

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.30pm on Wednesday 23 May 2012 at Crouch End Health Centre, Middle Lane

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
	Paul Lowenberg	Non-Executive Director
	Richard Martin	Director of Finance
	Bronagh Scott	Director of Nursing & Patient Experience
In attendance:	David Seabrooke	Interim Company Secretary
	Matthew Boazman	Director of Operations, Surgery, Cancer & Diagnostics
	Margaret Boltwood	Director of People
Secretary:	Kate Green	Secretary to the Board.

12/74 Welcome and apologies

- 74.1 There were no apologies for absence. The Chairman welcomed staff and members of the public who had come to observe the meeting.
- 74.2 The Chairman welcomed those who were attending the Board meeting for the first time: Sue Thomas, Director, Ernst & Young, Paul Lowenberg, newly-appointed Non-executive Director, Michelle Hopton from Deloitte's, Fabienne Palmer, Account Manager, and Andrew Taylor from Planning & Programmes.
- 74.3 No apologies had been received from Board members, all were present. It was noted that Governor Mary Slow had sent her apologies – she had been in hospital but had now been discharged, and Board members wished her a speedy recovery. Helena Kania had also sent apologies.

12/75 Declaration of interest

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

12/76 Minutes of the meeting held on 25 April 2012

- 76.1 Two corrections were made to the minutes of the previous meeting. Minute 64.1 should read 'colorectal referrals', and minute 71.2 the word 'well' should be substituted for 'widely' in the first line. Subject to these amendments, the minutes were approved.

12/76 Matters arising and action tracker

- 76.1 6.4 The tripartite formal agreement was scheduled for discussion later on the agenda
21.2 Bronagh Scott and Maria da Silva had met and were looking at integrating the quality & safety and performance dashboards. Sue Rubenstein confirmed that the Quality Committee had been looking at both.

- 37.5 Dr Lois Colling had agreed to act as the consultant champion for clients with learning difficulties, and Anita Charlesworth had agreed to provide non-executive leadership.
- 38.4 The workforce strategy was scheduled for discussion later on the agenda.
- 41.7 The amended Quality Account had been circulated to Non-executive Directors.
- 61.3 Celia Ingham Clark had spoken to Helen Taylor about undergraduate training, and Caroline Fertleman was taking a lead on this
- 63.8 The 'deep dive' into outpatient services was planned for June.
- 71.4 The issue of staff abuse was to be raised at the Chief Executive's briefing scheduled for the following week.
- 71.4 Maria da Silva informed the Board that no data was available from Oasis. The Occupational Health Department had details of one case which had been dealt with appropriately.
- 73.1 The meeting between Helena Kania and Glenn Winteringham had taken place.
- 43.4 Maria da Silva confirmed that where items remained red consistently they are added to the corporate risk register.

12/77 Chairman's Report

- 77.1 The Chairman said that for the second time since joining the Trust he had conducted a night visit. With Richard Jennings, he had spent from 8pm until 12am, and had found the hospital to be very busy, with the ED full Mary Seacole full, and maternity services very busy. He had felt that the hospital was under control despite its being so busy, and praised the standard of cleanliness he had observed. A handover he had witnessed had been smoothly run.
- 77.2 The Chairman had re-instated his twice monthly meetings with a cross-section of staff, the first of which had taken place the previous week. These are attended by 6-8 staff from across the organisation and are part of his process for feedback and staff input. Two consistent themes had emerged, morale (to be expected at a time of considerable change) and communication, and concerning the latter, he was actively working with Deborah Goodhart to look at reactivating team briefings or similar. His twice monthly meetings with staff would continue, one to be held in the hospital, one the community.
- 73.3 The appraisal process for Non-executive directors was nearing completion with just one remaining to be completed.
- 73.4 Meetings had taken place with the Chairmen of the Royal Free and North Middlesex, and the Chairman spoke of the complexity of issues within their localities and the various pressures they faced.

12/78 Chief Executive's Report

- 78.1 Introducing this item, Yi Mien Koh informed Board members that the Tripartite Formal Agreement (TFA) had been updated the previous Monday and would be circulated to Non-executive directors, and they would receive feedback in due course. From next month this would be an agenda item in its own right.
- 78.2 Referring to the annual appraisal process, Paul Lowenberg enquired whether a completion rate of 75% for 2012/13 was a sufficiently challenging target. In response, Yi Mien said that she believed it was given the starting point of just over 40% for the previous year, and the plan was to aim for 90% next year. Celia Ingham-Clark added that the revalidation process required all doctors to undertake appraisals, and more than 99% of the Trust's doctors had done so for the previous five years. Robert Aitken made the point that appraisal was one indication of how the organisation valued its staff.

