Whittington Health NHS

ITEM: 14/126
Doc: 02

The minutes of the meeting of the Trust Board of Whittington Health held in public at 14.00pm on Wednesday 2nd July 2014 in the Whittington Education Centre

Present:	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
	Simon Pleydell	Interim Chief Executive
	Tony Rice	Non-Executive Director
	Anu Singh	Non-Executive Director
In attendance:	Kate Green	Trust Board Secretary
	Chris Goulding	Deputy Director of HR, Operations
	Ursula Grueger	Deputy Director of Finance
	Alison Kett	Acting Director of Nursing & Patient Experience
	Caroline Thomsett	Director of Communications

Apologies: Greg Battle, Anita Charlesworth, Rob Whiteman and Simon Wombwell.

14/110 Patient Story – 'Emily's Pathway'

110.01 Phillipa Marszall introduced Jackie Wilkinson and Beverleigh Senior from the Trust's MSK out-patient physiotherapy service, and Emily, present to recount her story. Jackie began by explaining to the Board that the service was divided into two main parts, the routine standard service and a service designed to address complex problems. The service as a whole was currently undergoing a period of transformation.

110.02 Emily had been a patient since 2011. When first presenting for treatment she had been working for Haringey children's services, ran a voluntary organisation which she had set up, and lived an active life, being a keen surfer. She was well educated, had a Master's degree, and did freelance work with the NHS. In August 2011 she had been 6-7 months pregnant, and had received good support from the midwifery team. She had then developed severe pelvic girdle pain and had gone to her GP and the midwifery team for help. Her GP, she said, did little to help, but the midwifery team referred her to the women's health physiotherapy team and for acupuncture. Her condition worsened and she was confined to a wheelchair for the final three months of her pregnancy. There was a general assumption that her condition would improve once she had given birth. Emily described her experience of giving birth in the birthing centre as 'great'. She found, however, that when she continued to suffer from pelvic girdle pain, she was no longer entitled to see the women's health

physiotherapist, and had been advised by the practitioner that the only way of re-entering the service would be to become pregnant again. Emily felt particularly strongly about this as the practitioner she had been treated by had been the only person with experience of her condition.

110.03 Emily told the Board that she felt that if she had been treated when she first asked for help she would not now be in the position she is, with her condition having worsened from acute to chronic. The following July, she stumbled down some stairs and had to return to using a wheelchair. At this time she could do nothing for herself as she was not able even to push the wheelchair. She was eventually prescribed co-codamol, but its side-effects were not properly explained and because she had received no laxatives she was admitted to ED. Once there, she was referred to a pain consultant and an orthopaedic consultant, and eventually to the chronic pain team. By this time she was disabled, with a blue badge, a condition which she attributed directly to the NHS's failure to treat her in an effective and timely way. She also deeply regretted being unable to engage in physical activities with her daughter.

110.04 Once with the chronic pain team, Emily was referred for physiotherapy, a specialist pharmacy service and put onto a chronic pain management course, which she said was a turning point for her since it meant that she was seeing someone regularly. The team also referred her to an orthopaedic consultant, who in turn suggested she see a pain consultant. She continued however to experience difficulties in getting her GP to make referrals, and was incurring personal expenditure making private appointments. She also spoke to the PALS team but this did not progress matters. She was given a referral to the IAPT team, which she was at first sceptical about but subsequently found it helpful in managing her pain. She described being constantly met by a sea of blank faces and people who did not know what to do for her. She felt that most professionals wished she would just 'shut up and accept it'. What would have helped would have been to have her own personal navigator through the system.

110.05 Jackie spoke of the timeliness of this presentation given that the service was undergoing a period of transformation, and thanked Emily for agreeing to serve on a focus group for the chronic pain service. She emphasised that throughout the changes the needs of the patient needed to be utmost in everyone's consideration. It needed to be born in mind however that delivery was to a certain extent constrained by service level agreements and commissioning arrangements, and only in the last five years had chronic pain been recognised as a disability.

