Whittington Health NHS

ITEM: 14/017
Doc: 1

The minutes of the meeting of the Trust Board of Whittington Health held in public at 2.00pm on Wednesday 8 January 2014 in the Whittington Education Centre

Present:	Greg Battle	executive medical director, integrated care
	Anita Charlesworth	non-executive director
	Jane Dacre	non-executive director
	Steve Hitchins	chair
	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
	Bronagh Scott	director of nursing and patient experience
	Simon Wombwell	chief financial officer
In attendance:	Sally Batley	director, improvement, performance and information (interim)
	Kate Green	PA to Jo Ridgway/Trust Board secretary
	Caroline Thomsett	director of communications

14/01 Introduction and apologies

01.01 Steve Hitchins welcomed everyone to the meeting, noting this was his firstas newly-appointed Chair of Whittington Health. Apologies for absence were received from Robert Aitken.

01.02 Steve paid tribute to both Joe Liddane (former Chairman) and Robert Aitken (Acting Chairman) who had preceded him. On behalf of the Board, he thanked them for all their efforts, the work they had put in and their attention to duty.

Steve's first week as Whittington Health's Chair had been a busy one, he had met both Care and Support Minister Norman Lamb and Labour's Shadow Health Secretary Andy Burnham MP. He felt that both meetings had gone well. He informed Board colleagues that upon asking the NHS Trust Development Authority (TDA) about the future of Whittington Health, he had been informed that it was 'in our hands'.

[The meeting was interrupted at this point by a delegation from the Defend the Whittington Coalition. The Chairman offered to meet with them separately and they agreed to consider this.]

14/02 Declaration of interests

02/01 The Chair declared his interest as vice-chairman of the Newlon Housing group, landlords of the Holloway Health Centre. He would not participate in any discussions involving these premises.

14/03 Minutes of the previous meeting, matters arising and action tracker

03.01 The minutes of the meeting held on 27 November were approved.

Action tracker

03/02 The action tracker was updated as follows:

1.3. This item was not yet due to be updated
1.5. This item was scheduled for discussion at both the resource and planning committee and the board seminar the following week.
120.04 Lee Martin would be discussing the timing of this discussion with theChair
135.02 The maternity business case needed to remain on the action tracker pending further discussion with the CCGs.
1.3. The formal response to the Francis Report would come to the Trust Board in February.
152.02 Sally Batley would send the performance data she had submitted to the commissioners to Kate Green to circulate to board members.
1.3. A progress report on CQUINs was appended to the financial report.

14/04 Patient Story

04.01 Phillipa Marszall introduced an oncology patient who had written amoving letter thanking the Trust for the services and care she had received from the Trust only to find that it had not been shared with the relevant staff due to an administrative error within the PALS (patient advice and liaison) and complaints service team. These processes have since been reviewed and revised, and the experience had been a valuable lesson in how such communications are handled.

04.02 The patient gave a moving account of her and her family's experiences at The Whittington Hospital over the last 20 years - she felt they could not have had better treatment anywhere else and, without the hospital, she wouldn't be alive today. Her daughter had become profoundly disabled at the age of two and, without the expert care of two of our paediatric consultants, she would not have had the pleasure of her company for nearly 11 years. The patient had been diagnosed with primary breast cancer and then with primary colorectal cancer. She described how The Whittington Hospital staff went the extra mile, and were excellent, hardworking, devoted and compassionate. She said patients didn't only want the best treatment, they also wanted to be listened to and cared for. The oncology department, she said, was outstanding in this respect. Staff had also supported her decision not to tell her two sons her diagnosis. Her oncologist, Dr Pauline Leonard, had taken the trouble to email her results ahead of appointments including the results of a bone scan which enabled her to have a wonderful Christmas.

04.03 Ron Jacob enquired how, in the light of the recent cancer patient survey, the Trust could ensure that all patients received the type of treatment described by the patient in her account above. Dr Pauline Leonard replied that much of this was to do with the culture of the organisation, and that, for too long, emphasis had been placed on the technical side, there was a need now to focus more on the compassionate elements of care. Referring to the cancer patient survey, she pointed out that the Trust's results were no worse than

the previous year, however, most other trusts had improved their performance and so the overall position appeared worse. She also pointed out that only 99 patients had responded to the survey.

