

**The minutes of the meeting of the Trust Board of Whittington Health held in public at 2.00pm on Wednesday 7<sup>th</sup> May 2014 in the Whittington Education Centre**

Present:

Greg Battle	Executive Medical Director, Integrated Care
Anita Charlesworth	Non-Executive Director
Jane Dacre	Non-Executive Director
Jill Foster	Interim Director of Nursing & Patient Experience
Siobhan Harrington	Director of Strategy / Deputy Chief Executive
Steve Hitchins	Chairman
Martin Kuper	Medical Director
Paul Lowenberg	Non-Executive Director
Lee Martin	Chief Operating Officer
Simon Pleydell	Interim Chief Executive
Tony Rice	Non-Executive Director
Jo Ridgway	Executive Director of OD
Anu Singh	Non-Executive Director
Rob Whiteman	Non-Executive Director
Simon Wombwell	Chief Finance Officer

Observer: Paul Convery London Borough of Islington  
 In attendance: Kate Green PA to Jo Ridgway/Trust Board Secretary  
 Caroline Thomsett Director of Communications

Apologies: Bernice Vanier.

14/79 Steve Hitchins welcomed everyone to the meeting. He reminded Board members that it had been agreed that from henceforth, the Patient Story would, as was proper, be the first item on the agenda.

14/80 Patient Story – Improving Access to Psychological Therapies (IAPT)

80.01 Alison Kett, Deputy Director of Nursing & Patient Experience, introduced Dorian Cole, Clinical Lead for the IAPT service. Dorian in turn introduced two clients, Neo and Darren, who had agreed to share their experiences of the service with the Board. Dorian began the presentation by giving some background to the service. The IAPT service started in 2007, treating a range of disorders, anxieties and depression. About half of patients treated suffer from depression, the other half various anxieties/disorders. The service covers Barnet, Enfield and Haringey and receives around 1500 referrals per month. Around one third of referrals are men and two thirds women, despite the prevalence of these conditions being almost the same. Last year the service assessed 14,301 people, of which 8735 entered treatment. 90% of patients express their satisfaction with the service.

80.02 Neo had suffered from obsessive compulsive disorder in secret for thirty years. When the condition was at its worst he was unable to leave his room or have any contact with other people. He described his life at these times as 'not worth living'. His GP referred him to the service and he came to realise that there was both a diagnosis and

treatment. He started weekly sessions with a therapist who he described as polite and available and someone who always involved him in decisions about his treatment. Now, following treatment, he is fine, barring minor lapses. The only aspect that had been less than satisfactory had been the referral process – his first referral had been lost and the second had taken around three months.

80.03 Darren, a musician, had composed a song about homelessness, which he performed for the Board and members of the public. He had himself been homeless when initially referred to the service and his therapist, who he rated very highly, had helped to get him into a shelter. He had suffered from social anxiety and was prone to self harm. Both Darren and Neo expressed the view that without the IAPT service they might not be alive today.

80.04 Steve Hitchins thanked both Neo and Darren for their great courage in speaking to the Board, saying that he had a personal fondness for the service having himself opened Mulberry House. Anita Charlesworth asked whether there was good cross-over between IAPT and those treating long-term physical problems. Dorian answered that it was good, but could be better. Around half the people treated suffer from some long-term physical problem and around half of those suffered from asthma. He also felt that those who treated clients with physical problems were good at spotting serious mental health problems but it was perhaps harder for them to identify conditions such as depression or anxiety.

80.05 In answer to a question from Rob Whiteman about what improvements might be made to the service, Neo replied that the number of sessions patients were given could be increased, however the quality of the sessions was 'superb' and he himself was now a trainee therapist. Darren did not highlight any areas for improvement, saying that he had been led to believe he would have to wait some three months for an appointment but given his condition he had been fast-tracked and had only had to wait for a week and a half.

80.06 Jo Ridgway enquired whether follow-up arrangements were made after completion of treatment and Dorian confirmed that these did take place, however the aim of the treatment was to enable people to resume a 'normal' life as far as possible and therefore such requests were minimal. Siobhan Harrington paid tribute to Dorian's work in establishing and then running the IAPT service since its inception, describing it as a truly innovative service.

