

**ITEM: 12/016**  
**Doc: 01**

**Meeting:** Trust Board  
**Date:** 22 February 2012

**Title:** Minutes of the meeting in public of the Trust Board held on Wednesday 25 January 2012

**Executive Summary:** The attached is the record of attendance, presentations and discussion of the board meeting held in public on 25 January 2012

**Action:** For amendment and approval

**Report from:** *Kate Green, Secretary to the Board*

**Financial Validation**

<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 25 January 2012 at the Education Centre, Whittington Hospital**

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
	Celia Ingham Clark	Medical Director
	Yi Mien Koh	Chief Executive
	Richard Martin	Director of Finance
	Greg Battle	Medical Director (Integrated Care)
	Bronagh Scott	Director of Nursing & Patient Experience

In attendance:	Fiona Smith	Director of Planning & Programmes
	David Seabrooke	Interim Company Secretary
Secretary:	Kate Green	Secretary to the Board.

12/001 Welcome and apologies

- 1.1 Apologies were received from Maria da Silva and Siobhan Harrington. The Chairman welcomed members of the public who had come to observe the meeting, also Sarah Jordan, Deputy Service Manager for Nutrition & Dietetics, and Ivan Doncaster from Internal Audit. He also introduced David Seabrooke, who had joined Whittington Health for a three-month period to work on the Board Assurance Framework and other tasks associated with preparation for FT Status.

12/002 Declaration of Interests

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

12/003 Minutes of the meeting of 14 December 2011

- 3.1 Under Item 11/162, The Chairman asked for it to be noted that Robert Aitken, Yi Mien Koh, Celia Ingham Clark and Bronagh Scott had also attended events designed for aspirant Foundation Trusts. Under item 169.2, Celia Ingham Clark corrected the second sentence, which should read "There were plans for more direct consultant involvement in the management of emergency admissions, and this should avert some readmissions."
- 3.2 Other than these and two minor typing errors the minutes of the board meeting held on 14 December October were approved.
- 3.3 The notes of the ensuing meeting with the Governors were approved.

12/004 Action notes and matters arising

- 4.1 In answer to a question from Anita Charlesworth about progress on the Barnet, Enfield & Haringey review, Yi Mien said that the Trust had received no formal feedback or progress report since she and the Chairman had been interviewed by the project managers working on behalf of NHS London back in November. There had however been a letter issued by Caroline Taylor concerning the possible centralisation of emergency and maternity services.

- 4.2 David Seabrooke informed the meeting he felt it proper to declare an interest in the proceedings during this item as his sister was employed at Chase Farm Hospital.
- 4.3 Greentrees – Haringey had announced its intention to cease providing the rehabilitation service located at Greentrees from April. Whittington Health still intended to tender for the non-stroke element of the service, but it appeared that an interim home might be necessary. Board members expressed their concern, from a Quality and Safety point of view, at dividing the service before a final solution was reached, and it was agreed that the executive team should work with the commissioners to do everything possible to mitigate against risk.
- 4.4 The Board Assurance Framework had been discussed in detail at the December meeting.
- 4.5 Foundation Trust consultation was scheduled for discussion later in the meeting.
- 4.6 New payment method – Richard Martin informed the Board that the Trust had made a proposal to North Central London. A response had been received but the amount offered had been insufficient to meet the Trust's needs, therefore the Trust was entering into a period of negotiation.
- 4.7 Communications Plan – The Chairman said that he had meet with Siobhan Harrington to discuss the Communications Plan. The work that had been undertaken to date had been good, although some further work was needed. It was planned that the plan would come to the Board in February.
- 4.8 The Audit Committee had discussed the Board Assurance Framework at its meeting in early January. As Chair of that Committee, Peter Freedman apologised for there being no written report of that meeting's proceedings, and undertook to bring one to the February Board.

#### Trust Board Planner

- 4.9 The Chairman invited all Board members – and Executive Directors to comment on the workplan that had been circulated. He asked for comments to be sent to David Seabrooke, and in particular to let David know of any omissions or changes of timing. David added that he had put in a column which could be used to define what was expected of the Board in terms of information, assurance or decision. The Chairman requested the word 'review' be used rather than 'receive'.

#### 12/005 Chairman's Report

- 5.1 Together with the Chief Executive, the Chairman had met the Chair and Chief Executive of UCLH earlier that week. The main focus of their discussion had been on integrated care, and the discussion itself had been positive and productive.
- 5.2 The Chairman reminded Board members that the Trust regularly reviews the skills and experience of its Non-Executive Directors, and it had been acknowledged there was room for an appointment with marketing and communications expertise. The Appointments Commission would be providing the Trust with a shortlist.
- 5.3 As part of the process of moving towards FT status, it had been agreed to nominate a Senior Independent Director – a Non-Executive role with two key responsibilities, one being to advise and support the Chairman, the other being to act as the link between Board and Governors. A written definition of that role would be circulated with the papers for February's meeting.

