

The minutes of the meeting of the Trust Board of Whittington Health held in public at 14.00pm on Wednesday 5th November 2014 in the Whittington Education Centre

Present:

Greg Battle	Medical Director, Integrated Care
Anita Charlesworth	Non-Executive Director
Paul Convery	London Borough of Islington
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
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
Ursula Grueger	Deputy Director of Finance (Acting as Director of Finance)

In attendance:

Kate Green	Trust Board Secretary
Chris Goulding	Acting Director of Human Resources
Caroline Thomsett	Director of Communications

14/154 Patient Story – Expert Patient Programme (EPR)

154.01 Philippa Davies introduced Mary Price, the Trust's lead for health promotion and the expert patient programme. Giving the background to this month's patient story, Mary explained that the expert patient programme had begun in 2005 when the service had still been under the management of Islington Primary Care Group (PCG). In 2007 the Trust had been chosen to participate in the Co-Creating Health Programme, a whole systems approach sponsored by the Health Foundation whereby patients, clinicians and others involved in the care pathway jointly contribute to decisions about the patient's health and care. This approach had developed as the Trust became an integrated care organisation with the strategic goal of 'no decision about me without me'.

154.02 Mary went on to explain how the treatment of long-term conditions is managed and the benefits of self-management programmes. She also mentioned some of the achievements of the team including the Health Education North Central and East London (HE NCEL) awards gained last year for which they were particularly proud. The team was, she said, recognised as innovators, leaders and experts in the field nationally.

154.03 Patient Emine Trent then told her story, which took the form of a Trust-produced film. She began by saying that when she had first been diagnosed she had felt very isolated. Her father had recently died shortly after she had been diagnosed with diabetes, and she was in shock, depressed and not sleeping. The course helped her

not only to manage her condition, but to find her own resources. It had, she said, changed her life and empowered her.

- 154.04 Cathy Jenkins spoke of her work training the health professionals who work with the groups and as a self-management tutor specialising in the treatment of diabetes. Mary Price then spoke about some of the challenges facing the service, including the fact that they are commissioned differently in Islington and Haringey. She invited those present to contact her if they would like any further information about the services offered, and invited Board members to comment on how they were viewed. She also thanked Greg Battle for his chairmanship of the self-management support steering group. Siobhan Harrington said that she had been involved with this work since 2007, and was amazed to see how much it had grown thanks to the commitment of a small group of people. She described the service as integral to the strategic work currently being undertaken.
- 154.05 Graham Hart spoke of the importance of ensuring the EPR followed the patient through the care pathway. Anita Charlesworth (who works for the Health Foundation and was on the Board of Islington PCG when this work began) described the programme as a 'jewel in the crown'. The evidence that it met people's needs was strong, but it was regrettable that it was not routine and a standard part of the business model. It needed to be included, and thought given to how the learning from this area could help to inform other services such as the reduction of pressure ulcers within the community. In short, it should form part of Whittington Health's education portfolio.
- 154.06 Tony Rice had formerly worked on diabetes, and pointed out that there was a limit to what health professionals could achieve on their own. He warned that numbers were increasing which would lead to a greater demand on services. Greg Battle emphasised the importance of bringing such areas into the integrated care strategy, stressing that it was not just the clinical outcome that was important but seeing the patient empowered and transformed. Helen Kania enquired about health literacy, and Mary replied that Great Britain was a long way behind Australia in its progress but this would be addressed. Steve Hitchins offered his general support and assistance.
- 14/155 Apologies for absence
- 155.01 Apologies had been received from Richard Jennings and from Rob Whiteman. It was noted that Governor Valerie Lang had also submitted her apologies.
- 14/156 Minutes of the previous meeting
- 156.01 It was noted that Greg Battle and Paul Convery had been present at the Board meeting held on 1st October. Other than this correction, the minutes were approved.
- 156.02 There were no matters arising other than those already scheduled for discussion.
- Action notes
- 156.03 68.04, 100.02, 100.03 and were not yet due and would therefore remain unchanged on the schedule. 116.02, 143.01 and 143.06 were deferred until December. 150.06 and 151.02 had been completed and could therefore be removed. Siobhan Harrington planned to speak to Ron Jacob about governor membership of committees imminently.

