

**The minutes of the meeting of the Trust Board of Whittington Health held in public at 14.00pm on Wednesday 3<sup>rd</sup> September 2014 in the Whittington Education Centre**

Present:

Anita Charlesworth	Non-Executive Director
Philippa Davies	Interim Director of Nursing & Patient Experience
Siobhan Harrington	Director of Strategy/Deputy Chief Executive
Graham Hart	Non-Executive Director
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
Caroline Thomsett	Director of Communications

14/124 Patient Story – Outpatient Appointment System

124.01 Phillipa Marszall introduced Maureen Blunden, Assistant Director for Surgery, Cancer and Diagnostics. Maureen described the experience of a patient who had telephoned regarding her hospital appointment. The patient had waited for 30 minutes for the telephone to be answered, and when it was, she had been forced to repeat her details several times which had been frustrating for her. She therefore requested to speak to the manager, but had been told no-one was available. In addition, her details had not been available on the system.

124.02 Maureen went on to describe the lessons learned from this episode. The call centre had now been moved from its formerly overcrowded and noisy environment to the Highgate Wing, which meant staff had fewer distractions. The member of staff who had taken the call had explained that due to background noise she had been unable to hear the patient's details, hence the need for them to be repeated. Customer care training had also taken place and vacant posts had been filled (Maureen mentioned having received over 100 applications for a post). Monday mornings as the busiest time remained a problem, and patients are advised to call at other times. Anita Charlesworth suggested that rather than ask patients to call at other times the Trust should be able to be flexible with staffing arrangements, and Maureen assured the Board this was already in hand. The patient had been more than happy with the response to her complaint and the action which had been taken to remedy the situation.

124.03 Maureen added that consideration was being given to extending the working day so that patients could call before or after work. Steve Hitchins expressed his

congratulations to Maureen and the team for the improvements which had been achieved. It was noted that there had been a reduction in complaints made about the department. Paul Lowenberg stated that he was extremely pleased with the changes that had been made. It was further noted that in October the Friends & Family Test would be implemented within out-patient services; this would provide additional information on performance.

14/125 Welcome and apologies

125.01 Apologies for absence were received from Greg Battle, Rob Whiteman, Paul Convery and Peter Morton. Steve Hitchins welcomed Professor Graham Hart (successor to Jane Dacre) to his first meeting of the Board. He also welcomed as observers two new NHS management trainees who had started their placements that week and invited them to make appointments to see him.

14/126 Minutes of the previous meeting

126.01 The minutes of the Board meeting held on 2<sup>nd</sup> July were approved. There were no matters arising other than those already scheduled for discussion.

Action notes

126.02 05.01: The planned visit to St George's had now been incorporated into the overall CQC action plan and could therefore be removed from the schedule.  
28.04: An update on the catering service transfer had been included within the Chief Executive's report.  
68.04: The deep dive into outpatient services was not due until October.  
86.02: Building additional information on community services into the performance dashboard was in hand – this item could therefore be removed from the schedule.  
100.02: A report on the development of an acuity and dependency tool for nursing was not due until November.  
100.03: Philippa Davies informed the Board that she would be bringing her report on the nursing establishment to the October Board meeting.  
113.08: The report on the outcome of the Friends & Family test for staff was included within the Chief Executive's report.  
114.01: The stakeholder engagement strategy would be launched at the AGM later that evening.  
114.02: Paul Lowenberg's views had been incorporated into the strategy.  
115.02: Work on the integrated care education strategy was in hand and progressing well.  
116.02: Discussion of seven day working had been postponed until the October Board meeting.  
117.01: Maternity staff numbers would be included within Philippa Davies's nursing establishment report due in October.

14/127 Chairman's Report

127.01 Steve Hitchins began his report by informing the Board that it was customary to designate a Non-Executive Director responsible for the interests of children, and he thanked Anita Charlesworth for agreeing to take on this role.

