

The minutes of the meeting of the Trust Board of Whittington Health held in public at 10.45am on Wednesday 2nd April 2014 in the Whittington Education Centre

Present:

Greg Battle	Executive Medical Director, Integrated Care
Jill Foster	Interim Director of Nursing and Patient Experience
Caroline Thomsett	Director of Communications (for Jo Ridgway)
Siobhan Harrington	Director of Strategy / Deputy Chief Executive
Steve Hitchins	Chairman
Richard Jennings	Divisional Director, ICAM
Paul Lowenberg	Non-Executive Director
Lee Martin	Chief Operating Officer
Simon Pleydell	Interim Chief Executive
Rob Whiteman	Non-Executive Director
Simon Wombwell	Chief Finance Officer

In attendance:

Kate Green	PA to Jo Ridgway/Trust Board Secretary
Chris Goulding	Deputy Director of HR
Richard Ellis	Director, Programme Management Office (for item 14/76)
Glenn Winteringham	IT Director (for item 14/77)

Apologies: Anita Charlesworth, Paul Convery Observer LBI, Martin Kuper, Tony Rice and Jo Ridgway, Bernice Vanier, Observer LBH.

14/62 Steve Hitchins welcomed Rob Whiteman, newly-appointed Non-Executive Director and Simon Pleydell, interim Chief Executive, to their first Board meeting, and also extended a welcome to Director of Strategy Siobhan Harrington, returning to the Trust from her secondment at Barnet, Enfield and Haringey Mental Health NHS Trust. The Trust had said farewell to outgoing Chief Executive Yi Mien Koh at the staff awards ceremony the previous Thursday, where Steve had made a presentation and on behalf of the Trust wished her well for the next stage on her journey. He had also said farewell to Sue Rubenstein, and informed Board colleagues that interviews for her successor had taken place the previous day. Steve also congratulated Martin Kuper on his appointment as Medical Director of the Homerton University Hospital NHS Foundation Trust.

14/63 Minutes and action notes

63.01 The minutes of the Board meeting held on 5th March were approved.

Action notes

63.02 104.03: The stakeholder engagement plan would be brought to the Board within the next two months.

138.01: This item had been discussed at the previous meeting so could now be removed from the schedule.

148.03: The response to the Francis report was in hand and Jill Foster would be bringing a paper to the Board in either May or June.

05.01 The visit to St George's remained on hold until after the Trust's inspection had taken place.

18.03 The ED presentation would be given to the Board in June.

24.01 The Board was looking at three areas where performance appeared to not have improved for some time. This has been completed and can now be removed from the schedule.

31.01 An update on EPR was scheduled. Paul Lowenberg felt that the Board should receive a detailed written report, however, such a report had not been commissioned on this occasion, therefore, a verbal report would be provided.

14.64 Patient Story

64.01 It was explained that due to a failure to inform those involved of the change of the time to the Board meeting this item would have to be postponed.

64.02 Steve Hitchins suggested the Board was not at present maximising its opportunity to learn from patient stories, and suggested the team might wish to present more challenge in this area. Complaints and cancelled appointments were amongst the subjects up for consideration.

14/65 Chairman's Report

65.01 Steve Hitchins began his report by informing Board colleagues that he hoped to be able to announce the appointment of the final new Non-executive Director (NED) imminently, once the appointment had been approved by the TDA, and that person had agreed to chair the Quality Committee. Remaining on the subject of Board sub-committees, he announced that the Resources and Planning Committee was now to be reconstituted as the Finance and Business Development Committee, and its membership would comprise Tony Rice (Chair), Paul Lowenberg and Rob Whiteman. The Quality Committee would be chaired by the new NED, with Jane Dacre and Anita Charlesworth as members, and the Audit and Risk Committee would comprise Rob Whiteman (Chair), Anita and Paul.

14/66 Chief Executive's Report

66.01 Simon Pleydell explained that the Chief Executive's report had been written by Yi Mien Koh prior to her departure. He proceeded to give the Board some of the background to his own position, saying that he was pleased to be at Whittington Health having spent some 15 years as a Chief Executive predominantly in Yorkshire and the North East of England, and he hoped to add value based on his experience. He had also worked with NHS Employers, and had an interest in workforce, training, skills, clinical engagement and creating new services in partnership with the local population.

