

ITEM: 11/159

**Meeting:** Trust Board  
**Date:** 14 December 2011

**Title:** Minutes of the meeting in public of the Trust Board held on Wednesday 23 November 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:** *Kate Green, Secretary to the Board*

**Financial Validation**

**Compliance with statute, directions, policy, guidance**

Standing Orders

**Reference:**



**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  
Peter Freedman Non-executive Director  
Sue Rubenstein Non-executive Director  
Yi Mien Koh Chief Executive  
Richard Martin Director of Finance  
Greg Battle Medical Director (Integrated Care)  
Bronagh Scott Director of Nursing & Patient Experience  
Maria da Silva Chief Operating Officer

In attendance: Siobhan Harrington Director of Strategy / Deputy CE  
Fiona Smith Director of Planning & Programmes

Secretary: Kate Green Secretary to the Board.

11/143 Welcome and apologies

143.1 Apologies were received from Jane Dacre, Celia Ingham Clark and Marisha Ray. The Chairman welcomed members of the public who had come to observe the meeting.

11/144 Declaration of Interests

144.1 No board members declared any personal interests in any of the items scheduled for discussion.

11/145 Minutes of the meeting of 26 October 2011

145.1 The minutes of the board meeting held on 26 October were approved.

11/146 Action notes and matters arising

146.1 Greentrees: The consultation carried out by the commissioners into the provision of adult non-stroke rehabilitation services in Haringey had been declared insufficient and the exercise was to be repeated. Whittington Health would therefore continue to provide the service pending the outcome of this second consultation.

146.2 BAF: BS confirmed that the timetable for production of the BAF remained as set out in the action notes.

146.3 Membership: The strategy had been agreed at the October Board meeting, and the FT consultation process had been launched on 1<sup>st</sup> November. Advertisements had been placed widely including within Tottenham, and in January it was planned to carry out a targeted piece of work at Wood Green.

146.4 Dashboard: The method of reporting quality had now been changed, and next month's would include more information on access and targets. There had now been a number of iterations of the dashboard, and the performance reporting structure was also being reviewed. In answer to a question from Anita Charlesworth about the status of the risk register, Bronagh Scott confirmed that both the corporate risk register and Draft BAF would be brought to the December Audit Committee along with the BAF.

146.5 Constitution: This was now out to consultation, and would be adjusted later in the year.

- 146.6 Figures: Maria Da Silva confirmed that there had been an error in the way these figures had been interpreted, and this note could therefore be removed from the schedule.
- 146.7 Draft Strategy: Siobhan Harrington reported that she had indeed received feedback, and the strategy was almost complete. It was aimed to bring it back to the Board in December.
- 146.8 Consultation document: As discussed earlier, the consultation process had been launched on 1<sup>st</sup> November. Copies of the final version of the document were available at the meeting.
- 146.9 Patient Safety Walkabouts: Bronagh Scott informed board members that arrangements in this area were being revised and she would inform colleagues once they were finalised. In the meantime any non-executive director wishing to take part in a visit should let Kate Green know and dates would be found to suit their availability.

#### 11/147 Chairman's Report

- 147.1 The Chairman had met with the Chairmen of both UCLH and the North Middlesex. Both had been particularly interested to learn of progress on the ICO, and had asked many questions, including on the issue of the bundled tariff.
- 147.2 The Chairman referred to the consultation on Barnet, Enfield & Haringey, informing board colleagues that together with members of the executive team he had met representatives of the review team and fed back comments. He had also spent an interesting and informative day with community services in Islington, and hoped to be able to spend a day in Haringey in the near future.

#### 11/148 Chief Executive's Report

- 148.1 Yi Mien began her report by drawing attention to the recently published summary hospital level mortality indicator, which showed the Whittington to be the safest hospital in the country for 2010/11. She had written a personal letter to every member of staff congratulating them on this achievement. In addition, Simmons House had been accredited by the Royal College of Psychiatrists' Quality Network – one of only four units in the country to have achieved this distinction, and the Diabetic Service had won a Quality in Care award for Co-creating Health.
- 148.2 The financial position was also very positive at present, although the environment continued to be challenging, and it would be important to plan for the savings and efficiencies that would be necessary in future years. Richard Martin asked for it to be noted that there had not been a release of £617,000 that month and therefore that line should be removed from the report.
- 148.3 The developing business strategy for the ICO had been widely shared and had been quoted in the press.
- 148.4 Referring to the journey towards FT status, Yi Mien said that she had now received a letter from NHS London following the board to board meeting in September. The SHA had initiated a productivity programme in London, and had stated that they believed there to be significant productivity opportunities arising from integrated care approaches. The Department of Health was introducing an Aspiring Foundation Trusts Assurance Framework, and Whittington Health would be one of the first Trusts in London to undergo the process.

