

**The minutes of the Trust Board meeting of Whittington Health\* held at 13.00 hours on Wednesday 22<sup>nd</sup> June 2011, at the Holloway Community Health Centre, Hornsey Street, London N7 8GG**

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<b>Present</b>	Joe Liddane	JL	Chairman
	Robert Aitken	RA	Deputy Chairman
	Jane Dacre	JD	Non-executive Director (UCL)
	Sue Rubenstein	SR	Non-executive Director
	Anita Charlesworth	AC	Non-executive Director
	Peter Freedman	PF	Non-executive Director
	Yi Mien Koh	YK	Chief Executive
	Richard Martin	RM	Director of Finance
	Celia Ingham Clark	CIC	Medical Director
	Greg Battle	GB	Medical Director (Integrated Care)
	Bronagh Scott	BS	Director of Nursing and Patient Experience
	Maria da Silva	MdS	Chief Operating Officer
<b>In attendance</b>	Marisha Ray	MR	Non-executive Specialist Adviser
	Fiona Smith	FS	Director of Planning and Programmes
	Siobhan Harrington	SH	Director of Strategy
	Richard Jennings	RJ	Divisional Director (Integrated Care and Acute Medicine)
<b>Secretary</b>	Susan Sorensen	SS	Trust Corporate Secretary

**11/074 Apologies for Absence**

**Action**

An advance apology for late arrival ( 15.00h) had been received from Jane Dacre. The chairman welcomed Greg Battle (Executive Medical Director – Integrated Care) Peter Freedman (Non-executive director) and Maria da Silva (Chief Operating Officer) who were attending for the first time. He also welcomed three members of the public, from Islington and Haringey LINKs, one member of the Council of Governors, and one member of the junior medical staff. He explained that following discussion with Helena Kania (chairman of Haringey LINK), it had been decided that the Islington and Haringey LINK representatives would attend as observers rather than as participants at the board.

**11/075 Declarations of interest**

There were no interests declared relating to the agenda. It was noted that not all declarations had been received from new board members, but that the updated register of interests would be circulated when complete.

**11/076 Minutes of the meeting held on Wednesday 23<sup>rd</sup> March 2011 (Doc1)**

These were agreed as a correct record.

**11/077 Action Notes and matters arising (Doc 2)**

77.1

Actions arising from previous meetings were reviewed. Of the 18 actions outstanding as at June, 12 had been completed and 6 were carried forward. Of these, 4 had forward completion dates and timescales for the

remaining 2 were yet to be determined.

- 77.2 Re note 1104.5 – rehabilitation services currently located at Green Trees (St Ann’s Hospital). Questions were asked about the plans for re-commissioning. This was a small unit and there was a risk that it would be difficult to maintain quality in a situation of uncertainty. YK pointed out that there was an additional factor in that the Haringey service had medical cover from the North Middlesex Hospital. SH reported that NHS Haringey was working on a tender process and Whittington Health was involved in the discussions. There would be more clarity by September. MdS reported that NHS Islington was also considering relocating rehab services from St Pancras hospital and was seeking advice from WH. There was an opportunity for the two PCTs to develop a joint strategy.

#### **11/078 Report from the chairman (verbal)**

JL updated the board on the process for establishing the strategy for Whittington Health. Two sessions had already taken place and more were planned. The NCL Commissioning Cluster had been established with Paula Kahn as chair, with the aim of co-ordinating strategic planning across the sector. It had been agreed that uncertainty should not blight the direction and pace of change. He described the timeline for achieving Foundation Trust status as aggressive, and would require the rapid consolidation of the trust as an ICO.

There was discussion about the extent of regular communication and connection with key stakeholders and decision-makers within the local health economy, e.g.

- Directors of the NCL commissioning cluster
- Leaders of the shadow clinical commissioning groups
- Primary Care Interface Group

YK, SH, CIC and FS reported on 1:1 relationships and existing forums, and it was agreed that a list of connections needed to be maintained to promote the alignment of interests.

YK

#### **11/079 Report from the Chief Executive (Doc 3)**

- 79.1 YK summarised the government response to the Futures Forum’s report on the Health and Social Care Bill as far as it related to providers. The key elements were:

- The restored importance of the NHS constitution
- The encouragement of patient choice
- The limitation of competition to maintain a “steady state”
- The change in Monitor’s duty from promoting competition to promoting integration

In discussion, it was felt important that integration was not just a fashionable mantra, but must translate into a better patient experience, e.g. through care group pathways rather than separate acute and community care. Reference was made to the provision of choice in community health services, with a duty on commissioners to market test. The reference to the Whittington’s co-creating health project in the Futures Forum report was welcomed.

