

**The minutes of the meeting in public of the Trust Board of Whittington Health\* held at 2.30pm on Wednesday 28 March 2012 at St Ann's 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
	Celia Ingham Clark	Medical Director
	Yi Mien Koh	Chief Executive
	Richard Martin	Director of Finance
	Bronagh Scott	Director of Nursing & Patient Experience
In attendance:	David Seabrooke	Interim Company Secretary
	Matthew Boazman	Director of Operations, Surgery, Cancer & Diagnostics
	Margaret Boltwood	Director of People
Secretary:	Kate Green	Secretary to the Board.

12/31 Welcome and apologies

31.1 Apologies for absence were received from Maria da Silva and Greg Battle. In addition to apologies from Board members, apologies were also received from Siobhan Harrington, Marisha Ray and Helena Kania. The Chairman welcomed staff and members of the public who had come to observe the meeting.

12/32 Declaration of Interests

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

12/33 Minutes of the meeting of 22<sup>nd</sup> February 2012

33.1 The minutes of the meeting held on 22<sup>nd</sup> February 2012 were approved.

12/34 Matters arising and Action Log

34.1 Greentrees – the transfer of in-patients from the Greentrees site to the Whittington Hospital site was scheduled to take place in May.

34.2 Internal Communications Strategy – this item was already scheduled on the agenda for discussion.

34.3 Tripartite formal agreement – this was available for board members to view and was being updated on a monthly basis. Public Health Strategies for Islington & Haringey – it was agreed to check with Fiona Smith whether these had been received.

34.4 Quality Committee and Performance Board – it was agreed to postpone this item until the April or May meeting when Maria da Silva could be present to discuss this work.

34.5 Carbon Reduction Strategy – Kate Green was asked to check with Phil lent that Mary Price had been invited to join the group.

34.6 Wider circulation of dashboards – Matthew Boazman confirmed that the dashboards were being circulated to all teams as well as to the Divisional Board.

- 34.7 Establishment of a finance sub-committee – this item was already scheduled on the agenda for discussion.
- 34.8 Hip replacements – Celia Ingham Clark confirmed that 33 procedures had been carried out. There had been two patient deaths, both totally unrelated to the procedure. An annual review process had already been set in motion.

12/35 Chairman's Report

- 35.1 The Chairman confirmed that the previous day he had completed the round of interviews for the final vacant Non-Executive Director position on the Board. Thirty-eight applications had been received, and six of these shortlisted. The panel had recommended one candidate to the Appointments Commission, who were scheduled to meet on 18<sup>th</sup> April. Following this meeting, provided agreement was reached, the appointment would be made public.
- 35.2 There had been a recent Council of Governors meeting, at which the issue of Service Line Reporting and how it was used had been raised. Further discussions with Governors would take place.
- 35.3 Raising the issue of governance, the Chairman said that he, Robert Aitken and Peter Freedman had met with the head of Internal Audit to discuss some of the issues the auditors had raised.

12/36 Chief Executive's Report

- 36.1 Introducing her report, the Chief Executive began by drawing attention to the Maternity Unit's recent achievement of the Clinical Negligence Scheme for Trusts (CNST) Level 2 status. She described this as a substantial achievement, and paid tribute to the work of the staff involved.
- 36.2 There had been a Coroner's inquest into the death of a patient earlier in the month, which had identified both human error and failure to communicate between different parts of the organisation. Appropriate actions had been put in place to prevent any recurrence of such an incident, and Yi Mien had written to the family of the patient concerned.
- 36.3 An extremely successful 'Green Week' had been held throughout the Trust from 12<sup>th</sup>-16<sup>th</sup> March, during which an afternoon of lectures by renowned speakers had been held. Many teams from within the hospital had participated enthusiastically in competitions, exhibitions and learning events, and podcasts were available on the internet.
- 36.4 The public consultation on the application for Financial Trust status had closed at the end of February, with an estimated 12,000 people having taken part in the various consultation engagement activities. The key to success was now to achieve the necessary contract sign-off for 2012/13, and negotiations were well under way for this. The Trust was also achieving all its KPIs, and was currently focusing on running a 7 day service.
- 36.5 New structure charts were appended to the Chief Executive's Report for information and to set out clearly Directors' accountabilities and responsibilities.
- 36.6 Yi Mien drew attention to the progress that had been made on creating the sensory garden on the hospital site, and urged Board members to come and see it as it developed.

12/37 Death by Indifference – Patient Experience

- 37.1 Bronagh Scott introduced Aileen McKenna, Gwen Moulster and Hellen Odiembo, who had been invited to give a presentation to the board on progress made since the 2008

'Six Lives' report. The twofold aim was to try to improve health outcomes for people with learning disabilities and to improve and increase training for staff, as well as welcoming greater involvement of families and carers and the provision of better information to all.