04.04 Sue Rubenstein thanked the patient for her presentation, and invited her to participate in the work of the Trust going forward as an expert patient. She also assured her that the Board minutes would be written in a way that would protect her confidentiality as it had been noted that she had not shared all details of her treatment with her immediate family. Dr Yi Mien Koh added her tribute to the work of the oncology team and in particular the awards achieved by Dr Pauline Leonard. Anita Charlesworth requested that in its response to the Francis report, the Trust addressed not just how to avoid harm, but how to build in some of the elements of care shared with the Board today. Bronagh Scott reminded Board colleagues of the presentation given to the Board in November outlining work being led by senior nurses on developing a model for compassionate care. The model is underpinned by the organisational development work being led by the OD team. She assured colleagues that this would feature in the Francis response.

04.05 Jo Ridgway reminded the Board that it was important not to lose sight of the fact that the patient's operation had been cancelled, and the patient agreed, but said that whilst there was a possibility she might not have had to undergo chemotherapy it was impossible to know for sure. Martin Kuper congratulated the patient on being an advocate for keeping services local as there was much debate about this at present. In answer to a question from Paul Lowenberg about why it had taken two months to reschedule a clinic, Phillipa Marszall said that her team was currently conducting an analysis of any such incidents which had occurred over the previous year and would feed back any points of learning which emerged.

04.06 Lee Martin spoke of Dr Pauline Leonard's leadership of the service and said that she would be ensuring patient pathways were co-ordinated in the way that best met the needs of the patient. He added that the crux of the matter was ensuring that staff were in the right places at the right times. He had recently recruited a lead nurse and a general manager for the service.

14/05 <u>Chief Executive's Report</u>

05.01 Dr Yi Mien Koh began her report by extending a formal welcome to Steve Hitchins as Whittington Health's new Chair. She then drew attention to the Dr Foster report which had been published in December, and which had again been very positive about the Trust. The Trust Development Authority (NHS TDA) had issued planning guidance, which was appended in full to the report and was clearly aimed at boards rather than managers. The guidance contained some important points about quality, staffing and finance and how they should be addressed. Dr Koh also described what the new inspectorate would be looking at, and it was clear that there would no longer be a focus purely on clinical excellence but also on relationships and productive working with partners. The chief inspector had just published his approach to community services; the first five pilot sites have been announced and the only one in London is St George's Healthcare NHS Trust. Steve Hitchins agreed that while the Dr Foster approach raised valuable issues the Trust should not focus purely on mortality and suggested a visit to St George's after its inspection had taken place.

05.02 The NHS TDA planning guidance (circulated with the Board papers) required the Trust to produce a two-year plan by the end of March and a five-year plan by 20th June. A paper

had been produced for the resource and planning committee, and the content of this would be built up over the next ten weeks. The first submission to the NHS TDA, on finance, was due on 13 January. There were plans for a detailed discussion at the resource and planning committee, the item would then be taken at the Board seminar in January, then the Trust Board in February, March and April prior to the final submission going to the NHS TDA, the Board would therefore have the opportunity to comment on three iterations. Sue Rubenstein emphasised the importance of beginning with services rather than finance, there has to be a plan that the Trust owned and was confident it could deliver. Martin Kuper added that the timetable for the integration funds was similar.

05.03 A detailed communications plan would be central to this work moving forward, and Caroline Thomsett would discuss this further with Paul Lowenberg outside the meeting. Paul was clear that there was a need for absolute clarity over how involvement was measured. It was noted that the public should be involved in the development of any plans prior to their being formally submitted, and Dr Yi Mien Koh added that plans should also be shared with the Trust's governors. Valerie Lang pointed out that the Defend the Whittington Hospital Coalition (DWHC) failed to understand that, if Whittington Health failed to achieve FT status, it would either be taken over or close, therefore, the status quo was not an option. As the Chair had been told by the NHS TDA, the Trust's future was in its own hands.

14/06 <u>Quality committee report</u>

06.01 Bronagh Scott presented a report of the meeting of the quality committee meeting which had taken place on 20 November 2013. She began by expressing her disappointment that performance on responding to complaints had deteriorated once again – the reasons for this are multifactorial and include elements of capacity and capability within both divisional teams and the PALS (Patient Advice and Liaison) and complaints team. A number of reviews across the system had been conducted and a robust action plan is currently being implemented to ensure that the target response timed for complaints will be met in a sustainable way from the end of quarter 4 (31 March 2014). This will include additional resources in the team which had been depleted through cost improvements programmes (CIPs) in the previous year.