66.02 Moving on to the main body of the report, Simon informed the Board that the Trust's finances were on track and likely to achieve a break-even position at year end, the Trust was also performing well against key performance targets. He congratulated the clinical teams for the huge efforts they had put into these achievements. The ambulatory care centre had now opened, and Simon hoped to visit it that afternoon.

66.03 Simon drew attention to the latest Care Quality Commission (CQC) monitoring report, which was published mid-March. Whittington Health has been graded as Band six i.e. the least risky of organisations, and Simon expressed his thanks to all Trust staff for this achievement. Moving forward, he was pleased to report that the Trust had agreed on heads of terms for the following year, which gave a good basis on which to plan. He

also mentioned the national pay award, which was likely to generate some reaction amongst the workforce. On a more positive note, the staff excellence awards ceremony had taken place the previous week, and Simon understood there had been a good turn-out for this event and many worthy winners.

66.04 Returning to his own role, Simon said that one of his first priorities would be recruitment to the senior executive team, and this work would begin this month. The Chief Executive's report was noted.

14/67 Serious Incidents

67.01 Jill Foster stated that there had been no new serious incidents (SIs) since the previous Board meeting. There had however been a high-risk incident involving FGM. Although this case was in the public arena, it needed to be born in mind that the Trust needed to take into account both patient confidentiality and the fact that the case was sub judice.

67.02 Concerns had initially been raised in November 2012, when the Trust both launched an investigation and reported the matter to the police. The Trust also reported the matter to the (then) London Deanery. The investigative process was managed through an extraordinary panel of the executive SI group, taking into account the welfare of patient, doctor and staff. The doctor concerned remains a member of Trust staff, but is currently undertaking non patient facing duties. Steve Hitchins spoke of the support the doctor was receiving, and expressed his thanks to Paul Convery and local authority colleagues for their support after the CPS announcement. He also apologised for the failure to communicate with all staff until several days after the incident had come to light. Paul Lowenberg asked for an assurance the Board would be given updates as appropriate given the sub judice nature of this case, and Steve assured him this would happen although given this was a legal case this was likely to take some time. The doctor was due to appear before Westminster Magistrate's Court on 15th April.

67.03 The Board discussed the grading of this incident as 'high risk' rather than 'serious'. Jill explained that all incidents are recorded on the Datix system and then reviewed to check they have been graded appropriately. In this instance the case was discussed at length and graded high risk following advice from NHS London and the CCG, both of whom judged it to be high risk. It had therefore been through all appropriate processes.

14/68 Integrated Performance Dashboard

68.01 Lee Martin introduced this item, reminding Board colleagues the data contained in the report was the data for February. The Trust had performed well on access targets and standards. Sally Batley said that the Trust had achieved some significant national targets, RTT being one, and theatre utilisation had reached 82 per cent in February. ED waits had been stable at 95 per cent for five months despite an increased number of users.

68.02 Steve Hitchins expressed concern about infection control, as instances appeared to have risen in all areas. Jill Foster explained that there were two targets, one for MRSA, the other for C. difficile. The target for MRSA cases was zero, and the Trust had recorded two cases, one in May and the other in November. She added that both cases had afforded opportunities for learning. For C. difficile, the target is ten, and the Trust has had twenty. All have been tracked closely and been the subject of Root Cause Analysis (RCA) investigations. Only two of the cases had been avoidable. The

infection control team remains robust, and is planning a 'decluttering' exercise in the spring. In the meantime, some deep cleans were planned.

