

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.30pm on Wednesday 22 February 2012 at 35 Middle Lane, Crouch End

Present:	Joe Liddane	Chairman
	Robert Aitken	Deputy Chairman
	Anita Charlesworth	Non-Executive Director
	Maria da Silva	Chief Operating Officer
	Jane Dacre	Non-Executive Director
	Peter Freedman	Non-Executive Director
	Siobhan Harrington	Director of Strategy/Deputy CE
	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: David Seabrooke
Secretary: Kate Green

Interim Company Secretary
Secretary to the Board.

12/014 Welcome and apologies

14.1 No apologies had been received. The Chairman welcomed staff and members of the public who had come to observe the meeting.

12/015 Declaration of Interests

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

12/016 Minutes of the meeting of 25th January 2012

16.1 The minutes of the meeting held on 25th January 2012 were approved.

12/017 Action notes and matters arising

17.1 Greentrees – the Trust remained in discussion with the commissioners about the future of services currently provided from the Greentrees site. This included reflecting the Board's wish, expressed at the previous meeting, that services should remain on a single site until a final decision had been reached.

17.2 Communications Plan - Siobhan Harrington said that this would be on the agenda for the March Board meeting.

17.3 Senior Independent Director – The Board noted the job description which had been circulated with the meeting papers.

17.4 The Board Governance Assurance Framework would be on the agenda for the March Board meeting, as would an update on the 6 Lives recommendations.

17.5 It was noted that further improvement work was to be carried out on the mortuary and was scheduled to start in April.

- 17.6 The public health strategies for Islington and Haringey had been requested.
- 17.7 PIP implants – a press release had been drafted prior to the previous Board meeting.

12/018 Chairman's Report

- 18.1 The Chairman reported that with Peter Freedman, he had participated in a communications exercise with staff in order to ensure staff had a good understanding of how the organisation was moving towards FT status. He described the session as having been very successful, and said that the intention was for it to be repeated bi-monthly. Board members should participate by rote. There was a need to ensure that community staff had equal access to such events.
- 18.2 The previous day the Chairman had visited Lordship Lane, Broadwater Farm and Tynemouth Road Health Centres, and he stressed how valuable it had been to see how the services discussed in meetings played out in reality. He encouraged Board colleagues to carry out similar visits, which were valued by the staff.
- 18.3 The Chairman had recently met with the Chairman of the Royal Free Hospital and they had held further discussions about that organisation's progress towards achieving FT status. The process had proved extremely demanding, but their Board to Board was scheduled to take place the following week.
- 18.4 With Peter Freedman and Robert Aitken, the Chairman had held a meeting to look at the internal audit report on governance, a draft of which had been presented to the Audit Committee. In response to a question from Anita Charlesworth about ownership of information quality, Siobhan Harrington replied that the responsible Director was Fiona Smith, and ultimately Richard Martin. Peter Freedman pointed out that the Board Assurance Framework made reference to an element of risk around the quality of the Trust's information, which should be of some concern. It was noted however that there were plans to address this at the forthcoming awayday, furthermore it was not an increase in data that was needed but rather greater accuracy and consistency.

12/019 Appointment of Senior Independent Director

- 19.1 A description of this role had been circulated with the Board papers, and gratitude was expressed to Sue Rubenstein for agreeing to take on the role.
- 19.2 It was noted that a meeting of Whittington Health's council of governors was scheduled to take place the following week.

12/020 Chief Executive's Report

- 20.1 Introducing this report on behalf of the Chief Executive, Siobhan Harrington said that she had attended meetings with UCL Partners, local GPs, NHS London and the NHS Confederation, all of which had contributed to her awareness of changes to the commissioning agenda.
- 20.2 Regarding performance, Siobhan confirmed that the Trust had maintained its projected performance over the previous month, including its having met 100% CIP target as at Month 10.
- 20.3 The next iteration of the Tripartite Formal Agreement was due on 21 February. One of the key issues was the seeking of agreement for the new payments model for the ICO which had been submitted to NC London but which had not yet been formally agreed. NC London appeared to favour the traditional method of payment which was likely to lead to protracted discussion. An important aspect of this was that agreement of the new

payment mechanism was necessary in order to enable the necessary changes to be implemented to move forward as an ICO. In purely financial terms, if the gap in contract value could not be reduced there had to be some doubt about the viability of the Trust's moving forward to FT status.

