

**The minutes of the Whittington Hospital Trust Board meeting held at 14.30 hours on
Wednesday 23rd March 2011, in the Whittington Education Centre**

Present	Joe Liddane	JL	Chairman
	Robert Aitken	RA	Senior independent Non-Executive Director
	Anna Merrick	AM	Non-Executive Director
	Jane Dacre	JD	Non-executive Director (UCL)
	Siobhan Harrington	SH	Acting Chief Executive
	Richard Martin	RM	Director of Finance
	Celia Ingham Clark	CIC	Medical Director
	Bronagh Scott	BS	Director of Nursing and Clinical Development
In attendance	Marisha Ray	MR	Non-executive Specialist Adviser
	David Emmett	DE	Representative of Islington LINK
	Fiona Smith	FS	Director of Planning and Performance
	Margaret Boltwood	MB	Director of Human Resources
	Philip Ient	PI	Director of Facilities
	Matthew Boazman	MBz	Acting Director of Operations
	Caroline Allum	CA	Deputy Medical Director
	Richard Jennings	RJ	Deputy Medical Director
	Ian Kent	IK	Project Director - ICO
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

11/034 Apologies for Absence

Action

Apologies had been received from Helena Kania (Haringey LINK). The chairman welcomed David Emmett attending his first meeting as a representative of Islington LINK. He also welcomed four governors attending as observers and two senior nurses, from the Clinical Leadership Development of Ward Managers programme.

11/035 Minutes of the meeting held on Wednesday 23rd February (Doc1)

It was noted that Anna Merrick had not been present at the meeting. Subject to that correction, the minutes of the meeting were agreed as a correct record.

11/036 Action Notes and matters arising (Doc 2)

36.1 Actions arising from previous meetings were reviewed. Forward completion dates were confirmed.

36.2 Re 1104: Quality account. It was noted that the deadline was close and clinical leads had been asked to submit priorities for 2011-12. There was a need to obtain quality assurance on elements of the data and to develop metrics for monitoring via the monthly dashboard. There would be a report to the next trust board including performance against the 2010-11 priorities and the development of an integrated quality account for the ICO.

CIC

36.3 Re 1101.5: It was agreed that the next iteration of the BAF should relate to the whole of Whittington Health and be reviewed by the Audit Committee prior to submission to the Trust Board.

FS

11/037 Report from the chairman (verbal)

- 37.1 JL reported that Dr Yi Mien Koh would take up her post as Chief Executive on Monday 28th March and would be present at the first meeting of the Whittington Health Trust Board on 27th April.
- 37.2 An advertisement for a non-executive director to chair the Audit Committee had appeared in the Sunday Times. Interviews would take place in the second half of April.
- 37.3 The two newly appointed non-executives were:
- o Anita Charlesworth, Chief Economist at the Nuffield Trust and a non-executive director at NHS Islington
 - o Sue Rubinstein, a non-executive director at NHS Haringey and the Alliance Board, director of the Foresight Partnership and formerly involved in major change management projects in South Africa.

11/038 Report from the Executive Committee (Doc 3)

- 38.1 SH introduced the report and drew attention to the ward manager development programme under the heading 2.1 Strategy. JL invited BS to introduce Maggie Pratt (MP - senior nurse surgery) and Paula Francis (PF - ward manager) who had agreed to report their experience of the programme (formally titled the Clinical Leadership Development of Ward Managers). This was run by the RCN to promote the increased visibility of ward managers. MP and Emmeline Crosier (Clinical Facilitator) had been trained to act as facilitators on the Whittington programme which covered four modules over a one year period. Thirteen Band 7 and 8a ward managers had enrolled across all specialties. The themes included patient focus, service improvement, pro-active ward rounds and patient safety checks. There was to be a Celebration Day in March 2012 and in the meantime, dates of the programme would be circulated to the Board, whose participation and support was invited. PF said that all participants were full signed up to the programme and saw it as a means of developing the skills to drive their teams. It was proposed and agreed that they should come back to the board with a progress report in September or October 2011. **BS**
- 38.2 Returning to the written report, SH referred to the agreed delay of one month on the transfer of Haringey's children's services from GOSH to the Whittington to enable appropriate due diligence work to be completed. **SH**
- 38.3 In answer to specific questions on the report, it was noted that:
- o The minimum two week break for bank staff on long term assignments would be paid
 - o Infection control performance would continue to be closely monitored after SHAs and PCTs were dissolved
 - o The UCC was on target to open on 31st March
 - o Revised criteria for STEIS reporting, particularly in maternity services, had led to an increase in incidents reported to NHS London, who had advised BS that the trust is not an outlier. All maternity units have shown an increase in the number of incidents reported. She has asked for a report to be brought to the Executive Committee and then Trust Board (May 2011). This would outline the trends, themes and actions in maternity identified through the serious incidents reported to NHS London. **BS**