12/79 Board Forward Planner

- 79.1 David Seabrooke said that the Board forward planner should be considered on a quarterly basis in order to keep an ongoing overview of business. The red ticks on the second page indicated half-yearly updates on key strategies. Annual accounts were to be presented to the Audit & Risk Committee.
- 79.2 Maria da Silva raised the question of the integrated care strategy, on which the Trust had been working closely with the clinical commissioning groups (CCGs). It was agreed that this should be included in the planner. Subject to this, the planner was formally approved.

12/80 Patient Story

- 80.1 Jennie Williams introduced Kathy McHale, patient and carer, and Nickola Amin, Matron for the Emergency Department. She invited Kathy to give an account of her recent experience of visiting the hospital.
- 80.2 Kathy McHale informed Board members that she had had cause to take her husband to the Emergency Department (ED) two months ago. They had received a good welcome, her husband's information was already on the system, and they were seen promptly. The nurse had introduced herself and made it clear she would be responsible for Mr McHale's care, and they were treated with dignity and given thorough explanations at every stage. The consultant had spent considerable time with them, and after only ten minutes had produced a letter for them to take with them when they left. The only drawback, Kathy said, was that staff had been unable to immediately locate a patient feedback form.
- 80.3 Nickola Amin said that as the matron of ED she hoped this type of patient experience could serve as a model for everyone who came into the department. She acknowledged that the team cannot get everything right all the time, but they are trying hard. She described some of the initiatives being used to improve the patient experience including the use of volunteers to free up reception staff, a designated health care assistant to provide regular information to patients, and improved signage. She thanked both the Chairman and the Chief Executive for their involvement in the ED transformation work.
- 80.4 In answer to a question from the Chairman about priorities for improvement, Nickola said that she would very much like to see better signage around the department. Bronagh Scott paid tribute to the work carried out by Nickola and her team, adding that she would be asked to share her experiences and successes with some of the other out-patient areas within the hospital.
- 80.5 Board members expressed their thanks to Kathy for sharing her experience of the ED with them. Jennie Williams added that Kathy had also agreed to become a member of the Patient Experience Committee.

12/81 Olympics Resilience

- 81.1 The emphasis of the paper, and indeed the plan, was on business continuity supported by robust emergency planning. Paul Lowenberg enquired whether employment of a full-time emergency planning liaison officer was the most appropriate option, wondering whether some type of shared arrangement with the local authority might be preferable. Matthew Boazman agreed to explore this option. The post had been designated full-time on the basis of the time needed to fulfil the duties rather than because it needed to be full-time in-house.

- 81.2 Jane Dacre said that the plan looked well-organised, however there was always a limit to how far one could plan for the unexpected. It was agreed that the key to all such plans was good communication, and Matthew spoke about the importance of information flows and cascading messages. He added that much had been learned from a serious incident which had occurred the previous week and had necessitated emergency planning processes being brought into play.
- 81.3 The paper was approved by the Board, although the Chairman said that he had found it difficult to read, and he took the opportunity to remind executive colleagues of the importance of producing clear concise executive summaries for Board papers.

12/82 Workforce Strategy – measures of success

- 82.1 The Board began by discussing appraisal, where the aim was to be conducting regular appraisal for 90% of staff by March 2013. Anita Charlesworth asked for two other measures to be included:
- accuracy on ESR for key HR processes, and
 - staff engagement – reducing the high level of bullying.
- 82.2 In answer to a question about the ratio of qualified to unqualified staff, in particular whether the aim was to increase or decrease, Margaret Boltwood said that more work needed to be done on this before it became clear. Maria da Silva explained that this was impossible to conclude at present because it was closely linked to the transformation work. Bronagh Scott said that it was possible, within nursing, to tell in some parts of the Trust, and added that Whittington Health was one of five or six Trusts conducting a benchmarking exercise in this area.
- 82.3 Peter Freedman congratulated Margaret and her colleagues for their work on this, saying how far it had moved on since the previous iteration seen by the Board. What for him was missing, however, was a clear picture of how well staff really understood the Trust's strategy, and what 'transformation' would mean. The Chairman replied that this was something he tried to address in his meetings with staff. Peter suggested that in addition to this some focus groups might be considered.
- 82.4 Under the section on workforce engagement, Paul Lowenberg said that he felt the point about diversity was expressed in over-simplistic terms, and was needed was something that reflected best practice in London, more sophisticated and challenging. Celia Ingham-Clark commented on the high proportion of women in senior leadership positions at the Trust, saying that she was sometimes asked how this had been achieved.
- 82.5.1 The Chairman invited Margaret to give a progress report to the Board in October.