- 148.5 Maria Da Silva spoke about the recent visit of Prime Ministerial Advisor Paul Bate to Islington Community Services. The visit had proved a great success, and service users and staff had been invited to a reciprocal visit to Number 10.
- 148.6 Yi Mien told board members that she had begun to display performance charts outside her office, initially just by specialty but now including consultants by name. Unsurprisingly the charts had generated much interest and debate, and Yi Mien felt their publication was already having a positive effect on quality. Fiona Smith added that this was also improving the quality of the data. In answer to a question from Peter Freedman about support for consultants whose performance gave cause for concern, Yi Mien said that in addition to the usual appraisal / supervisory arrangements staff were welcome to speak directly to her.

#### 11/149 Quality & Patient Safety Committee – October Report

- 149.1 Introducing her report, Bronagh Scott said that the Committee had also now held its November meeting, the contents of which would be brought to the December Trust Board. The October meeting had concentrated on the Divisional Report from Integrated Care and Acute Medicine, and several 'hotspot' areas, including pressure ulcer management. The report also included the Infection Control annual report for 2010/11 for Whittington Hospital, Harringey and Islington Community Services. The Board approved the reports which had been discussed in detail at the October Committee meeting. In anticipation of the November report Sue Rubenstein expressed her thanks to Breege Gilbride for her presentation on the Deteriorating Patient Project, and paid tribute to the work carried out by the project team.
- 149.2 In answer to Anita Charlesworth's request for an update on ED performance, Maria da Silva said that access targets had been met now for some three weeks and had achieved 98/99%. Consultants were working a new rota, nursing leadership had changed, and there had been an extremely helpful visit from the national support team. Robert Aitken acknowledged the huge amount of work that Maria and her team had put in to this area and congratulated those involved.
- 149.3 Marisha Ray had submitted a question via the Chairman about induction training seeking information and assurance that clinical staff do not commence work in clinical areas prior to completing induction. It was agreed that Margaret Boltwood, Director of People, would be asked to provide a short report to the next Board regarding this.

#### 11/150 Foundation Trust Programme Update

- 150.1 The formal consultation had been launched on 1<sup>st</sup> November, and Fiona Smith and colleagues were attending a variety of meetings and events in order to obtain local feedback on the proposals. There was also opportunity to submit comments and engage in dialogue via Facebook and Twitter. A number of new members had already been recruited. A formal progress report would be brought to the Board in January.
- 150.2 Fiona confirmed that the next milestone would be the presentation of the Integrated Business Plan and long-term financial model which would be shown alongside the final strategy document, noting that Monitor would wish to see any potential risks identified. The Tripartite Formal Agreement continued to be updated on a monthly basis and was available to view on the public website.
- 150.3 It was noted that the next TFA milestone was the development of a new payment method for the ICO and this needed to be agreed by 30<sup>th</sup> December.

### 11/151 Integrated Care Strategy

151.1 Introducing this item, Yi Mien defined the strategy as the business strategy rather than the service one, i.e. how the organisation operates as an ICO. The document reflected the taking on of a whole system approach towards integrated care, and key themes included:

- changing the way the organisation is funded to a bundled tariff mechanism
- emphasising that integrated care means integration with GP practices, people at home, social care, collaboration with partners and local stakeholders
- the information revolution – you cannot change what you cannot measure.

151.2 Anita Charlesworth expressed her support for the strategy, and described a pilot way of working currently being undertaken in Somerset where GPs are given specialist advice prior to referral and which has resulted in 60% of patients being treated differently. Although many of the options used were available on Choose & Book, Greg Battle said that the emphasis should be on the dialogue between primary and secondary care, and this was well underway within the ICO, with patients being kept informed at all stages.

151.3 The strategy was approved by the Board.

### 11/152 UCLP London Cancer Governance

152.1 Martin Kuper presented the London Cancer Governance proposals to the Board, asking them to note that the same presentation and proposals were being given to all Trusts within the London Cancer area. The presentation and covering letter would be circulated with the minutes of this meeting.