- 5.4 The Board Governance Assurance Framework (compliance with which DH requires of all aspirant FTs) assesses how well the Board governs the activities of Whittington Health and will come to the Board in March. David Seabrooke and Fiona Smith would lead on this work.

#### 12/006 Chief Executive's Report

- 6.1 Introducing her report, Yi Mien Koh said that it set out the strategic priorities for 2012, together with the key issues and major risks of which the Board should be aware. The main priority remained to meet service and financial performance targets, but achieving the Cost Improvement Programme (CIP) targets in order to attain long-term financial sustainability was also crucial. The aim was to have Whittington Health authorised as a Foundation Trust by April 2013, and staff and other stakeholder engagement for this would be vital.
- 6.2 Yi Mien reminded Board members that there were set processes in place for fulfilling CIP and QIPP, and these would be reviewed and the results taken to the Audit Committee.
- 6.3 Thanking Yi Mien for her report, Peter Freedman expressed his broad agreement with the majority of the report, although he felt further clarification might be necessary on the central section. Sue Rubenstein urged colleagues to ensure that the language used to express risks matched that used in the BAF.
- 6.4 The tripartite formal agreement sent to NHS London the previous week was tabled, and the Chairman asked for it to be noted that this should be reviewed by the Board every month until further notice.

#### 12/007 Quality Committee

- 7.1 Introducing this item, Bronagh Scott drew particular attention to two reports received by the December Quality Committee, namely the Safeguarding Adults report, which had included an update on action taken in response to the Six Lives Report, and the report presented by the Surgery, Cancer & Diagnostics Division. She added that the Dashboard presented that month had included a helpful narrative, and a separate ward dashboard. Reports had also been received from the Effective Care Committee, Complaints, PALS, Incidents and Claims. In answer to a question on how close the Trust was on becoming compliant with the recommendations arising from the Six Lives report, Bronagh Scott replied that good progress had been made, and a report would be presented to the Board in March.
- 7.2 Robert Aitken expressed his hope that the data received by the Quality Committee might in future be more up to date (closer to 'real time'), and that more information on community services might become available. In response, Fiona Smith asked Board members to note there were several issues to bear in mind, namely:
- the need for a clear definition of what KPIs were required
  - the way that data was collected was not necessarily useful when it came to compiling reports
  - it would be possible to extract data through carrying out a notes audit, but this would not in itself lead to more timely information.
- 7.3 It was noted that some services would always give cause for concern simply because of the nature or context of the service provided, e.g. health services at HMP Pentonville, whereas others were more amenable to improvement measures, such as falls or pressure ulcers.

- 7.4 The Chairman thanked Bronagh Scott for her helpful report. He noted that papers attached had already been received by most Board members due to their service on the Quality Committee, but agreed it was appropriate their circulation to the Board made them publicly accessible which was good practice.

#### 12/008 Capital Investment – Annual Plan

- 8.1 Director of Facilities Phil lent confirmed that the report had been brought to the Board for approval and ratification. One section concerned capital investment bids which had been submitted to NHS London just before Christmas, the results of which were expected in four days' time.
- 8.2 Phil described the rigorous process undergone by projects prior to their approval, with their being scrutinised first by the Capital Monitoring Committee, then by the Senior Management Team.
- 8.3 The Board thanked Phil for his report, and congratulated him and his team for their work on preparing the submissions for NHS London. Robert Aitken raised the question of the link between capital requirements and the risk register, citing as an example the lift in the maternity services. In answer to a question from Jane Dacre about utilising the IT work being carried out within UCLP, Phil confirmed that IT Director Glenn Winteringham was already well linked into developments in that area.

#### 12/009 FT Application

- 9.1 Fiona Smith updated colleagues on the FT consultation process, the formal stage of which concluded 29<sup>th</sup> February. She tabled a paper which set out in detail tools developed, events attended, and membership recruitment. An 'open evening' was scheduled to take place later in the day, and there were plans for further staff events.
- 9.2 The first draft of the Integrated Business Plan had been produced, and had been discussed in detail at the Board Seminar held in the morning. She explained that the first section, the executive summary, would be drafted once the remainder of the document had been completed. The next key milestone would be the due diligence exercise scheduled for March.
- 9.3 Richard Martin outlined the associated challenges faced by the Trust, which began with CIP. He informed Board members that there was a gap between the income required in order to achieve the organisation's sustainability and that which had been offered by the commissioners, and that negotiations were being entered into. He added that the new payment mechanism had been well received, it was simply the figures that had been called into question. He asked colleagues to note there would be a reduction in the Market Forces Factor the following year.
- 9.4 In answer to a question from Peter Freedman about the consequences of failing to meet key milestones, Richard said that if the Trust was RAG rated red for three consecutive months the matter would be escalated to the Department of Health. It was possible to defer milestones subject to SHA agreement.

