

**The minutes of the meeting of the Trust Board of Whittington Health held in public at 2.00pm on Wednesday 27<sup>th</sup> November 2013 in the Whittington Education Centre**

Present: Robert Aitken Non-Executive Director (acting Chair)  
Greg Battle Executive Medical Director, Integrated Care  
Peter Freedman Non-Executive Director  
Yi Mien Koh Chief Executive  
Martin Kuper Medical Director  
Paul Lowenberg Non-Executive Director  
Lee Martin Chief Operating Officer  
Jo Ridgway Executive Director of Organisational Development  
Sue Rubenstein Non-Executive Director  
Simon Wombwell Chief Financial Officer

In attendance: Sally Batley Director, Improvement, Performance and Information (interim)  
Kate Green PA to Jo Ridgway/Trust Board Secretary  
Alison Kett Deputy Director, Nursing and Patient Experience  
Sam Page Acting Director of Operations, Women, Children & Families  
Caroline Thomsett Director of Communications

13/143 Introduction and apologies

143.01 Robert Aitken welcomed everyone to the meeting. Apologies for absence were received from Anita Charlesworth, Jane Dacre and Bronagh Scott.

13/144 Declaration of interests

144/01 No Board members declared any personal interests in the items scheduled for discussion.

13/145 Minutes of the previous meeting, matters arising and action tracker.

145.01 The minutes of the meeting held on 23<sup>rd</sup> October were approved.

Action tracker

145.02 The action tracker was updated as follows:

87.01 Martin Kuper confirmed that discussions were ongoing and this could now be removed from the action tracker

104.03 This item was not due to be updated.

117.04 This discussion had taken place at the Transformation Board and the item could therefore be removed from the action tracker.

118.95 This item was not yet due to be updated.

120.04 It had been planned to discuss this item at the Board seminar that month but, as the programme had been changed, it needed to be rescheduled.

135.02 This item was scheduled on the agenda for that day's meeting.

136.02 It was confirmed that this work was being progressed and this could, therefore, be removed from the action tracker.

138.01 The Trust awaited confirmation of numbers from the clinical commission groups (CCGs). This item was, therefore, held over until the January Board meeting.

13/146 Patient Story

146.01 Sam Page, Acting Director of Operations for the Women, Children and Families Division, introduced Cara, a client of the Family Nurse Partnership, who was present at the Board meeting along with her baby Mollie. The Family Nurse Partnership had been established for five to six years, both in Islington and Haringey. Nurses work extensively with young mothers from early pregnancy until the baby is around two years old.

146.02 Cara explained that she had been working 18-hour shifts when she became pregnant and drinking. She had been with her partner for only one year. Her midwife had put her in touch with the Family Nurse Partnership (FNP) and she knew immediately that the service could help her. Her appointments began in November 2012 and helped her to cope with her pregnancy. Her main concern at the time was her fear that she was trying to replace Bernadine, her first baby who had tragically died. The FNP had continued to help her even when she lost interest and her nurse also helped her to claim the benefits she was entitled to.

146.03 Cara gave birth in May and the FNP immediately stepped in to help her care for Mollie with her progress, her feeding and doctors' appointments. When her nurse left in July it had felt 'like saying goodbye to an old friend'. Concluding, Cara told the Board that she had started work with the FNP thinking she was doing so for the baby, but gradually came to realise it was also for herself. She has subsequently enrolled on an access course in nursing and aims to qualify as a bereavement nurse.

146.04 The Board thanked Cara for sharing her story and for bringing Mollie. Sam Page concluded by saying that FNP was a service she would liked to see offered universally. She had led on its development and implementation while at the Department of Health, so was a true champion of the service.

13/147 Chairman's Report

147.01 Acting Chairman Robert Aitken reported on two recent important meetings he had attended. The first, with Whittington Health's Governors, had come about largely as a result of conversations with Governor Ron Jacob. It had focused mainly on how the model of integrated care was working on the ground. Carol Gillen had attended and reported on the N19 Project, which it was hoped was proving to be enough of a success as a pilot to be applied more generally.

147.02 Robert had also attended the medical committee, where there had been an interesting discussion focusing on a) how the Trust engages with its consultants, and b) is the Trust making enough of the things that are going really well. On the latter point, it was noted that Caroline Thomsett was working on positive promotion.