110.05 Lee Martin expressed his thanks to Emily for speaking to the Board, and said that he and Richard Jennings would discuss next steps. Steve Hitchins also thanked Emily, and Simon Pleydell described her account as a powerful story which should be heard by the whole health community. Beverley described the work being undertaken within the service particularly looking at integration, she also recognised the need to provide more information about the range of

services offered by the Trust and was pleased to announce that the website would be available in two weeks' time. She added that where services were not available from the Trust there is and continues to be the freedom to refer on to another locality. The point was also made that occasionally practitioners need to consider 'thinking (and acting) outside the box' when circumstances warranted it.

14/111 Minutes of the previous meeting

111.01 The minutes of the meeting held on 4th June were approved.

Action notes

111.02 104.03: The stakeholder engagement strategy was on the agenda for discussion and could therefore be removed from the schedule.
05.01: The visit to St George's would be arranged when the new interim director of nursing and patient experience took up her post.
28.045: No report was due until September.
64.02: The Board had heard and taken note of the patient story relating to cancelled appointments and this item could therefore be removed from the schedule.
68.04: It was agreed that two sessions would be needed to allow for a detailed discussion of out-patient services and this would be built into the seminar programme.
71.02 It was agreed that involvement of local people had been addressed in the stakeholder engagement strategy above, this item could therefore be removed.
86.02: This item was deferred until the September Board meeting.
100.02 & 100.03: Neither report was due until September.
101.01 & 105.03: Both actions had been completed and could therefore be removed.

14/112 Chairman's Report

112.01 Steve Hitchins informed the Board that he had been hoping to make an announcement about the appointment of a new Chief Executive for Whittington Health, however he was not in a position to do so yet as proceedings were still under way. He expressed his thanks to everyone who had attended the focus groups and presentations.

14/113 Chief Executive's Report

113.01 Simon Pleydell drew the Board's attention to the report which had been circulated, and highlighted the following issues:

113.02 A new infection control campaign had been launched – this was particularly important given the Trust had declared eight C. difficile cases against its threshold of 19 this year.

113.03 There had been considerable publicity around some babies across Southern England who had received potentially contaminated intravenous liquid products, one of whom had been treated at Whittington Health. Clinical colleagues had responded extremely well and had worked collaboratively with NHS England and other London Trusts to ensure the best possible outcomes.

113.04 The report into nurse staffing levels had now been published and was also available on the NHS Choices website.

113.05 The Emergency Department continued to meet the national target despite a rise in numbers being treated. Other hospitals across the country faced similar pressures, and further detail on this and the Trust's Referral to Treatment (RTT) performance would be given under the Performance Report.

113.06 The Trust's financial position at the end of Month two was disappointing, however Simon wishes to reassure the Board that considerable work was going on in analysing Cost Improvement Plans (CIP), assessing whether sufficient effective measures were in place and ensuring income plans were robust. Once the first quarter report was completed the Board would review the position and take a view about what action needed to be taken. There was however also some good news – The Trust was to receive a share of the recently announced £250m to support elective waiting lists and £400m for urgent and emergency care in 2014/15.

113.07 Richard Jennings was present at the Board in his new role as the Trust's Medical Director, and Philippa Davies would join the Trust on secondment as Director of Nursing & Patient Experience from 1st August. The Trust would be instigating the process to recruit a substantive Chief Finance Officer.

113.08 The Friends & Family Test for staff had now been launched and an analysis of results would be brought back to the Board in the autumn. Paul Lowenberg inquired how the experience of the N19 pilot was being shared across the organisation as this should be a huge opportunity for progressing integrated care. Agreeing, Simon replied that there would indeed be opportunities to use and build on this however the Trust was not quite in a position to do so yet. Lee Martin added that the N19 steering group was progressing work in this area.

14/114 <u>Stakeholder Engagement Strategy</u>

114.01 Introducing this item, Caroline Thomsett informed the Board that the strategy followed a format laid down by the Trust Development Authority (TDA). It focused on patients, staff and the wider community, with a number of objectives set out under each area. Over the next couple of months, work would be carried out to build up an action plan which would be presented to the Board in the autumn.