14/81 Minutes and action notes

81.01 It was noted that Jane Dacre had been present at the April Board meeting. Other than this, the minutes of the Board meeting held on 2<sup>nd</sup> April were approved. There were no matters arising other than those already scheduled for discussion.

Action notes

81.02 104.03: The stakeholder engagement plan would be brought to the June Board meeting.  
148.03: The Trust's response to the Francis report would be brought to the June Board meeting.

05.01 The visit to St George's is to be scheduled. It was noted the Chairman had been in contact with St George's.

71.02 The Chairman had been in discussion with Simon Pleydell about involving local people in the development of the Trust's vision, however it was agreed that completion of this work would only be possible once the new and substantive Chief Executive was in post.

14/82 Chairman's Report

82.01 Steve Hitchins began his report by congratulating Martin Kuper on his appointment as Medical Director of the Homerton University Hospital NHS Foundation Trust. He welcomed Anu Singh, newly-appointed Non-Executive Director to her first board meeting, announcing that she would be chairing the Quality Committee. Anu is by profession a commissioner and lives in Camden. Steve went on to express his congratulations on behalf of the Board to Jane Dacre on her appointment as President of the Royal College of Physicians. He would be meeting with the Vice Provost for Health at University College London (UCL) to discuss Jane's replacement on the Board. He thanked Jane warmly for all that she had contributed during her time as a Non-Executive Director.

82.02 On 24<sup>th</sup> June Minister Norman Lamb MP will be visiting the Trust to open the ambulatory care centre. He will be particularly keen to speak to service users and local Residents and Steve invited all those present to nominate people they felt should be invited. On the theme of partnership working, Steve was pleased to report that Whittington Health had recently taken on twelve apprentices, in a range of positions including supply chain management, pharmacy and IAPT.

82.03 Monday 5<sup>th</sup> May was the international day of the midwife and Steve shared with the Board some examples of the extraordinary contributions made by Whittington Health midwives in their own time, as follows:

Christianah Igunnubole - Supervisor of Midwives and Labour ward Co coordinator - works for a charity in Nigeria teaching midwifery staff about emergency procedures and the importance of infection control

Gladys Yeboah - retired Supervisor of Midwives and Labour ward Co coordinator, now works as a bank midwife - works in Ghana and is helping to set up maternity facilities in her home town

Alvaro Baeza Nunez - Midwife - currently in Morocco working for a church charity to provide health education and health care to disabled children and their families

Rebecca Frick – Midwife - has worked in Chad and India for a charity to provide maternity care for women in isolated areas

Tina Jegede -Lead Nurse for Quality & Assurance - Care Homes (Whittington Health & Older People Commissioning) is helping to set up a maternity unit in Nebbi, Uganda.

82.04 The Quality Committee is now to be chaired by Non-Executive Director, Anu Singh and Steve informed Board colleagues that the Terms of Reference for that Committee would need to be amended to reflect the fact that there was now no need for the Chair of the Audit Committee to routinely attend meetings. Anita Charlesworth had agreed to become Deputy Trust Chair, Rob Whiteman the Senior Non-Executive Director and Tony Rice the Chair of the Charitable Funds Committee. Steve himself would not serve on any specific committees but would attend all on an annual basis.

82.05 Steve reported that Odgers Berndtson had been appointed to assist with the recruitment of the new Trust Chief Executive and other senior directors and it was

hoped that the Chief Executive recruitment process would be completed by the end of June. Recruitment to the other posts is also part of this process. The Trust Development Authority (TDA) would be involved in the Chief Executive appointment process and Steve was scheduled to meet with them the following day.

14/83 Chief Executive's Report

83.01 Introducing this item, Simon Pleydell said that a key issue for the Trust was the preparation for the Care Quality Commission (CQC) hospital inspection. Whittington Health needed to learn from other Trusts who had already gone through this process, which, he said, would be both thorough and intense. Simon went on to talk about the results of the 2013 inpatient survey, where it had been reported that in general people's experience was better than had been found the previous year but the Trust's performance was less than optimum in terms of the provision of single sex accommodation. He invited Board members to look at the full report and in particular the accompanying action plan.