- 68.03 Rob Whiteman asked about cancellations and why these continued to rise. Lee Martin acknowledged there remained further work to do in this area although his team had carried out extensive reviews showing the reasons for all cancellations. He added that during the implementation of EPR it had been necessary to plan 'ghost clinics' for safety reasons. There was also the occasional incidence where doctors failed to give the required six weeks' notice of annual leave.
- 68.04 Paul Lowenberg felt that the Board needed a twelve month plan of 'deliverables', what they could expect to see, and by when, so the Board was able to see the 'route map of control'. Steve Hitchins added that the Board might helpfully spend some additional time looking at indicators and targets. Jane Dacre expressed her concern at what she saw as a considerable deterioration in outpatient services, and said that she would welcome a deep dive into this area. Concern was also expressed about the data on MSK, however Lee Martin pointed out that this had been discussed in detail at the Transformation Board and a new model had been agreed with the commissioners.
- 68.05 Paul Lowenberg raised the subject of alcohol screening – the Trust's performance was currently well below target, and there would be financial implications in 2014/15 if the position did not improve. Richard Jennings replied that the division was well aware of the need to correct this position, much work had been carried out including additional training sessions for staff and the convening of a CQUIN Delivery Board chaired by Carol Gillen. Rob Whiteman praised the team on this and asked what the benchmark was for measuring the improvements. Richard was not sure how much reliable benchmarking data was available, but said that the team had visited the Royal Free to learn from their approach, adding that he was aware this was a problem area for many organisations. Steve Hitchins warned against holding the service to account for what might be seen as over-ambitious aspirations.
- 68.06 Chris Goulding introduced the slide on mandatory training compliance. He explained that there was a core number of courses which all staff were required to attend, and these were a mixture of e-learning and face-to-face sessions. These numbered around seven to eight for non-clinicians and 10 or more for clinical staff. Some courses needed to be completed annually, others every two or three years. The possibility of introducing training on fraud awareness had been introduced at the Audit and Risk Committee the previous week. The training programme had been reviewed in 2012, and it was felt that a further review was now due. The Trust had just signed up to a streamlining programme for training and pre-employment checks, meaning, for example, that if a new member of staff had recently undertaken a training session at the Royal Free they would come to Whittington Health with a training 'passport' stating this and preventing them from having to undertake the same programme again. It had also been suggested that wherever possible new staff complete their training before commencing their employment.
- 68.07 There was also a need to look at incentives for managers to encourage their staff to complete their training programmes, one of which might be for training to remain free but to introduce financial penalties if staff who had booked on courses subsequently failed to attend. Paul Lowenberg expressed his concern about those clinical staff who had failed to complete the required level of child protection training, and Jill Foster

assured him that compliance in this area was closely monitored by the Safeguarding Committee, and that significant progress had been made.

68.08 Moving on to appraisals, Chris informed the Board that there was good reason to believe that considerably more appraisals were carried out than were recorded. There were currently three systems in operation (dating back from before the Trust became an integrated care organisation) and a new scheme was being launched which would harmonise the process. Steve Hitchins suggested the appraisal system should be related to the vision of the organisation, a 'golden thread' from the vision and values. Caroline Thomsett mentioned that the position on appraisals was not entirely consistent across the organisation – the staff survey results showed for example that the Women, Children and Families Division was performing well in this area. Richard Jennings added that for consultants, the process was nationally set and electronically recorded. There was general acknowledgement that improvement was needed, and it was suggested that managers needed to achieve 100 per cent completion before they themselves could progress in terms of pay/spine point. The report was noted, and Rob Whiteman thanked everyone concerned for their efforts.

14/69 Financial Report

69.01 Introducing this item, Simon Wombwell reminded Board members that the new financial year had now started, and his team was working on the March (year end) figures. The position felt very positive at present, with a break even position still expected at the year end. Rob Whiteman added, however, that the message from the Audit Committee had been one of caution, acknowledging that the current strong position had only been achieved through the use of reserves, and these were now seriously depleted. It was therefore important for Simon and the executive team to concentrate on strong financial planning. Simon Wombwell agreed, whilst pointing out that Whittington Health's position was not unusual, and scrutiny of Monitor's report on foundation trust finances showed that nationally trust reserves were diminishing.

69.02 In answer to a question from Paul Lowenberg about when the new permanent deputy director of finance was expected to take up position, Simon replied that this would be on 9th June. Steve Hitchins expressed the view that engagement around the whole budget-setting process was not as robust throughout the organisation as it might be. Simon replied that there was a need to have a concerted look at financial planning and how best to address the appetite for cost-cutting alongside the need to maintain high quality services. He was aware that people were struggling with Cost improvement Programme (CIP) targets, and there was a need to set a robust financial plan for 2014/15 with the need to maintain a strong surplus at the heart of that plan.

69.03 Jane Dacre said that she felt the Trust had systematically failed to achieve two issues, one being CIPs, the other bank and agency usage. Rob Whiteman cautioned against linking spending and quality too closely, pointing out that it is often possible to get better quality for less spending. All agreed that a robust timetable for financial planning was key to success.