114.02 Paul Lowenberg suggested there should be more clarity about the Board's role and commitment and asked that the following points be built in to the strategy:

i) Listen and respond appropriately to the views of stakeholders as an important input to organisation wide vision, strategy, policy, and medium term planning and budgeting as well as on-going operational performance.

ii) Assure that arrangements are put in place to provide suitable depth and breadth of engagement with the different stakeholder groups and particularly assure that hard to reach groups are included.

iii) Review annually the delivery of engagement and assure that appropriate action plans are put in place for the coming period to reflect its plans and strategic directions.

114.03 Siobhan Harrington added that looking at the Trust's vision and strategy was key and what was particularly important was how we involve local people in this. Tony Rice, whilst agreeing the broad focus of the strategy, commented that it was very forward looking and what was missing therefore was communication about what the Trust was doing now. Anu Singh drew the distinction between a communications strategy and an engagement strategy. Paul Convery warned of the dangers inherent in telling customers how well the Trust performed, saying that if this did happen it should happen at a transactional level. A positive reputation can take several years to build but can be undone in less than a minute. Steve Hitchins expressed the hope that Trust staff would act as ambassadors for the organisation.

114.04 The strategy was agreed by the Board subject to the incorporation of Paul Lowenberg's points.

14/115 <u>Integrated Care Education Strategy</u>

115.01 Richard Jennings began his introduction of this paper by reminding Board colleagues that Whittington Health as an organisation has two unique selling points, one being its status as an integrated care organisation (ICO), and the other being a centre of excellence for education. The Education Strategy Group has been meeting since last year, and was shortly to be rebranded as the Education Steering Group, and it would support the aim of ensuring that a good strategy for education sat alongside a robust strategy for integrated care. The paper provides many examples of good practice and suggests where these might be expanded. There was no reason, Richard said, why if the Trust aspired to be the best provider of integrated care it should not also aim to be the best provider of education.

115.02 Paul Lowenberg suggested this be brought to the Finance & Business Development sub-committee in the autumn as it constituted a new business opportunity. He also expressed a slight concern about the matrix management approach, asking how delivery could be guaranteed. Richard took the point,

replying that other suggestions were contained within the paper such as the establishment of a faculty.

115.03 The Board agreed the paper, and thanked Greg Battle, albeit in his absence, for bringing it to the Board.

14/116 Board Assurance Framework

116.01 Siobhan Harrington reminded Board colleagues that the Board Assurance Framework (BAF) continued to be a work in progress and that it would be further examined at the Board seminar in September. The executive team had been through the document and signed off the content, noting there some risks had been rated higher than had been the case the previous year. The BAF would also be going to the next Audit & Risk sub-committee on 23rd July. Work was also in hand to ensure the Risk Register was aligned to the BAF.

116.02 Paul Lowenberg enquired about seven day working, and Simon Pleydell replied that discussions continued to take place, including looking at standards, identifying gaps and then assessing how best to fill them. This was recognised as a key safety issue and would be coming back to the Board in September.

14/117 Nursing & Midwifery staffing levels

117.01 Alison Kett reminded the Board that Jill Foster had brought a draft template to the Board in June, and the report brought to this meeting had now been populated, although she stressed this was still a work in progress and the first month of gathering and verifying this data. She acknowledged that the process had not been successful in all areas so they had visited the wards to verify. Alison was confident that in terms of numbers of nursing and midwifery staff on duty the Trust was providing a safe service. In answer to a question from Tony Rice about the reliability of the maternity numbers, Alison replied that this was still relatively new data and that we were continuing to validate.

117.02 The Board noted the report.

14/118 Monthly Performance Dashboard

118.01 This item opened with a presentation from Lynda Rowlinson about Haringey health visiting service visits to new born babies. Lynda explained that this had been a key performance indicator (KPI) since 2009/10. When community services in Haringey & Islington had merged with the Whittington Hospital to form the ICO, it had soon become apparent that those organisations had different targets, and it had also been agreed that a target of visiting within 28 days of a birth was not a sufficiently robust target if early intervention was required. The DH and NHS London therefore introduced a 95% target to carry out the new birth visit (NBV) within 10-14 days as a performance indicator for the Health Visiting service in 2009/10. The service was currently achieving a 91.3% performance and aiming for the 95%, which it had achieved, but had

since fallen slightly and the position had now 'plateaued'. Lynda took the Board through the methodology by which the target had been achieved, the blocks encountered, and how these had been surmounted. Key to this was the health visitor expansion plan and recruitment.

