

The minutes of the meeting of the Trust Board of Whittington Health held in public at 14.00pm on Wednesday 1st October 2014 in the Whittington Education Centre

Present:

Anita Charlesworth	Non-Executive Director
Philippa Davies	Interim Director of Nursing and 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
Anu Singh	Non-Executive Director
Ursula Grueger	Deputy Director of Finance (Acting as Director of Finance)

In attendance:

Kate Green	Trust Board Secretary
Chris Goulding	Deputy Director of HR, Operations
Caroline Thomsett	Director of Communications

14/139 Patient Story – Speech and Language Therapy

139.01 Philippa Davies introduced Kate, a client of the Trust's speech and language therapy service in Islington, who had kindly agreed to tell her story to the Board. Also scheduled to speak was lead therapist Tanya.

139.02 Kate began by explaining Augmentative and Alternative Communication (AAC) which comprised the systems used to allow methods of communication for people who find speech difficult or impossible. There are many different types of impairment, therefore, there cannot be one solution for all. Most people need access to both high and low technology as there are some places (e.g. a bath or swimming pool) where high technology is impractical.

139.03 Kate suffers from cerebral palsy. She began communicating through sign language, but at age seven was given her first communication device. This came with problems, namely its size, the lack of instructions, and the inability to attach it to her wheelchair. Some years later, she won a medical negligence case, which awarded her substantial damages, and was able to purchase a much improved device as well as some private therapy. The combination of the two enabled her to enter mainstream education. She now has two degrees, is a company director, and has worked as a continuity announcer for Channel 4.

139.04 Introducing herself, Tanya informed the Board that she was based within the Islington community rehabilitation service. She said that it had been calculated that 0.5% of the population required assistance with communication at some point in their lives. In the past, there had been considerable variation in services across the country, however, in October 2012 it was agreed that AAC should be included within specialised services.

A hub and spoke system had been established whereby the hub service (for people with the most complex needs) is commissioned directly by NHS England and the spoke (the remaining 90%) is commissioned locally through clinical commissioning groups (CCGs).

139.05 Questions from the Board focused largely on public awareness of the service (thought to be limited) and areas of unmet need, in particular for people suffering from conditions such as dementia, Parkinson's and stroke or for those whose ability to speak might have been impaired many years ago and before the advancements in technology enabled such improvements in speech. There was also some discussion about referring children sufficiently early to allow them to fulfill their educational potential. Tanya said that, whilst there were speech and language therapists within special schools, more could be done. Generally, the service continued to build relations with the commissioners in order to ensure the level of service provision provided throughout the borough met the level of demand.

14/140 Welcome and apologies

140.01 Apologies for absence were received from Rob Whiteman and Tony Rice.

14/141 Minutes of the previous meeting

141.01 Referring to minute 138.01 on page eight, Ron Jacob said that he had requested graphs within reports to be colour-coded rather than the reports themselves. Other than this, the minutes of the Board meeting held on 3rd September were approved. There were no matters arising other than those already scheduled for discussion.

Action notes

141.02 68.04: The deep dive into outpatient services had taken place at previous Board meetings. It was agreed there should be a review in three months' time.
100.02: This related to the business case for e-rostering, which would come to the Audit and Risk Committee in December and the Trust Board in January.
100.03: Philippa Davies would be bringing her final report on nursing establishment to the January Board meeting.
116.02: Seven day working was being looked at in four distinct parts, the next of which was the Emergency Department (ED). Lee would report to the Board in November.
132.02: Community access targets were being incorporated into the dashboard and this work should be completed within two months.
133.04: The report on the Cost Improvement Programme was included within the financial report to the Board, this item could, therefore, be removed from the schedule.
134.02: The Board had now received the first of its written reports on serious incidents, this item could, therefore, be removed from the schedule.
136.01: Board members had received a separate copy of the NHS Trust Development Authority (TDA) reports by e-mail.
138.01: A specific reference to seven days working was to be incorporated into the next iteration of the Board Assurance Framework (BAF).

14/142 Chairman's Report

142.01 Steve Hitchins began his report by congratulating Paul Convery on his re-election to Islington Council and also on his re-appointment to the cabinet of that authority.