14/157 Chairman's report

- 157.01 Steve Hitchens began his report by informing observers that where their questions at the end of the meeting could not immediately be answered by members of the Board there was now a form they could submit via the secretariat which would guarantee them an earlier answer than waiting until the next meeting. Forms were available from Kate Green.
- 157.02 Steve had attended the event organised to mark Black History Month, which had been most entertaining. He mentioned the interesting displays of alternative health products on offer, and suggested that the Trust should work towards doing more in future years to commemorate this important anniversary.
- 157.03 The two minutes' silence was to be reinstated next Tuesday 11th November in the main reception area of the hospital. Steve would also be attending Sunday's service of remembrance at the former Northern Hospital site.
- 157.04 Islington Council had passed its motion on organ transplantation and a similar one was to be put at Haringey's meeting later this month. Following this work would be undertaken with the NHS Blood and Transplant special health authority to progress this innovative partnership working.
- 157.05 Steve was pleased to inform the Board of the appointment of Simon Pleydell as Whittington Health's substantive Chief Executive following an interview with himself and David Flory at the NHS Trust Development Authority. He described the appointment as an important milestone on the Trust's journey, and thanked the executive team for all their work over the previous months. Simon replied that he was delighted to accept the job, which he saw as a huge opportunity to add value to the Trust. He was aware there were challenges to be faced both within the health environment generally and connected with Whittington Health's personal circumstances, but his aim was to achieve the viable and sustainable future which the Trust's staff both want and deserve.

14/158 Chief Executive's Report

- 158.01 A written report had been circulated with the Board papers, and Simon Pleydell drew particular attention to the following:
- Winter plans – there was a huge focus on winter at present, and the Trust was required to demonstrate its ability to deliver in order to justify additional investment. He had attended a tripartite meeting at the TDA where the Trust had done well, but there would be further scrutiny going forward. Trusts London-wide were experiencing considerable pressure at present.
 - Flu campaign – the take-up rate amongst staff had now reached 52%. Last year Whittington Health was the first London Trust to achieve the 75% target, and the aim was to achieve an even higher take-up rate this year.

- Finance – the Trust’s financial performance remains key; despite a well-developed back to balance plan there are still difficulties. The Trust is in discussion with its commissioners, and hopes to reach an agreement by the end of the following week. There remains however a need for tighter controls on expenditure. Simon stressed that Whittington Health was not alone in this – both non-FTs and FTs across the country were experiencing problems. It was vitally important however that the Trust was able to demonstrate a viable platform for next year.
- The strategic planning process had begun.
- There had been some incorrect local press coverage on FT progress. Simon had stressed that the Trust remained enthusiastic and committed to achieving FT status, however no Trust was able to put forward its application until it had been through the new CQC inspection regime, had a sound business plan in place and had a stable senior team. The aim then was for the Trust to continue towards achieving excellence and for FT status to become a by-product of that process. The TDA would be working with the Trust on this.
- It was hoped to recruit a substantive Chief Finance Officer (CFO) on 18th November, a critical post given the current financial pressures facing the Trust.
- Two major reports had recently been published, Simon Stevens’ NHS Five Year Forward View, which speaks favourably about small organisations and partnership working, and the London Health Commission’s Better Health for London report which contained some interesting commentary on estates and capital.
- There was to be further industrial action in November – dietitians were taking action short of strike and all nine unions would be striking from 7.00am to 11.00am on 24th November. Lee Martin, Chris Goulding and the operational team were working hard to ensure that the necessary contingency plans were in place to ensure smooth continuity of services.

158.02 Paul Lowenberg enquired about progress towards resolving the staffing issues for the new TB Centre. Siobhan replied that the Trust was working through the issues, acknowledging that progress had been slow. The lead commissioner (Islington) was working with the Trust and was in discussion with the Royal Free about the transfer of its staff. The service was proving to be a strong integrated one, with operational staff doing the best they can. Lee Martin hoped that all staffing issues would be resolved by Christmas.

158.03 Paul Convery informed the meeting that key figures within the London Borough of Islington had expressed ‘universal delight’ at the confirmation of Simon’s appointment as Chief Executive, and Steve Hitchins added that he knew the same sentiment had been expressed by colleagues at Haringey.

14/159 Quality Committee Report

159.01 Anu Singh as Chair of the Quality Committee referred Board colleagues to the written report which had been circulated. She informed the meeting that there had been a significant turnaround in the way the committee had been working, progress was moving in the right direction and she was confident that quality remained at the heart of the organisation. In particular:

- Committee members were looking at the Quality Strategy with a view to holding a detailed discussion at the next meeting
- There was recognition that divisional reports needed to be better aligned, and this in turn should reflect the way the divisions managed quality. Divisional support for complaints was one indicator of this.