13/148 Chief Executive's Report

- 148.01 Yi Mien Koh began her report by explaining that it was longer than usual because of the amount of recent national policy development. She drew attention to item five – the urgent and emergency care strategy, which was at the top of the Government's priority list. The Trust had developed its winter plan, which both the TDA and NHS England had seen and supported. The Trust expected to achieve seeing 95 per cent of ED patients within four hours throughout the remainder of the year.
- 148.02 The new GP contract had been issued. There were implications for Whittington Health as an integrated care provider (ICO), not least of which was that GPs were being actively encouraged to work with a wider range of providers.
- 148.03 It was noted that the Trust was preparing its response to the Francis Report, and this would be brought to the Board in due course.
- 148.04 The staff engagement survey was scheduled to run until 6<sup>th</sup> December, and sadly the response rate was not as high as had been expected. Flash reports were being received twice a week. These showed evidence of some inertia and it was thought likely some fears over confidentiality. The closing date had, therefore, been extended to 20<sup>th</sup> December. Executive members were urged to encourage their staff to complete the survey and assist them to free up the time to do so, as well as provide assurance on confidentiality – individual results are seen by no-one at the Trust. It was also worthy of note that staff side had contributed to crafting the questions so had been involved from the start. Jo Ridgway had issued a 10 point reminder letter, and the response rate had risen from 14 to 20 per cent in the last 24 hours. A meeting had also been held with the service provider.
- 148.05 Greg Battle spoke about the GP contract in the context of patients with complex needs and the way that ICOs were best placed to lead in partnership working. Paul Lowenberg enquired about the integrated care pioneer status. Martin Kuper replied that the lead organisations for this piece of work were Islington CCG and Council, and the national launch was scheduled to take place the following week. The bid had been put together taking as examples of integrated care working the N19 project and co-creating health. The Trust is not yet fully aware of the entirety of the implications but will be working with its partner organisations to break down barriers further and move towards greater integration. This would, it was hoped, help to increase access to the integration funds.

13/149 Report from Quality Committee

- 149.01 Alison Kett began her report by informing the Board that the Trust had recently received the report of the Care Quality Commission (CQC) visit to HMP Pentonville carried out in August. The report highlights improvements in hygiene and infection control at the prison and gave a positive account of dental services.
- 149.02 Following the cancer patient survey, Alison was pleased to report that appointments had been made to the posts to run the Macmillan Information Hub and the service would be running from January. On complaints, there had been an improvement in the response rate in the summer, but this had now lapsed. The team had been attending divisional boards to discuss what might be done to remedy this position and improvements were expected. There had also been an improvement in take-up

rates for child protection training and it was hoped to reach 80 per cent by December.

149.03 Alison informed the Board that the Trust had now seen 15 cases of C. Difficile this year. An extensive communications programme was being launched in January, with a major emphasis on hand hygiene. The Trust's flu vaccination campaign was proving extremely successful, well above trajectory and achieving amongst the highest take-up in London, with the NHS Trust Development Authority taking away some of its recommendations for wider dissemination. Results from the midwifery survey had also been very positive.

149.04 Sue Rubenstein added that the quality committee had also conducted a deep dive into the prison health service, and many of the committee's members had also carried out visits to the prison. She extended her thanks to the staff there for all the assistance they had given, and said that it was gratifying to see how much effort had been put in to improving the service, commending the prison health staff. She expressed her concern at the Trust's inability to improve complaints response times, stressing that the complaints team was doing its best to explore with the divisions where the difficulty lay in moving this forward. Referring to the cancer survey, she said that Pauline Leonard had given a helpful presentation highlighting some of the areas on which the Trust needed to focus and it should, therefore, be possible to concentrate on the key actions which would make a difference. Martin Kuper added that there had been learning across UCL Partners and Lee Martin said that issues had been raised in other organisations which we could also learn from.

