

**The minutes of the meeting of the Trust Board of Whittington Health held in public at 2.00pm on Wednesday 4<sup>th</sup> June 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 and Patient Experience
Siobhan Harrington	Director of Strategy / Deputy Chief Executive
Steve Hitchins	Chairman
Richard Jennings	Medical Director
Paul Lowenberg	Non-Executive Director
Lee Martin	Chief Operating Officer
Tony Rice	Non-Executive Director
Rob Whiteman	Non-Executive Director
Simon Wombwell	Chief Finance Officer

In attendance: Kate Green                      PA to Jo Ridgway/Trust Board Secretary  
 Caroline Thomsett                      Director of Communications

Apologies: Simon Pleydell, Anu Singh and Paul Convery. Jane Dacre apologised for having to leave the Board meeting early.

*Supporters of the Defend the Whittington Hospital Coalition were present and wished to make a statement and present a petition. Noting the Trust Board was a meeting in public rather than a public meeting, the Chairman asked for it to be recorded that if the coalition wished to present to the Board, advance notice was required. He added that there is opportunity for public questions and comments at the end of the meeting. He also explained that at the next meeting the Board would receive the Trust engagement strategy for consideration.*

14/94                      Steve Hitchins welcomed everyone to the meeting. He reminded Board members that it had been agreed that the patient story be the first item on the agenda.

14/95                      Patient Story – Islington Stop Smoking Service

95.01                      Phillipa Marszall, Head of Patient Experience, introduced Service Manager Vicky Smith and former service user Alison Morris. Vicky began by giving the background to the establishment of the service; smoking remained the main cause of preventable illness and premature death in the United Kingdom, with half of those who died due to tobacco-related illness dying before the age of 70. The good news, however, was that in Islington there had been a drop in the prevalence of smoking-related illness, and that the Stop Smoking Service had played a part in achieving this.

95.02                      There were two tiers to the service, a specialist service and a more generalist one provided in conjunction with GPs and pharmacists and through a range of clinics across

the borough. There was also an in-patient service for those wishing to give up smoking while an in-patient in hospital. Access was easy – most services operated on a walk-in basis with no appointments necessary for the majority of services, and information was available on the website. The service was open to those working in the borough as well as those resident there.

- 95.03 Vicky proceeded to describe what was involved in the sessions – the first involved taking history, then there was discussion with the user of the service about what form of treatment was most appropriate for their needs. At the second session, a specific ‘quit date’ was chosen. At each session a carbon monoxide reading was taken, and this acted as both a measure and a motivational tool.
- 95.04 Alison Morris then told her story. She began by saying that she had been smoke free since 25<sup>th</sup> January 2012. Prior to that, she had been diagnosed with a thyroid problem, and her consultant had advised her to give up smoking as smoking was likely to exacerbate her problem. She had not initially followed this advice, but when it was repeated on her second visit she accepted the need to give up and began to tell friends and family. She went on to consider options for quitting, and decided that for her a group-based approach would work best.
- 95.04 Having approached the service (which had been recommended by friends), Alison began to feel more confident, and she found that the nicotine replacement therapy she was prescribed was especially beneficial. She described her quit day, spent smoking as many cigarettes as she could, and the symbolic disposal of smoking paraphernalia by the group. Having quit (the service advises against using the term ‘giving up’ with its attendant negative associations) she then recognised the need for coping mechanisms, and continued to attend weekly sessions as part of this. She added that focusing on the positive – money saved, health and wellbeing – also acted as motivators. She e-mails the service on the anniversary of her quit date to let them know of her ongoing success and remains grateful for their help and support.
- 95.05 In answer to a question from Tony Rice about the relapse rate, Vicky admitted that it was fairly high. She added, however, that those who managed not to smoke for four weeks were less likely to relapse. Anita Charlesworth enquired whether Alison felt that enough had been done to support her when the advice to stop smoking had first been given by her consultant. Alison replied that more could have been done, but she admitted that, at that point, she had not been receptive to the advice so it would probably have made little difference. She had no strong opinion on the question of e-cigarettes. Greg Battle asked what work was being done to prevent people (particularly the young) starting to smoke. Vicky described the joint work being carried out with schools and youth workers, saying that in her experience the best model was to train youth workers to become stop smoking advisers themselves. They were also supporting the campaign to introduce plain packaging.
- 95.06 Richard Jennings stressed the importance of approach – whereas in the past an admonitory approach might commonly have been used by clinicians, these days a motivational style was found to be more effective, one that encouraged reflection. In answer to question from Ron Jacob about whether the service could be used by Haringey residents, Vicky replied that Haringey residents working locally could access services or they could be referred to the Hackney Stop Smoking Service.