159.02 Steve Hitchens reminded Board members that he was attending all committees annually, and had on this occasion attended the most recent meeting of the Quality Committee. He had been impressed by the strength of the working of the committee and expressed his congratulations to all who had contributed to its achievements in the short space of time since it had been reorganised.

14/160 Strategy Development Update

160.01 Siobhan Harrington described the extent of the work under way to deliver the draft clinical strategy in December. She drew attention to the recently published Monitor strategy development toolkit for providers, which she said demonstrated working along similar lines but to a less ambitious timeframe. Page 3, she said, described the key areas highlighted by the King's Fund at the meeting on 8th October.

160.02 The clinical strategy group had been meeting regularly, and stakeholder engagement work was well under way. Siobhan was aware that discussions were taking place in clinical teams about plans for the next five years. Population-based workshops were also planned between 19-24 November. Due to some stakeholders expressing disappointment that they were unable to attend meetings consideration was being given to holding a second round of meetings at the end of January. Governors had also contributed a great deal and monthly meetings were being held with them.

160.03 Events had begun with the public and were proceeding well, although there was a need to look at groups which were harder to reach, for example maternity and children, and in particular those groups who may be keen to be involved but find it difficult to attend meetings. Ron Jacob added that although attendance at the first meeting had not been high the quality of discussion had been extremely good.

14/161 Performance Dashboard

161.01 Introducing this item, Lee Martin reminded the board that this report was the second iteration of the linked performance and quality reports, and also now included a distinct section on workforce. Referring back to the main section of the report, Lee explained how it demonstrated the improvements which showed how well plans were working, highlighting elements from elective admissions, choice and emergency care. The Trust had met with its partners on resilience and the newly-developed second plan had now been approved.

161.02 Another key area was cancer services, and Lee outlined some of the work that had been carried out during the last year to improve services across the Trust, the success of which had been born out by the results of the cancer patients' survey, which demonstrated a huge improvement and had generated congratulations from the TDA.

161.03 Anita Charlesworth enquired about waiting times for Improving Access to Psychological Therapies (IAPT) services, asking if these might in future be included on

the dashboard. Lee Martin replied that these services were currently the subject of national debate, and that it should be possible to include the waiting times on the dashboard from next month.

161.04 It was noted that Philippa Davies and members of her team plan to visit Salford Royal to look, amongst other things, at their implementation of the 'Sign up to safety' initiative. Philippa confirmed that Whittington Health does have quality measures for wards, and this would be debated in more detail at the next Quality Committee. There would be a new dashboard from the start of the next financial year, and Philippa would be working with heads of nursing to look at community measures. Simon Pleydell added that that work was ongoing at the Care Quality Commission (CQC) to gauge how best to carry out its new inspection regime at ICOs.

161.05 In answer to a question from Tony Rice about theatre utilisation during August and September, Lee explained that work was currently underway to ensure that start and finish times on rosters were correct. Theatre utilisation had improved, but the way timings were measured was not helpful to the Trust, and a greater flexibility was desirable. Paul Lowenberg congratulated staff on the areas of improvement noted, in particular the continued SHMI score, but said that he would like a higher level of assurance in some areas, for example he had noted that only 75% of ED attendees had a recorded NHS number. He also mentioned the Friends and Family Test results detailed on page 5 of the report which showed a reduction in the score. Outpatient services appeared to be of most concern, and Lee confirmed that he was leading on an 8-week rapid improvement plan. He also mentioned that outpatients reception staff were undergoing training on welcoming techniques and customer care services.

Workforce Report

161.06 Lee Martin introduced this first iteration of the distinct workforce section of the dashboard, which showed the starting point for workforce 2014/15, changes that had taken place since the beginning of the financial year, contract additions and removals etc. He explained that monitoring and comparisons were made complicated because of staff employed for project work during the course of the year. He went on to describe some of the work which had been carried out to reduce the use of bank and agency staff across the organisation, and Chris Goulding added that a clear downward trajectory could be seen. Chris also spoke about appraisal, where numbers of staff appraised were gradually increasing, and mandatory training, where the 90% target remained a challenge.

161.07 Anita Charlesworth enquired whether there was now a robust plan in place for the corporate workforce. Simon Pleydell replied that there remained a further piece of work to be carried out; the Trust was only recently moving towards securing a substantive manage team following a period where a considerable proportion of executive directors had been interims, and there was a need for a detailed look at all the corporate areas. It had to be remembered that at present the Trust had neither a substantive Chief Finance Officer nor HR Director. Siobhan had been in post since April and had worked to ensure she had the most effective team in place, and it was noted that all workforce planning needed to fit with the strategy as it developed.