06.02 Bronagh Scott went on to highlight the main risks discussed at the committee. These included:

Bed pressures, medical outliers and nurse staffing levels - bed pressures are increasing as winter progresses. In mitigation, both Bronagh Scott and Lee Martin confirmed that strong leadership in the extra ward, Bridges, had been secured and that the quality of care in this ward was not an issue. Staffing levels had been attained in this ward through a diversion of staff from other wards in the hospital. This, however, had an impact on the nursing agency spend on those wards as posts vacated required backfilling. Despite having agreed the establishment of a nursing pool, the extent of additional beds and the non-recurrent funding to staffthose beds meant the pool had become depleted. A drive to recruit to the pool and other vacant posts was underway. Bronagh advised that a review of nurse staffing levels across the general wards had been completed and would be discussed in-depth at the Trust board seminar later in January with a view to bringing a paper for approval to Trust Board in February 2014.

Child protection training - whilst showing an improving trend, the target for level two and three child protection training had not been met as planned by the end of quarter two. An

additional drive within divisions is planned and assurance was given to the quality committee that this target would be reached by end of February 2014.

Pressure ulcers in community –there are improvements in this area. It is expected that the Trust will meet the CQUIN target of 50 per cent reduction in grade two/three/four pressure ulcers attained in hospital and community health care settings. The Trust is participating in an improvement collaborative work led by McKinsey and funding had been secured from Islington Clinical Commissioning Group (CCG) to roll out the learning from the collaborative across all areas of the Trust. The Trust is also leading a benchmarking group with three other London trusts in this area.

Cancer patient experience - an action plan for improvement has been developed and shared with the patient experience committee and quality committee, both of which will monitor outcomes over the coming months. It was noted that a number of key posts had recently been recruited with staff commencing in post in January 2014.

Infection prevention and control - it was reported to the committee and Trust Board that the Trust had continued to breach its C-Diff and MRSA bacteraemia trajectories. Each case had been subject to an investigation and action plans to reduce the risk of further breaches was being developed and would be shared with the NHS TDA in January 2014. Of the 15 C-Diff cases there were only two cases identified as being linked, other learning from the investigations into the cases included the timing of samples and prompt isolation of patients with symptoms.

NHS Friends and Family Test - while response rates to the FFT had improved in ED, they are still below the target 15% which is impacting on the Trust meeting the overall 15% target response rate despite strong performances from inpatient wards. On a positive note, however, Bronagh reported that the net promoter score had risen and more respondents were complimenting the service and responding that they would likely recommend the service to friends and family.

06.03 In terms of innovative practice and quality improvements, the following initiatives were discussed:

Serious Incidents (SI) - the committee had been assured of the continued improvements in both meeting timescales and quality of investigations into serious incidents. The committee had been informed of positive feedback to the Trust from the commissioning support unit.
Endoscopy services - a recent review of endoscopy services by the surgical intensive support team had reported on the sustained improvements to this service.

HMP Pentonville - the committee had been advised of a number of improvements in environmental hygiene in Pentonville and that a recent infection control audit had scored green in this regard. A number of other innovative practices are contained in the quality committee report following a deep dive into services there.

06.04 In the discussion that followed presentation of the report, Sue Rubenstein commented that the report demonstrated that, where the Trust invested resources and energy, improvements could be made, and this should also be the case for the complaints process. The point was made that if improvements could be secured through additional investment, steps needed to be taken to ensure such improvements were sustainable, and Sue

replied that the key to this was training and ongoing support. Jane Dacre paid tribute to the work of Bronagh Scott and Sue Rubenstein in making quality issues more transparent. She also mentioned the improvements in the use of the NHS Friends and Family Test, whilst making the point that more clinical engagement was needed. Paul Lowenberg reiterated the need for a sustained improvement in complaints response times – the Trust had achieved this in the past so should be able to again. He also suggested it was time that the Board looked at outcomes rather than just response times. In addition, he wished to consider the Board's approach to patient experience; it had been focused on levels of response, but now needed to take a step back and assess what it needed to achieve. Echoing this, Bronagh Scott said that the Friends and NHS Family Test had been focused on numbers to date, but now that response rates were improving more could be done with the information gleaned. On complaints, she gave assurance that there would be sustained improvement in response times and also that there would be learning.

