions being taken in relation to the CQC and Radiation Protection Service - Ionising Radiation and Medical Exposure Regulations (IRMER) - inspection held in 2012. A follow up inspection in 2013 identified significant improvements and work in progress against a number of actions.
- 135.07 The Board was also advised of the risks associated with bed pressures as winter approached. The reconfiguration of beds across the Trust is almost complete and funding had been secured for an extra ward to deal with demand and reduce the numbers of medical outliers on surgical wards. A review of nurse staffing levels is currently underway and a paper will be brought to the Board in due course.
- 135.08 The quarterly report on complaints, incidents and claims highlighted an increase in the number of claims however this is not significant and is in line with other Trusts. In terms of complaints there has been an increase in the number of complaints related to appointments and cancellation of appointments which it is hoped will improve in the coming months as the review of administration services has now been completed and recommendations implemented. Improvement in both response times and quality of investigation into serious incidents was noted. It was also noted that there had been a significant increase in incidents related to midwifery staffing levels. It was noted however that this was related to an unprecedented increase in genuine and unexpected sickness absence rate which resulted in the high use of agency staff in August 2013. This situation is now improving and will be kept under review.
- 135.09 The committee also received a report on Safeguarding adults outlining a programme of work for the next 12 months.

- 135.10 Concluding, Sue Rubenstein paid tribute to the work of the tissue viability staff in helping to reduce pressure ulcers, mentioning her observation of their commitment, dedication and energy.
- 13/136 Integrated Performance Dashboard
- 136.01 Introducing this item, Sally Batley informed Board members that community contacts had risen by an additional 40,000 compared to the previous year's activity. This was felt, at least in part, to be because of the Trust's being an integrated care organisation. Waiting times for community services had also improved and the Trust was in discussion with the commissioners around standardising the targets in this area.
- 136.02 Referring to page 62 on the dashboard, HMP Pentonville, Sally said that work was underway to develop a new suite of KPIs for this service. These would be in place from November.
- 136.03 In answer to a question from Anita Charlesworth about the apparent worsening position on 'did not attend' (DNAs) in outpatient services, Lee Martin replied that this position had been expected for the next few weeks to clear those who had experienced long waits. That group of patients had been actively followed up via written, telephone and texted reminders. A new access policy and standard operating procedures were in place. The service was also letting GPs know when their patients did not attend so that they could offer support. Greg Battle stated that sending this information to GPs was standard practice. Sally said that information was now being sent to practice managers, which it was felt would strengthen the relationship between the Trust and the practice.
- 136.04 In answer to a question from Peter Freedman about the Emergency Department (ED), Lee replied that a slight deterioration in performance had been inevitable due to new people and processes needing a period of time to bed down. The department had generally performed very well over the past fortnight, achieving 97% and 98% in the last few days. The lead consultant for the department had highlighted the need for a focus on EPR.
- 136.05 Paul Lowenberg drew attention to the fall in complaints' response times during August, asking whether this meant that the previous improvement was not, after all, sustainable. Bronagh Scott replied that this was being reviewed, as prior to then there had been a steady gradual improvement in response times and her staff were looking at what support the divisions needed in order to maintain performance. This was monitored by the Quality Committee through the divisional reports that came to that committee.
- 136.06 Referring back to ED, Jane Dacre expressed her concern over the staffing levels within that department. Lee Martin replied that considerable work was underway to address this, with staff being moved as necessary and rosters being changed, plus a new staffing plan being developed for winter.
- 136.07 Chris Golding updated the Board on mandatory training, saying that Kim Sales, Deputy Director for Leadership and Talent was now leading on this. She had

revised the target and was producing regular performance reports for key managers across the Trust.

13/137 Financial Report

137.01 The financial report had been produced in a different style from that historically reviewed by the Board. In the absence of the Chief Finance Officer and Chief Executive, the Chairman felt it would be inappropriate to discuss its contents. It was felt that some work in this area could usefully be carried out at a Board seminar.

13/138 Resource & Planning Committee

138.01 Paul Lowenberg reported on the meeting which had taken place earlier in the month, highlighting the following areas:

- where the Trust stood in respect of its cost improvement plans (CIPs) and what action needed to be taken
- growth – looking at both organic and acquisitive growth – there were some large potential areas, one of which (prisons) was at tender stage
- a report would come back to the committee on the governance for growth
- an update had been given on the workforce plan, and in January the committee would receive hard documentation
- income and activity levels (which did not match) and their impact on finance and workforce planning
- outstanding matters relating to the community estates transfer
- proposals for major capital works in maternity, which were extremely good, and should be discussed at the November Board
- an update on the estates strategy – noting that the money the Trust has does not match the running costs.

13/139 Board Assurance Framework

139.01 Firstly on practicalities, Board members raised the difficulty of printing from the drop box, as well as its being hard to view. For future meetings A3 copies should be provided for members.

139.02 The discussion of the BAF included whether or not it reflected the top risks to the Trust and what appeared to be the duplication of a number of risks.. It was agreed that the Executive committee would review the risks and report through the Audit and Risk committee regarding any changes.

13/140 Audit and Risk Committee

140.01 Peter Freedman informed Board colleagues that the last meeting had taken place in September and the next was due to take place the following day. The committee was, he said, increasingly focused on risk management as a topic and the recognition that much of this should reside within the divisions. The second item discussed had been the feedback from Ernst and Young giving their view of the top risks facing the Trust, and this had been circulated for information.

13/141 Board Matters

141.01 The Chairman invited Board colleagues to give a view on what items should be included in that month's issue of Board Matters. The following items were suggested:

- congratulating everyone who had been involved in the successful implantation of EPR
- a reminder that the Trust's focus was on serving patients rather than the FT journey
- mortality rates.

13/142 Questions and comments from the floor

- Acoustics in the room were not good and it was difficult to hear
- The BAF was extremely hard to read especially for those with poor eyesight
- The case of a patient whose appointment was made so far in advance she forgot to attend and after two missed appointment was removed from the list
- Whether it might be possible to offer appointments by e-mail (this might be tested in due course as part of EPR)
- A complaint made by a Governor was to be anonymised and used for teaching.

Action Notes Summary 2013-14

This summary lists actions arising from meetings held June to September 2013 and lists new actions arising from the Board meeting held on 23rd October 2013.

Ref.	Decision/Action	Timescale	Lead
87.01	Dr Martin Kuper to discuss possible innovations and funding sources for Hanley Road with NHS England.	Jan TB	MK
104.03	Communications team to produce a stakeholder engagement plan in the New Year.	Feb TB	CT
117.04	Income discussions 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.	Jan TB	BS
120.04	Discussion of performance measures and metrics to be added to the Board Seminar Programme.	Nov TB	LM
135.02	Annual research and innovation report to come to the next Board meeting.	Nov TB	MK
136.02	New set of KPIs being developed for the health services provided at HMP Pentonville.	Nov TB	SB
138.01	Capital works to be carried out in maternity services to be discussed at the next Trust Board.	Nov TB	SW