13/150 Winter Plan

150.01 Lee Martin introduced Paula Mattin, now lead for Access, and Mary Jamal, Deputy Director of Operations for Surgery, Cancer & Diagnostics. Paula began her presentation by stressing that the winter plan had been developed for the whole health economy, and they heard this week that it had been fully assured. Several months had been spent in reflecting and planning, and there were two key themes:

- how the Trust escalates and responds to bed pressures
- how we make the best use of the bed stock we have.

The Trust has had to provide a great deal of evidence to the CCG prior to sign-off of the plan and business continuity plans had been tested over the year.

150.02 Paula took the Board through the core elements of the plan, from prevention through to seven day and evening working. The ambulatory care service was being extended to 8pm in the evenings and it would also run at weekends. There had been an extensive review of beds. The other major change was that what had been site management had now become the emergency access team and community staff were attending access meetings. Overall, the service was seeing a decrease in the length of stay.

150.03 Mary Jamal began her presentation by reminding Board members that emergency planning and business continuity were not restricted to winter but continued throughout the year. She demonstrated the escalation process to gold level, saying that since becoming an ICO the Trust had undertaken a significant amount of work on emergency preparedness, plans were in place and training being rolled out. Both the winter plan and a heat wave plan were in place. The major incident plan

was shortly to be tested. The team has also mapped where the Trust was placed against core standards to ensure fitness for purpose.

150.04 Mary spoke of the huge increase in take-up rates for flu vaccination. The Trust had achieved 23 per cent in 2012/13. This year this had risen to some 60 per cent and continued to increase. She took the Board through the steps that had been taken to promote the vaccination, and expressed her thanks to both the communications team and to those who had allowed their faces to be used as part of the promotion campaign. The Trust was ahead of the game but would continue to drive the campaign.

150.05 Referring to infection control, Mary said that the key factor remained hand hygiene. There was to be a campaign with new posters and increased signage to illustrate the availability of alcohol gel. Patients were also being encouraged to enquire of staff whether they had washed their hands before being examined. Peter Freedman asked whether, given all that was being done, patients were noticing any difference. Trish Folan replied that there was a perception amongst patients that there were insufficient hand hygiene points, hence the planned changes in signage and design. Lee Martin added that as much information as possible is gleaned through complaints, feedback etc.

150.06 Lee Martin explained that there was to be a winter 'mop-up', and staff were logging relevant data as things progressed. Breach analysis was now live. On the overall winter plan, there was a robust set of KPIs against which the Trust had to report. Martin Kuper briefed Board colleagues on the formation of the NHS London Emergency Care Board's clinical advisory group.

13/151 Nursing Strategy

151.01 Alison Kett informed Board members that this was the annual update of the strategy launched in 2012, which had coincided almost exactly with the publication of the Chief Nursing Officer's strategy. For this meeting, the aim was to concentrate on the work Senga Steel and Michael Clift had carried out on compassion.

151.02 Senga Steel stated that there had been considerable discussion about compassion, particularly in the wake of the Francis report. Although no formal definition had been provided, they had used the 'matrons' conversations' to ask two questions of staff: 'what does compassion mean to you', and 'give us an example of a compassionate act'. In total 218 nurses had been asked, the results had then been analysed and the results used to begin to build a skills library. Caring and empathy were the core themes.

151.03 Michael Clift said that much of the emphasis had been around communication, and took Board members through the concept, describing it as a 'linear process from nurse to patient'. He described the behaviours underpinning compassion and the skill set needed as well as setting out how it was planned to work with staff to achieve these. For the next steps of the project it was planned to look in more depth at what 'gets in the way' of compassion and what the threats are. It was then planned to repeat the process with patients. The aim was to build this into the appraisal process and the Organisational Development (OD) strategy.