14/96 Minutes and action notes

96.01 The minutes of the meeting held on 7<sup>th</sup> May were approved.

96.02 Action Notes

- The stakeholder engagement plan would come to the Board in July.
- There were now to be two visits to St George's – the first, on 9<sup>th</sup> June, by Jill Foster and the risk management team, who will be preparing for Whittington Health's CQC inspection, and a later one by Board members.
- The Patient Advice and Liaison Service (PALS)/Complaints team were doing their best to identify a patient who had had an appointment cancelled and was prepared to tell their story to the Board; they would continue to do so.
- All other items were scheduled for discussion in future months.

14/97 Chairman's Report

97.01 Steve Hitchins began his report by reminding members that this would be the last Board meeting for Jane Dacre, whose resignation came into effect on 1<sup>st</sup> July. He was in negotiation with Sir John Tooke (UCL) about appointing her replacement. Steve also expressed his thanks to Jill Foster who would be leaving the Trust at the end of the month and paid tribute to the very real benefits she had brought during her time as Director of Nursing and Patient Experience. He then welcomed Richard Jennings to his first Board meeting as Trust Medical Director.

97.02 Steve reported on recent visits to community services, adding that he hoped to have visited all by the end of the summer. He made particular mention of his time spent the previous Friday with the District Nursing team. He had visited patients with the team and described his experience as fascinating.

97.03 Steve recently met with the Leaders and Chief Executives of both Islington and Haringey councils, both of whom would be involved in the process for appointing the new Trust Chief Executive. Both had also recently signed up to a partnership with Whittington Health which would champion and promote organ donation across the two boroughs, the first such partnership between local authorities and an NHS organisation in the country.

97.04 The first of the 'Chairman's birthday breakfasts' had been held the previous week; there had been a wide range of discussion on a number of different topics. The next was scheduled to take place on 25<sup>th</sup> June.

14/98 Chief Executive's Report

98.01 Deputy Chief Executive Siobhan Harrington delivered the Chief Executive's report in Simon Pleydell's absence which had been circulated with the Board papers. She highlighted the following:

- the focus on improving quality as well as maintaining strong control over finance
- good performance in the emergency department (ED) and referral to treatment waiting times (RTT)

- infection control, which to date requires continuous vigilance to remain on track
- improvements to the Electronic Patient Record (EPR) system which meant that the Trust was able to produce all the necessary data for commissioners
- a commendation received by the diabetes team at the BMJ awards ceremony.

98.02 Moving on to finance, Siobhan reported that the Trust was reporting a £600k deficit at the end of month one against a planned deficit of £350k. Much of this was, she said, attributable to the continued high spend on agency staff, which the Trust was continuing to manage.

98.03 Local media had recently published a piece on the Trust's cancer and cardiovascular services which gave an inaccurate portrayal of proposals. Siobhan clarified that the proposed changes impacted only on specialist services, the general services provided by the Trust would not be affected and there may be opportunities particularly in the field of early diagnoses. In answer to a question from Paul Lowenberg about bids for national technology funds, Siobhan said that this was scheduled for discussion at the next Trust Management Group, following which Glenn and his team would be in a position to update the Finance and Development Committee. Jill Foster added that the Trust had also been successful in its bid for nursing technology, and would be submitting a second bid for funding for an e-rostering system.