118.02 In answer to a question from Siobhan Harrington about benchmarking, Lynda said that there was little comparative data available. She was aware however that whilst staff found the targets challenging they were proud of their achievements to date and worked hard to maintain their achievements. There were on occasion barriers to visiting such as when a baby remained in or was admitted to hospital.

118.03 Lee Martin informed Board colleagues that the Trust had met the 4 hour ED target in May however the last few weeks had presented some very real challenges, which were not peculiar to Whittington Health but had affected all of London. The main difference was in the time presenting rather than any particular clinical groups or age groups. The RTT target had also been achieved and validation was almost complete. Referring to cancellations, waits etc, Steve Hitchins emphasised how communicating with people in the manner of their choice was especially important to the patient experience. Lee Martin informed the Board that customer care training was currently under way and reception staff would shortly be undergoing this. Speaking of the two week cancer target, Lee said that this target had not been met in the main because of patient choice. The position was monitored on a daily basis, and staff also watched for local and national awareness campaigns as these obviously generated a rise in referrals.

118.04 In answer to a question from Paul Lowenberg about progress on CQUINs, Lee replied that a CQUIN steering group had now been established under the chairmanship of Carol Gillen and that discussions with commissioners continued. Paul added that there had been considerable achievements made within community services and these needed to be drawn to the attention of commissioners. Paul Convery mentioned the new ambulatory care service and monitoring the affect this had on other services. It was noted that GPs had reported positively. The next stage, Lee said, was to develop even better integration with the ambulance service.

14/119 <u>Financial Report</u>

119.01 Introducing this item, Ursula Grueger informed the Board that the Trust currently showed a £450m negative variance against plan. This was due to a combination of income below plan and underperformance on CIPs. There would be a need, once the first quarter position was confirmed, to scrutinise data, to ensure everything was coded appropriately and that all facets had been correctly captured. It was noted that the first quarter was traditionally difficult to analyse as these months were not typical, with performance lower than other times, due for example to May bank holidays. There was a great deal to do prior to submission of the SUS data in ten days time.

119.02 Progress had been made towards identifying recurrent CIPs, however it was acknowledged this should have been achieved sooner. It was suggested the Board should now be looking at best and worse case scenarios in order to ensure risks are fully understood and effective mitigations are (wherever possible) put in place. In particular there was a need to know exactly when the monthly run rate came into balance. Paul Lowenberg enquired about cash and whether the Trust had the facility to borrow, and was assured that it did.

14/120 Complaints / Serious Incidents Report

120.01 Alison Kett reported that the length of time taken to respond to formal complaints had increased slightly in April, this had been due to the temporary loss of the support to the divisions on complaints work. This support had now been reinstated.

120.02 Alison reported that the following serious incidents had been declared during June:

- Eight pressure sores (five in the community, two on elderly care wards and one on Ifor ward)
- Three other new SIs; a sepsis in ED, an unplanned ITU admission from maternity services and a third concerning a patient who had presented with breathing problems where blood gases were delayed. It was noted that his condition was now improving.

120.03 Richard Jennings added that efforts had been made to hold timely SI panels and reduce the number of panel meetings delayed – to this end three had been held the previous week.

14/121 TDA Board Statements

121.01 Simon Pleydell drew attention to two areas where the Trust had acknowledged some degree of risk, both connected to governance. These were the failure to meet the required 95% compliance on Information Governance training, and secondly, the number of executive-level vacancies currently held by the Trust.