- 79.2 It was pointed out that the absolute requirement to achieve Foundation Trust status by April 2014 had been relaxed and that Monitor would retain responsibility for FT compliance until 2016, rather than the role passing to

governors. YK reported that a revised Tri-partite Formal Agreement (TFA) with NHS London was being developed. The current TFA proposes an application date of 1<sup>st</sup> October 2012, with a view to authorisation 1<sup>st</sup> April 2013. The FT team were looking at the feasibility of bringing the application date forward to May 2012 for authorisation December 2012 subject to the capacity of the FT pipeline.

FS

- 79.3 YK reported that the CQC report on the Care of the Elderly was now available. It had concluded that the Whittington was meeting the two standards on nutrition and privacy/dignity but with minor concerns and areas of required improvement which would be addressed in an action plan already under development. Copies were available for non-executive directors and the report would be published on the CQC web-site.

#### **11/080 Patient Safety: Medication Safety Initiatives (Doc 4)**

- 80.1 RJ introduced his paper which concerned an important area of patient safety on which a lot was happening at the Whittington. He said that nationally the incidence of medication errors appeared high – of which a few were serious. Key sources of improvement were:
- Move from handwritten to electronic prescribing
  - Clear audit trails
  - Alerts
  - Policies on generic prescribing
- Research had demonstrated that serious incidents could be reduced and local projects in each of these areas were described in the paper.

- 80.2 In discussion, RJ explained that the 50% error rate in intravenous medication administration included every type of error. In terms of setting goals for reduction the most appropriate measure would be the absolute number of serious errors and high risk incidents. This would be alongside the monitoring of time-tabled progress on specific initiatives. It was agreed that there should be a follow-up report via the new quality sub-committee. CIC believed that in terms of current performance on errors, the Whittington was well within the pack. In response to a question it was felt that the movement to electronic prescribing involving automatic dosage calculation would not lead to deskilling and would reduce the risk of unreliable arithmetic skills.

CIC

#### **11/081 Quality Account (Doc 5)**

- 81.1 CIC introduced the Quality Account as the final content but not the final format. She had received helpful comments from stakeholders and governors. In response to questions about in-year tracking, it was indicated that the priorities identified in the Quality Account would be included in the dashboard and monitored by the new Quality Committee, to provide greater public accountability.

- 81.2 SH drew attention to the absence of a response from Islington LINK in Part 3 and said that she would provide some input. Subject to this addition, the Quality Account was approved for publication by the end of June.

SH  
CIC

#### **11/082 Strategy Framework (Doc 6)**

- 82.1 SH referred to the slide presentation which set out the timeline of events and tasks in the development of a strategy for Whittington Health as an integrated care organisation. A multi-disciplinary Clinical Strategy Group

was being established and a first cut document would come to the trust board in September, which would form the basis of the Integrated Business Plan for the FT application.

82.2 It was agreed that:

- Seminars would be scheduled for the mornings of the trust board meetings
- A masterclass on the financial model should be organised, possibly in a series of one-hour sessions **RM**
- There should be a parallel development of a stakeholder communications strategy **SH**
- There should be a commitment to openness in a public statement to stakeholders **YK**

### **11/083 Dashboard Report (Doc 7)**

83.1 FS introduced the new dashboard which represented the streamlining of the three separate dashboards previously reported. She drew attention to appendix 1 which was a change control document analysed for each domain. The executive summary highlighted the red risk ratings in April and there was an exception report on ED and urgent care performance.

83.2 In response to questions on specific indicators, it was noted that there had been some delay in completing the refurbishment of one of the theatres, which had affected orthopaedic activity. However there was an underlying problem in the management of out-patient activity which was being addressed through an action plan. Responsibility would be devolved to divisions in August which was expected to improve accountability and performance. The roll-out of choose-and-book (currently at 50%) would also reduce cancellations. **MdS**

83.3 In discussion on the design, content and monitoring process, the following comments were made:

- The dashboard was a bottom-up build-up of information but there was insufficient narrative to enable the board to identify priorities
- The strategy domain should relate to the trust's objectives
- There needed to be greater clarity about what was being measured in relation to complaints to enable triangulation with other indicators
- The gaps on outcome measures needed to be completed **FS**

83.4 In response to FS's request for views on what level of detail was required by the board, the chairman proposed that

- the report should identify a small number of high level indicators
- the narrative should highlight exceptions **FS**
- the length of the report should be reviewed

It was noted that in addition to the Monitor compliance framework, and the DH operating framework, an additional source of assurance would be established through the new Quality Committee. In response to concerns about existing gaps in the dashboard, FS said that data for the three organisations that now formed the ICO was still available to management while the integrated dashboard was being developed.