14/99 Serious Incidents

99.01 Jill Foster reported the following serious incidents which had taken place during May: two grade three and two grade four pressure ulcer, two patient falls, an unexpected admission to the Neonatal Intensive Care Unit, a neonatal death, an incorrect procedure within the Surgery, Cancer and Diagnostics division, an admission to intensive therapy unit (ITU) from maternity services, sub-optimal care of a deteriorating patient, an unexpected death following surgery and two post-partum haemorrhages requiring interventional radiology.

99.02 Jill felt that the above list of incidents reflected an improvement in reporting rather than an increase in the number of incidents, which meant that the Trust was becoming more transparent and, therefore, safer. Siobhan Harrington added that she had worked in several comparable organisations, that it was good practice to be transparent, and that in her experience Whittington Health was not out of line in terms of its numbers. Jill assured the Board that all serious incidents continued to be investigated using the root cause analysis methodology, however, where interventions were necessary these were carried out immediately rather than waiting for the results of investigations.

14/100 Nursing Establishment

100.01 Jill Foster introduced her paper, saying that the Trust had previously discussed its response to the Francis report and this paper on the nursing establishment on adult wards was part of that response. The paper showed what had been done during the previous year to ensure safe staffing levels on all wards, working to a combination of best practice and national guidelines. It also addressed an uplift required to cover annual leave, sickness, maternity leave etc. The Royal College of Nursing's recommendation was that this should be set at 25 per cent, however, most organisations allowed an uplift of between 20 and 24 per cent and Whittington Health's

would be 22 per cent. The paper also assumed ward managers' posts becoming partially supernumerary.

100.02 Anita Charlesworth remarked that the paper constituted an excellent analysis of the position, saying that she felt that getting the uplift reconciled was key to reducing agency spend. She asked Jill whether there would be monitoring particularly in terms of 7-day working, which Jill confirmed. Jill added that the next stage of the process was to look at maternity services, paediatrics and the community. It was noted that the National Quality Board recommended the use of a recognised acuity and dependence tool which was being piloted in some areas of the Trust. In answer to a question from Paul Lowenberg about how many additional full time equivalent staff were required to implement the recommendations, Jill replied that the number was 39.

100.03 The final strand to this piece of work was the recruitment plan, and this needed to be reported to the Board on a monthly basis. There would always be natural turnover, but firm plans for recruitment to the additional posts also needed to be set in place. Rob Whiteman pointed out that recruitment costs meant that it was advisable to aim for higher numbers in advance. It was hoped that there would be some long-term financial gain from implementation of the proposals although the main motive was quality. Jill hoped that plans for all areas would be complete by the end of September.

#### 14/101 Publication of nurse staffing levels

101.01 Introducing this item, Jill Foster explained that this paper set out the actions required to comply with the recommendations from the 'Hard Truths' report published last November. There was a requirement to assure the Board that staffing levels were safe, and to do so publicly. The paper, therefore, addressed what would be reported and how it was to be published. It was noted that Appendix one showed an example of what the report should contain and how it might be set out. It was not reflective of a true report.

101.02 The Board noted both Jill Foster's reports and agreed the recommendations contained within the second.

#### 14/102 Integrated Performance Dashboard

102.01 Lee Martin introduced the integrated performance dashboard which contained data from the month of April. There had, he said, been a significant improvement in some areas, and the team had been able to correct those areas which had been inaccurately reported in March. Within ED, RTT and cancer, progress had been maintained. Referring to slide 51 (the Friends and Family Test), Lee informed the Board that quality checks were underway and the results of this would be reported to the next Board. There had been a 'dip' in cancer waits, but it was noted that of 35, 32 were directly attributable to patient choice.