152.2 Board members expressed concern about the apparent over-centralisation of the process and the limited engagement of the primary care sector. Although there was some question about the degree to which Trusts could influence the proposals, it was agreed that a letter setting out the Board's concerns should be sent by the Chief Executive, and Sue Rubenstein agreed to send her comments to Martin, who would co-ordinate responses on behalf of the Board.

### 11/153 Dashboard Report

153.1 Introducing this item, Maria da Silva began by assuring Board members that the maternity indicators were now on target – the fall had been due to a high number of DNAs but the introduction of telephoning and texting reminders had greatly improved attendance.

153.2 In answer to a question from Robert Aitken regarding the age of the data presented, Fiona Smith said that generally data presented would be one month out of date. Some of the patient feedback presented this month had been older, this was because a kiosk had been temporarily removed from the Emergency Department whilst renovation works were in process and it had now been put back.

153.3 Robert also drew attention to the very high rate of feedback from some of the Islington community services. Maria da Silva explained that this was in part due to the energy and commitment of particular staff, but in any case having become an ICO it should be possible to share good practice and increase the rate across the organisation.

153.4 Bronagh Scott informed Board members that she had recently re-established the Patient Experience Steering Group. The first meeting had been very well attended, and members had discussed how areas could learn from one another to improve quality.

#### 11/154 Finance Report

- 154.1 Richard Martin said that the in-month performance was strong on income, expenditure and CIP, and the organisation was on track to achieve its baseline SLA by the end of the financial year. The Trust's position on CIP was believed to be amongst the strongest in London, although there remained a need to hold the line on recruitment. Richard said that the £617,000 of provision referred to in the report had not taken place that month.
- 154.2 Peter Freedman asked about the apparent rise in bank and agency spend. It was noted that this should be viewed as a one-off, caused in the main by the need to 'special' a higher than usual number of patients. Board members were also informed that although the request to fill any post is taken to the vacancy scrutiny panel, some shift cover cannot be because of the immediacy of the need. There were also areas that were being redesigned which meant that permanent recruitment could not be carried out until the process had been completed.
- 154.3 Referring to section 5 on page 4, the Chairman invited Richard to expand on the point regarding centrally held savings. Richard explained that these referred to the portion of the CIP target that whilst there were schemes for they could not be put into any one budget because they were not allocated to a particular area, for example agency staff.

#### 11/155 Service Line Management

- 155.1 Richard informed Board members that some appendices were missing from the report and undertook to circulate these separately. Robert Aitken commented on how helpful it was to have the report split by division.
- 155.2 In answer to a question about obstetrics, Richard confirmed that the Trust's CNST contribution had the greatest effect on overheads, coming in at around £1m. In addition 14 people had been on maternity leave which was unusually high for one area. On tariff, the commissioners had felt costs were too high, which had led to some fairly difficult negotiations.
- 155.3 Peter Freedman asked whether there was any scope for the report to be used as a budget tool, and Richard replied that it was more applicable to performance management. Reference costs were now available for both hospital and community, so it was possible to calculate the contribution percentage.

#### 11/156 Questions from the floor

- 156.1 The Chairman invited those in attendance to ask questions or make comments on any part of the meeting. The following points were raised:
- Whether consultants from the Royal Free or UCLH were likely to refer service users to Whittington Health as an ICO
  - What progress had been made towards achieving 7/7 cover within ICAM
  - Was the increase in spending on prosthetics likely to lead to rationing later in the year
  - The performance charts outside the Chief Executive's office were welcomed.
- 156.2 Executive Directors responded as follows:
- GPs would refer to local services whenever possible, there are some specialist services provided by the royal Free and UCLH which Whittington Health does not provide. What is key is that GPs are keen to refer to an institution which is integrated with local services.

- ICAM is moving towards 7/7 cover – this has not yet been achieved in all areas but good progress has been made. In some areas investment will be necessary, and business cases will be prepared accordingly.
- On prosthetics, it was guaranteed that there was no risk of rationing. For such services there was an inevitable ‘ebb and flow’ in demand, and this had to be managed.
- There were a number of questions that the Islington LINK member liaised with Fiona Smith directly about the FT application.

11/157 Any other business

157.1 Robert Aitken informed those present that he now chaired Whittington Health’s Charitable Funds Committee. The aim was to raise £10m towards improving the environment of maternity services. Everyone was asked to consider ideas for income generation and in particular whether they could recommend any local personalities who might be prepared to lend their support.