14/70 NHS Trust Development Authority (TDA) Board Statements

70/01 Paul Lowenberg expressed some concern about the Board's ratification of the TDA statements given the Trust appeared to be non-compliant in areas such as information governance training. Simon Wombwell accepted this but added that the Trust's

compliance in some areas varied dependent upon the timing of the submission. Speaking as one who had chaired the national information governance committee, Steve Hitchins added that in every case where the Information Commissioner had been involved the organisation in question had claimed 100 per cent compliance.

- 14/71 NHS Staff Survey Results and
14/72 Whittington Health Bespoke Staff Engagement Survey
- 71.01 Caroline Thomsett presented the national NHS staff survey results, stating the fact that it was unfortunate this survey had taken place at the same time as the Trust's commissioned bespoke staff engagement survey. This may have contributed to the low response rate of 36 per cent. Caroline then took the Board through the findings from the bespoke staff engagement survey. The next stage as a recorded webinar, set for 23rd April, and there would be an action planning workshop on 30th April. A report on progress would be brought back to the Board in October.
- 71.02 Steve Hitchins emphasised the importance of ownership of the Trust's vision, and Simon Pleydell echoed this, saying that there needed to be a compelling story people could engage with. It was noted that the Trust had scored poorly on conducting effective appraisals, also on managing poor performance effectively. Steve Hitchins suggested there should be further discussion at the next meeting around how the Trust gets people involved in developing its vision.
- 14/73 Reports from Resource and Planning Committee and Quality Committee
- 73.01 A written report had been circulated as part of the Trust Board papers, and Paul Lowenberg had nothing further to add. There were no questions.
- 73.02 It was noted that the most recent meeting of the Quality Committee had not been quorate. The Board was asked to note the recommendations listed in the note of the meeting prepared by Lee Martin and Jill Foster.
- 73.03 It was noted that the CQC's report of its visit had now been published. The Trust was showing as compliant on five out of the six standards, and a number of learning points had been gleaned from this. A report would come to the Board in May.
- 14/74 Board Assurance Framework (BAF)
- 74/01 The Board reviewed the BAF, concentrating on those areas where it was felt immediate focus was required. There was discussion around how the document could be made more live and meaningful. Commenting on the amount of 'green' areas shown, Rob Whiteman wondered whether there was sufficiently robust challenge in all areas. Paul Lowenberg pointed out an inaccuracy in the document (i.e. an area which should have shown as red rather than amber) and asked for an accuracy check. The revised version of the BAF would go to the next meeting of the Audit and Risk Committee.
- 14/75 Register of Deed of Execution
- 75.01 The register presented to the Board was approved in accordance with the Trust's Standing Financial Instructions.

14/76 Operational Planning Update

- 76.01 Introducing this item, Simon Wombwell acknowledged that 2014/15 was going to be a challenging year. The Trust had been required to submit its timetable to the TDA this week, in conjunction with the CCGs submitting theirs, and NHS England was carrying out consistency checks in order to ensure that what Trusts are stating their earnings will be matches what commissioners say they will be spending. The Trust has met its financial key targets this year, but at the cost of seriously diminished returns. The Trust is required to submit its Integrated Business Plan (IBP) by 20th June.
- 76.02 The Board discussed areas of potential risk, including the pathology service, the vacancies in the executive team and the fact that next year's challenge is all the greater due to the failure to meet CIP targets this year. A reduction in income is also expected. It was also agreed that challenges were not limited to finance, but also quality, with Francis and Keogh cited as examples, and Siobhan Harrington drew attention to the London Quality Standards and how the Trust measured against those.
- 76.03 Simon then took Board colleagues through the position on income and expenditure, contracts, the rationale behind the need to move to Payment by Results (PbR), CQUINs and the QIPP schemes. On contracts, it was noted that there was to be a 'cap and collar' structure in order to minimise risk for both provider and commissioner, although this could only operate within the acute service as community data was not yet available to support this type of structure.
- 76.04 Simon Pleydell suggested the team undertake a modeling exercise based on what the figures would have looked like if the Trust had incurred financial penalties this year. A 2 per cent savings target had in any case been applied to all parts of the organisation. Paul Lowenberg thanked the executive team for the amount of work carried out on operational planning, but he was not entirely comfortable with presenting this to the TDA as it felt more like an aspiration than a plan. It was agreed, however, that the plan reflected where the Trust was at present and as such could be shared with the TDA. The Board would receive regular updates on progress.