Lee Martin informed the Board that a number of themes had emerged from complaints and these are presented to the quality committee along with themes from serious incidents and claims. These include communication in outpatients, and an action plan and improvement plan were in place to address this, with sustainability built in. Another issue that had emerged was staff engagement and morale, and Lee noted that the Trust Board did not track either. He had been speaking to staff over the Christmas and New Year period and thanking them for their efforts, and for the next three weeks there would be meetings and a regular briefing from him. Lee also expressed his concern over rising levels of demand – there had, for example, a 23 per cent rise in community nursing activity with no additional resource from commissioners. The emergency department (ED) was also particularly busy at this time. Jo Ridgway advised that in March 2014, two papers would be presented to the Board, one being the results of the national NHS staff survey, the other being the results of the Trust's own staff survey. It would be helpful to be able to look at both, and there would be some areas of 'read across', although the response to the bespoke survey was considerably higher at 40 per cent than to the national survey.

14/07 <u>Performance dashboard</u>

07.01 Introducing this item, Lee Martin confirmed that, for each of the indicators, there was an improvement plan which was closely monitored, there was also a data quality plan which would be completed by the end of June. Drawing attention to slide five (theatre utilisation) Sally Batley announced that the theatre utilisation project was well under way, a matron had been recruited and templates were being checked to ensure that the correct information was being provided. Some reduction was expected in December and January, but the aim was to achieve 85 per cent by the end of March and 95 per cent by the end of June. There was a good level of clinical engagement in this work.

07.02 Referring to community appointments, Sally informed the Board that there were still issues about getting outcomes registered each day; staff needed to be reminded of the importance of this and refresher training was being implemented. On community waiting times, there had been some recruitment into vacant posts. It was unlikely that 100 per cent would be achieved but significant improvement was certainly to be expected. Slides 13 and 14 (MSK and physiotherapy and podiatry waiting times) had been produced in response to a request made at the previous Board meeting. For MSK, 100 per cent of new referrals were being seen within six weeks although some work was still being carried out

to remove the backlog. For physiotherapy and podiatry, a significant amount of work was needed as there was insufficient capacity to meet the demand.

07.03 A group had been convened to look at DNAs, cancellations and emergency readmissions and work on this was scheduled to begin the following week. Some of the issues behind these were quite complex and the work was expected to take several weeks to complete.

07.04 Paul Lowenberg raised a number of points as follows: for community waits, there was a need to measure against the contract, the rate of cancelled operations appeared very high, the average length of stay appeared very flat and appeared to have remained so for six months. Temporary staffing spend appeared to be moving in the wrong direction. In answer, Lee Martin explained that the high rate of cancelled operations could be attributed to two doctors being off unexpectedly, one due to illness, the other as a result of an accident. The picture for the position on length of stay was due to the Trust's absorbing extra demand. In addition, Sally reminded the Board that the Trust is not contracted to any particular length of stay. Anita Charlesworth suggested that there needed to be more analysis and forward planning in order to deliver reference costs.

07.05 Referring to C difficile infections, Bronagh Scott acknowledged that it had been known for some time that the Trust would not meet its target, given that this was ten cases over the year, and the previous day the Trust had declared its sixteenth. As reported in the quality report earlier, she advised that the Trust while being in excess of its trajectory had through its investigations only identified two cases that were linked with likely transmission. The Trust and NHS TDA are currently reviewing all cases and the action plans which are being to prevent further cases. She advised that a hand hygiene campaign with improved visibility of hand washing facilities is planned to commence later in January.

07.06 Commenting on the rate of usage of agency staff, Bronagh Scott reminded Board colleagues that it had been necessary to open an extra ward, and, therefore, to bring in additional staff to run it, this was a safety issue and, therefore, not one that could be compromised upon. She also advised that there was still some room for improvement in the Trust's recruitment service, also with finance and invoicing which could make a difference to the underlying position.She emphasised that, given the pressures in ED and medical admissions, it is unlikely that agency costs will reduce in the near future. She reminded the Board that additional non-recurrent funding had been provided to the Trust to respond to winter pressures and by its nature was required to be used to fund temporary additional staffing resources and was non recurrent.

