

ITEM: 11/111
Doc: 01

Meeting: Trust Board
Date: 28 September 2011

Title: Minutes of Part 1 of the meeting of the Trust Board held on Wednesday 27 July 2011

Executive Summary: The attached is the record of attendance, presentations and discussion at the most recent board meeting held in public.

Action: For amendment and approval

Report from: Susan Sorensen
Corporate Secretary

Financial Validation Richard Martin

Compliance with statute, directions, policy, guidance	Reference: Standing Orders
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The minutes of the meeting in public of the Trust Board of Whittington Health* held at 14.30 hours on Wednesday 27th July 2011, at 45 Middle lane, Crouch End, London N8 8EH

Present	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
In attendance	Fiona Smith	FS	Director of Planning and Programmes
	Siobhan Harrington	SH	Director of Strategy
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

- 11/091 Apologies for Absence **Action****
 Apologies for absence had been received from Marisha Ray. Jane Dacre gave advance warning that she would need to leave the meeting at 16.00. The chairman welcomed David Emmett, from Islington LINK, and a candidate for a consultant radiologist post who were attending as observers.
- 11/092 Declarations of interest **SS****
 There were no declarations of interest relating to the agenda. The Secretary advised that she was still awaiting declarations from some of the new directors and would circulate the complete set when received.
- 11/093 Minutes of the meeting held on Wednesday 22nd June 2011 (Doc1)**
 The minutes were agreed as a correct record.
- 11/094 Action Notes and matters arising (Doc 2)**
 The board reviewed the action notes. Of twelve that remained outstanding as at July, five had been completed and a further five were not yet due for completion. The following updates were noted:
 1103.7 – Re championing campaign against harassment and bullying: this would be integrated with the revamped mandatory training programme **MB**
 1104.5 – The tender process for recommissioning of rehabilitation services was underway. An invitation to tender had been issued in August and shortlisted respondents were due to present on 13th September.
 1106.6 – A programme of board briefing and seminar sessions would be finalised in early September. **SH**

11/095 Report from the chairman (verbal)

- 95.1 The chairman reported to the board that following an interview conducted by the Acting Chair of NHS London he had been reappointed as chairman of the trust for a further term of 4years from November 2011.
- 95.2 A meeting of the Council of Governors had been held at which there had been a discussion of the draft Foundation Trust constitution, following detailed consideration by a small working party. This was an item on today's board agenda.
- 95.3 Joint meetings with chairman and CEOs of stakeholders, including Camden & Islington Foundation Trust, had been held, facilitated by KPMG and David Bennett from Monitor. This had a number of current issues and initiatives:
- o The need for radical redesign to achieve productivity gains
 - o Establishing what integrated care really means
 - o Providing safe harbours for experimentation
 - o Reviewing the portfolio of services to identify those essential to retain, those that could be provided in collaboration with others and those that could be dropped

11/096 Report from the Chief Executive (Doc 3)

- 96.1 YK expressed congratulations to staff, and particularly CIC, on the excellent Standardised Hospital Mortality Ratio (SHMR) of 67 achieved by the trust. There was some discussion on how this should be celebrated within the trust. While there had been some local press coverage, it was noted that the rankings would not be published until October when it would receive national press coverage.
- 96.2 There were also areas needing improvement, e.g. the patient experience in Mercers Ward and other aspects of cancer care. A workstream to address the issues had been planned to commence in September.
- 96.3 The problems experienced in the performance of the surgical instrument decontamination contract provided lessons to learn on out-sourcing, particularly as a small player in a large contract. In response to a question on legal redress, YK reported that some financial compensation had been received, but the real problem was the impact on patient experience.

11/097 Draft Terms of Reference of the Quality and Patient Safety Committee (Doc 4)

- 97.1 BS introduced the ToRs which were new and subject to review. Dates were being set for the next fifteen months. In response to comments arising in the discussion it was noted that:
- o The divisions needed to be made aware of their need to co-operate and make themselves available for meetings when required **MdS**
 - o There were lay representatives from the Islington and Haringey LINKs and the Council of Governors
 - o The annual report from the committee could be incorporated in the Quality Account
 - o A simple statement on the trust's vision on quality could be included in the ToRs **BS**
 - o It was important that the relationships with the Audit and Risk Committee were clearly specified

