

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.30pm on Wednesday 25 April 2012 at the Whittington Education Centre

Present:	Joe Liddane	Chairman
	Robert Aitken	Deputy Chairman
	Greg Battle	Executive Medical Director, Integrated Care
	Anita Charlesworth	Non-Executive Director
	Maria da Silva	Chief Operating Officer
	Jane Dacre	Non-Executive Director
	Peter Freedman	Non-Executive Director
	Sue Rubenstein	Non-Executive Director
	Celia Ingham Clark	Medical Director
	Yi Mien Koh	Chief Executive
	Richard Martin	Director of Finance
	Bronagh Scott	Director of Nursing & Patient Experience

In attendance:	David Seabrooke	Trust Secretary
Secretary:	Kate Green	Secretary to the Board
	Siobhan Harrington	Director of Strategy (for item 12/66)

12/56 Welcome and apologies

56.1 No apologies were received. The Chairman welcomed staff and members of the public who had come to observe the meeting.

56.2 It was noted that Kathleen Kelly, Communications Manager, was present at the Board meeting in order to be able to report back key messages from the Board meeting to all staff in the form of a bulletin which would be made available by the end of the week.

12/57 Declaration of Interests

57.1 No board members declared any personal interests in the items scheduled for discussion.

12/58 Minutes of the meeting of 28 March 2012

58.1 Note 47.1 – the word ‘target’ in the third line was confirmed as correct, and in note 53.1, it was noted that the word revalidation has no hyphen.

58.2 Other than the minor amendments above, the notes of the meeting on 28 March were approved.

12/59 Matters arising and Action Log

59.1 Internal Communications Strategy – this item was already scheduled on the agenda for discussion.

59.1.1 Tripartite formal agreement – reference to this would be made under the Chief Executive’s report.

59.3 Public Health Strategies – It was noted these had been received at a previous meeting, and that reference to both was made within the IBP.

59.4 Quality Committee and Performance Board – discussions about the interface between Quality and Performance had commenced, and a further meeting was imminent. Maria da Silva reminded Board members that the Performance Board was no longer in

existence, and its business as relevant to this item was now conducted at the Trust's Operational Board. In response to a point from Sue Rubenstein about the focus being on information rather than structure, she added that she had met with Bronagh Scott and Fiona Smith to discuss this.

- 59.5 Carbon Reduction Strategy – Maria da Silva confirmed that Mary Price had been invited to join the group.
- 59.6 Senior Consultant to act as champion for service users with learning difficulties – Celia Ingham Clark confirmed that this had been raised with the divisions, and undertook to follow it up.
- 59.7 The Workforce Strategy remained on track for presentation to the May Trust Board.
- 59.8 The Equality Objectives had been posted onto the website. They were also now the subject of consultation with governors and patient experience representatives.
- 59.9 Quality Account – this had been sent out for consultation the previous Friday, however there remained some work to do on ensuring the format was correct. Celia would ensure all non-executive Directors received a copy.
- 59.10 Terms of reference for the new Finance & Development Committee were scheduled on the agenda for discussion later in the meeting.
- 59.11 Areas of the dashboard rated red – it was confirmed that the only addition required was an indication of direction, rather than any lengthy narrative.
- 59.12 Out-patient survey – this would now be scheduled on the agenda for the May Board meeting. There would however be opportunity for detailed discussion of the action plan at the May Quality Committee.

12/60 Chairman's Report

- 60.1 The Chairman confirmed the appointment of new Non-Executive Director Paul Lowenberg with effect from 1st May.
- 60.2 Peter Freedman informed Board colleagues that he had met with the Audit Chairs of Great Ormond Street Hospital and the Royal Free Hospital, both of whose organisations had recently been through assessments by Monitor. The main three points which had arisen from their discussions about the Monitor process had been:
 - how very intensive it was
 - the degree to which the process was tailored (in one case with a focus on quality, the other finance)
 - a series of useful tips for Non-executive Directors on how best to handle the process.

Peter had produced a written report, focusing particularly on the last point, which had been passed for Fiona Smith for incorporation into FT-related documentation.

