

<b>ITEM: 11/130</b> <b>Doc: 01</b>
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<b>Meeting:</b> Trust Board <b>Date:</b> 26 October 2011
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<b>Title:</b> Minutes of the meeting in public of the Trust Board held on Wednesday 28 September 2011
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<b>Executive Summary:</b> The attached is the record of attendance, presentations and discussion at the most recent board meeting held in public.
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<b>Action:</b> For amendment and approval
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<b>Report from:</b> <i>Kate Green, Secretary to the Board</i>
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<b>Financial Validation</b>	
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<b>Compliance with statute, directions, policy, guidance</b>	<b>Reference:</b> Standing Orders
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**The minutes of the meeting in public of the Trust Board of Whittington Health\* held at 2.30pm on Wednesday 28 September 2011 in the Whittington Education Centre.**

Present	Joe Liddane Robert Aitken Anita Charlesworth Peter Freedman Sue Rubenstein Marisha Ray Yi Mien Koh Richard Martin Celia Ingham Clark Greg Battle Bronagh Scott Maria da Silva	Chairman Deputy Chairman Non-executive Director Non-Executive Director Non-executive Director Non-executive Specialist Advisor Chief Executive Director of Finance Medical Director Medical Director (Integrated Care) Director of Nursing & Patient Experience Chief Operating Officer
In attendance	Siobhan Harrington Fiona Smith	Director of Strategy Director of Planning & Programmes
Secretary	Kate Green	Secretary to the Board.

11/109 Welcome and apologies

109.1 Apologies were received from Jane Dacre, Non Executive Director

109.2 The Chairman welcomed members of the public who had come to observe the Board meeting. He introduced Katy Quigley and Charlotte Hazelton, two NHS management trainees who had recently joined Whittington Health.

11/110 Declaration of interests

110.1 There were no declarations of interest relating to the agenda.

11/111 Minutes of the meeting of 27 July 2011

111.1 Referring to minute 96.1, Celia Ingham Clark requested SHMR be changed to SHMI (Indicator). Other than this amendment, the minutes were approved.

11/112 Action notes and matters arising

112.2 Maria da Silva updated Board members on the progress made towards achieving compliance in daily ward rounds. She was confident that the Board would have seen significant progress by the end of the year.

112.3 Whittington Health had been shortlisted to provide the Haringey non-stroke rehabilitation service, and a final decision was imminent. It was not clear, however, whether that decision was to be made at Haringey's October Board meeting, or would be made earlier through Chairman's action.

112.4 Bronagh Scott reported that the Board Assurance Framework would come to the Audit Committee and Board in December. Although this meant departure from the original timetable, the Board agreed robustness was in this instance more important than speed.

112.5 The draft constitution had been placed on the agenda for discussion. Formal consultation had been delayed by one month pending working through issues raised at the Board meeting with NHS London on 26<sup>th</sup> September.

112.6 Patient feedback was being considered by the Quality & Patient Safety Committee.

#### 11/113 Report from the Chairman

- 113.1 The Chairman began by reporting on the previous Monday's meeting with NHS London, which had effectively taken the form of a board-to-board meeting. The meeting had been challenging, but also collaborative. Much of the focus had been on Cost Improvement Programme and the Trust's ability to deliver. The team had demonstrated enthusiasm and a positive approach which had led to a favourable response from NHS London. Joe invited other Board members to join with him in thanking the executive directors for "a great team performance".
- 113.2 The Chairman had recently met with the Chairman of the Royal Free, who had updated him on that Trust's trajectory towards Foundation Trust status; they faced similar challenges to Whittington health. They had discussed whether or not the time was right to resume formal collaboration and decided against it at present due to the size of the current agenda within both organisations. Both were confident however that informal collaboration would continue for the benefit of patients and residents. He would be meeting with the Chairman of University College London Hospital in the next week or so.
- 113.3 Along with other Non-Executive Directors the Chairman had attended his annual mandatory training, which he described as having been a good and interesting day with valuable content.