- 142.03 Steve was pleased to announce that he was reinstating the practice of recognising and rewarding staff with long service in the NHS.
- 142.04 Looking forward to future events, Steve reminded the Board of the opening of the new Tuberculosis (TB) Centre by Emma Thompson on 8th October and the event being held the same evening. Chris Ham of The King's Fund would be presenting his assessment of the stage Whittington Health had reached on its journey towards fully integrated care and give some suggestions for possible future developments drawing on national and international best practice. This event would also serve to launch the next phase of the Trust's strategy development. It was also noted that the postponed opening of the ambulatory care centre by Norman Lamb would take place on 4th December. On a more personal note, Steve would be concluding his round of visits to community premises this month.
- 142.05 Steve was pleased to confirm Graham Hart as a member of the Quality Committee and thanked him for taking on this role.
- 14/143 Chief Executive's Report
- 143.01 Simon Pleydell began by highlighting the results of the national 2014 Cancer Patient Experience Survey and was pleased to report that the Trust was no longer amongst the lowest ten, but had in fact been rated as being in the best position in London Cancer. Whittington Health was amongst the top 20% on 13 out of the 62 questions, so the improvement was clearly visible and was attributable to some focused work which included participation in research. It was noted that additional specialist nurses had been appointed in some areas. Simon informed the Board that he had asked Pauline Leonard to refresh the improvement plan, which would come to the Board in due course.
- 143.02 Moving on to maternity services, Simon said that the full business case was being developed and the Trust was in the process of identifying a firm – under Procure 21 – to take forward the work. The Trust was working to a tight timescale, and it was noted that, since the initial costings had been prepared, building inflation had increased. There were these risks, the third of which was being secure in the knowledge that the correct number of prospective patients had been calculated.
- 143.03 Unison, Unite and the Royal College of Midwives had declared industrial action later that month. A strike was due to take place between 7.00am and 11.00am on Monday 13th October and for the remainder of that week those unions were scheduled to take 'action which falls short of strike'. The Trust was in discussion with staff side and the unions to ensure that appropriate arrangements were in place to protect ED and urgent care. It was noted that this action was part of a national dispute.
- 143.04 The Trust was still experiencing financial challenges and Simon stated that a key issue was to achieve clarity with the Trust's commissioners on the likely overall level of income for this year. The main problem was that at present, contractual arrangements favoured hospital admission and Whittington Health focused on preventing unnecessary admission in accordance with commissioning ambitions. He added that a low level of activity during August had not aided the overall position.

- 143.05 The catering department had transferred to Sodexo the previous weekend, and Simon had written to all affected staff personally thanking them for their service to the Trust and wishing them well. The transfer had proceeded relatively smoothly with only relatively minor changes.
- 143.06 Referring back to the cancer survey, Paul Lowenberg expressed his pleasure with the noticeable improvements made, but noted the Trust remained within the bottom 20% on the integrated care question and asked that addressing this be addressed as part of the refreshment of the improvement plan. He went on to congratulate the team on their achievements.
- 14/144 Strategy Development
- 144.01 Siobhan Harrington informed the Board that there was to be a monthly update for the Board on strategy development so progress to date could clearly be seen. She had attended the North London Joint Health Overview and Scrutiny Committee (JHOSC) (across the five local CCGs) and had given a presentation which had been warmly received. The paper presented here described the next steps. October and November were key months, and Siobhan and colleagues would be engaging with existing meetings to engage and consult on the strategy. They were also pulling together a number of larger workshops, details of which would be publicised once dates were finalised.
- 144.02 On public engagement, Siobhan continued to meet with Joan Saddler to discuss the Trust's approach planned. This included holding some open days, and Siobhan acknowledged the importance of sufficient publicity for these, including the use of social media. She added that they would attend whatever events they were invited to in order to actively engage with people. Anita Charlesworth made two points, the first being that she disagreed with the categorisation of ages in the paper, saying that there should be more focus on those transferring from adolescent services to adult, the second being that the use of local media should not be limited to Twitter but should extend to use of local websites such as Haringay online. It was important, she said, to learn from people, to understand what services they found particularly helpful, in order to work with them in order to know what to provide. Steve Hitchins added that use would be made of the local voluntary organisation umbrella groups.
- 14/145 Performance and Finance Report
- 145.01 Introducing this item, Lee Martin reminded Board members that the new style of report presented had been a direct result of the Board seminar held some six weeks ago. The report was now divided into three distinct sections, and he would welcome feedback on the new format. Next month, the report would also include the final section which was the workforce report.
- 145.2 Moving on to specific sections, Lee mentioned the high level of achievement in the first to follow up ratio. He said that theatre indicators were currently under review as it was felt that the measures in place were too static to accurately reflect the true position on activity, and the next measure used would be more focused on delivery against plan. He explained that long waiting patients were given a choice of appointments, then seven days beforehand a telephone reminder would be issued, and two days before there would be a text message. If the patient cancelled their appointment at any point during this process the slot would be offered to someone else. As of two weeks ago,