12/61 Chief Executive's Report

- 61.1 Yi Mien Koh began her report by referring to the four CQC visits which had taken place during the fourth quarter of the financial year. She said that a discussion had taken place at Executive Committee the previous day around the Trust's readiness for such visits, and all had noted that standards were becoming more exacting.

- 61.2 Whittington Health had been shortlisted for the national CHKS Quality of Care Awards, and was the only Trust in London within the top five finalists. The results would be announced on 1st May, and Celia Ingham Clark and Bronagh Scott would both be in attendance. The national in-patient survey was due to be published later this month, and a report of the main findings would be brought to the Board.
- 61.3 Electronic Prescribing for Whittington Health in-patients will be introduced commencing later this month. This should result in increased efficiency, more timely discharges, and, most importantly, a reduction in errors. Training is being carried out on a ward-by ward basis. Celia Ingham Clark would speak to Helen Taylor about undergraduate training.
- 61.4 Yi Mien thanked Richard Martin and his team for their work in achieving such a positive financial position at year end. Anita Charlesworth echoed this, reminding colleagues of the position the Trust had been in a year ago, and emphasising what huge efforts had been made in order to reach the current position. She asked colleagues to give some thought to how the Trust might celebrate success. It was agreed that thanks were due to all who had worked so hard over the last year, and Yi Mien singled out for mention the efforts of the middle management.
- 61.5 Contract negotiations for 2012/13 had been completed, and Heads of Terms would be signed.
- 61.6 On strategy, Yi Mien said that the key focus moving forward would be the implementation of the Health and Social Care Act and its effect not just on the commissioning landscape but also on providers. She stressed the importance of innovation, saying that one of the key enablers would be the introduction of the Electronic Patient Record (EPR), which should be fully integrated by this time next year.
- 61.7 It was noted that NHS Innovations was to close at the end of next month.
- 61.8 Referring to the journey towards achieving FT status, Yi Mien informed Board members that due to a two-month delay in Monitor's appointing accountants, and a delay in progressing Due Diligence, NHS London has advised Whittington Health to delay its application date by three months. This was accepted by the Board.

12/62 Patient Story

- 62.1 Jennie Williams, Assistant Director of Nursing & Patient Experience, introduced this item. She reminded Board members that this item constituted part of their commitment to hearing patient stories, and asked for feedback – to be sent either to her or to Bronagh Scott – on both the presentation to follow and that heard at the previous month's meeting.

Maria's story

- 62.2 Maria's story was presented by Caroline McGraw, Lead Nurse for Education & Training within the District Nursing Service. Maria is a 75 year-old Greek Cypriot woman known to the Trust's District Nursing service since February of last year. She was referred to the service by her GP having developed a pressure ulcer on her heel. When after a month the team has seen no visible improvement she was referred to the Tissue Viability Specialist team.
- 62.3 Caroline described Maria's subsequent treatment including her admissions to hospital, and Maria's reaction to and views about her treatment. She went on to describe the learning that had been gained from this patient's experience, and the changes and improvements that had been made to the service as a result, including additional training.

- 62.4 It was noted that all pressure ulcers are graded according to criteria agreed by the European Pressure Ulcer Advisory Panel, whereby 1 is the least serious, and 4 the most severe. The National Patient Safety Agency requires all instances of Grades 3 and 4 to be reported as Serious Incidents, and it was confirmed this had been done in Maria's case.
- 62.5 Subsequent discussion focused on prevention and health promotion, the need for clear instructions to be supplied to anyone in receipt of specialist equipment, engagement with the GP community (including the reporting back of outcomes to GPs), and the importance of good documentation and recording. Bronagh Scott made reference to a 'body map' tool currently being piloted within the hospital which, if successful, could be rolled out to community services.
- 62.6 The Board thanked Caroline for her fascinating and informative presentation, and it agreed that she in turn would pass on thanks to Maria for agreeing to share her story with the Board.