- 127.02 Despite undertaking a robust process the Trust had not appointed a substantive Chief Executive, however Steve was pleased to report that Simon Pleydell had agreed to remain until Christmas. There would be a subsequent process later in the autumn.
- 127.03 Work had commenced on a new 5-year clinical strategy for the Trust, further details of which would be announced at the Annual General Meeting later that day. The King's Fund was helping the Trust to clarify its vision and definition of what constituted an Integrated Care Organisation (ICO). Steve encouraged all those present to attend the AGM, which would be held in the lecture theatre on the main hospital site.
- 14/128 Chief Executive's Report
- 128.01 Simon Pleydell began his report by informing the Board that the Trust Development Authority (TDA) had that day approved the Trust's outline business case for the redevelopment of its maternity services. This would then proceed to the development of a full business case, which would take between six and twelve months, and from there to a two-year construction period. He emphasised that the TDA's granting of almost £10m capital funding demonstrated that organisation's confidence in Whittington Health, and rejuvenated maternity services constituted a major step forward as part of the forthcoming new clinical strategy. Enabling works had already begun.
- 128.02 The CQC had rated Whittington Health in Band 6 in terms of patients receiving safe high quality care – this was the highest possible banding and was based on a number of indicators around safe, effective, caring, responsive and well led care. Work was also in hand to prepare for the new CQC inspection.
- 128.03 Simon also drew attention to the following:
- The accreditation of Simmons House as 'excellent' by the Quality Network for Inpatient CAMHS (run by the Royal College of Psychiatrists)
  - Performance within ED, which was now second best in the country
  - The launch of the paediatric hospital at home service in Islington with a hugely enthusiastic team symbolic of what the ICO is about
  - Friends & Family Test for staff – the response, returns from 381 staff out of a possible 4,300, had been disappointing, and efforts are being made to encourage staff to complete the survey this month, as only by seeing where improvements are necessary can action be taken to improve matters
  - Catering services – the transfer to Sodexo had taken longer than expected, but was now imminent.
- 128.04 Finance remained a major challenge, with the current position being around 50% attributable to lower than expected income and 50% to cost control factors. The TDA was fully aware and had impressed upon the Trust the importance of returning to balance. Interim CFO Simon Wombwell had left the Trust in August; the recruitment process for his successor had been delayed but would be reactivated towards the end of September. In the meantime the Trust would be enlisting some consultancy assistance to progress the financial strategy for next year and especially to work on the most appropriate way to guarantee funding for an ICO.

- 128.05 Paul Lowenberg asked what stage the Trust was at in respect of the additional beds for Simmons House. Lee Martin replied that the design plans had been signed off and implementation plans were now being worked up.
- 14/129 DIPC Annual Report
- 129.01 Tricia Folan, lead nurse for infection prevention and control, introduced the annual report which contained detailed accounts of work undertaken as well as action plans for the future. She informed the Board that during 2013/14 the Trust had declared two cases of MRSA bacteraemia – all hospitals have a zero tolerance target therefore Whittington Health had failed to meet the target. There had been no cases to date so far this year.
- 129.02 Anita Charlesworth praised the clear and impressive report, and enquired what action the Trust was taking in respect of E-coli and MSSA . Tricia replied that both were included within the report, and that much of the action taken to combat MRSA also impacted on MSSA. Public Health England was looking into the differing rates of reduction, but studies showed that the majority of E-coli cases were community acquired, and Tricia explained that E-coli was present - albeit dormant – in most people. She enlarged upon the joint work carried out with those working on urinary infections, tissue viability specialists and liaison staff. It was expected that in the future reports would be centred around incidents where Trusts could be seen to be directly responsible for hospital acquired infections. Tricia added that the team was very visible throughout the Trust, regularly visiting all premises. The recent highly prominent hand hygiene campaign was shortly to be extended into community services, and the team ran a 24 hour 7 days a week service.
- 129.03 Lee Martin enlarged upon the prevention work carried out by the infection prevention and control team, explaining how it engaged with those treating conditions such as urinary tract infections through inreach to nursing homes etc. Richard Jennings spoke of the contribution made by the enhanced recovery service in this context.
- 129.04 Noting the report, the Board requested thanks be extended to Julie Andrews, Tricia and the whole team for their dedicated work in this area.
- 14/130 Report from Audit & Risk Committee
- 130.01 In Rob Whiteman’s absence Steve Hitchins introduced the report, informing Board members that the most recent meeting of the committee had focused on the business planning process. Siobhan Harrington pointed out however that the report circulated related to the meeting held in July. This had comprised discussion on workforce, the internal audit plan, the regular review of any bad debt, and deep dives into risk review management. The committee had been particularly impressed by the quality and depth of the ICAM report. Paul Lowenberg stated that the committee had been much assured by the notable improvement seen in the quality of the risk registers for both ICAM and SCD. The Board Assurance Framework (BAF) had also been a subject for debate in terms of what action was being taken by the Trust to ensure control of risks, to the extent that those risks listed were controllable.
- 130.02 Workforce plans and their implementation were very much works in progress, and Paul felt there remained considerable work to do in this area. Finally, he informed the