102.02 Anita Charlesworth paid tribute to the huge effort made by the health visiting teams in turning round the position on new birth visits. Percentage figures were now up in the eighties, and she felt that the Board should pass on its collective thanks and congratulations to the teams. Paul Lowenberg, referring to page 13 (community waits) asked when would the Board see a rise to 90 per cent. Lee replied that the team had just completed their review of MSK services and the remaining community services would begin the following week. In four to eight weeks' time there would be clarity over the indicators and by September the Board would see the complete picture.

102.03 Turning to page 56 (appraisals), Paul expressed his concern over the decline in the number of staff who had received an appraisal, saying that the figures shown were some of the poorest he had seen during his time on the Board. Siobhan Harrington explained that the Trust was implementing a new appraisal system, and she was confident that once this was introduced across the board there would be an improvement in the figures. Lee added that it had been agreed there needed to be a further data check, citing as an example the fact that several of his own staff had not had their appraisals properly recorded. A further discussion needed to take place at the Trust Management Group. Richard Jennings pointed to the excellent appraisal rates for doctors and consultants.

102.04 In answer to a question from Paul Lowenberg about when the Trust was likely to achieve its alcohol Commissioning for Quality and Innovation (CQUIN), Lee replied that there had been a review and a further look at the action plan to see how improvements could be made. Richard Jennings added that it was important to remember that this CQUIN represented an overall improvement in services provided by the Trust. There was also now a CQUIN delivery board in place chaired by Carol Gillen which maintained an overview of progress and reported to the Trust Operational Board. Duncan Carmichael, lead ED consultant, added that there had been an improvement this quarter.

#### District Nursing Service

102.05 Deputy Director of Integrated Care and Acute Medicine (ICAM) Paula Mattin introduced Sita Chitanbo and Sarah Hayes who were present to give a brief overview of the Trust's district nursing service. They began by comparing referrals made during 2012/13 with those made during 2013/14, noting the significant rise in numbers. Sarah outlined the demographics - people were living longer, being discharged earlier from hospital, and exercising more control about where they chose to die, which in many cases was their own home. A review carried out in Haringey had also led to an increase in preventative visits.

102.06 The presentation then focused on the workforce, and Sita pointed out that vacancies within district nursing was a London-wide problem. Last year just five district nurses had been trained. There was a Department of Health push towards health visiting and this inevitably had a knock on effect on other nursing numbers. Paula added that being an ICO worked to the Trust's advantage as Whittington Health was able to offer a variety of experience across both acute and community services.

102.07 A key issue was that of communication with GPs, where it was clear that there was a mismatch between how the service felt it had communicated and what was reported by GPs. In particular, there had been a great deal of feedback about the message taking service. There were four locality teams in each borough, and travelling time was an issue, particularly in Haringey. Administrative support had recently been brought in to protect senior clinical time. Greg Battle echoed the points made about the increase in demand, but added that for him, as a GP, developments in IT had made the process for referring far easier and an easier referral process might well account for some of the rise in referrals. He also requested the service look at prescribing.

102.08 Sarah drew attention to some of the joint working being carried out with local authorities and the third sector, citing Age UK as an example. Anita Charlesworth mentioned that

in the course of her work she was called upon to attend many conferences and she never hears mention of the innovative work carried out by Whittington Health. She wondered whether UCLPartners could help the Trust to disseminate this work.