83.02 Simon commended the overall performance record of the Trust – 95% in Emergency Department (ED) and similar on Referral to Treatment (RTT). There was one breach within cancer targets which was due to twelve out of thirteen patients choosing not to attend within the fourteen day standard. Simon was clear that this position was replicated across the country and presented a clear dilemma of whether a Trust met the target or complied with the choice of the patient. The operational team was currently focusing on waiting times for musculoskeletal and district nursing services.

83.03 The Trust had been able to declare a break even position at the end of the financial year 2013/14, but this had only been possible due to the use of reserves. Simon expressed his thanks to everyone in the finance team who had worked hard to make this achievement possible and added that the external auditors had begun their work scrutinising the position.

83.04 The Tuberculosis (TB) service is now open. Simon praised the quality of the design. This is a new service for Whittington Health and sits within the overall portfolio of care. Simon recommended Board colleagues visit the service and said he was a champion of the importance of environments.

83.05 Simon also made brief mention of the following items contained within his report:

- The FGM case, where the next hearing had been set for June, with a possible court case scheduled for January 2015
- The Diabetes Team had been shortlisted for a BMJ award
- The five-year cancer commissioning strategy, where there was a clear emphasis on early detection; there was a need for discussion around how the Trust as an Integrated Care Organisation (ICO) was ideally placed to address this through primary care
- Progress on the work that is underway to delivery seven day high quality acute emergency and maternity services. This will aim to ensure that people admitted to the hospital at weekends receive the same standard of care as those admitted during the week.

83.06 Anita Charlesworth asked that the Board formally record its thanks to all staff who had contributed to the achievements in ED and RTT, particularly at the time of

implementation of the EPR. She described the achievement as an 'amazing sustained effort' and remarked that the transformation of ED had been remarkable. Returning to EPR, she enquired whether the upgrade scheduled for the previous weekend had been successful and Glenn Winteringham confirmed that this upgrade, which had been largely related to the data warehouse, had gone very well. Progress was on track and daily conversations were taking place with the TDA.

83.07 In answer to a question from Rob Whiteman about the robustness of the Trust's finances, Simon replied that it was not possible to deliver a quality service without remaining in financial balance. He would like to see the financial plan owned, with clear accountabilities and 'grip'. He believed that the Cost Improvement Programme (CIP) Board and other fora meant this was possible, but the real test was in the movement of plan to achievement and it would take time before progress on this could be measured. Over the summer there would be further work, not just on efficiency, but real movement and there would be greater clarity over the next few months as strategic thinking developed. Rob had met with the external auditors earlier that day and some of this had been reflected back to him. The Chief Executive's report was noted.

14/84 Serious Incidents

84.01 Seven new serious incidents (SIs) had been reported during April. These comprised two pressure ulcers, two information governance breaches, one unexpected admission to the neonatal intensive care unit, one serious fall and the death of a client who was under the Trust's substance misuse service. All had been appropriately reported and were subject to internal investigation using the Root Cause Analysis (RCA) methodology. There would be further scrutiny initially through the SI executive panel and subsequently through the Quality Committee.

14/85 Care Quality Commission (CQC) Inspection Report

85.01 The CQC had carried out an unannounced visit to the Trust in January 2014. The Trust passed five out of six of the core standards inspected, but had been deemed to fail on standard 4, i.e. 'the care and welfare of people who use the service'. This was in relation to ambulance transfer times, difficulties experienced by some patients in reaching call bells and some patients being offered insufficient help with eating. The Trust has responded to the first draft of the report on matters of factual accuracy and action plans to address the areas of concern. Jill Foster has met with the Heads of Nursing and infection control team who are carrying out regular visits and checks in accordance with the action plan and in preparation for the next visit.