Board that risk registers would be brought to the Board annually. The report was approved by the Board.

14/131

Strategy development and engagement process

131.01

Introducing this item, Siobhan Harrington informed Board colleagues that by December there would be a clear narrative and vision for the Trust's strategy for the next five years. This would be formulated with involvement from the community, other key stakeholders, and staff. The Trust was working with the King's Fund throughout August and September to conduct a stocktake of Whittington Health's journey so far, and on 8<sup>th</sup> October there was to be an event which would inform further in-depth work to take place during October and November. This would include a series of open days with the community – to take place in both hospital and community settings, where discussions would be held around achievements and progress to date and how best to formulate the strategy for the next five years.

131.02

Also underpinning this strategy work were the Integrated Business Plan (IBP) and Long Term Financial Model (LTFM), the latter of which needed to be submitted to the Trust Development Authority (TDA) by December. Siobhan would be speaking in greater detail about this work at the AGM to follow this meeting. She added that invitations had already been extended to the Trust to attend a number of external meetings, and every opportunity would be taken to use existing local fora to gain views. Anita Charlesworth enquired whether social media was also to be used, and Caroline Thomsett assured her this was in hand. Anita also highlighted the service needs of young people caught on the cusp between children's and adult services, suggesting that as an ICO Whittington Health should perhaps be in a position to offer more to this group. Siobhan agreed this was an important aspiration which should be addressed.

14/132

Performance Report

132.01

Lee Martin introduced the performance dashboard, explaining that it had been presented in a new format which corresponded with the TDA's assurance framework. He acknowledged that this was a 'first cut' and there was further work to be undertaken before the dashboard was finalised. The first two pages gave a summary of the main standards, and Lee highlighted some orange areas which, he explained, denoted indicators which would show areas below target as agreed improvements were implemented. He referred back to a comment made by Maureen Blunden in her presentation which referred to the fact that all of these were now booked in for appointments.

132.02

The next pages gave detail on the key themes, and generally the indications were positive. There had also been a notable improvement in the quality of the data itself. In answer to a question from Steve Hitchins on theatre utilisation, Lee explained that performance appeared lower than was actually the case due to a discrepancy in the way times were calculated, and the accurate figure was approaching 91%. Anita Charlesworth requested IAPT waiting times be included within future reports, and Lee replied that all community access targets should be shown.

132.03

Paul Lowenberg paid tribute to the achievements of the ED staff, describing the performance within that department as 'excellent'. It was obvious that there had been real focus and there was every evidence of achieving the desired outcomes, in a way

which went against the national trend. The last two pages provided new measures, the mean time for being seen and the percentage of people who left the department without having been seen. Lee explained that this latter measure fell into two district sections; the first being those who genuinely left without having been seen, but the second constituted those who had been referred to a primary care service. The measure would in future be divided. Lee assured the Board that those people who had genuinely left without being seen were contacted within 24 hours to ensure they were safe.

132.04 Paul raised two areas which were of concern to him – appraisal, which was showing as below 40%, and complaints response times, which were between 25% and 30%. Simon Pleydell replied that a new system of divisional reviews had now been established, he had personally requested plans to bring performance up to speed and would be reviewing these areas at the next quarterly review meetings. He acknowledged that complaints responses were ‘a work in progress’, there were some issues around capacity, but this did not entirely explain the position – there was scope for simple issues to be resolved quickly and thus negate the need for formal complaints to be made. There was also a need for improved training. He stressed that he would never issue a less than optimal response merely to meet timescales. The central complaints team were well aware of issues and would communicate these to divisional colleagues at the quarterly meetings. Richard Jennings added that doctors’ appraisals were running at over 90%.