14/08 <u>Financial Report</u>

08.01 Simon Wombwell stated that the Trust had been scheduled to achieve a break even position at the end of November, and remained forecast to do so at the end of the year. There did, however, remain risks; there was an additional savings target of £4.2m and plans were in place to meet approximately half that amount. The Trust remained in discussion with its commissioners over the funding of activity carried out which was higher than that commissioned and therefore budgeted for, and if CCG support was not forthcoming the Trust did face a problem. Additionally, the Trust still awaited allocation of the funding associated with the transfer of community estates.

08.02 Cash reserves had been run down and the Trust had found it necessary to take out a short-term loan. There would be further discussion of this at the following week's Resource and Planning Committee. Simon confirmed that, under commissioning for quality

and innovation (CQUIN), the Trust was expected to receive £2.7m of a possible £3.2m, and the detail of this was to be debated at the Board seminar the following week. Paul Lowenberg stated that detail of timescales would be helpful, and Simon replied that he had made this point to the NHS TDA, however, there was unlikely to be clarification before the end of February, therefore, some assumptions would have to be made. Simon also agreed that the position on estates was urgent and he was meeting the commissioners in order to try to resolve it.

14/09 ED performance

09.01 Introducing this item, Lee Martin explained that service pressures had forced him to withdraw the staff scheduled to present at the Board meeting. ED was facing a particular busy time even for this time of year, and all available staff were on duty. Four bed meetings were taking place per day and all bed stock was open. Lee emphasised that this was not just an issue for Whittington Health but for all Trusts particular those across London. It was hoped the staff would be able to present at next month's Board.

14/10 Board Assurance Framework (BAF)

10.01 The BAF had been discussed at both executive team and the audit and risk committee and Dr Yi Mien Koh confirmed that the top four risks remained unchanged. What was lacking from the document, however, was detail on what was being done about some of the risks, i.e. action taken to mitigate against them, and it was agreed this should be added prior to the next iteration of the document being sent round.

14/11 Report from audit and risk committee

11.01 As acting chair of the audit and risk committee Paul Lowenberg spoke on the summary report Peter Freedman had prepared before his departure. He repeated the need to ensure mitigations were included on the Board Assurance Framework and spoke of the importance of focusing on this. It was noted that there was to be a detailed discussion of finance at the Trust Board seminar the following week.

14/12 Self-certifications

12.01 The statement of self-certification for December 2013 signed by the chief executive was formally approved by the Trust Board.

14/13 Any other business

13.01 The Chairman recorded his thanks, on behalf of the Board, for the huge contribution made by Peter Freedman during his time on the Board, and in particular for his chairmanship of the audit and risk committee.

Items from the floor

1.2. Helena Kania expressed her disappointment that Whittington Health had not been successful in gaining the prison health tender. Lee Martin replied that the Trust had not yet received feedback on the tender exercise neither had they had notification of who the successful bidder was.

1.3. It was noted that the CCG had a procedure whereby they produced a list of what was discussed at 'part 2'.
1.4. There was interest in hearing more detail about the 'frequent fliers' in ED.
1.5. Valerie Lang declared herself a 'frequent flier' of the ambulatory care centre, and Lee Martin replied that certain patients may be excluded from the figures, if there was good reason for doing so.
1.6. Ron Jacob expressed concern that setting a target of 95 per cent theatre usage gave little room for flexibility, and Lee Martin required that this was a stretch target for the Trust.
1.7. Margot Dunn informed the Board that she had heard of GPs advising people with ill older patients to 'take them to ED'.

Action Notes Summary 2013-14

This summary lists actions arising from meetings held September to November 2013 and lists new actions arising from the Board meeting held on 8th January 2014.

Ref.	Decision/Action	Timescale	Lead
104.03	Communications team to produce a stakeholder engagement plan in the new year	Feb TB	CT
120.04	Discussion of performance measures and metrics to be added to the Board Seminar Programme	Jan TB	LM
138.01	Capital works to be carried out in maternity services to remain on action tracker pending discussion with the CCGs	Feb TB	SW
148.03	Board to agree formal response to the Francis Report	Feb TB	BS
152.02	Board members to receive copy of performance data circulated to the commissioners	Jan 2013	SB
05.01	To consider arranging a visit to St George's following its national inspection	t.b.c.	CEO office
10.01	BAF to be updated to include further detail of actions being taken to mitigate against risks	Feb TB	YMK