12/83 Staff engagement plan

- 83.1 Anita Charlesworth opened this item by drawing attention to the fact that Whittington Health is an organisation where staff work at many different times and in different ways, therefore she wondered to what extent the Trust was utilising modern media. David Seabrooke replied that staff could visit the intranet, and there were tweeting, blogs and Facebook pages. It was possible to hear the Chairman speaking, and Bronagh Scott had been filmed. The Chief Executive's briefing was also available on line. The Chairman added that he remained in discussion with Deborah Goodhart about staff briefings.
- 83.2 Speaking about staff morale, Jane Dacre made the point that engagement needed to be positive rather than just an exercise to be undertaken. Celia Ingham-Clark added that this subject had been raised at Medical Committee, and she intended to ensure terms of

reference were produced for that committee. She asked that Board members encourage support for this.

12/84 Quality Committee progress report

- 84.1 The Chairman praised the quality of the report, and Bronagh Scott said that it reflected the challenge function of the committee. Moving on to specific issues, Bronagh said that the Trust had done well on its infection control targets, however these grew increasingly challenging – the target for MRSA was just one case over the year, and one had already been confirmed, so it would be very important to be careful and use preventive practices. It was suggested mandatory training be included on the ward dashboards.
- 84.2 The Chairman informed Board members that consideration was being given to changing the dates of future meetings of the Quality Committee, in part to try to secure a better fit with the Board cycle. He also said that by its nature the committee spent a great deal of time examining issues of concern, but it was good also to reflect on the positive. Bronagh said that this had been done as part of the recent ICAM report. She had also mentioned the change on Cloudsley ward, which she described as 'brilliant'. Mercer's ward had also made great progress. The Chairman supported this, saying that he had visited Cloudsley with Richard Jennings at in the late evening recently and been very impressed. He mentioned in particular a very good agency nurse who had been 'specialising' a patient.
- 84.3 In answer to a question from Jane Dacre about possible disconnect between hospital and community, for example over MRSA. Bronagh Scott explained that work was progressing in this area, and that this had been mentioned by Julie Andrews in her report to the committee. Links between the infection control team and district nursing were being strengthened, and one case had involved bringing in the lead nurse for safeguarding adults due to staff concerns.
- 84.4 In answer to a question from Greg Battle about where reference to physiotherapy could be found, Maria da Silva replied that this was contained within the performance report, and was an example of the benefits that integrating the two reports should bring.
- 84.5 Noting the committee would soon be reaching its first 'birthday', the Chairman said that he found it difficult to imagine how the Trust managed before its inception, and said that it had certainly proved its worth. Given the May meeting had recently taken place, Sue Rubenstein highlighted some of the issues that had been raised there, mentioning in particular
- issues related to ESR, which the committee would be examining in more detail
 - safeguarding and mandatory training, where it was felt the Trust could not offer sufficient assurance
 - health visiting, which was an acknowledged difficulty, and would be for some time, but Sue had been reassured to learn what actions were being taken by staff to mitigate the risks; a good example of ICO ethos being the interface between health visiting and midwifery.
- 84.6 Yi Mien Koh said that it also been almost a year since the Trust had begun to run services for children in Haringey, and substantial progress had also been made there. Referring back to ESR, Maria da Silva said that a working group had been established to look at how ESR could be rolled out to its full potential, but this was a huge undertaking. The Trust did however have funding to progress this and people working on it, and next month it might be possible to provide a timeline for implementation. Sue Rubenstein added that she hoped it would be possible for the Trust to learn from others who had used it.
- 84.7 In answer to a question from Paul Lowenberg about the proportion of patients with estimated discharge dates, Maria da Silva said this had only been started over the last three months, it was gradually being rolled out and was a 'fantastic achievement'.