161.08 Paul Lowenberg drew attention to some discrepancies in the tables on page one, saying that the figures shown appeared not to accurately reflect the variation shown. Lee Martin reiterated the difficulties in straightforward reporting caused by the inevitable changes in workforce throughout the year, citing the loss of the prison health

contract and TUPE issues in other services as examples. Paul also asked about the Staff Friends and Family Test results. Chris Goulding replied that Whittington Health's results were not atypical nationally, although he acknowledged they were disappointing. The second quarter data was being analysed at present, and the response rate, at least, had risen considerably. Simon Pleydell stressed there was no room for complacency, the Trust did not wish to be rated as 'average'.

14/162 Financial Report

162.01 Introducing this item, Ursula Grueger reported that Month 6 figures showed a £622k deficit, bringing the year to date position to an overall deficit of £5.3m, an adverse variance of £4.1m. On income, the Trust had received an additional £645k for referral-to-treatment (RTT), but the remaining income position continued to follow the trend of previous months. Moving to expenditure, Ursula mentioned the improvement in pay in ED, which had reduced its agency spend considerably in relation to medical locum spend. Successful nursing recruitment would also contribute to improving the position. Weekly meetings are being held to implement and monitor the Back to Balance Plan.

162.02 CIP is now standing at 60%, and again there is work to do on this area. Cash has reduced slightly in-month. Within the divisions, ICAM has seen the most improvement. Siobhan Harrington mentioned that discussions had been ongoing with the CCGs, and in future performance would be shown against contract value. Simon Pleydell expressed his concern over the Trust's reference costs, which had risen from 104 to 108, with the Trust being one of the few in the country to have moved in this direction.

162.03 Anita Charlesworth referred to recent discussions on acuity, saying that she felt the Board needed to see some hard data. She felt as though there was further work to be done to underpin the strategy. Siobhan Harrington replied that it was intended to take this forward at a Board seminar, and Simon added that there was a need to look at both cost base and income base and conduct a proper analysis. Paul Lowenberg spoke of the correlation between the Trust's CIP position and its reference costs. The financial report was noted by the Board.

14/163 TDA Board Statements

163.01 The Chairman invited Simon Pleydell and Ursula Grueger to comment on any changes within the statements which needed to be brought to the attention of the Board. Ursula confirmed there was little change from the previous month, and Simon added that further detail on the content could be found within the performance report. It was noted that the declaration on governance related in part to the take-up of the Information Governance mandatory training module, which required improvement.

14/164 Safe Staffing Report

164.01 Philippa Davies confirmed that most areas had greater than 95% actual versus planned staffing levels in September. Requests for specials were now required to be signed off either by her or by Alison Kett, and numbers of requests had reduced significantly as a result of this different way of working. An establishment review is under way. Philippa further described the system of rag-rating used in the report, explaining that Appendix 2 gave details of those shifts rated red.

164.02

In answer to a question from Steve Hitchins about recruitment, Philippa replied that the first cohort of Portuguese staff has now started, and next month those recruited from the Philippines would begin. All these staff were permanent appointments. There would inevitably be some double running for two weeks whilst staff induction took place. New nursing students awaiting PIN numbers had been appointed as HCAs pending the arrival of their PINs. Chris Goulding added that local recruitment was also proceeding well.

Comments and questions from the floor

Commenting on the new catering contract, Ron Jacob regretted the fact that it appeared cheaper to buy unhealthy food than healthy in the canteen; there was a discount on fried chicken but not on salad. These comments would be fed back to Phil lent to inform his contract monitoring.

Margot Dunn expressed her pleasure at Islington Council's support of the organ donation joint working proposal, and showed a newspaper article which told the story of how six people had benefitted from one young person's tragic death. Steve Hitchins pledged his continuing support for this work.

It was noted that the recruitment day held at the Tottenham Hotspur ground had been a considerable success.

Philip Richards asked who was responsible for the patient transport service at Whittington Health, saying that it had received a less than favourable mention in a recent Transport for All report. Lee Martin expressed interest in seeing the report.

Action Notes Summary 2014-15

This summary lists actions arising from meetings held May 2014 to October 2014 and lists new actions arising from the Board meeting held on 5th November 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 February	Feb	PD
100.03	Nursing establishment – final report would be coming to the Board in February	Feb	PD
116.02	The Board to discuss seven day working at its meeting in October	December	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	December	LM
151.02	To check the position on the End-of-Life Care Board and generally review governor membership of committees	December	SMH
161.03	Information about waiting times for IAPT to be included in the performance dashboard	Dec/Jan	LM