all patients on the waiting list had an admission date. Referring to the two week cancer wait, Lee conformed that the Trust had been fully compliant in September and October.

145.03 The Board had asked for more community standards to be included in the report, and Lee said that four of the eleven measures were now included, the latest being Improved Access to Psychological Therapies (IAPT). The remaining measures would be built into the report over the next two months. Moving on to ED, Lee was pleased to report that the Trust had been in the top or second position for the previous six weeks. It also had one of the shortest waiting times for district nursing.

145.04 Paul Lowenberg said that he had been pleased to observe some really positive trends and sustained improvement which he described as excellent. There were, however, a number of areas which did not include figures for August. Lee explained that this was a matter of timing and the date upon which the data sets closed. This was being examined as part of the governance review. Paul also queried the figures on 'no outcome' on page four. Lee explained this was, in part due to, colleagues having access to systems at the relevant times and efforts to improve this were being addressed through the use of iPads. Referring to complaints, Paul wondered to what extent feedback was being received, and also enquired whether a timeline might be produced setting out when the Trust expected to gain control of complaints response times. Lee replied that feedback was actively sought through use of the Friends and Family Test (FFT) and, on complaints, there was an action plan which could be shared with the Board. Philippa Davies added that complaints managers were now in place in two out of the three divisions and a downward trend should soon be visible.

145.05 Anita Charlesworth noted that, for IAPT, measures were shown by recovery time, and the report had yet to show actual waiting times. She also noted the maternity numbers and pointed out that, if these were genuinely reducing, this was an important issue for the Trust. She wondered whether neighbouring organisations' figures were improving faster. Simon Pleydell pointed out that there was a dip in the national birth rate at present. There had also been a reconfiguration of services which had affected the position. He noted, however, that Friedericke Eben had brought a paper to the Trust Operation Board which illustrated this dip and predicted a rise in September, which had happened.

Activity

145.06 It was noted that there was a problem with this report for users of drop boxes which needed to be resolved by the secretariat. Siobhan Harrington said that the key point to note was that data shown was set against the Trust's operational plan and the next monthly report would include narrative. Overall, the Trust was under-performing against the operational plan, this included the month five dip (August). The plan had, however, not allowed for the usual seasonal dip, some planned closures of theatres, and the fact that summer was traditionally a quieter period. There had been some questions about data quality, however, this had now been formally addressed and found to be reliable although with an approach to continuous improvement.

145.07 Siobhan went on to describe in more detail the activity in adult critical care, ED, general medicine, neonatal intensive care and trauma and orthopaedics. She added that, despite the quality of data being rated green, work continued to improve it, acknowledging that when the process had first begun there had been some problems.

145.08 Anita Charlesworth enquired whether feedback was being provided to the Transformation Board, particularly in respect of the impact of the ambulatory care centre. Paul Convery queried the obstetrics figure. Lee Martin replied that there was a known pattern around August, apparently statistics showed that birth rates were traditionally low during August and there was thought to be a connection with education. He added that it was known, however, that some patients had actively chosen to go elsewhere because of the opening of two new centres. Siobhan Harrington emphasised the importance of looking at this in more detail.

Financial Report

145.09 Ursula Grueger informed the Board that the Trust was showing a deficit position of £992k, giving a year-to-date deficit total of £4.7m, an adverse variance of £3.5m. This remained attributable equally to income and expenditure, with the low level of activity during August being a contributory factor. The Trust showed an £850k adverse to plan position on expenditure, however, some improvement could be seen in the underlying position especially on pay, including agency. Ursula confirmed that CIP work was being addressed as part of the back-to-balance plan.