- 151.04 Sue Rubenstein enquired what stage the Trust was at in terms of initiatives such as Schwarz rounds and Senga replied that the Trust was looking at a number of different options. Schwarz rounds was one of these and work was progressing well in this area.
- 151.05 It was noted that Senga and Michael had been nominated for an award for their work in this area and the Board expressed its congratulations to them. Jo Ridgway pointed out that there was a strong link between this work and the core values of the Trust and it was important to make that link at the start when recruiting staff. It was pointed out that over 10 per cent of the Trust's workforce is temporary but all bank staff go through a rigorous checking process.
- 13/152 Integrated Performance Dashboard
- 152.01 A significant amount of work had gone into ensuring the dashboard met the desired requirements, and two pieces of work had been commissioned by the Resources and Planning Committee; one around providing assurance on the data, the second on developing an improvement plan for every measure. For the latter, if an action is not complete, there will be a position note describing what the action is and at what stage it is at. Peter Freedman stressed that the Board scrutinised performance because it cared about the services local people received rather than through any desire to achieve foundation trust (FT) status.
- 152.02 Paul Lowenberg recalled previous Board discussions about physiotherapy and podiatry, and enquired why the Board no longer received a report on performance in these areas. Sally Batley explained that this dashboard had been specifically structured for the Board and the NHS TDA in order to meet the FT timeline; other reports (where these services featured) were prepared for the Clinical Management Group and Clinical Quality Review Group meetings held with the Trust's commissioners. Lee Martin added that emphasis had been placed on ensuring community data was robust and accurate, also that the targets for these services were now being met. The Transformation Board was extremely pleased with the progress made to date. Robert Aitken recalled that reports from the Transformation Board were meant to come to the Trust Board for information and, therefore, this information could be conveyed through this channel. Sally informed the Board that much additional data was supplied to the commissioners and she would be happy to circulate examples to the Board on a one-off basis so members could choose which items they would like to receive on an ongoing basis.
- 152.03 In answer to a question from Peter Freedman about cancelled clinics, Lee Martin explained that the additional clinics had been established as a precautionary measure in the wake of electronic patient record (EPR) implementation to ensure no patients were inadvertently 'lost in the system', and he was pleased to report that no patients had been affected. Paul Lowenberg enquired about the likelihood of the Trust achieving the alcohol CQUIN. Although the block contract meant there would be no financial penalty if the Trust failed in this area, Martin Kuper replied that every effort was being made to improve performance. He did explain, however, that some definitions had not been agreed with the commissioners until very late in the process. Simon Wombwell suggested that in January the Board might receive a

specific report on CQUINs where the Trust was in terms of achievement and the implications of this.

13/153 Financial Report

153.01 Introducing this report, Simon Wombwell confirmed that the Trust was currently forecasting a break even position, however this position had been assisted by the use of reserves and there would be some difficulties the following year. There was, therefore, an incentive to reduce the cost base rapidly. However, to date the Trust had only achieved half the £4.2m required and would struggle to achieve more than this. Part of the difficulty remained the use of bank and agency staff, although reports were starting to show some reduction in shifts. Bronagh Scott was carrying out a significant piece of work on nursing establishments across the Trust. Work on establishments in hospital ward areas will be discussed at the Trust Board seminar in January 2014 with a formal proposal coming to the Board in February 2014. This would give a greater degree of certainty over establishment. It was also noted that the Government response to the Mid Staffordshire Public enquiry had been published recently with specific requirements for Trusts to conduct twice yearly reviews of Nursing establishments. The Chief Nursing Officer's report on Nurse staffing levels had been published at the same time.

153.02 Moving on to speak about income, Simon reiterated that the Trust was over-performing against the block contract, and discussions had started with the CCGs about being compensated for this level of activity. Yi Mien and Simon had both had initial conversations, and a meeting was scheduled to take place a week on Friday. The CCGs had stressed that they were unable to give assurance, but they were at least receptive to the Trust's approach.

153.03 The position on break even would be reviewed in January. There were three main risks:

- the transfer of community services
- adjustments between the primary care trusts (PCT) and local authorities
- transfer of legacy balances from PCT balance sheets

Martin Kuper spoke of the inevitability of overspending given that clinical activity is significantly higher than originally anticipated in the contract. Lee Martin echoed this and added that the amount of new referrals to ED could be seen in terms of demand management. Paul Lowenberg stressed the need to work within the resources available.

13/154 Resources and Planning Committee Report

154.01 The Board had received a written account of the Resources and Planning Committee meetings which had taken place on 3<sup>rd</sup> October and 4<sup>th</sup> November 2013. The following issues were highlighted by Paul Lowenberg:

- TB clinic, MRI business case and maternity outline business case
- The development of a procurement strategy, including the element of 'corporate social responsibility'
- Areas of potential growth.