#### 11/114 Chief Executive's Report

- 114.1 The Chief Executive reported that much of the work carried out since the last meeting had been around strategy (much of it around engagement), so she had asked Siobhan Harrington to report. The executive summary of the strategy document demonstrated progress to date. Siobhan said that the document was still being updated, and there remained some comments to add around education and training.
- 114.2 In answer to a question from the Chairman about the state of health of the organisation, SH said that there had been a great deal of organisational change over recent months, and many people were enthused, though it had to be acknowledged that there were those who were suffering from 'change fatigue'. For this reason it was important to ensure that people were fully engaged. Maria da Silva added that a great many staff were visiting her to discuss their ideas and wishing to contribute to the transformation agenda.

#### 11/115 Child Protection Annual Reports

- 115.1 Bronagh Scott introduced Jo Carroll Named Nurse for Child Protection Whittington Hospital and Sue Morgan, named Nurse for Child Protection Islington Community Services who were in attendance to present the annual child protection reports for the Whittington Hospital and the Islington and Haringey Provider Alliance respectively.
- 115.2 Jo Carroll presented the 2010/11 Child Protection Report for Whittington Hospital. She highlighted that one of the main concerns for the Whittington Hospital in 2010/11 had been the changing interface with London Borough of Islington (LBI) children's social care Services. However she advised that new pathways were now in place and she assured the Board that there is a robust system in place for child protection services with LBI and Whittington health working in close partnership. She added that there had been a very positive visit from the NHS London Safeguarding Children Improvement Team earlier in the year.
- 115.3 From the Provider Alliance report for Child Protection in Islington Community Services, Sue Morgan drew attention to the following:
- an audit on supervision which had generated much positive comment
  - the discussion of new service outcomes

- the ongoing operational policy which would be completed in October
- one case in court at present where staff had been called to give evidence and which was likely to result in media scrutiny.

115.4 Anita Charlesworth asked whether cuts in local authority children's service had resulted in increased risk, and if so, what needed to be done to mitigate against this. Sue assured the Board there had been no reduction in referral and advice team staff, and Jo said there was a new designated lead and clearer pathways for her area.

115.5 In answer to a question from Marisha Ray about whether there were differences in the way things were handled, Sue said that there was close collaboration between the teams. Communication between community and social care had undoubtedly improved following the Baby P case. In short, neither was aware of any issues of concern around information sharing, and rotas were working successfully.

115.6 Marisha asked whether the service felt adequately mapped onto the risk register, and Bronagh assured her that this would be addressed at the Child Protection Committee the following day, and that looking at combining the separate risk registers into one was a priority for her team.

#### 11/116 Draft membership strategy

116.1 Introducing this item, Fiona Smith said that the Trust was now in preparation for the consultation, and would shortly be starting to recruit members. She had recently met with the Council of Governors, who continued to offer helpful comments and recommendations. The strategy itself would not be finalised until after the consultation. In addition to those publications listed, it was suggested the Trust should advertise in Tottenham and in more ethnic publications, also that advice be sought from local authorities who have much experience in this area.

116.2 The draft membership strategy will be amended following comments and brought for final approval to the October Trust Board.

#### 11/117 Draft FT Constitution

117.1 Fiona Smith said that the constitution was still being developed (version 7 had been produced even since the circulation of the Board papers). At present it reflects the NHS Act of 2006, however it would be changed again once the Health & Social Care Bill was enacted. The difficulties of going out to formal consultation before this happened were briefly discussed, and Fiona confirmed that legal advice had been sought on this point.

117.2 It was noted that the NHS Confederation was carrying out a piece of work looking at potential conflicts of interest for GPs on Boards and Councils of Governors.

117.3 The Board agreed:

- i) that the name of the constituency consulted should be patients and/or service users
- ii) that the operating principles should be drawn from the Trust's strategy once finalised.

117.4 The final draft and consultation document would be brought to the October Board.

#### 11/118 Recruitment of additional Non-executive Director

118.1 Introducing this item, the Chairman said that in his view, the Board contained an appropriate balance of qualities and skills which made it fit for purpose at this time, and he was therefore recommending the final non-executive post remained vacant pending achievement of Foundation Trust status.

118.2 This recommendation was agreed by the Board.

#### 11/119 Dashboard Report

119.1 Introducing this report and noting that the report remained under development, the Chairman invited discussion and points from Board members.