12/63 Quality Committee Progress Report

- 63.1 Bronagh Scott introduced the report that had been circulated with the Board papers and invited questions. In answer to a question from the Chairman about whether or not staff sickness should be listed as one of the 'hotspots', Bronagh said that although sickness had been identified as a problem in some areas, overall, it was not a major cause for concern in the organisation. The Committee would however be able to scrutinise this in more detail when the Workforce Report comes to the Quality Committee in May, and Sue Rubenstein added that the Committee does raise any queries with divisional representatives when they attend meetings.
- 63.2 In answer to a question about the 63% rise in the number of patient surveys completed during January, Bronagh Scott said that this reflected the amount of hard work that had gone on to improve the survey rate and the very real focus that had been placed on this area both by patient experience staff and by the ward staff.
- 63.4 The Chairman drew attention to the ward indicators which had been included as appendices to the report and asked how widely they were used. Bronagh Scott replied that they were extremely well used both by divisional managers and on the wards, however they were best used in conjunction with other indicators and information gathered. She added that Senga Steel had been looking at a new early warning system called Quest, which might usefully be presented to the Board at a later date.
- 63.5 Jane Dacre praised the increased granularity of the report. There followed some discussion about hotspots and how they became categorised as such, and in what way links were made with the Trust's objectives. Particular mention was made of falls, and Bronagh Scott mentioned the establishment of the Falls Steering Group and the work which is under way to ensure that incidents currently being categorised as falls are in fact true falls.
- 63.6 In answer to a question from Jane Dacre about whether clinicians may be unaware their area has been a cause of concern for the Quality Committee, the Board was told that this information does come from the divisions, so clinicians should be aware. Sue Rubenstein added that in the early days of the Committee some processes may not have been particularly scientific, however they had wanted to be able to track the ability to improve, and in some areas that had been particularly noticeable. There was however a need to distinguish between those areas which were always going to give cause for concern due to the nature of the services provided and those areas which were amenable to change.

63.7 Anita Charlesworth mentioned her continuing concern about out-patient services. During discussion the following points were made:

- there has been noticeable improvement in several areas as can be seen by the decrease in reds and increase in ambers and greens
- some out-patient clinics ran extremely smoothly, and more should be done to extrapolate the learning from these to help those that did not
- it is particularly difficult where more than one busy clinic is operating from the same area
- the Trust has set itself some extremely exacting standards – the national standard for people to be seen in clinic is 30 minutes, Whittington Health tries to achieve 15
- there are sometimes good clinical reasons for overbooking – where for example it might be dangerous to book a patient in a week later but equally it may be inappropriate for them to be seen by emergency services.

63.8 Bronagh Scott said that the action plan arising from the results of the out-patient survey would be brought to the Board next month and would be discussed in detail at the Quality Committee preceding this.

63.8 The Board discussed its own role and function in relation to areas of concern. Sue Rubenstein said that eight months ago the Board had been focused on ED, and she felt that it would easily be possible to evidence the effort and investment made in that service. After consideration of how best to maintain the focus on those parts of the out-patient service currently causing concern, it was agreed to conduct a 'deep dive' into the service at a Board seminar in the near future.

12/64 Dashboard Report

64.1 In answer to a question from Anita Charlesworth about whether the Board might on occasion receive service innovation stories, Maria da Silva replied that she had been planning to ask the ED team to conduct a reflective exercise into the change and innovation that had taken place within that service, and she would like this to come to the Board in due course. Celia Ingham Clark suggested another area which would make a good topic was how the Trust had dealt with surgeon referrals following the national bowel cancer awareness campaign.

64.2 Referring to the executive summary of the report, Board members discussed the progress that had been made towards national, SLA and local access targets. Following discussion, Maria da Silva agreed to re-check the position on length of stay.

64.3 In answer to a question from Peter Freedman about the escalation process triggered where something remains rated red for a given length of time, Maria da Silva said that all red areas were discussed at the Trust Operational Board and action plans were updated in each of the divisions. She added that there were some areas (e.g. Health Visiting services in Haringey) which would remain red for some considerable time as the nature of the solutions would take time to implement although everything possible was being done to mitigate risk in the meantime. Sue Rubenstein suggested that where this was the case, it would be useful for reports to indicate this, and include milestones showing progress. Yi Mien Koh informed Peter that the Star Chamber escalation process was used only for ongoing failure to meet CIP targets.

