

ITEM: 11/145 DOC: 01

Meeting: Trust Board Date: 23 November 2011
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Title: Minutes of the meeting in public of the Trust Board held on Wednesday 26 October 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: <i>Kate Green, Secretary to the Board</i>

Financial Validation	
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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 2.00pm on Wednesday 26 October 2011 at 45 Middle Lane, Crouch End.

Present:	Joe Liddane	Chairman
	Robert Aitken	Deputy Chairman
	Anita Charlesworth	Non-executive Director
	Jane Dacre	Non-executive Director
	Peter Freedman	Non-executive Director
	Sue Rubenstein	Non-executive Director
	Marisha Ray	Non-executive Specialist Advisor
	Yi Mien Koh	Chief Executive
	Richard Martin	Director of Finance
	Celia Ingham Clark	Medical Director
	Greg Battle	Medical Director (Integrated Care)
	Bronagh Scott	Director of Nursing & Patient Experience
	Maria da Silva	Chief Operating Officer

In attendance: Fiona Smith Director of Planning & Programmes

Secretary: Kate Green Secretary to the Board.

11/128 Welcome and apologies

128.1 Apologies were received from Siobhan Harrington and Margot Dunn. The Chairman welcomed all members of the public who had come to observe the meeting.

11/130 Minutes of the meeting of 28 September 2011

130.1 The minutes of the Board meeting held on 28 September 2011 were approved.

11/131 Action notes and matters arising from the meeting held on 28 September 2011

131.2, Patient Safety Strategy: It was agreed this action had been completed and should be removed from the actions list.

1104.5, Greentrees: It was noted that a decision on rehabilitation services was still awaited although the stroke service component had been awarded to the Homerton NHS Foundation Trust.

1106.3, BAF: A draft would be presented to the Executive Committee in November and to the Audit Committee in December, with the aim of presenting to the December Trust Board for approval.

1106.6, Foundation Trust (FT) development: The schedule had been published, and feedback was welcomed.

1106.10, Patient stories: Plans are being developed to identify patient stories related to identified risks and to present these to the Board from January 2012.

It was noted that all actions arising from the September Board meeting were scheduled on the agenda for discussion.

11/132 Report from the Chairman

132.1 The Chairman informed Board members that he had attended an FT development event organised by NHS London. He also drew attention to an unannounced visit carried out by the Care Quality Commission (CQC) on 20th and 21st October, which would be reported on in more detail under the Chief Executive's report.

11/133 Chief Executive's Report

- 133.1 Yi Mien Koh confirmed that the CQC had visited the hospital the previous Thursday and Friday. They had visited most of the hospital site and had met with executive directors and with the Chairman. Their verbal feedback to the Executive Committee and other senior staff had on the whole been positive, and noted that the minor concerns they had raised on their previous visit in April 2011 related to dignity, identifying some areas where improvements could be made, but no serious concerns had been raised on this occasion. They had spoken to 25 members of staff and 70 patients, and the feedback given indicated that on the whole, staff liked working at Whittington Health, and patients were satisfied with their care, although some minor concerns about the environment had been raised.
- 133.2 Anita Charlesworth said that the areas of concern raised were ones on which executive colleagues had already briefed the Board, so she was confident they were being addressed. Sue Rubenstein asked that staff – especially those who were new or relatively inexperienced – should be given opportunity to debrief on the visit. B Scott advised that the Heads of Nursing and Matrons who had attended the verbal feedback had done this and further debriefs with staff would occur once the formal written report was received.
- 133.3 It was noted that the Quality & Safety Committee had been established and had held its inaugural meeting in September 2011.
- 133.4 Yi Mien Koh said that Emergency Department performance over recent weeks had been challenging. The national intensive support team had visited the hospital on 13 October 2011 and planned to return on 9th November 2011 in order to advise and support, Trust staff. She advised that their visit had proved both positive and productive.
- 133.5 Much work had gone into the development of the 5-year strategy for the ICO, and Yi Mien thanked all those who had contributed to its development.
- 133.6 It was noted there was a need to ensure that IT arrangements were functioning well throughout the Trust, particularly since the recent change to e-mail and other software provision. Jane Dacre asked for university representation on the steering group.
- 133.7 Yi Mien informed Board members that the organisation was working towards future mandatory training modules being accessible by e-learning.

11/134 Quality & Safety Committee

- 134.1 Bronagh Scott reported that the paper circulated to Board members reflected discussion and matters raised at the inaugural meeting of the committee, and was therefore very much a work in progress. She drew attention to the following areas which were discussed in detail at the meeting:
- the patient safety report, which comprised complaints, information from PALS, incidents and claims and attempted to draw on themes and trends emanating from each of these areas. She added that the main categories of complaints fell into the areas of staff attitude, communication and dissatisfaction with the quality of care and treatment received. She added that the work of the patient experience steering group would focus on these areas.
 - workforce development – Committee members had commented on the need to ensure that the Trust's workforce is prepared to transform in a way and at a scale to cope with the pace of transformation in care pathways currently being developed. It was noted that work has commenced on the development of a workforce strategy to address these concerns. There was also concern noted by committee members at the poor uptake of mandatory training. This issue is being addressed by the Executive Committee and Directors.