11/039 Patient Safety (verbal report – Doc 4 withdrawn)

39.1 RJ reported on the trust's project for reducing patient falls, which was one of the top five priorities in the Quality Account. In England and Wales there were 150,000 falls p.a. in acute settings and a further 100,000 p.a. in community and mental health facilities. There were particular risks of fractured hips (850 p.a.), arms, shoulders and intra-cranial injury (60 p.a). The NHS had published a guideline and toolkit in 2009 and the Whittington had set up a patient falls group in 2010. Although the evidence of the effect of interventions was not yet substantial, the importance of key actions was recognised:

- Risk assessment on admission
- Cohorting patients at risk in particular areas
- Red flag system for patients needing walking aids
- Prompt diagnosis of damage from falls and use of aftercare pro forma

39.2 Rosaire Gray (consultant in care of older people) led a multi-disciplinary team and set up a pilot project in the JKU, which accounted for 75% of all falls. The number of falls in the period of the pilot had reduced by 20%. The impact on reducing harm from falls was small in numerical terms but gave rise to confidence in planning a roll-out to other areas.

39.3 It was proposed that learning from our own experience and that of others should be used when transforming services between hospital and community. David Williams, the community services risk manager, had expressed interest. It was agreed that a report on falls would be included in the quarterly report to the Patient Safety Committee.

RJ

11/040 Patient Experience Report (Doc 5)

40.1 BS introduced the report which set out action plans on eight specific projects arising from patient feedback. This had been discussed at the Patient Experience Steering Group and the Hospital Management Board. It was noted that patient feedback was obtained from patient trackers and the visible leadership programme as well as the annual patient surveys.

40.2 In response to concerns expressed about a number of aspects of out-patient services, discharge arrangements, and in-patient feeding, the following assurances were given:

- Patient experience has been identified as a priority by the new chief executive
- A group had been established to review the discharge policy chaired by a gastroenterology consultant
- A specific out-patient improvement project has been established under the leadership of the acting Director of Operations
- Audits on compliance with the red-tray policy for patient feeding are being monitored by the Nutrition Steering Group and Clinical Governance Committee

MBz

BS

11/041 Staff Attitude Survey (Doc 6)

41.1 The results of the survey in late 2010 had now been published and could be viewed on the CQC website. MB had summarised the results for the Whittington highlighting areas of good and not so good scores, and improvements or deterioration from last year. It was agreed that the results of the community services survey should also be reviewed and a baseline position for the ICO established.

MB

- 41.2 JL welcomed the good score on staff recommending the hospital to friends, but was concerned about the continued higher than average incidence of bullying and violence. More dramatic action was needed to address the issue. MB said that victims could be identified by staff group but not any other characteristics. It would be possible to focus on particular problem areas. It was agreed that the chairman and chief executive should review their potential role as champions of a campaign against harassment and bullying
- MB
JL/YMK
- 41.3 It was noted that the response rate had fallen and MR offered to advise on how it could be increased.
- MR/MB
- 11/042 Whittington Health: Completing the transfer (Doc 7)**
- 42.1 SH updated the Board on progress on the transaction to complete the transfer of community services, including staff consultation, and the service transformation project.
- 42.2 A late paper had been circulated on the latest position on the Business Transfer Agreement, which was a legal document enabling the transfer of community staff and services on 1st April 2011. IK outlined the outstanding issues under negotiation which he felt were resolvable. None related to staff. The objective was to mitigate risk as far as possible but both parties had to accept some residual risk. The Programme Board was due to meet on 30th March by which time it was anticipated agreement could be reached. The Board agreed to delegate authority to the Chairman and Chief Executive who were asked to keep the board informed.
- JL/YMK
- 42.3 The question of the trust brand and name was raised. The board was advised that the legal title of the trust would remain as the Whittington Hospital NHS Trust, but that Whittington Health would be shown on letterheads and other non-legal documents in the top right hand corner.
- SH
- 11/043 Staff Health and Well-being Strategy (Doc 8)**
- 43.1 MB presented the report and drew attention to the significant staff engagement that had contributed to the development of the strategy. The process and outcome had been well-received by staff. JL welcomed the report and suggested that the aims of the strategy should also recognise the direct benefits of health and well-being to staff as well as the organisation.
- MB
- 43.2 In discussion it was suggested that the strategy would benefit from some measurable outcome targets e.g. staff smoking rates. It was agreed that this would be considered, while recognising the difficulty of data collection in this area. The experience of local councils working with PCTs might provide some useful examples.
- MB
- 11/044 Dashboard Report (Doc 9)**
- 44.1 FS introduced the report and drew attention to performance against the CQC's Quality and Risk Profile (QRP). The "suitability of staffing" indicator had moved up to excellent since the last quarterly report.
- 44.2 Areas on the dashboard requiring further investigation and action were