119.2 During discussion the following points were raised:

- On complaints handling and the apparent rise in cases going to the Ombudsman – Maria da Silva described the work she and Bronagh had initiated to look at complaints handling, in particular the appointment of a new manager and mandatory training. She acknowledged that although to have three cases being sent to the Ombudsman within one month was high, it should be noted that one was from Islington Community Services, one from Haringey, and one from the hospital. There was therefore no pattern in terms of a particular service.
- Expanding on the discussing about complaints, Yi Mien said that she personally saw every complaint received by the Trust, and she had noted that they fell into three broad categories – communications, staff attitude and clinical care, the first two being the largest. Staff attitude in particular was being strictly managed in women and children’s services.
- Anita Charlesworth expressed concern about the 62 day wait where Whittington Health is below target. Fiona Smith explained that this related to urology and difficulties with tertiary service referrals, and the issue is being raised at the cancer network.
- Celia Ingham Clark gave a brief update on the two developing cancer systems in London. She added that Martin Kuper is on the working group to establish governance arrangements for our local integrated cancer system, London Cancer.
- Sue Rubenstein said that normally the Quality and Patient Safety Committee would be scheduled so as to leave a sensible gap between its meetings and the Trust Board Meeting. She advised that the inaugural meeting had now been held and a work plan produced looking at how that committee would operate over the next year.
- Celia Ingham Clark drew attention to a planned national public awareness campaign on bowel cancer, which when it went live in the South West had resulted in an increase in cases of around 20%.

#### 11/120 Finance Report

120.1 Richard Martin introduced the report which had been circulated and invited questions.

120.2 Anita Charlesworth raised the difference in the proportion of bank and agency staff between hospital and community services (Table 7) and Maria da Silva agreed to check the figures which seemed to her overly high.

120.3 Peter Freedman acknowledged the work that had been carried out on Cost Improvement Programmes so far this year, and asked what the process was for planning next year’s targets. Richard Martin answered that the process had effectively begun at the meeting with NHS London the previous Monday as a result of pledges given at that meeting. The three key strands of work were based on achieving upper quartile performance, benchmarking reference costs and transformation workstreams. These would all become projects that would report to the Cost Improvement Programme Board, and from there would come to Trust Board.

120.4 Richard Martin added that there was a growing need for some conversations with the commissioners, and this would be progressed rapidly.

#### 11/121 Service Line Management Report

121.1 Richard Martin introduced his report and invited questions.

121.2 The Chairman asked how service line management was penetrating through the organisation. Richard answered that there was already some evidence that could be seen from presentations, and Yi Mien added that a recent conversation with staff on Mercers Ward had shown her that the concept had been firmly grasped.

121.3 On consultant productivity, Maria da Silva confirmed that progress was being made, however much of this was dependent on job planning, which was underway but taking more time than had been expected, particularly where there were changes. Celia Ingham Clark said that the job planning policy had recently been updated. She also mentioned information coming out from the London emergency services review and the royal colleges which was showing clearly that not everything which affected productivity was caused by consultants.

#### 11/122 Information Governance Update

122.1 Introducing this report, Fiona Smith said that it was intended to update Board members on the Trust's Information Governance position. The 2010/11 assessment had shown the Trust's position as 'not satisfactory', however at a recent Information Governance managers forum earlier in the year only three Trusts out of the thirty represented had been declared as satisfactory so the Trust was by no means an outlier.

122.2 The report from Parkhill had now been produced and this would be reviewed and any actions required factored into the action plan presented to the Board today. The Trust's Information Governance position would be reviewed regularly by the Audit Committee.

#### 11/123 Report from the Audit Committee

123.1 Introducing this report, Peter Freedman said that he had nothing further to report than that contained within the report. The meeting had been an extremely productive one, and a long list of actions could be seen.

123.2 The report was noted by the Board.

#### 11/124 Audit Committee Annual Report

124.1 The Annual Report from the Audit Committee was noted by the Board.

#### 11/125 Questions from the floor

125.1 Questions and comments on the following were put to the Board:

- how would Whittington Health measure the success of its strategy
- a patient whose alleged lack of assessment on discharge led to readmission
- the location of future meetings
- several detailed points on the constitution.

125.2 Answers were given as follows

- key performance indicators would be developed
- this would be further explored
- meeting locations would continue to alternate for the time being
- Fiona Smith answered all points on the constitution.