20.4 The FT formal consultation exercise was scheduled to end at the end of February, and so far it had been a very active month, with representatives of the Trust having a presence at multiple meetings (both internal and external). Thanks were expressed to the Council of Governors for their proactive role during the consultation exercise. Siobhan informed Board members that Haringey Overview & Scrutiny Panel had formally expressed its support for the transition to FT status.

20.5 Whittington Health was one of only two NHS London pilots developing the integrated care model, and three main workstreams had been identified:

- integrated models of care
- understanding and developing new models of funding to align incentives across the system
- information and IT.

Maria da Silva added that the Trust was starting a pilot project around integrated care in North East Haringey.

12/021 Quality Committee Progress Report

21.1 The Quality Committee had met on 20th January and 17th February, and a written report of the proceedings of the January 20th meeting had been circulated with the Board papers. Bronagh Scott informed the Board that the NHSLA assessment had taken place the previous week, and the Trust had been awarded a Level 1. This was a huge achievement given the Trust had only been an ICO for ten months. The Trust would be aiming for Level 2 the following year. Sue Rubenstein asked for formal thanks to be passed on to Claire Topping and her colleagues, saying that this was a prime example of driving project management achievement.

21.2 The following further comments on the report were made:

- the Committee valued the openness and transparency both of committee reports and the staff who attended to present them
- the infection control figures were particularly impressive, and in particular strong action taken had prevented the Trust's services being affected by the norovirus
- there was a need to include community services in the patient safety walkabout programme, and Bronagh Scott assured Board members this was being addressed
- Maria da Silva raised the necessity of looking at the work of the Quality Committee alongside the work of the Performance Board, and how the agendas for the two should best be managed and brought closer together.

12/022 CQC Report

22.1 Introducing this item, Bronagh Scott informed Board members that the report received following the CQC visit in October had been very positive overall. There were some areas that CQC had asked the Trust to look at, and these would be brought back to the Board in due course. Board members felt this to be a positive report particularly given how busy staff were at present, and agreed that the areas of concern raised were appropriate. Sue Rubenstein added that many of the areas singled out for praise – such as nutrition and dignity – had been championed by Bronagh Scott and the nursing leadership team.

- 22.2 The Chairman made reference to Outcome 16, (assessing and monitoring the quality of service provision) saying that the CQC's judgement reflected how far the Trust had progressed and how much was being done correctly.
- 22.3 It was noted that the outpatient satisfaction survey would be brought to the Quality Committee in March and subsequently to the Trust Board.

12/023 Nursing, Midwifery & Allied Health Professionals Strategy

- 23.1 Bronagh Scott informed Board members that the draft strategy had been amended in the light of the discussions which had taken place at the Board seminar the previous month; it also now followed the same format as the other key strategies. It would be formally launched at the Nursing & AHP Conference which was to be held on 9th May, and to which all Board members were invited.
- 23.2 During discussion the following points arose:
- some reference to social care should be included in the introduction
 - throughout the document, where patients were mentioned, this should be altered to read 'patients, service users and carers'
 - how soon might performance measures be established and when might evidence of such measures be brought to the Board.
- 23.3 It was agreed the Board should receive regular updates on implementation of this strategy, and the Chairman suggested that reports of progress on all key strategies should be brought to the Board every six months.
- 23.4 Marisha Ray had some points of detail to raise, but suggested that she met with Jennie Williams to discuss these outside the meeting.
- 23.5 The strategy was formally approved by the Board.