64.4 It was noted that good progress was being made towards 7-day consultant working. Business cases were in place, and in the interim some consultants were working additional hours in order to support the commitment.

64.5 Maria da Silva informed Board members that she would be meeting Fiona Smith the following day in order to discuss the need for some additional support for performance management including the production of reports.

12/65 Financial Report

65.1 Introducing this item, Richard Martin confirmed that the Board was receiving the outturn report, the annual accounts had been submitted, and the auditors would be carrying out their duties until the end of May.

65.2 Richard explained the breakdown of requirements for the two targets the Trust was required to meet. The difference for the non-IFRS target related to:

- the extraction of PFI impairments
- the change in accounting policy around donated assets.

Work has been in hand to reduce assets, would in turn result in lower capital charges and thus ease pressure.

65.3 The CIP target for the year had been achieved by 100%.

65.4 The apparent overspend in pay was due to provision for severance costs. In answer to a question from Peter Freedman about the visible rise in the use of agency staff, Maria da Silva explained that it had been due to use agency staff during the recent change consultation period as it was not possible to recruit until there was absolute clarity over what posts (and at what grade) were required. She added that work was also under way to review the efficiency of the temporary staffing office, but this might be affected by UCLP proposals on back office savings proposals.

65.5 In answer to a question on favourable variance on income, Richard reminded Board members of the Trust's ability to attract income, and gave the examples of the recent 18 weeks monies awarded and the income generated through the use of theatres by the Royal Free. The signing of what is effectively a block contract for 2012/13 may impede the Trust's ability to raise income but should not prevent it altogether.

12/66 Communications Strategy

66.1 Siobhan Harrington said that the aim of the strategy was to reflect the ethos of transformation currently being seen in the Trust by implementing a transformational communications strategy. The team had looked at examples of best practice as well as consulting a wide range of stakeholders prior to producing the strategy. It had been through Executive Committee, and in addition to the strategy, that meeting had discussed the idea of the annual staff conference and communications training for managers.

66.2 Anita Charlesworth raised the issue of the Trust Board's communication with staff and other stakeholders, and promoted the idea of an NED blog which she would be happy to start off. It was noted that there had been 1,050 hits on the Chief Executive's briefing. Siobhan confirmed that the Communications Team was using a range of new media communications tools including blogs, Facebook and Twitter.

66.3 Peter Freedman stressed the importance of messages being made relevant to audiences, and Siobhan said that although this point was addressed in the strategy, there was a more detailed document which underpinned the Trust's communications work, and which both the Chairman and Robert Aitken had reviewed. This being the case, the strategy was approved.

12/67 Register of Directors' Interests

- 67.1 David Seabrooke invited all Directors to review the Register of Interests which had been circulated with the Board papers and to advise him or Kate of any amendments.

12/68 Register of Deed of Execution

- 68.1 Introducing this item, David Seabrooke informed Board members that the purpose of this annual report was to note the use of the Trust Seal during the previous year. It had been used on two occasions only, once for the lease of a kiosk, and once for the renewal of such a lease. The report was duly noted.

12/69 Updating the Constitution

- 69.1 David Seabrooke explained that the document which had been circulated was the Trust's existing Constitution, based on the DH template, which he had updated so that it should now remain fit for purpose until the organisation achieved Foundation Trust status (August 2013 according to the current timetable). A new Constitution, based on a model issued by Monitor, would be adopted thereafter. This was approved by the Board.

12/70 Board Committees

- 70.1 The terms of reference and suggested membership of two committees had been circulated with the papers.

Finance & Development Committee

- 70.2 The Board had agreed upon the principle of establishing a separate Finance Committee, and Peter Freedman had canvassed opinion of Board members and other key staff. It had been agreed that the committee would focus on long-term strategic issues rather than income and expenditure reporting and it would oversee the implementation of meaningful service line reporting.