13/155      Research & Innovation Annual Report

155.01      On behalf of Senga Steel and Rob Sherwin, Martin Kuper introduced the Research and Innovation Annual Report. The year had been a positive one, with 156 research projects registered on the research and development database. There had been a drop in the number of patients recruited to trials.

155.02      Martin drew particular attention to Mr Jayant Vaidya's publication in The Lancet and to Professor Hugh Montgomery's contribution to research and development over the previous year. He also mentioned the achievements of Zudin Puthuchery. There were ambitions to extend work within community services; some portfolio trials were already taking place, and the ambition was to appoint a professor of integrated care. All of the above have an important impact on how the organisation functions.

155.03      Martin Kuper informed the Board that this was to be Senga Steel's last Board meeting as she would be leaving Whittington Health at the end of the year. He paid tribute to her contribution to the Trust, mentioning her recent work on compassion and her authorship of the Quality Account, and describing her as a tower of strength who would be greatly missed. The Board joined with Martin in thanking Senga and wishing her every success in her new role.

13/156      Board Assurance Framework

156.01      Yi Mien Koh introduced this item, expressing the hope that this version accurately reflected the changes which had been made following discussion at the Audit and Risk Committee. It identified the top four risks. Paul Lowenberg stated that the document read clearly, but there was a degree of inconsistency between the BAF and the accompanying document which did not always align. There was a need to look carefully at the right hand column and update it where actions had been completed, and he urged that at the next Audit and Risk Committee a distinction be drawn between those areas where actions were complete and those where actions were outstanding. Yi Mien replied that the document would be updated before that meeting.

156.02      Peter Freedman expressed the view that the BAF had moved on considerably and now encapsulated most of the risks that the Board had discussed. It only required a little more administrative effort and this should be undertaken by the company secretary once appointed.

13/157      Audit and Risk Committee Report

157.01      Peter Freeman said that the Audit and Risk Committee had met the previous month. At that meeting it had discussed the following areas of potential risk:

- procurement
- data quality
- EPR
- information governance.

The meeting had also discussed the broader areas of risk management and the BAF, and the approach the divisions were taking to managing risk. He felt that congratulations were due to staff for the progress that had been made, whilst acknowledging there was still some way to go. He also noted that those parts of the organization, which were better resourced, were more on top of the work.



- 157.02 Robert Aitken reminded Board colleagues that this was Peter's last Board meeting as he was due to leave the Trust at the end of the year. He thanked Peter for the huge support he had given, and in particular on the development of the BAF and chairing and steering the Audit and Risk Committee.
- 13/158 Self-Certifications
- 158.01 Rather than retrospectively endorsing the self-certification documents which had been submitted to the NHS Trust Development Authority (NHS TDA), the Board noted them. Simon Wombwell added that if Board colleagues had noticed areas which they felt did not reflect a wholly accurate position they were to let him know so that any corrections could be made prior to the next submission.
- 13/159 Any other business
- 159.01 Martin Kuper informed Board Colleagues that Celia Ingham Clark had recently been appointed as National Clinical Director for reducing premature mortality at NHS England. The Board joined with Martin in expressing congratulations.
- 13/160 Questions and comments from the floor
- 160.01 Valerie Lang commented on the mix in population within the London Borough of Islington, the work on compassion and guarding against treating all people as uniform and the waiting time for podiatry. Martin Kuper responded, saying what he had learned about Islington from the N19 pilot and expressing agreement with the points made about compassion.

### Action Notes Summary 2013-14

This summary lists actions arising from meetings held June to October 2013 and lists new actions arising from the Board meeting held on 27<sup>th</sup> November 2013.

Ref.	Decision/Action	Timescale	Lead
104.03	Communications team to produce a stakeholder engagement plan in the new year	Feb TB	CT
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	Jan TB	LM
138.01	Maternity Business Case to come to the next meeting	Jan TB	SW
148.03	Board to agree formal response to the Francis Report	In due course	BS
152.02	Board members to receive copy of performance data circulated to the commissioners	Dec 2013	SB
152.03	Board to receive a report on progress on CQUINs	Jan TB	SW
156.01	BAF to be updated prior to the next Audit and Risk Committee	Dec 2013	YMK