121.02 The statements, submitted to the TDA on 24th June, were formally ratified by the Board.

14/122 Report from the Quality Committee

122.01 Introducing this item, Anu Singh announced her intention to review the Quality Committee, both in terms of its structure and process. She felt there remained further work to be carried out on accountability as well as the roles of the corporate teams. She also asked colleagues to give consideration to the question of where in the organisation consideration was given to ambition. She felt, in summary, that there was an opportunity to move from studying data to

driving and scene setting. Siobhan Harrington suggested that some of this thinking might usefully be taken forward in the Board seminar the following week.

14/123 Any other business

123.01 It was noted that Jane Dacre's leaving event was scheduled to take place the following evening at the Star pub in Chester Road.

14/124 Comments and questions from the floor

124.01 Helen Kania opened by congratulating the Board on having the courage to hear a patient story which did not give a glowing account of treatment at the Trust. She suggested that the story was one which should be heard by the Clinical Quality Review Group since it contained clear messages not only for the Trust but also for GPs and for commissioners. Richard Jennings voiced his support for this idea whilst adding that there was a clear need for sensitivity around how and by whom this was done. Helena also expressed her concern that the stakeholder engagement strategy had been brought to the Board without any reference to the governors. Caroline Thomsett assured Helena and fellow governors that their involvement formed part of the next stage of the process. Finally, Helena said that complaints reports to the Board should be written rather than verbal, and Alison Kett assured her that from September onwards they would be.

124.02 Referring back to the importance of patient safety, Margot Dunn said that the previous Monday she had been present at the Trust with Valerie Lang when Valerie had visited disabled toilets in different parts of the site. On both occasions they had noted the red 'panic cords' were tied out of reach and thus completely inaccessible to anyone suffering a fall. Simon Pleydell expressed concern at this and said the position would be checked.

124.03 Ron Jacob had been unable to read the TDA statement, it was clarified that this was an IPAD issue rather than any problem with the document itself. Ron also commented on the patient story, emphasising the importance of the patient being appropriately referred on. He also felt the policy of six weeks' worth of appointments should be reviewed. Lee Martin would look at this.

124.05 Referring to the Integrated Care Education Strategy, Ron enquired whether this was seen as something quite clinical or whether there was scope also for inclusion of financial, social and structural aspects – he felt there were some interesting avenues to explore. Richard Jennings agreed, saying that the strategy certainly allowed for diversity into such areas. Simon Pleydell added that the NE London CLARHC was looking at the use of research and improvement science, also that he was due to see David Fish the following day to discuss how UCLP might lend its support to this work. He did remind the Board that the funding was clinically focused, however he felt there was real potential to develop the work.

124.06 Philip Richards confirmed that he had received a response to his FOI query however he had not been satisfied with the content and had therefore referred it back.

124.07 Victoria Pavnak expressed some concerns around staffing levels, volunteers and the non-use of the 503 number. Lee Martin suggested that he and/or Alison Kett might speak to her outside the meeting.

Action Notes Summary 2014-15

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

Ref.	Decision/Action	Timescale	Lead
05.01	To consider arranging a visit to St George's following its national inspection	t.b.c.	PD
28.04	Board to receive an update report on the catering service in six months' time	Sept	SW/PI
28.04	KPIs from the catering contract to be built into the integrated performance dashboard	Sept/Oct	PI/LM
68.04	Board to consider a 'deep dive' into out-patient services	Oct	SH/LM
86.02	To build more community data into the integrated performance dashboard	Sept	GW
100.02	Executives to consider evidence based acuity and dependency tool for nursing	Autumn	PD
100.03	Nursing establishment – to bring maternity and paediatric nursing establishment papers to TB in September	Sept	PD
113.08	Analysis of staff Friends & Family Test results to be brought to the Board in the autumn	Sept/Oct	CG
114.01	Stakeholder engagement strategy – next steps to be brought to the Board in the autumn	Sept/Oct	CT
114.02	Paul Lowenberg's views to be incorporated into the stakeholder engagement strategy	July	CT
115.02	Integrated Care Education Strategy to be discussed at the Finance & Business Development Committee in the autumn	Sept	RJ
116.02	The Board to discuss seven day working at its meeting in September	Sept	SP
117.01	To check the maternity numbers in the nursing and midwifery staffing levels report	July	AK