- Patient Experience report – This report outlined a number of actions following the 2010 outpatient and inpatient satisfaction surveys and would provide more detail in future reports of the progress made which will be monitored and led by the patient Experience Steering Group.

134.2 It was noted that each division would be presenting to the committee twice yearly, Sue Rubenstein added that committee members were keen to hear Board members' views on both the content and format of the report, and both she and Bronagh welcomed their feedback.

134.3 Anita Charlesworth said that once the Board had received the workforce development strategy, regular updates on progress would be required, plus any material changes in risk and actions. She would expect to see an annual refresh of the strategy, in addition to the statutory reports the Board would be expected to have sight of.

11/135 Whittington Health Strategy

135.1 The production of the five year strategy (still a work in progress) was the result of some months' board sub-group working, and Sue Rubenstein paid tribute to the work of executive team colleagues who had been instrumental in its development, saying that it was a strategy which would stand the organisation in good stead as it moved forwards towards FT status.

135.2 Maria Da Silva said that she had some comments around local authority work and health promotion, and she would ensure these were fed back to Adam Smith. Peter Freedman expressed some concern about the number of strategic initiatives contained within the strategy, and suggested they be reduced to between three and five, each set alongside a clear financial impact.

135.3 Greg Battle advised caution in the use of language – referring to patients/service users by first name might be seen by some to be disrespectful. Anita Charlesworth said that the ICO's work on social care commissioning was innovative and should be feted as such; in fact generally the strategy should reflect the work the organisation takes pride in.

11/136 Foundation Trust Consultation

136.1 Revised Constitution

136.1.1 Introducing this item, Fiona Smith acknowledged that there was a mismatch between Section 13 and Annex 6, but this was being addressed. Much of the wording of the constitution was due to requirements of the 2006 NHS Act, and could not therefore be altered, in particular legal terms which due to their nature could not be put into 'plain English' or simplified. The wording had been scrutinised by the Trust's lawyers.

136.1.2 The following specific points were raised:

- 13.6.1 – staff governors – this should include “with a license to practice
- 21.6 – again, should specify “with a license to practice”, and should also be the Responsible Officer for the organisation
- 28.1.11 – all Directors must have undergone such training
- 28.1.16 – should specify “must be found to have demonstrated”
- Missing paragraph relating to the issue of first past the post versus proportional representation elections needs to be inserted at Section 13
- It was agreed that doctors who are only provisionally registered, such as FY1 doctors, should not be included.

136.1.3 Subject to the addressing of the points raised above, the revised constitution was agreed by the Board.

136.2 Membership

136.2.1 The importance of advertising for prospective members in Tottenham was re-emphasised.

136.2.2 The Board briefly discussed the benefits of FT membership in relation to the Trust's vision for membership, particularly in respect of health gain and health promotion and whether there was a need to be more explicit.

136.2.3 It was agreed there was a need to give more consideration to the relationship between members and governors.

136.2.4 Peter Freedman questioned the basis of the membership recruitment targets, in that he would have expected a far higher proportion of patients wishing to be involved than the general public. Fiona Smith advised that it is expected that the public membership will increase over time as people can only be patient members if they have received healthcare in the previous five years. They are transferred to the public constituency thereafter. Additionally research by the FT network had revealed 'membership fatigue and burn-out' within established FTs, also people's disapproval at public money being spent on the cost of maintaining membership. The Board agreed that the Trust needed to be realistic in terms of numbers recruited and aim to have fewer but more actively engaged members.

136.2.5 Marisha Ray was directed to the detail in the membership strategy for the development of members once in place.

136.2.6 It was noted that the enactment of the Health & Social Care Act would change the responsibilities of governors, and might as a consequence make it harder to recruit to this role.

136.2.7 NEDs agreed to actively recruit FT members and promote the consultation.

136.3 Consultation Document

136.3.1 Fiona Smith expressed thanks to Deborah Goodhart and Marjorie Isabelle in the Communications Team for their work on the document, on which she requested comments. The consultation period would run from 1st November to 29th February, a slightly longer period than customary in order to take account of the Christmas and New Year holiday period.

136.3.2 Fiona added that a list of events taking place during the consultation period was also available. Those people who did not wish to fill in forms would have their comments recorded at these events, and there would also be an opportunity to submit comments through the website.

136.3.2 Comments on the consultation document were requested by the end of the week (28th October).

11/137 Dashboard Report

137.1 Fiona Smith drew attention to three key areas contained within the report:

- Pressure ulcers: there had been an increase in grades 3 and 4 although when viewed alongside Dr Foster data the Trust was not categorised as an outlier. Bronagh

Scott advised that the Dr Foster data referred to hospital acquisition of pressure ulcers and that the increase in the Whittington Trust was in community services. She added that a panel has been established to oversee and monitor improvement in this area which would report to the Quality & Safety Committee through the Integrated Care and Acute Medicine Division report..