14/133 Financial Report

133.01 Ursula Grueger introduced the financial report for Month 4. The Trust was showing a deficit position of £989k – a small deficit had been planned for but this exceeded it and brought the full year position to £3.7m deficit, an adverse position of £2.7 against plan. There were two themes contributing to this, one around income, where the Trust had planned to have moved to PbR by this stage of the financial year and where income was in some areas coming in lower than had been expected, and the second on expenditure. On expenditure, the main areas of concern were within ICAM (particularly on pay) and SCD. Delivery of CIP targets was also showing as 57%. A brainstorming session had been held the previous week which had generated some innovative and thought-provoking ideas.

133.02 Page 9 onwards of the report showed the themes so far identified to contribute to the ‘back to balance’ plan. The top line showed the consequence of taking no action, and the main themes identified below that concentrated on income, workforce productivity, different use of technology and benchmarking. Staff have also been reminded of the need for tighter controls around non-pay and vacancies. In answer to a question from Anita Charlesworth about how confident the executive team was about income, Siobhan Harrington replied that the position was complicated due to the number of different income streams. CCGs were very supportive but the process was not without its risks.

133.03 Paul Lowenberg enquired what barriers were in place to prevent the Trust's moving to PbR contracts, and Siobhan replied that it had originally been agreed that the Trust would move to PbR after Quarter 1, however new data quality assurance plans needed to be in place prior to this happening. Paul also enquired about the high proportion of CIPs which were non-recurrent. Simon Pleydell replied that the CIP Management Group (which he was now chairing) was looking closely at this – some of the later CIPs

would have a full-year effect, however the non-recurrent were also needed in order to contribute towards savings targets before the later schemes began. Tony Rice expressed his congratulations to all for the work so far achieved in this area.

133.04 It was noted that the TDA is fully aware of the Trust's position and approach. There would be a formal report to the Board on CIPs the following month.

14/134 Complaints & Serious Incidents Report

134.01 Philippa Davies reported that thirty formal complaints had been received in July, of which 50% had been responded to within the target period. Philippa noted that further discussion on complaints had taken place earlier under the performance dashboard agenda item.

134.02 Ten serious incidents had been declared during July. Philippa informed Board colleagues that from October a written report would be produced for the Board.

14/135 Finance & Business Development Committee Report

135.01 Tony Rice began his report by mentioning he had recently attended a day-long event for NEDs, which had, he said, left him feeling very positive. The Finance & Business Development Committee was also making positive progress. The most recent meeting had looked in detail at savings plans and been encouraged by achievements made to date. He also spoke about the business development strategy, saying that proven competency was the key criteria. Siobhan Harrington had also carried out some excellent work. A wealth of opportunities was approaching, and all would be fully exploited by the Trust.

135.02 The committee was also looking at procurement. The Trust was part of a consortium for procurement services and this was carrying out some interesting work, however there was a need to make sure, through director Alan Farnsworth, that all was working to the best advantage of Whittington Health.

135.03 Finally the committee had discussed the Trust's charitable funds, noting that Tony would in future be chairing the Charitable Funds Committee. It was agreed that the charity, which was a formally registered and official one, would benefit from a new long-term strategy and vision, and Tony would be approaching everyone for ideas and contacts with the aim of being able to show real progress before the end of the year.

14/136 TDA Board statements

136.01 The Chairman drew attention to a change to number 10 (Governance) where the 18 weeks performance had been changed in line with the Trust's agreed trajectory. He also reminded Board colleagues of the importance of holding a regular detailed discussion of the document, perhaps quarterly. Paul Lowenberg mentioned that the report would not be seen by those using I-pads, and Kate Green was asked to add remedying this to the action table.