12/85 Outpatients Survey Action Plan

- 85.1 This paper was now coming to the Board for information, as a Trust-wide outpatients action group had now been established, and this paper was the response to the outpatient survey, which would feed in to the overall action plan. A slight improvement had been made by comparison to the previous year, but there was still much to do.
- 85.2 Jane Dacre said that one thing that would improve things considerably was better engagement and communication with staff that worked there, as staff she had spoken to appeared to know little about plans. By contrast, Sue Rubenstein said that she had spoken to staff in clinics 4A and 4B, and had felt a real drive and commitment to improve. Celia Ingham Clark said that she was not sure enough doctors were involved to make the changes, and this was echoed by the Chairman. Maria da Silva informed Board members that a 16 page action plan had been agreed at Trust Operational Board the previous day, and this was a major project.
- 85.3 In answer to a question from Paul Lowenberg about where the Trust might remain in the bottom 20%, Bronagh Scott said that she hoped nowhere. Celia Ingham-Clark said that it was a difficult question to answer, seeing as it a) depended on the performance of others, and b) was such a tiny sample of those using the service.
- 85.4 The paper was approved by the board, noting there would inevitably be some degree of delay between improvements being made and their being visible.

12/86 Monitor Quality Governance Framework

- 86.1 This paper, which had been the subject of discussion at the Board seminar earlier in the day, set out the results of the Trust's self-assessment against Monitor's quality governance framework as part of the FT application process. Senga Steel had gathered the evidence from all relevant areas, and it had been the subject of discussion at the Quality Governance Group.
- 86.2 It was noted that the robustness of and timeliness in production of data had been identified as the area most in need of improvement. Also of key importance was the question on page 27 on engagement of stakeholders in quality issues. The Board had already discussed difficulties caused by timeliness of data production and the decision to review Quality Committee meeting dates and merge dashboards accordingly. External reviews, however, had judged the Trust's overall performance as good. The next stage in the process was assessment by an external reviewer who will interview Board members and then report back to the Board.
- 86.3 The paper was approved subject to some minor cosmetic changes.

12/87 Performance Dashboard

- 87.1 Introducing this item, Maria da Silva informed members that with Fiona Smith she would be interviewing for an interim Head of Performance the following Friday – a post fundamental to enabling the Trust to deliver in this area. She had carried out a benchmarking exercise and had observed that most Trusts were reviewing data from one month ago as opposed to our two, however on the positive side there was good divisional ownership of the data and overall performance.
- 87.2 ED performance was under scrutiny at present – the Trust had failed to meet the 4 hour target in April, and looked as though it might fail to do so again in May. Managers were aware of the reasons for this, and had held discussions with the commissioners accordingly. It was noted that attendances had been rising, and on one day recently ED

had admitted as many people in 2 hours as it would normally have been expected to admit in 24. It appeared that patients were using ED as an alternative to primary care.

- 87.3 Turning to community services, Maria da Silva confirmed that for physiotherapy, the Trust had always met the demand for urgent referrals but routine the wait was 16 weeks. It was possible to see the almost immediate impact on the service of staff change, for example when three people had left the service. Podiatry had been an issue but was now back on track, and the criteria were being reviewed. In answer to a question from Yi Mien Koh about external reviewing, Maria replied that this had been done in podiatry.
- 87.4 Celia Ingham-Clark offered her congratulations on the rate of theatre utilisation. Referring to the consultant 7 day ward round local target, she informed Board colleagues that two out of three surgeons had been appointed, and advertisements placed for four locums within medicine.
- 87.5 Sue Rubenstein made the point that it would be helpful for Board members to be able to understand when the reds were likely to go green.
- 87.6 The Board discussed open access services and potential problems in managing demand. This was particularly a problem for the Urgent Care Centre, where patients came not just once to be seen but on multiple occasions. Feedback on such visits was given to GPs.
- 87.7 In answer to a question from Paul Lowenberg on committee responsibility for reviewing data, Peter Freedman said that if data was felt to pose a risk, this would be reviewed by the Audit & Risk Committee, but if the issue was one of quality, then that would be addressed by the Quality Committee. It was noted that a considerable amount of internal validation of data does take place, and there is a tendency for the Trust to set itself fairly exacting standards.