- 70.3 Given that the Chairman was hoping that Paul Lowenberg would be a key member of this Committee, the Chairman asked the Board to defer approval of the Terms of Reference until he had had the opportunity to make comment. It was however agreed to recommend that the Chief Operating Officer rather than the Chief Executive become a member of the Committee. Peter Freedman suggested that reference be made to 'growth' in the Terms of Reference.

Nominations & Remunerations Committee

- 70.4 The Remuneration Committee was already in existence, however its Terms of Reference had been broadened to cover arrangements for moving forward to Foundation Trust status. They were approved by the Board, and it was noted that the Committee was to meet the following month.

12/71 Staff Survey

- 71.1 Introducing this item, Maria da Silva said that the survey had taken place over September and October 2011. Information was compared against acute Trusts, so these survey results will be used as a baseline benchmark for next year's survey.

- 71.2 The Trust had scored widely on questions related to Health & Wellbeing and staff engagement, which Maria felt was particularly positive considering the level of change undergone throughout the organisation at the time the survey had been conducted.
- 71.3 It was noted that the Trust compared least favourably with others when looking at the relatively high proportion (3% as against a national average of 1%) of staff who had reported experience of physical violence by other staff. Board members expressed extreme concern about this, particularly in the light of the Trust's having been in a similar position for around five years now. It had been discussed with staff side, and Human Resources colleagues had gone to immense lengths to explore the cause.
- 71.4 It was suggested that the Chairman include his concern about the above in his monthly summary of key issues from the Board, and Yi Mien followed it up with a message to staff giving them guidance on how to raise such matters in a way that would guarantee confidentiality. Robert Aitken also asked Maria to check with Margaret Boltwood whether anonymised information was received from the staff counselling service.
- 71.5 It was noted that the action plan contained a section on equality and diversity.

12/72 Any other urgent business

- 72.1 It was noted that the work being carried out by Unipart had received considerable local media attention and that much of the coverage had been inaccurate. Maria da Silva had issued a statement correcting the inaccuracies.

12/73 Questions from the floor

- 73.1 The Chairman invited those in attendance to ask questions or make comments on any part of the meeting. The following points and requests were raised:
- pressure ulcers – do staff not have a proper understanding of prevention
 - does any one individual have responsibility for paper and record-keeping as this seems to be an issue throughout the Trust
 - electronic prescribing – how will agency staff be trained
 - electronic patient record – how will patient input be incorporated, and what flexibility will be built into the record so changes can be made
 - out-patient waits – please consider the patients – and their carers, who do not wish to suffer lengthy waits
 - new birth visits – does the Trust have agreement from the Local Authority to reduce timing from 28 to 14 days
 - remuneration – have any thoughts been given to changes in Non-Executive Directors' remuneration once Whittington Health becomes a Foundation Trust
 - a hospital in the Midlands received DH funding for theatre refurbishment because it had a business case ready at the time when available funding was announced. Does Whittington Health have anything prepared?
 - detailed points made about some of the figures contained within the Financial Report.
- 73.2 Executive Directors answered as follows:
- staff are well trained in prevention and the woman in the presentation had not been a client prior to her referral to the District Nursing service, overall, the problem was greater in the community than in hospital and a number of factors contributed to that including social care
 - documentation and record keeping is the responsibility of the executive committee as a whole although the Trust does have a Chief Information Officer. Bronagh Scott added that regular audits of record-keeping are carried out in her area, and Celia

Ingham Clark mentioned the individual responsibility of every clinician to look after documentation relating to their patients

- EPR – this should be discussed off-line and Yi Mien or her nominated representative would follow this up with Helena
- Electronic prescribing – it was noted that agency staff would be dispensing rather than prescribing
- out-patient waits – Celia Ingham Clark expressed complete agreement with the points made
- new birth visits – it is the Commissioners rather than the Local Authority with whom the Trust must reach agreement, and negotiations are under way
- remuneration of NEDs – the Chairman stated that this was a matter for the Governors and no Board member would be involved in those discussions. He hoped that this process would be an entirely transparent one
- prepared business case – the process for the Trust's gaining funding for the EPR had been a similar process – in general the idea was a good one
- the financial queries would be discussed with Richard Martin following the meeting.