97.2 Subject to minor adjustments as discussed, the ToRs were approved by the board **BS**

11/098 Patient Safety: Learning from Systematic Mortality Reviews (Doc 5)

98.1 CIC reported on the audit of a sample of deaths (220 adults) in the hospital in a 12-month period up to January 2011. In discussion on conclusions to be drawn a number of comments and recommendations for action were made:

- The limited consultant input at weekends should be improved through the job planning process
- Twenty-five of the sample had been admitted from nursing homes, but it was recognised that this could necessarily be reduced as it was often not possible to discuss the case and the nursing home might not be able to give the right level of care
- There was funding available for bids to reduce readmissions and provide support in the community
- Deaths shortly after admission via ED should be recorded as serious incidents
- There should be links with out-of-hours services to reduce the tendency for GPs to automatically refer to the hospital
- There was considerable scope for improved record keeping.

MdS

98.2 CIC reported that she had highlighted to the Medical Committee the need for consultants to check the medical records of the new cohort of junior doctors. There was also a role for ward managers in encouraging good practice.

MdS

11/099 Draft FT constitution (Doc 6)

99.1 FS explained that the draft constitution did not have to be finalised at this stage, but there were certain elements on which the trust needed to seek views on in the 12 – week consultation exercise. This was planned to take place in the autumn. The items for consultation were set out in the document for discussion by the board. The draft constitution would be further updated to take account of the Health and Social Care Bill when it became law.

99.2 It was noted that the minimum age for becoming a member was fourteen and it was suggested that alternative means for engaging younger children in the trust should be sought. The local authorities were further ahead on this and this was possibly an area that the Council of Governors could look into.

FS

99.3 There was concern that only one PCT appointed governor was proposed and that there were no GP governors proposed. It was pointed out that Clinical Commissioning Groups would replace PCTs as appointing bodies. It was therefore proposed and agreed that there should be PCT appointments from both Islington and Haringey and they should be asked to nominate GPs who were members of clinical commissioning groups.

FS

99.4 It was confirmed that the foundation trust should be named Whittington Health NHS Foundation Trust. It was agreed that the latest draft of the constitution should be agreed between the chairman, deputy chairman and FT project director for ratification at the September meeting of the trust board.

SS

- 99.5 FS referred to the need to also update the FT's membership development strategy. In the previous application the trust had been successful in recruiting to most demographic groups to reflect the structure of the population, with the exception of young, white males. All existing members would be invited to join the new FT membership database. It had been difficult for the informal Council of Governors to maintain membership engagement, but this would be discussed at their next meeting scheduled for October. As in the previous exercise, hard-to-reach groups would be contacted via support organisations, and the community health services would be able to assist in this. The revised membership development strategy would also come to the September meeting of the trust board.
- FS**
- SS**

11/100 Dashboard Report (Doc 7)

- 100.1 FS introduced the report and highlighted some key indicators which merited discussion. It was noted that the trust's performance on Grade 3 and 4 pressure sores, which is a priority in the Quality Account, was within the expected range according to the Dr Foster benchmark. Results from the trust-wide report on patient experience were satisfactory and it was noted that these would in future be broken down by division.
- 100.2 The performance against the 18 week RTT target for untreated patients was above the target threshold of 7.2 weeks and an investigation had been initiated. There had been a step change in June 2010 which might be caused by system anomalies. It was being reviewed with the PCT and the performance was now improving. Validation now rested with the divisions.
- MdS**
- 100.3 There was concern among NEDs that the dashboard ratings for patient experience did not reflect the known problem areas. SH suggested the results might be affected by response rates, and also that feedback is not obtained from all areas of the Trust.
- 100.4 It was noted that a new quality dashboard would be developed by the Quality and Patient Safety Committee, with analysis by divisions and wards. This would be reviewed by the committee in September and come to the board in October.
- BS**
- 100.5 FS asked whether the detailed analysis feeding into the summary dashboard were the right KPIs. The following observations were made:
- Qualitative information was needed to supplement the quantitative data
 - The report needed to be integrated with other sources, e.g. complaints, with appropriate narrative
 - It would be helpful if the information was more recent, but this depended on when the various databases were closed
 - The amber/green rating for complaints was not a true reflection of the position. Matrons were now getting more detail.
 - The report on strategy needed reshaping and this was now in hand
 - Monitor requirements should be a determinant on what performance measures should be applied
- FS**

100.6 In summing up, the chairman said that the dashboard should be reviewed as a co-ordinated exercise across all domains and that performance in the top quartile should be the target throughout. **FS**

11/101 Finance Report (Doc 8)

101.1 RM presented the report and drew attention to the delivery of the full CIP as the key to achieving the target financial performance. At the moment this was red-rated on the dashboard and there remained £1.2m savings to be identified.