identified as:

- Increase in complaints in February – particularly communication and staff attitude
- ED performance against the 4-hour target
- NHS number completeness

The achievement of the DNA rate of 11.5% (first time below the target of 12%) was welcomed.

44.3 Reference was made to other trusts' approach for increasing the NHS number performance. FS did not regard this as good practice, but was confident that the establishment of the UCC with active liaison with GP practices would improve performance, as would the achievement of 100% electronic referrals.

44.4 FS reported that future dashboards from May 2011 onwards would reflect the new performance requirements set out in the Operating Framework. The Board will be presented with the year end report for both acute services and community services in the dashboard in April.

FS

11/045 Finance Report (Doc 10)

45.1 The board noted that the in-year performance continued to indicate the achievement of a year end balance, in line with the NHS London control target. Income from clinical activity was running below plan and was not therefore likely to exceed the agreed cap under the risk sharing arrangement with the NCL sector.

45.2 Detailed discussion on the ongoing contract negotiations and the projected financial position for 2011-12 were taking place in the trust board seminar and the Part 2 meeting. The trust's position was confidential at this stage but a full report would come to the April Part 1 trust board.

11/046 Report from the Audit Committee (Doc 11)

46.1 AM, chairman of the Audit Committee, elaborated on the items highlighted in the report. It was reported that the IT issues of integration and disaster recovery had been taken up at EC. Glenn Winteringham would attend the Audit Committee to give a progress report.

GW

46.2 Concern was expressed about the trust's failure to exploit service line reporting as a management tool. Although the internal audit report had given substantial assurance on the technical aspects of SLR, it had pointed out that it was not much used, despite the significant investment. It was particularly important to develop its use in the ICO. SH reported that the new chief executive regarded SLR as a vital lever in promoting efficiency.

YMK

11/047 Register of Directors' interests (Doc 12)

The updated list of directors' interest were noted. BS and MBz were not yet included on the register. Neither had any interests to declare.

SS

11/048 Mixed sex accommodation self certification and compliance declaration (Doc 13)

48.1 FS reported that there were only minor changes from the previous year,

and that commissioners were satisfied that the trust was compliant. It was noted that financial penalties would be imposed for breaches in 2011-12.

48.2 The trust board approved the declaration of compliance to be published on the website by 31st March 2011. **FS**

11/049 Child protection declaration (Doc 14)

BS presented the proposed Safeguarding Children declaration for posting on the trust's website, as recommended by the CQC. It was based on the NHS London template and was approved by the trust board subject to the insertion of the actual names of the designated doctor, nurse and midwife. It was noted that Dr Giles Armstrong had succeeded Dr Heather McKinnon as the named doctor. **BS**

11/050 Questions from the floor

The following points were made by governors:

- o The trust should consider putting up more prominent notices about zero tolerance of violence
- o It was hoped that cornea harvesting for organ donation would start as soon as possible, especially as they were usually suitable for donation by elderly patients
- o On the question of complaints about communication, it should be borne in mind that shock can prevent people from hearing everything that was said to them
- o Was it possible that the low response rate to the staff survey was because people did not believe that the replies were anonymous?
- o It was hoped that the trust had offsite back-up for IT systems (GW to advise)

GW

11/051 Any other urgent business

.There was no other urgent business

11/052 Dates of next meetings

Trust Board: 27th April 2011, West Green Learning Centre, N15 3RB (details of venue to be advised)
Board Seminar: 25 May 2011, WEC Rm 10

SIGNED..... (Chairman)

DATE.....