14/137 Nurse and Midwifery staffing levels

137.01 Introducing this standing agenda item, Philippa Davies said that this statutory report was also available on the website. It had been revised following feedback at the last

Board meeting. The report shows the Trust as having slightly over the required number of staff at certain times during the month, due to the need to provide additional care for our most vulnerable patients. The position was reviewed at the bed meeting held first thing each morning. Lee Martin added that the forthcoming mental health project would make a helpful contribution in this area as there would be additional prevention and therefore less requirement for 'specialling'

14/138 Board Assurance Framework

138.01 Siobhan Harrington stated that the format of the Board Assurance Framework (BAF) was due for review, and there was to be a workshop at the end of September to progress this. There would also be an opportunity for discussion at a Board seminar. The document circulated therefore reflected the most recent thinking of the executive team about where the corporate risks are across the organisation. The BAF would be looked at and discussed in considerably more detail at the next Audit & Risk Committee. Paul Lowenberg expressed some surprise that the implications of 7-day working did not appear, and Siobhan said they were contained within section 3.3 but could be made more explicit and she would make this change.

Comments and questions from the floor

Ron Jacob asked whether the positive news about the redevelopment of maternity services guaranteed the safety of the Trust's ED. Siobhan Harrington replied that both were viewed as integral parts of an ICO although not technically inter-related. He also enquired whether the Trust's financial position meant that the Trust was not at present applying for Foundation Trust status. Simon Pleydell replied that the main test was the sustainability of the LTFM and validation process. Now was the moment to take time to get this right. Generally the bar was getting higher, with a successful CQC inspection also required, and planning for this was already underway. Ron also invited the Board to comment on an item which had been discussed in the private section of the meeting (orthopaedics), asking whether this had implications for the Trust's strategy. Simon spoke of the desire to strengthen some of the Trust's specialties in order to create more income, there were a number of potential strands of work under consideration, and capacity for orthopaedics would always be required. Finally, Ron requested reports be colour-coded by division.

Margot Dunn queried the funding of the maternity services redevelopment. It was explained that almost £10m was coming from the TDA and the remainder from the Trust's own capital programme. Frank Jacobs (Healthwatch Islington) spoke of his contribution as a representative on the patient experience committee, mentioning that he had yet to see a medical representative at the committee although at least one was supposed to attend. Philip Richards asked for it to be recorded that he had stressed the importance of thanks and compliments being passed on to staff. He also made a point about one of the shutters in the out-patients department having been down for some time now. Responding to the latter point, Lee Martin explained that the shutter was broken and the department had been awaiting a spare part from overseas before it could be fixed. The team was however considering closing that position in order to create more of a quiet area. Philip also asked about mixed sex accommodation breaches. Philippa Davies assured him that she had looked into these, there had been a decrease, and the aim was to have no breaches that were not clinically justified. Finally, he inquired how many times the maternity unit had been closed to new mothers and whether the Trust accommodated the Bounty club. Lee Martin



replied that the unit had not been closed, and he would check the Trust's policy on Bounty.

Ron Jacob asked whether the low appraisal rate was attributable to staff now wanting their appraisals or managers not making the time, and whether there was a link between appraisal and increments. In response to the first question Simon Pleydell replied that there was an element of both, adding that it was known that motivation was linked to good relationships with line managers and good appraisals. Richard Jennings added that for doctors, revalidation was dependent on a positive appraisal.

### 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 3<sup>rd</sup> September 2014.

Ref.	Decision/Action	Timescale	Lead
68.04	Board to consider a 'deep dive' into out-patient services	October	SH/LM
100.02	Executives to consider evidence based acuity and dependency tool for nursing	November	PD
100.03	Nursing establishment – to bring maternity and paediatric nursing establishment papers to TB in October	October	PD
116.02	The Board to discuss seven day working at its meeting in October	October	LM
132.02	Inclusion of all community access targets within the performance dashboard	Oct/Nov	LM
133.04	A formal report on CIPs to be provided for the Board in October	October	UG
134.02	Written reports on serious incidents would be brought to the Board from October	October	PD
136.01	To ensure all Board members have readable copies of the TDA reports	October	KG
138.01	To include a specific reference to seven day working on the Board Assurance Framework.	October	SH