#### Emergency Department (ED)

- 102.09 A presentation was given by ED Matrons Fiona Long and Matthew Pomeroy. Fiona began by informing the Board that the Trust was currently performing extremely well on the four hour target, being rated the third highest performer in London. Work was in hand to make some improvements to the physical environment of the department – there was now a new water fountain, and a new screen was to be installed which would enable those waiting to be given up-to-date information. Fiona acknowledged that there was still high usage of bank staff but assured the meeting work was in hand to remedy this. The new access centre was now fully functional and providing an exceptional service, with information constantly updated. A multi-disciplinary meeting took place every morning, addressing what needed to happen that day. The new ambulatory care service was also up and running, and Fiona urged Board members to visit. There were also better links with community services.
- 102.10 Matthew emphasised the huge amount of work which had been carried out by the department to make improvements, noting there had been an increase in the budget which had been much welcomed and needed. Work was currently under way on a recruitment and retention strategy. The team had been learning from complaints, and listening to the views of its staff. He was aware there was a need to improve the Friends and Family Test (FFT) performance. He echoed Fiona’s comments about the work which had been carried out to improve the physical environment of the department.
- 102.11 Anita Charlesworth commended the team on the transformation of ED, describing what had been achieved by the team as ‘fantastic’, with the only issue still to be resolved that of ambulance transfers. In answer to a question from Ron Jacob about what other indicators might be considered as measures of performance, Duncan Carmichael suggested complaints. There had been a review of these a year ago, and he cited as an example the customer care courses which were being run as a direct response to complaints about staff attitude. Richard Jennings echoed this, saying that it was good to see how complaints could be used in a practical way to improve quality. Incidents could also be used in this way.
- 102.12 Siobhan Harrington thanked all those who had attended the Board meeting to present, and Lee Martin asked that thanks be communicated to the teams who had worked so hard to transform their services. Paul Lowenberg echoed Anita Charlesworth’s earlier point about publicising improvement, saying that there was a clear need to take the message about the extent to which services had improved out to the wider community.

#### 14/103 Financial Report

- 103.01 Simon Wombwell introduced the financial report for month one, noting that headlines about this had already been mentioned in the Chief Executive’s Report. He acknowledged that the £600k deficit position was disappointing, while stating that the Trust had planned for a deficit because savings targets would not be met during the first part of the financial year. The issue that concerned him most remained agency staff expenditure, but he had met with the key management teams where spending was of

most concern and was confident they were doing their best to reduce it. Rob Whiteman stressed the need to distinguish between 'savings' and 'cuts'.

14/104 Financial Accounts 2013/14

104.01 Introducing this item, Simon Wombwell spoke of the importance of the annual accounts being received by the Board, and Board members had, therefore, received these and the auditors' report. The Trust had met all its statutory duties for 2013/14, with the only criticism being around the speed with which bills were paid, where there was felt to be some room for improvement.

14/105 Audit and Risk Committee Report, Quality Accounts and Governance Statement

105.01 Rob Whiteman as Chair of the Audit & Risk Committee suggested these three agenda items be taken together as there were issues common to all. Firstly, he assured Board colleagues that that committee had been through the annual accounts, tested various aspects and queried where necessary. The committee felt able to assure the Board that the accounts represented the proper transactions of the Trust.

105.02 Referring to the Quality Account, Rob informed Board colleagues that the external auditors believed they had discovered some errors relating to the methodology used to carry out the Friends and Family Test, and this therefore needed to be rechecked. The external auditors had also raised issues around the apparent 'tightness' of cash and the timing of the annual report. Anita Charlesworth mentioned issues she felt particularly important for inclusion in the Annual Report, namely the treatment of significantly more patients than had been agreed under the terms of the block contract, the mortality rate, ambulatory care and the planned investment in improvements to maternity services. All this, she stressed, had been achieved against an extremely challenging background, which had included the implementation of the new computer system.

105.03 Referring back to the Quality Account, Jill Foster would be feeding back comments from the Quality Committee. The Board approved and adopted all three reports subject to minor amendments only. It was noted that the date on the front of the Quality Account should be 30<sup>th</sup> June.

14/106 NHS Trust Development Authority (TDA) Board Statements

106.01 Simon Wombwell gave the background to the requirement for the Trust to produce these self-certification statements, explaining that foundation trusts followed a similar process when reporting to Monitor. The statements gave the NHS Trust Development Authority (TDA) a picture of where the Trust was on various aspects of its business and where attention needed to be focused. Returns were submitted in arrears, meaning that the April return was submitted at the end of May, May's at the end of June and so on. He then took Board colleagues through the report in detail, explaining precisely what was covered under each heading. It was noted that the Trust had highlighted the following areas of concern:

- RTT data, where there remained some work to be carried out
- Governance, where the Trust had not yet met the 95 per cent target for information governance training
- Vacant posts within the senior leadership team, where it was hoped all posts would be filled by Christmas.