### **11/084 Finance Report (Doc 8)**

84.1 RM presented the report and drew attention to the £7m CIP which still needed to be identified in order to achieve the planned £0.5m surplus.

The operating plan submitted to NHS London had made a prudent assessment that all but £2.8m of this was achievable, but this did not take account of any additional risks such as higher than anticipated severance costs. The quarter 1 report would be submitted by 16<sup>th</sup> July, and it was stressed that the FT application could not be pursued until the financial position indicated that the necessary CIP could be achieved on a sustainable basis. He referred to figure 9 which showed that 90% of the identified savings had been achieved at month 2. Although there was under-performance on the CIP, the overall position was better than the previous month because expenditure had been controlled e.g. through the vacancy review process.

- 84.2 The income shortfall at Simmons House (Islington 10-bed in-patient mental health services) was noted. This was an activity-based contract but it was reported that there was no spare capacity within the current configuration. There was however scope for productivity improvement which could be pursued.

**11/085 Audit Committee Report (Doc 9)**

- 85.1 RA had chaired the meeting in June following Anna Merrick's resignation. He proposed that thanks should be recorded for her contribution as chairman of the Audit Committee since her appointment in 2007.

85. Attention was drawn to the continued concern about the level of compliance with mandatory training. The committee had requested that the EC should ensure a minimum of 75% in all areas and it was noted that target for community services was 85%. The success of on-line training was noted and that the roll-out programme should be maintained.

It was noted that the Annual Accounts and associated documentation had been scrutinised by the Audit Committee on behalf of the board and that their approval and adoption had been recommended. The board ratified the action of the chairman and chief executive in signing off the documents for submission to the Department of Health.

**11/086 Proposal for revised board sub-committee structure (Doc 10)**

The proposal from the chairman to revise the board committee structure was approved. This would establish a new Quality Committee, a Charitable Funds Committee and revised terms of reference of the Audit Committee (to be renamed Audit and Risk). Terms of reference would come to the next meeting of the board.

**BS/SR**

**SS/PF**

**11/087 Patient feedback, complaints sand PALs report (Doc 11)**

- 87.1 BS introduced the report and pointed out that it covered complaints against the hospital service. The improved response to complaints, trends in the subjects of complaints and divisional reports were highlighted. Action plans relating to out-patients, ED and maternity complaints were set out in the executive summary.

- 87.2 In discussion the following comments were made:
- The report needed to cover the whole of Whittington Health
  - There should be more detail on red-rated complaints
  - An exercise would be undertaken to correlate high risk complaints with incident reporting. (High risks were those with the potential for patient

**BS**

- harm or reputational risk to the trust).
- Although the areas of complaint were disappointing, they had to be set in the context of the overall volume of activity and the general good feedback on the hospital's services
- There was evidence of a relationship between complaints/incidents and the level of consultant supervision
- Aggregated complaints data was difficult to interpret as a proxy of quality and triangulation with other indicators was necessary
- Staff attitude was a constant theme and was more difficult to deal with than competency issues
- It would be useful to have more qualitative data, e.g. patients' stories

The board welcomed the development of the report and looked forward to further feedback.

**11/088 Questions from the floor**

A member of the Council of Governors asked about contingency arrangements for prescribing in the event of computer failure. FS described the paper-based back-up system which was well tried and tested.

Staff and governors attending the recent Highgate Fair had been encouraged by the level of interest in and support for Whittington Health.

The representative of Islington LINK asked for information on a number of topics which was provided by executive members of the board:

1. Co-ordination with primary care on medicines prescribing
2. Stakeholder involvement in the development of the trust's strategy
3. Impact of the urgent care centre on ED performance
4. The reporting of MSSA
5. Risk associate with the cap on activity in the NCL contract
6. Actions to address matters arising from patient feedback

**11/089 Any other urgent business**

The chairman reminded the board about the locally provided Wine and Food tasting fund-raising event on 30<sup>th</sup> June.

YK announced the introduction of monthly awards for staff.

It was agreed that the process of reviewing action notes from previous meetings should be improved. Actions which had passed the deadline or needed discussion should be highlighted, and the remainder taken as being in hand.

**11/090 Dates of next meetings**

Next meeting of the Trust Board: 27<sup>th</sup> July 2011 at 13.00 to be preceded by a board seminar at 9.30. 45 Middle Lane, Crouch End, N8 8PH

SIGNED..... (Chairman)

DATE.....