85.02 Paul Lowenberg made reference to the section on TPE on page 18 of the report, asking by what criteria the success of the project might be judged. Lee Martin replied that the project had moved on substantially, implementation had taken a long time but the process had been robust. The next stage would be working with consultants to ensure that what was in the job descriptions for the new roles was what had been expected and whether there was a need for any further amendment. One or two staff were unfortunately on long term sick leave, but this Lee said, was unrelated to the TPE process. TPE implementation would continue to be closely monitored.

14/86 Integrated Performance Dashboard

- 86.01 Lee Martin began his report by introducing the main areas of improvement achieved by the Trust during 2013/14, including ED, RTT and Cancer. There had also been a positive reduction in the number of cancelled operations. It was hoped that Key Performance Indicators (KPIs) for 2014/15 would be signed off by the Trust's commissioners within the next fortnight.
- 86.02 Anita Charlesworth voiced her concern about out-patient appointments, which she felt remained unsatisfactory. Lee replied that work was ongoing at present, looking at the whole patient pathway and identifying where there might be areas for improvement. In answer to a question about length of stay, Lee did not anticipate that there would be any significant drop until the new ambulatory care pathways were fully implemented and Martin Kuper stressed the need for robust metrics in this area. It was agreed that there should be an opportunity at a future Board seminar to look at all indicators in depth. It was also agreed that more community services data should be included in the monthly dashboard report.
- 86.03 In answer to a question from Paul Lowenberg about the musculoskeletal and physiotherapy services, Lee confirmed the services were clear about the progress required and significant improvement should be seen by the end of the first quarter. Jill Foster reminded Board colleagues that due to the change in contracting arrangements, i.e. moving away from the block contract, the Trust would incur financial penalties this year from failure to meet key targets. She drew attention to the 'safety thermometer' day scheduled for the following week and also commented on some areas where the Trust was unable to meet targets due to circumstances beyond its control, for example the admission of patients already suffering from pressure ulcers.
- 86.04 Paul Lowenberg also commented on the continuing high spend on agency staff. Lee Martin acknowledged this, but pointed out that the data shown in this report included the winter agency staff agreed in the winter pressures action plan. He added that the steering committee established to oversee the reduction in the use of agency staff had been re-established the previous week and it was hoped that by the end of the following month there would be a visible improvement in this area. Jo Ridgway added that since the last Board meeting her team had run several successful recruitment events including two evening and one weekend sessions, an event in Scotland and an exercise in Dublin. All these had served to improve the profile of the Trust outside its immediate geographical area.
- 86.05 Fiona Isacson, Director of Operations for Surgery, Cancer & Diagnostics, gave a presentation on the improvements made within her division. It was noted that a new general manager for theatres had been appointed and a marked improvement in theatre utilisation could already be seen. There was also tighter management around cancellations and the detail of how slots were booked to maximum efficiency. Jane Dacre enquired about ensuring that times aligned with when the relevant consultants were scheduled to be in the hospital and Fiona replied that this was taken into account and additionally arrangements were in place for appropriate staff to be on hand in the event of any emergency. It was noted that some of the initiatives implemented in this area might also be used to transform outpatient services.

86.06 Maureen Blunden, General Manager within Access, Diagnostics & Planned Care gave a presentation on the issues which lay behind the need to cancel out-patient appointments. Jane Dacre expressed her concern at the potential patient safety issues caused by cancellations. Maureen explained that the first targeted area of improvement had been the call centre where unacceptable delays in answering calls had led to complaints. She emphasised the importance of getting one area right prior to moving onto the next. Rob Whiteman suggested the Board be shown the milestones left to improve the entire outpatient experience. Valerie Lang told the Board that she had requested a cancelled appointment slot but had been told there was no system in place to enable this. Maureen replied that introducing such a system was on her list of developments to be put in place as part of the improvement plan.

14/87 Financial Report

87.01 Simon Wombwell introduced the paper outlining the final position for the 2013/14 financial year. Whilst not expecting any material changes, the figures were still subject to the external audit. The external audit started on 6<sup>th</sup> May and is due to finish on 16<sup>th</sup>. Simon reminded the Board that the full financial accounts would be reviewed by the Audit and Risk Committee and would then come back to the Board at its next meeting on 4<sup>th</sup> June for formal adoption.