12/024 Carbon Reduction Strategy

- 24.1 Phil lent said that the draft carbon reduction strategy had been refreshed in line with comments made at the earlier seminar, Executive Committee, and the Carbon Reduction Strategy Group. The strategy contained not only legal and moral obligations, but also financial benefits. He drew attention to 'Green Week', which was to begin on 12th March.
- 24.2 Peter Freedman drew attention to the targets for 2015, and asked whether there were also calculated targets for next year and the year after. Phil confirmed that such targets did exist, and it would be possible to insert a trajectory for the next two years and insert these into the strategy.
- 24.3 Anita Charlesworth made the connection between a healthy lifestyle and a low carbon lifestyle, and suggested more might be made of health promotion opportunities in this area. There were also connections to be made with ethnic lifestyle issues. Phil agreed to expand Section 3 accordingly. It was suggested that Mary Price, health, wellbeing & long term conditions improvement manager be invited to sit on the carbon strategy reduction group.
- 24.4 Subject to the inclusion of the points made above, the Board formally approved the carbon reduction strategy.

12/025 Dashboard Report

- 25.1 Introducing this item, Maria da Silva said that whilst the dashboard showed continued improvement across the Trust as a whole, she still held some residual concern around the position in the ED, which had failed, the previous week, to meet the 95% target time on first assessment. She was however confident of ED's ability to effect a speedy recovery. It was noted that the sector as a whole was struggling with this target, and that the Whittington was the only hospital not to have increased bed numbers to alleviate the pressures.
- 25.2 Other 'hot spot' areas highlighted within the report were health visiting, discussed by the Board in detail earlier, out-patient services, where all three divisions had already begun to effect improvements, and readmissions, which had been discussed at the Board seminar. On consultant cover, it was noted that the Surgery, Cancer & Diagnostics division was recruiting, and that the Integrated Care & Acute Medicine division was due to present a Business Case to the Executive Committee the following week.
- 25.3 Maria informed Board members that in some community areas, such as dentistry and drugs and alcohol services, there were simply too many targets to be included within the main dashboard, and she had asked the heads of service to give their consideration to which figures might be of most use to the Board. Sue Rubenstein said that it would be helpful if those targets chosen were clearly linked to the Trust's strategic objectives and local indicators.
- 25.4 In answer to a question from Jane Dacre about how widely dashboard reports were disseminated around the Trust, Maria reminded colleagues that the dashboard report received by the Board was itself built from divisional dashboards, therefore the information contained therein had been received by the divisions. She would however check that information was being fed right down to clinic staff level. Celia Ingham Clark added that reports should also be sent to registrars.
- 25.5 Peter Freedman expressed his concern that some of the data received by the Board remained quite old, and asked whether it might be possible to receive more recent information. Maria replied that she was discussing this with Fiona Smith, however the Information Department faced particular challenges at present which made it difficult to impose any additional burden on the team.
- 25.6 Board members held a brief discussion on benchmarking (there were challenges around the community services element) and whether the Trust's information systems needed to be reviewed in order that the Board could assure itself that the current way of working was entirely fit for purpose. One solution might be to increase the staffing level within the information department. It was agreed to return to this discussion at the April meeting.

12/026 Finance & CIP

- 26.1 Richard Martin informed Board members that this month's report showed an in-month surplus of £212k, and that activity was broadly on track. CIP stood at 100% achievement due to the continuation of the formal vacancy scrutiny process, and Richard asked colleagues to note that CIP savings had to be both recurrent and cumulative.
- 26.2 In answer to a question about the non-pay overspend, Richard explained this was likely to be due to a fluctuation in consumables, and probably showed this month due to data being a month behind. This was connected to people's stocking processes – possibly within orthopaedics, and not connected to the drug budget.

26.3 Concern was expressed over the adverse variance of £252k for Simmons House, caused by activity being below the required break even position. It was suggested this might be a suitable pilot for Service Line Reporting (SLR).

26.4 The report was noted by the Board.

12/027 Quarterly QIPP Report

27.1 This was the first formal QIPP Report received by the Board following establishment of the QIPP Board last November. The role of the QIPP Board is to oversee the 38 projects covered by the QIPP Programme, each of which has critical milestones and a critical path, and assess the likelihood of their delivering to target by the due date. The QIPP Board reports to the Executive Committee.