145.10 Paul Lowenberg pointed out that three different sections of the report made mention of the fact that completing the Transforming Patient Experience (TPE) programme was contributing to increased costs and asked when this programme might finally be completed. Lee Martin explained the background to this programme focusing particularly on the dictation service. He explained that the completion of the programme was affected both by the need to be confident in the robustness of the technology and a need to be assured that clinical staff were content with the service. He acknowledged that some of the work with the staff who were directly affected by the programme had been difficult. There had been some positive 'quick wins' and cited as an example the hugely increased efficiency through which medical records were now made available. Simon Pleydell was clear that he expected the implementation process to be complete by Christmas as there had been some damaging issues for staff morale. Steve Hitchins added that he was aware the affected staff had not in any sense been awkward but had simply wished to have their skills appropriately utilised. Richard Jennings added that the new dictation service should have a positive impact on safety since it allowed for all data to be stored on a single system.

14/146 NHS Trust Development Authority (TDA) Board Statements

146.01 Steve Hitchins reminded Board colleagues that there had been agreement that these statements did not require a detailed discussion at every Board meeting and for this reason he would take questions only. There being none, the statements were agreed by the Board.

14/147 Safe Staffing Report

147.01 Philippa Davies introduced this item, which was now a standard monthly report and was also available on the Trust's public website and through NHS Choices, where Whittington Health's position could be seen to compare most favourably. She mentioned that, for areas where staffing levels were particularly high, this was due to the need to employ 'specials' to look after very vulnerable patients. Staffing levels were discussed each morning at the beds meeting, where action could be taken to

mitigate against any areas of risk. It was noted that for the previous month only four such areas had been triggered.

14/148 Governance Review

148.01 Siobhan Harrington reminded Board colleagues that the review of governance had been discussed in detail at the July Board seminar. The review had now taken place, and Siobhan sought approval from the Board to agree the revised committee structure, which she would like to place on the intranet, and the work going forward. She confirmed that the revised committee structure should, once implemented, mean fewer meetings, and Simon Pleydell added that the true key performance indicator for this was to avoid any sense of agenda repetition between sub-committees. The paper and new structure were formally approved by the Board.

14/149 Complaints and Serious Incidents Report

149.01 Introducing this item, Philippa Davies said that 31 written complaints had been received during August. Response times had reached 47% that month.

149.02 11 serious incidents had been declared, of which two had subsequently been downgraded. The remaining nine comprised four grade three pressure ulcers, one grade four, one fall, one medication incident, one infection control incident and one unexpected admission to the intensive therapy unit (ITU). It was noted that detailed written reports were now being received at the private Board session.

14/150 Section 75 Agreements

Islington

150.01 At the meeting to present the annual report of section 75 partnership working were Janet Burgess and Sean McLoughlin from the London Borough of Islington. Janet took the meeting through the report, highlighting the single response from social care about how best to meet needs, the steps taken to avoid unnecessary admission to hospital and the reduction in waits for social care assessment. She commented on the success of the N19 pilot, which had been nominated for a HSJ award and had generated much approval. Reablement work was going well and the service had been rated amongst the best in the country. There had also been considerable progress in early discharge. Janet paid tribute to the work of the lead nurse for care homes in the borough, whose contribution had, she said, been extremely impressive. Finally, she mentioned the forthcoming Care Act 2014 which was likely to have an impact on the way social care worked.

150.02 Siobhan Harrington informed Board colleagues that she was a member of the Islington Integrated Care Pioneer Project Board, and, over the last several weeks, it had been easy to see how this positive joint working provided a strong platform going forward. Sean added that there was a strong local culture of collaboration, as had been illustrated by the N19 pilot, but there was a clear need to support this work with a robust infrastructure, particularly IT. Valerie Lang mentioned her difficulties with Telecare, which Sean undertook to follow up. Paul Lowenberg mentioned the new service model referred to on page 10 of the report, and Sean replied that in preparation for the Care Act there was to be some substantial reorganisation and there

would be consultation through the Trust Operational Board. Carol Gillen added that this would only affect therapy staff.