87.02 The paper showed that the Trust had met all its statutory duties – to break even, meet the external financial limit (EFL) and make a 3.5 per cent return on its assets. Simon emphasised that this result was a positive result given the challenges faced during the year, as well as the difficult fiscal environment. The Board would however remember that the Trust's performance on delivering savings needed to improve in the coming year as this year's achievement had only been possible through the use of reserves. That said, he wished to remind the Board that there had been a number of positive outcomes and lessons learned from the delivery of the 2013/14 finances, namely, positive working with both Islington and Haringey CCGs, who had been supportive in recognising the challenges we faced – this had resulted in recognition for higher than planned activity levels despite the block contract and EPR problems. The Trust had also managed its financial risks effectively, particularly around the £8.3m community estates.

87.03 Simon expressed his view that the coming year would be no less difficult, but felt that the successes of managing the risks of the old year, even though some had taken much of the year to resolve, should give some confidence that difficulties ahead could be managed. Paul Convery raised the issue of agency spend, highlighting that the figures were high and that all organisations across London faced similar issues. The approach needed would be to ensure staff recruitment and retention was embedded in a strong loyalty culture to the organisation (recognising that this can take many years to build, we needed to start now). Jo Ridgway précised the staff survey results, highlighting this was exactly what we were planning in engaging with staff. Steve Hitchens reinforced the efforts and thanked all Trust staff in ending the year with such a positive result when many other areas of the NHS were reporting deficits.

- 14/88            TDA Board Statements
- 88.01           Steve Hitchins advised Board members that there should be a more detailed discussion of this item at the June meeting. The statements for March, submitted to the TDA on 29<sup>th</sup> April 2014, were formally ratified by the Board.
- 14/89            Report from Finance & Business Development Committee
- 89.01           Tony Rice reported on the meeting of the newly-constituted Finance & Business Development sub-committee of the Board which had taken place on Thursday 1<sup>st</sup> May. The terms of reference for the committee had been reviewed with minor amendments and Siobhan Harrington had been invited to join the committee. The following items had been discussed:
- the proposed work programme and objectives
  - key issues for consideration in the development of the Integrated Business Plan (IBP) and Long Term Financial Model (LTFM)
  - the draft business development strategy
  - this year's savings programme
  - the estates strategy
  - the capital investment plan
  - the Trust's charitable funds.
- 89.02           The view had been expressed that previous iterations of the IBP and LTFM had been over-ambitious and felt that the new version should be more grounded. Committee members also stressed that any new business must not adversely impact on the delivery of the Trust's core services. Consideration needed to be given to what type of business the Trust wanted to win and having decided that, what needed to be done in order to achieve this. Siobhan Harrington would be leading on this work. It would also be important to involve the clinical teams, many of whom have innovative ambitions.
- 89.03           The capital expenditure plan had been reviewed and the committee had been content with the latest version of the estates strategy. In answer to a question from Anita Charlesworth about the timing of the maternity services refurbishment, it was noted the business case was with the TDA at present and every effort would be made to produce a timetable. There had also been some discussion of the Trust's charitable funds and it had been noted that Lee Martin had suggested some good ideas.
- 14/90            Report from Audit & Risk Committee
- 90.01           A written report of the Audit & Risk Committee held on 27<sup>th</sup> March had been circulated and Rob Whiteman spoke to it as follows. Following the completion of the 2013/14 financial year, the reserves had by the Trust were now felt to be inadequate. Referring to the business of the committee itself, Rob said that there needed to be fewer agenda items, thus enabling committee members to get a more structured grip on the most important items, aiming to look five years ahead. The committee would be inviting Executive Directors to attend some meetings in order to take them through specific items of business.