27.2 The report contained detail on all projects rated red. Peter Freedman stated that he would like to see a clear link between the 38 projects and the Trust's strategy.

12/028 Report from the Audit Committee

28.1 Peter Freedman reported back from the Audit Committee held on 11th January. He drew particular attention to the following:

- an external audit discussion on how the Trust gets its assurance on internal controls
- reports from internal audit on governance and CIP (it had been noted there was further work to be undertaken on governance)
- counter-fraud, bad debts, tender waivers etc
- the Board Assurance Framework, which is updated between each meeting
- a report on mandatory training and how it was planned to achieve the 75% target by the end of March.

28.2 Peter also reported on his discussions with colleagues about whether or not it was necessary for the Board to establish a separate finance committee. He suggested there were three options to consider:

- (i) to strengthen existing reporting, with for example more in-depth scrutiny at the Trust Board and more structured use of seminars, and possibly a stronger link between Trust Board and QIPP Board
- (ii) to create a finance committee (as many NHS organisations seem to be doing at present)
- (iii) to establish a finance and development committee which would focus on the longer term rather than monthly Income & Expenditure.

Board members would consider these options so that a decision can be taken at the next meeting.

12/029 Any other business

29.1 Robert Aitken drew attention to the Lord Mayor's walk from the Whittington hospital to the City on 25th March, which he said Board colleagues were welcome to attend.

12/030 Questions from the floor

31.1 The Chairman invited those in attendance to ask questions or make comments on any part of the meeting. The following points and requests were raised:

- could there be a statement about any hip replacements that had had to be withdrawn

- could anyone tabling papers for the meeting bring enough copies to ensure they were available for members of the public
- concern at the lack of progress following walkabouts as demonstrated by the report, perhaps a more robust action plan was needed
- the issue of whether membership of Links prevented people becoming FT governors had still not been answered #
- in future, could members of the public ask questions of invited speakers before they leave
- are Hippos routinely used in hospitals throughout the Trust
- carbon reduction strategy – can achievements be listed on the same page as targets
- does the Trust have an Information Strategy
- governors were making considerable efforts to inform the public about the benefits of having become an ICO and the application for FT status
- what effect had the FT application process had upon staff at the Royal Free
- referencing the nursing, midwifery & AHP strategy, it was noted there were shared responsibilities with local authorities in terms of health improvement, the strategy should also make reference to deprivation factors
- David Emmett would like to speak to someone about DNAs
- HV new birth visits on the dashboard, why was there a difference in targets between Islington and Haringey
- had the norovirus outbreaks in neighbouring trusts caused any increase in income for Whittington Health
- page 14 of finance report – CIP forecast – were the areas marked red a financial risk or for the risk register.

171.2 Executive Directors answered as follows:

- Maria da Silva agreed to check the position on hip replacements, although Celia Ingham Clark did not remember seeing an MRHA alert on this
- those tabling papers would be reminded to bring additional copies
- the patient safety walkabout plan was being updated and visits were to take place out of hours
- the point about Links would be taken back to Fiona Smith
- the Chairman would consider the point about the public being able to ask questions of visiting speakers but felt unable to give any guarantee this would happen
- the points about the carbon reduction strategy would be fed back to Phil lent*
- the Trust does have a Information Strategy and Fiona Smith lead on this
- FT process at the Royal Free had been challenging but valuable
- Bronagh Scott would speak to David about the nursing strategy
- HV new birth visits – the Trust would prefer to have the same targets and was encouraging this, however these are set by the commissioners
- The norovirus had caused no rise in income, had there been one it would in any case have been capped
- Reference made to risks within the CIP forecast section – the risks were financial.

Fiona Smith has confirmed that Helena's comments have been logged as part of the formal consultation exercise. Now that exercise has closed the constitution will be reviewed and her comments will be considered, along with others received from patients and the public, before the final constitution is drawn up.

* Following the meeting, Phil lent confirmed that he would amend the strategy in the light of comments received at the meeting. He also confirmed that whilst Hippos were in use in some parts of the hospital, the aim was to move towards an alternative and more effective system for conserving water.