- Emergency Department: during the last two weeks 95% performance against target had been achieved, but prior to that performance had been less satisfactory, and significant work was being done to address this.
- Complaints: The number of complaints responses received within the correct timeframe had fallen again in August 2011 but measures taken to improve complaints handling and figures were expected to improve in September and October 2011.

137.2 On mortality data, Sue Rubenstein clarified that the Trust's position reflected the national change, and Celia Ingham Clark had met Dr Foster to discuss the Trust's position.

137.3 Marisha Ray stressed the continuing need for improvement in the take-up of mandatory training. Yi Mien Koh replied that compliance could now be monitored through the Electronic Staff Record (ESR) and could consequently be raised at staff appraisal, although it was acknowledged that not all records had yet been integrated. The aim was to achieve amber status by the middle of next year, and green by the end of the year.

137.4 The Board discussed the developmental work on the dashboard. It was noted that there was now a separate dashboard for each of the three service divisions, and these would be scheduled for discussion at the Performance Board, the inaugural meeting of which was due to take place on 8th November 2011. The Trust Board would therefore be able to focus more on access, targets and strategy, with Quality and Safety, Patient Experience and QIPP taken under the Quality and Safety report.

137.5 It was noted that subsequent dash board reports would include an analysis of the data presented by each division and that this would commence in December 2011.

137.6 Peter Freedman asked how the executive team might give assurance that none of the Trust's CIP and QIPP activities were having an adverse affect on quality. Sue Rubenstein suggested that the board agenda might be designed in a way that might provide more quality in this area, and it was generally agreed that Board members would benefit from more narrative and possibly fewer graphs.

137.7 The revised dashboard would be launched at the December Trust Board.

11/138 Financial Report

138.1 Introducing his report, Richard Martin drew attention to some of the challenges faced by the Trust in recent months, singling out maternity services, which had almost led to formal arbitration. There had also been unexpected cost pressures for which no provision had been made, such as Greentrees.

138.2 Although the Trust was doing well on its vacancy scrutiny measures, Richard stressed that savings made must be recurrent.

138.3 In answer to a question from Peter Freedman about income, Richard highlighted three areas; Simmonds House, CAMS, and GUM in Haringey.

11.139 Cost Improvement Programme (CIP) Report

139.1 Richard Martin said that there had been no significant change to the position since his previous report. Every scheme was assessed for risk and scrutinised at the CIP Board which met weekly. At the time of writing the circulated report there had been a small shortfall, the position now was virtually balanced.

139.2 Referring to vacancy management, the Chairman asked how the Trust ensured there was an appropriate balance between efficiency and quality, and in particular how consideration was given to this at the vacancy scrutiny panel. Maria Da Silva assured him that every consideration was given to this issue, and that a rigorous process was followed, and Bronagh added that directors frequently challenged one another over recommendations.

11/140 Questions from the floor

141.1 Comments and questions were raised as follows:

- A training day had been held where governors' responsibilities under the new Act had been explained, and Valerie Lang confirmed that these new responsibilities might well make it more difficult to recruit.
- She also confirmed that the term service user was preferable to the disabled.
- Helena Kania asked whether the Trust would be commenting on the feasibility study into Barnet, Enfield & Haringey strategy
- On the strategy document, she said there were no messages about engaging users
- Helena restated her point about Links being unable to join FT Boards
- She emphasised that if patients were to be invited to subscribe to FT membership this should not be done upon first contact with the service.
- David Emmerton asked the Chairman for feedback on his meeting with the Chair of UCLH.
- Referring to the strategy, he enquired whether leverage would be lost as commissioning became the responsibility of the new commissioning boards
- On the finance report, he asked for clarification on the CIP figures in table 12, and on the CIP report, he commented that there appeared to be large movement between Month 6 figures and the year-end projection.
- Penri Morgan stressed that membership of the FT should be purely voluntary.

141.2 Answers and responses were given as follows:

- Fiona Smith expressed agreement that changes under the new Act were likely to make recruitment of governors more of a challenge but that there were people who wished to be NEDs and being a governor may be seen as a stepping stone to this
- Whittington Health was aware of the feasibility study and would be submitting comments
- The points about the strategy were well made and would be given further consideration, and Greg Battle expressed agreement with David's point about commissioning boards potentially reducing leverage.
- Links – this position had come from the lawyers, but Fiona would check it again
- The Chairman had not yet met with the Chairman of UCLH, this was to happen within the next fortnight.
- Richard Martin said that the movement in figures came from having had 43% phased in the first six months. On the second point, he explained the movement was due to some major contributory factors such as ward closure and an increase in annual leave credit.

11/141 Any other business

141.1 Sue Rubenstein urged Non-executive colleagues to sign up for patient safety walkabouts.