12/88 Financial Report

- 88.1 Introducing this item, Richard Martin reminded Board members that its brevity was due to its being a report on the position at Month 1, and that next month would see the usual more detailed papers. He said that the income and expenditure position for Month 1 was a deficit of £444k, some £285k worse than expected, but the reasons for this were set out in the report. Many of the causes were non-recurrent, for example the delay in closing Cavell Ward and an unusually high proportion of patients needing to be 'specialled'.
- 88.2 There was some degree of risk around CIPs this year, and Richard informed Board colleagues that consideration was being given to bringing schemes forward from 13/14 as a contingency in case 12/13 failed to deliver. On cash, however, the Trust was doing well, and on capital, it had achieved a slightly higher spending limit, allowing it to progress IT schemes such as the new PAC. Annual accounts would be presented at the Audit & Risk Committee on 1st June.
- 88.3 In answer to a question from Peter Freedman about being under revenue, Richard explained that the position related to non NCL contracts which were not block but cost per case, and the level of activity was not yet known.
- 88.4 Maria da Silva informed Board colleagues that she had held a very good workshop on the future model of inpatient beds the previous week, and the conclusion reached had been that another admissions assessment unit was needed and was in fact fundamental to delivering the CIP. Phil lent was working on the business case for this.
- 88.5 The Chairman asked a question about the devolution of budgets. Richard replied that this was done at divisional level, and anything that was agreed had been signed off by the cost centre holder. He assured the Board that those who spent fully understood the

consequences of their spending. Referring back to an earlier point, Bronagh Scott assured the Board that considerable work had been done with ward sisters on cost pressures such as those arising from specialising.

12/89 Corporate Objectives

89.1 The Chairman felt that these were clear, and fully in alignment with the Trust's strategic objectives. Referring to the second (No decision about me without me), Sue Rubenstein expressed surprise at seeing no reference to Co-creating Health and self management as she believed the Trust had performed well in this area. Greg Battle assured Sue that there was a continued commitment to it, however there were still some steps to go before it could be mainstreamed. It was suggested then that there should be something in the objectives which was not specifically so named but reflected the ethos, and Maria said that she believed this was already implicit in some of the objectives, singling out in particular the reference to enhanced recovery pathways.

89.2 Referring to the third main heading, Paul Lowenberg asked whether the financial target was sufficiently challenging. Richard Martin explained that this in itself was difficult due to the fact that as activity lessened the reference cost index moved and the only solution was growth.

89.3 Jane Dacre stressed the importance of including specific reference to education, and subject to this, the objectives were approved.

12/90 Report from Audit & Risk Committee

90.1 A report giving details of the most recent work of the Audit Committee and the minutes of its March meeting had been circulated. Peter Freedman added that the most recent meeting had been focused on identification of the biggest risks facing the Trust and matching the internal audit plan to those risks.

12/91 Communications from today's meeting

91.1 The Chairman reminded Board members he had established a regular feedback to staff mechanism following Board meetings. This took the form of a brief high level summary of issues Board members felt should be made known to all staff. It had been well accepted – the Chairman had received substantial feedback and over 1000 hits on the intranet.

91.2 It was agreed the following should be included in this month's briefing:

- encouragement to challenge and fostering that environment and culture
- good work done on patient experience in ED
- a call to action on out-patient services
- staff engagement and communication.

12/92 Questions from the floor

92.1 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:

- The Board has not yet succeeded in convincing all local people – and staff – that the drive for FT status is not just another way of privatising the hospital. The reasons should be restated in one of the Chairman's messages to staff.
- Consideration should be given to including the outcomes of 'off-line' conversations in the minutes of Board meetings
- The differences between the out of hours service and that provided at the urgent care centre – very different criteria had been set by commissioners

- Do GPs get regular feedback on patients who have been frequent users of the urgent care centre?

92.2 Board members answered as follows:

- Consideration would certainly be given to repeating the message about FT status as part of the Chairman's message to staff
- It would be inappropriate to record in the minutes conversations which had not taken place at the meeting
- It was agreed there were different criteria for the out of hours service from the urgent care centre. This could be further examined as part of service reviews
- GPs did not all receive systematic feedback on patients who used the urgent care centre, but informally messages were received. It was likely that the clinical commissioning groups would require more close scrutiny is due course. Data has also been sent to the current commissioners.

12/93 Any other business

93.1 Sue Rubenstein said that she, Robert Aitken and the Chairman had attended the Nursing, Midwifery & AHP conference on 9th May. It had been a great success, and she paid tribute to Bronagh Scott and all her team who had been involved in its organisation.