Haringey

- 150.03 In attendance to present the report from the Haringey Learning Disabilities Partnership were Beverley Tarka, London Borough of Haringey and Ken Courtney from Barnet, Enfield and Haringey Mental Health NHS Foundation Trust. Beverley began by commenting on the significant focus on health and social care integration since the partnership had been established in 2003. The partnership worked on the ethos of person-centred approach, principles of inclusion, and holistic health and wellbeing. The last 18 months had been challenging in Haringey, and there had been some significant changes in the senior management structure. The success of the partnership could be attributed, at least in part, to its well-established and strong clinical leadership.
- 150.04 Beverley mentioned Winterbourne View report, to which Haringey had been one of the boroughs to provide a robust response. She proceeded to single out some individuals, mentioning the acute liaison nurse who provided well-evidenced support for people admitted to hospital, the recognition the service had received from Public Health England (PHE), the Whittington Health staff award and the recent news that one of the social workers had been nominated for the social worker of the year award.
- 150.05 Ken Courtney echoed Beverley's words, saying that the partnership had been a gradual journey. The agreement had recently been re-written, and he felt it was now more dynamic, which it would need to be in the light of the challenges it faced, the main one of which was maintaining people with mental health needs – or indeed physical health needs in the community. There was also continuing work to look at areas of unmet need.
- 150.06 Anita Charlesworth enquired whether, given the successful collaborative work described, there was scope for extending it to other areas. Carol Gillen replied that the intention was to replicate the work in other localities, and Sean said that Islington was hoping to extend into the areas of housing and mental health. Siobhan Harrington confirmed that this would be addressed as the five year strategy was developed. Ron Jacob spoke of drawing on one another's best practice to drive improvement in services. Steve Hitchins gave a brief description of The King's Fund event to take place on 8th October and asked Caroline Thomsett to ensure those present were issued with an invitation.
- 14/151 Audit and Risk Committee Report
- 151.01 The report from the Chair of the Audit and Risk Committee was noted.
- 14/152 Finance and Business Development Committee Report
- 151.02 The report from the Chair of the Finance and Business Development Committee was noted.

Comments and questions from the floor

Valerie Lang said that she had reviewed the list of committees and wondered about the status of the End-of-Life Care Board of which she had been a member. Siobhan undertook to check this for her and let her know. She would also review governor membership of committees generally with Ron. Valerie also commented that she had recently watched a programme on stillbirths which had shown the contribution new diagnostic tests could make to reducing stillbirths. Richard Jennings would raise this with Friedericke Eben, although Simon Pleydell warned that the question would be whether any new approach would be commissioned given that it would not be cost-neutral.

Margot Dunn requested clarification of the financial impact on preventing unnecessary hospital admission, and Simon Pleydell reiterated the point he had made in minute 143.04 above.

Ron Jacob asked whether the reduction of maternity cases would have an impact on the planned redevelopment, and Steve Hitchins replied that it made it more important. Simon Pleydell added that there was a clear need to hold discussions with other providers and assess what action needed to be taken.

Philip Richards reminded the Board that there had been an undertaking to check whether Bounty or any similar for profit organisations had access to maternity services, and Lee Martin said that he had not yet received a response from the maternity service but would pursue this.

Action Notes Summary 2014-15

This summary lists actions arising from meetings held May 2014 to September 2014 and lists new actions arising from the Board meeting held on 1st October 2014.

Ref.	Decision/Action	Timescale	Lead
68.04	The Board should review out-patient services in three months' time	January	LM
100.02	Business case for e-rostering to come to the Audit and Risk in December and Trust Board in January	Dec/Jan	PD
100.03	Nursing establishment – final report would be coming to the Board in January	January	PD
116.02	The Board to discuss seven day working at its meeting in October	November	LM
132.02	Inclusion of all community access targets within the performance dashboard	December	LM
143.01 143.06	Cancer services improvement plan – to address specific question on integrated care and to check timing for Board	November	KG
150.06	To ensure that local authority representatives present at the Board received an invitation to the Chris Ham event	Immediate	CT
151.02	To check the position on the End-of-Life Care Board and review governor membership of committees	November	SH
151.02	To check with maternity services whether Bounty or any similar organisation had access to services.	November	LM