14/77 EPR Update

- 77.01 Glenn Winteringham informed the Board that a major upgrade was scheduled for the weekend of May 3rd and 4th, and this should fix the reporting problems which had been experienced to date. By mid-May the Trust should be in a position to produce reliable data sets. The GP portal had gone live between the end of February and mid-March, and there was good functionality although the system was slow. Glenn also informed the Board that the Trust had been successful in several technology bids for additional income this year.
- 77.02 In answer to a question from Simon Pleydell about what kept him awake at night, Glenn responded that the team had carried out extensive testing, so provided no unexpected difficulties arose he was hopeful the upgrade should proceed according to plan. Greg Battle spoke of the advantages for GPs in having direct access to ICE and the difference this had made to his staff, and Richard Jennings added that there were also advantages in terms of patient safety. Jane Dacre reported some 'glitches' within out-patient services, however, Glenn replied that the difficulties staff were experiencing related to insufficient training and support rather than systems issues, and he would

ensure this was addressed. The McKesson team was now working on the community system, as well as developing the patient portal.

14/78 Questions from the floor

78.01 Q: On behalf of the Defend the Whittington Coalition, Dr Lipton asked how the Trust selects the services to be cut, and how does this relate to the strategy produced last summer – and how will this be discussed with the community?

A: The strategy remains in place and its fundamentals are unchanged, although it will of necessity be reviewed and refreshed. There are no plans to close buildings, although in some areas alternative use might be considered. The Trust is looking at its estate and considering ways in which it might reduce its cost base. On staff, a great deal of money is currently spent on agency staff, and much of what the Trust would like to do is based on a desire to reduce the use of agency and employ permanent staff instead – generally guaranteeing better quality through continuity and investment as well as being cheaper. It should also be noted that since the last meeting the new ambulatory care unit has opened, and in a matter of weeks the new TB hub will be open. Simon Pleydell also offered to come and speak to the coalition.

78.02 Q: Having attended the Trust’s awayday at Cecil Sharpe House Ron Jacob was aware that some staff were dissatisfied with e-learning. Also concerned about the cancellations referred to earlier in the meeting – what is the cost and what are the clinical risks?

A: Lee Martin asked to be informed of any individual cancellation Ron was aware of. The costs were largely administrative and were in the region of £60k. In answer to a supplementary question about whether the costs to the Trust would be greater if the Trust was on PbR, it was acknowledged there might be some penalty. The Trust was more concerned about the clinical risk, if by being cancelled any patient was at risk of being lost or having their treatment delayed. It was suggested the Board might hear a patient story of someone who had had their appointment cancelled.

78.03 Q: Helen Kania asked for questions from the floor to be recorded in the minutes, noting this had not happened at the previous meeting. She also asked for members of the public to be given a list of what the Board had discussed at its private session. Finally, the Chairman had apologised for not sending out the letter on FGM soon enough, however governors had not received it at all.

A: Questions and comments were usually recorded and apologies were extended for this oversight. Kate would speak to the Chairman about the request for the agenda for the private Board session. The FGM information letter had been sent to Ron with the expectation that he would circulate it to all governors, so this was purely a breakdown in communication.

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Action Notes Summary 2013-14

This summary lists actions arising from meetings held September 2013 to March 2014 and lists new actions arising from the Board meeting held on 2nd April 2014.

Ref.	Decision/Action	Timescale	Lead
104.03	Communications team to produce a stakeholder engagement plan in the new year	May/June TB	CT
148.03	Board to agree formal response to the Francis Report	May/June TB	BS
05.01	To consider arranging a visit to St George's following its national inspection	t.b.c.	CEO office
18.03	Board to receive the postponed presentation from the ED staff	June TB	LM
28.04	Board to receive an update report on the catering service in six months' time	Sept TB	SW/PI
28.04	KPIs from the catering contract to be built into the integrated performance dashboard	Sept/Oct	PI/SB
64.02	Board to hear a patient story relating to someone who had had an appointment cancelled	June TB	JF
68.04	Board to consider a 'deep dive' into out-patient services	t.b.c.	JD/LM
71.02	Board to discuss how best to involve local people in developing its vision	May TB	SH
73.03	A report of the CQC visit held earlier in the year to come to the Board in May	May TB	JF