- 106.02 The report was ratified by the Board. It was noted, however, that it was inaccessible to those working from I-pads, therefore, hard copies should be produced in future.
- 14/107 Any other business
- 107.01 Referring to Richard Jennings's appointment as Medical Director, Steve Hitchins informed the Board that he had omitted to mention the appointment also included the role of Responsible Officer.
- 107.02 Representatives of the local Healthwatch organisations were in future to be invited to observe Governors' meetings.
- 14/108 Comments and questions from the floor
- 108.01 Philip Richards said that he had submitted a Freedom of Information (FOI) request last October but had not yet received a response. Siobhan Harrington undertook to follow this up.
- 108.02 Ron Jacob commented on how interesting he had found Jill Foster's paper on staffing levels, and requested that in future those writing papers should include references. He further noted that an increase in staffing levels could lead to reduced costs through increased safety, less adverse events and possibly a reduction in length of stay. Jill replied that it was very difficult to extrapolate the cost of preventing an incident but there was a tangible saving from not employing agency staff.
- 108.03 Ron also raised the issue of a patient experience project that the Governors had wanted to carry out for a service undergoing transformation. He had e-mailed several people but to date had not received a positive response. Steve Hitchins warned him that there might be a capacity issue which meant this might not be possible until the autumn, but he would ensure that Ron received a response.
- 108.04 Margot Dunn said that she had read the KPMG report with interest. She also felt that the Board meeting had been particularly positive, with many positive achievements noted, and she wondered whether the protestors or those who had signed their petition were aware of many of these.
- 108.05 Valerie Lang enquired whether Whittington Health had any responsibility for Telecare, recounting a recent experience when she had fallen and banged her head and a single person had been sent in response to her call who was unable to pick her up. The Trust was not responsible for this service, however, Steve Hitchens undertook to ensure this was raised with the local authority. Valerie also raised the issue of multiple resignations within podiatry. Siobhan Harrington assured her that there was no direct connection between the staff who were leaving. Lee Martin said that he was meeting the service the following week so would ensure there were no issues of concern.
- 108.09 On behalf of the outpatients department Trust volunteer Victoria raised several issues around tests, overseas patients, the appointment of elderly volunteers, ethnicity, and Victoria ward being very busy. It was suggested she take up these issues with Lee Martin outside the meeting.

108.10 Ron Jacob had attended the second of the members' events on tuberculosis (TB) with Richard Jennings as speaker, and recommended them to colleagues. Valerie requested such events be held on the ground floor for ease of access.

### Action Notes Summary 2013-14

This summary lists actions arising from meetings held September 2013 to May 2014 and lists new actions arising from the Board meeting held on 4<sup>th</sup> June 2014.

Ref.	Decision/Action	Timescale	Lead
104.03	Communications team to produce a stakeholder engagement strategy	July TB	CT
05.01	To consider arranging a visit to St George's following its national inspection	t.b.c.	CEO office
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	July 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	Autumn	SH/CEO
86.02	To build more community data into the integrated performance dashboard	July TB	GW
100.02	Executives to consider evidence based acuity and dependency tool for nursing	Sept TB	DN&PE
100.03	Nursing establishment - To bring maternity and paediatric nursing establishment papers to TB Sept	Sept TB	DN&PE
101.01	Nurse staffing information to be uploaded to website by end of June	June	JF
105.03	Quality Account - final amendments to be made and signed off by Chief Executive and Chair	June	SP& SH
108.01	To follow up on the FOI request submitted in October by Philip Richards	June	SHa
108.03	Governors to receive a response to their proposal to carry out a patient experience project	June	SHi/JF
108.04	To follow up the issue of Telecare's responding to patients who have suffered serious falls	June	SHi