- 90.02 Rob had noted there were around 100 items on the risk register and noting there were other risk registers held by the executive and within the divisions, he felt the Audit & Risk Committee needed opportunity to develop a more focused and strategic approach to risk. It was noted that Siobhan Harrington was currently reviewing governance arrangements in the Trust.
- 14/91 Complaints Review: Clwyd/Hart
- 91.01 Introducing this item, Jill Foster informed Board colleagues that the Trust had a poor record in responding to complaints, with responses being both poor quality and slow. The teams performance had significantly improved of late with 71 per cent of responses, compared to 27 per cent, being sent out within the correct timeframe. Jill hoped that the team would achieve over 80% next month. The ultimate aim was to achieve 90% of responses sent within 20 days. It was hoped that some of the improvements in outpatient services mentioned earlier in the meeting would help to bring down the number of complaints received. Jane Dacre added that where possible it helped to resolve situations before formal complaints were made. Lee Martin added that the Trust's customer care training was being reviewed and Maureen Blunden and Kim Sales were rolling this out. It was inevitable that there would always be complaints because things do go wrong, however ideally they should not be made about avoidable issues.
- 91.02 The recommendations set out in the paper, including the restructuring of the complaints and Patient Advice and Liaison Service (PALS) teams, were agreed by the Board. It was noted that many of these fitted well with the response to the Clwyd/Hart review which had been considered by the Executive Team.
- 14/92 Financial Plan 2014/15
- 92.01 Simon Wombwell reminded Board colleagues that the first duty of the Trust was to achieve a break even position. He warned that 2014/15 was going to be a difficult and challenging year and now was the time to move from plan to execution. A table on page six of the paper showed how it planned to close the gap, including reducing temporary staffing. Corporate areas had their savings targets raised from 2 per cent to 3.5 per cent. A table on page seven set out the main areas of risk, of which the most significant one was Cost Improvement Programme (CIP). Overall six areas of risk were identified: PbR contract, community estates, underperformance on CQUIN targets, financial penalties incurred as a result of failing to meet performance targets, CIP slippage and the unfunded cost of seven day working. Overall the Trust faced almost £8m risk, with just over £1m in reserves.
- 92.02 Whilst this was an extremely challenging position to be in, Simon emphasised that Whittington Health was by no means alone if one looked at the national position and many Trusts were a great deal worse off. Anita Charlesworth expressed concern about how the Trust moved forward, saying she would like, as a Board member, to better understand what the mission critical elements were to delivering the programme and how these could best be monitored. Simon Pleydell asked what the mitigations and controls were, he would want to know detail from Month 1 onwards. Simon Wombwell assured him there would be a performance review system, saying this was the only way that such a challenge could be achieved. It was inevitable that not all schemes would deliver as planned; some might achieve less and some more and there were bound to be in-year issues to be factored in.

14/93 Any other business

93.01 Steve Hitchins informed everyone that this was Jo Ridgway's last Whittington Health Board meeting and thanked her for all that she had contributed and achieved.

14/94 Comments and questions from the floor

Helena Kania asked for an explanation of why the EPR community upgrade was to be cancelled in favour of RIO 2.

Simon Wombwell replied that this was emphatically not the case and Helena had been misinformed.

Helena also said how sorry she was that the Trust was to lose Martin Kuper and expressed hope that the new Medical Director would be equally strong on patient involvement. She also asked how much involvement there had been with patients over the new booking pathways.

Lee Martin replied that each of the programmes had been asked to ensure there was a patient experience element.

Ron Jacob asked a question concerning how, when a consultant said that s/he wanted to see someone in x weeks' time, how the importance could be rated.

Lee Martin that there was a triage system in place and a flagging system had been built into ESR.

Ron also asked about the sickness rates amongst medical secretaries and records staff. It was agreed this could be discussed further outside the meeting, with Steve Hitchins adding that he regularly briefed Jeremy Corbyn about how the Trust was addressing particular concerns.

Margot Dunn suggested Shirley Franklin be invited to the opening of the ambulatory care centre.

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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 7<sup>th</sup> May 2014.

<b>Ref.</b>	<b>Decision/Action</b>	<b>Timescale</b>	<b>Lead</b>
104.03	Communications team to produce a stakeholder engagement plan in the new year	June TB	CT
05.01	To consider arranging a visit to St George's following its national inspection	Date being confirmed	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	July TB	JD/LM
71.02	Board to discuss how best to involve local people in developing its vision	Autumn	SH/CEO
86.02	To build more community data into the integrated performance dashboard	July TB	GW