#### 12/010 Performance Dashboard

- 10.1 The performance dashboard presented this month was set out in a new style, and aimed for consistency with those presented to the divisions and to the Quality Committee. Areas marked amber or red have been so because they were areas where it had been felt improvements could be made. Sue Rubenstein expressed the view that the report was much improved, however there was still a need to be able to measure how well the Trust was performing against the key objectives, and this needed to form part of the narrative.

The Chairman added that he had recently met with Siobhan Harrington and the question of how such objectives could be measured had been one of the items discussed.

- 10.2 Celia Ingham Clark would meet with Fiona to discuss some of the measurements used, and in particular consultant to consultant referral. It was noted that some of the KPIs used for community services would give a picture of how successful the Trust was at treating people within their own homes.
- 10.3 Noting the green section in the report for the Emergency Department, the Chairman paid tribute to the great strides that had been made within that department, and asked that thanks to that staff group be recorded. Fiona Smith added that performance in this area had improved so significantly that the Trust had become eligible to apply for a revenue bid, having been able to assure the SHA that systems were in place to achieve a consistent 98% by March and that this position was a sustainable one.
- 10.4 Concern was expressed at the apparent delay in new birth visits within health visiting. Whilst this may be in part attributable to data capture issues, it was acknowledged that there was a problem within the Haringey service, and that this was in part to do with the ability to recruit. Bronagh Scott assured the Board that contingency plans were in place to alleviate the problem and that much of the solution could be achieved by implementing new ways of working. Referring back to the discussion at the previous meeting about risk, the Chairman pointed out that failure to carry out new birth visits within the required timeframe must be seen as a major risk, and Marisha Ray added that research had shown that such visits were of paramount importance for child protection.

#### 12/011 Finance Report

- 11.1 Richard Martin reported that the Trust was holding a £99k in-month deficit. There was a cumulative surplus of £1.1m, and the Trust was on track to deliver its annual target. Pay underspend and the continuation of the vacancy scrutiny panel continued to contribute to the underspend. Non-pay was close to budget, and income on track. A provision for potential severance costs had been created.
- 11.2 Drawing attention to note 7.4 in his report, Richard explained that what appeared to be a significant rise in bank expenditure was in fact due to a change in DH accounting requirements.
- 11.3 The Trust's CIP position was 100% as at Month 9, with the key to this being maintenance of the vacancy scrutiny process. Overall, the Trust was maintaining a fairly strong performance to date, and the Chairman congratulated Richard and the executive team for their contribution to this position.

#### 12/012 Questions & Comments from the floor

- 12.1 The Chairman invited those in attendance to comment or to raise questions on any part of the meeting. The following matters were raised:-
- disappointment that there had been little mention of users within the section of the Chief Executive's report that mentioned stakeholders
  - on capital bids, might something be done about the entrance to the mortuary (currently difficult for those visiting to pick up certificates etc)
  - actions arising from questions or comments made by members of the public should also be recorded on the action tracker
  - consultant to consultant referrals – does the Trust know the outcome for the patients who have to return to their GP
  - for the dashboard, it would be helpful to have a list of what the public health strategies for Islington and Haringey are

- has the Trust carried out an audit of PIP implants
- One figure on figure 3A of the finance report appeared incorrect.

12.2 Executive Directors answered as follows:

- the Chief Executive said that users were understood as a given at any point where stakeholders were mentioned, but the ones listed had been so as part of the formal application process
- the mortuary had been upgraded, but nothing further could be done about the entrance without resiting it, which would be prohibitively costly. It should however be possible to pick up forms from somewhere else within the hospital such as the PALS office.
- on consultant to consultant referrals, Celia Ingham Clark replied that anything urgent such as a cancer would be acted upon immediately. In some cases, however, it was more appropriate to refer patients back to their GP as GPs are experts across the board rather than specialists in one particular field, and it can also prove quicker.
- PIP implants – none had been carried out within the hospital. It was suggested a positive press release be issued to this effect.
- public health strategies – Fiona Smith undertook to raise this with the Performance Board.