101.2 Attention was drawn to the risk of doing unpaid activity if the activity cap was reached. RM said that activity was closer to the SLA baseline of £140.75m than originally anticipated, and was not expected to exceed that cap.

101.3 It was noted that pay expenditure was now under control and would contribute to CIP achievement.

11/102 Corporate Objectives 2011-13 (Doc 9)

102.1 YK introduced the 15 corporate objectives which represented the personal objectives of the CEO and the collective objectives of the Executive Team. The first two were seen as absolute requirements for the CEO. Individual directors' objectives were in the process of being risk assessed and would be sent out separately. There would be a public statement and the objectives would be disseminated to staff including consultants. **YK**
(Jane Dacre left the meeting)

102.2 In discussion, the following points were made:

- The objective of full implementation of service line management referred to the outcome – not just the process
- All objectives needed to be converted to a SMART formulation in order to use them for determining the payment of bonuses and feeding into recommendations for clinical excellence awards **YK**
- Consultant appraisal fed into the CEA process but was more geared towards clinical practice rather than performance management
- The objectives needed to be incorporated in the business plan and brought back to the board **FS**

102.3 The proposed corporate objectives for 2011-12 were agreed by the board subject to their conversion to a SMART format.

11/103 The Whittington Hospital NHS Trust Annual Report and Accounts (Doc 10)

103.1 SH presented the report and said that in the past the trust had established a reputation for innovative design. This year it was in a conventional format in order to contain cost. It was agreed that detailed comments would be submitted outside the board meeting. There was a general comment that the report was quite bland, and there could be both more celebration and more self-criticism. It was agreed that this could be incorporated in the chief executive's introduction. **SH**

103.2 It was noted that this report referred to the predecessor organisation and that the review of the PCT provider services would be included in the annual reports of Islington PCT and Haringey TPCT. **YK**

11/104 Audit Committee Report (Doc 11)

104.1 PF introduced the report and drew attention to the implications of the new board sub-committee and the establishment of the Audit and Risk Committee. This would require new ways of working including a sharp focus on the Board Assurance Framework. There would also be stronger representation of the executive directors through the Director of Finance, the Chief Operating Officer and the Director of Nursing and Patient Experience. The chief executive would also be invited to attend as appropriate. Agendas would be planned twelve months in advance.

PF

104.2 Members of the Audit Committee, while recognising the pressures of the transitional phase of the new organisation, referred to a cultural issue in relation to performance, with a requirement for more focus on timeliness of action. It was suggested that this would be achieved through explicit accountability within the BAF.

104.3 The board noted the report and approved the terms of reference of the Audit and Effectiveness Committee.

11/105 Remuneration Committee Report (Doc 12)

The remuneration report from the chief executive was noted.

11/106 Questions from the floor

- 106.1 The Islington LINK representative raised a number of questions relating to:
 - o Meetings of the Council of Governors (CoG) - public access
 - o Impact of decontamination failures on cancelled operations
 - o Presence of consultant surgeon and anaesthetist if there was a mortality risk in theatre greater than 10%
 - o Extension of the dashboard to the whole ICO
 - o Feasibility of a data validation exercise relating to patient surveys

- 106.2 The following answers were given in response:
 - ❖ The CoG was currently informal but would comply with its standing orders re meetings when it became official
 - ❖ Cancellations relating to instruments – there had been 3 incidents. Two operations had been rescheduled, and one had been carried out with another instrument pack.
 - ❖ For high risk theatre patients, consultants were on-call and required to attend within 30 minutes
 - ❖ The integrated dashboard was under development
 - ❖ Options for survey data validation would be considered, including CoG structured interviews e.g. in maternity

11/107 Any other urgent business

There being no other business, the chairman closed the meeting.

11/108 Dates of next meetings

Date of next Board Seminar: 09.30 – 12.00 on 28 September 2011
Date of next Trust Board: 12.00 – 17.00 on 28 September 2011
Whittington Education Centre, room 6

SIGNED..... (Chairman)

DATE.....