- 37.2 A flagging system has recently been introduced (for those who choose to use it) whereby patients with learning disabilities can be identified in their notes so that staff will know that there may be areas where they require additional support. The team is also working in the community with GPs to carry out annual health checks and to work on the development of care pathways for people with complex needs.
- 37.3 Aileen McKenna addressed the board. She cares full-time for her daughter Nicole who has Rett syndrome. Rett syndrome is a genetic disorder, affecting mainly women, some of the symptoms of which include slow development in growth, ability to function, Parkinson-like tremors, respiratory problems, difficulties in eating and swallowing, curvature of the spine, and sleep disruption. Most sufferers are prone to gastro-intestinal disorders and heart conditions, and many are at a high risk of sudden unexplained death, with pneumonia being the main reason for hospital admittance.
- 37.4 Aileen said that she felt confident of Nicole's treatment on ITU, but less so when she was transferred back onto the ward, as the staff do not know her well, and even her GP was not an expert in her condition. Because of this, she finds it impossible to leave her daughter alone because the staff do not really know how to look after her. When asked by Gwen if she could name one thing she would like to change about her daughter's care, Aileen said that she would like staff to talk to her more, and make her more confident. She went on to describe the huge difference Hellen as specialist nurse had made to her Nicole's care, both through caring but also acting as an advocate. The most common theme for those caring for people with learning disabilities with complex needs is that families are afraid to leave their loved ones.
- 37.5 Gwen introduced the recent report by Mencap, 'Death by Indifference – 74 deaths and counting'. This report, which names both people and organisations (not Whittington Health) does say that there have been some overall improvements in services for people with learning disabilities, but there are still many problems, and a great deal of staff training is required, particularly for doctors. Within Whittington Health, the team would like to see a consultant champion for people with learning difficulties.
- 37.6 Anita Charlesworth thanked Aileen in particular for coming to present to the board, stressing how important the role of carers was in that they were the real experts – they know about the syndrome or illness, but even more, they know about the needs of their relatives. She said that the one thing she would like to see going forward is for the need for carers to stay in hospital be minimised, but if there is that need, then everything possible should be done to make it easier and more comfortable for them. She would be happy to act as Non-Executive Director champion. Gwen added that if carers are to stay in hospital, they should not be acting as nurses, but rather supporting the nurses in doing their job.
- 37.7 The Board approved 'Our Hospitals Charter – supporting people with learning disabilities when they are in hospital'.

#### 12/38 Workforce Strategy

- 38.1 The Trust now had the opportunity to discuss the workforce strategy, which in turn would feed into the FT application, and following its agreement, consideration should be given as to how best to monitor it. The overall aim of the strategy was to support Whittington Health in delivering its goals. It contained five guiding principles, and a number of actions which would help to bring them to life.

- 38.2 Sue Rubenstein felt that the items for the measurement of success were good, but felt the targets – and to some extent the accountability, were less clear. Peter Freedman added that the overall aim of the strategy was correct, but he would like to see engagement that ran deeper than staff satisfaction, for him, it was more of a question of how deeply it was understood, and signed up to. Agreeing, Anita suggested there were metrics for engagement, and there were some areas into which it might be beneficial to sample more often.
- 38.3 Margaret reminded Board members that she would be bringing the staff survey results to the Board next month, and agreed that there were areas that may need to be looked at with greater frequency.
- 38.4 The Chairman thanked Margaret for bringing the strategy to the Board, saying how much he felt it had progressed since it had first been discussed at the Board seminar. He asked Margaret when the Board might expect to see the final version, and she replied that this would hopefully come to the Board in May. The Workforce Strategy was approved by the Board subject to its amendments in line with the points made above.

#### 12/39 Equality Objectives

- 39.1 Margaret Boltwood reminded Board members that the Trust is required to develop its Equality delivery system as part of its ongoing commitment to improving its equality performance. A document summarising how we deliver services with equality at the forefront had already been published, and nine further equality objectives had been developed to support this work moving forward.
- 39.2 Marisha Ray (through Margaret) had proposed that the equality objectives should also be used as the Trust reviewed membership of both Board and Governors, and it was asked that this be specifically minuted. The objectives were formally approved by the Board, and would now be posted onto the website.

#### 12/40 Quality Committee Report

- 40.1 Introducing the report of the February Quality Committee meeting, Bronagh Scott said that work continued to develop the quality dashboard, in particular the community indicators. She said that there had been an extremely robust discussion on child protection in the light of the Quarter 3 Child Protection Report, especially in relation to child protection training, and Maria da Silva and Margaret Boltwood continued to look this in terms of ESR. Bronagh added that the two named nurses for child protection were both due to retire shortly, however new staff were in place for both boroughs.
- 40.2 A positive report had been received from the Falls Action Group, where real improvement was now starting to be seen. The Committee had invited the Integrated Care and Acute Medicine (ICAM) division to attend to speak about pressure ulcers; again, a slight improvement could be seen.
- 40.3 The Chairman paid tribute to the work of the Quality Committee, saying that its focus was moving in a very positive direction, and its reports to the Board were increasingly helpful. In answer to his question about how the Committee itself felt its work was progressing, Bronagh Scott said that members were really getting to terms with some of the quality indicators. They needed to be careful not to take on too many areas, but she was confident their focus was on the right issues.
- 40.4 Matthew Boazman added that the divisions themselves had matured in their thinking alongside this process, and there was now far more clarity over some of the issues that came from looking at the dashboard. Celia Ingham Clark added that more focus on the important quality issues had led in turn to focus on those areas of greatest risk, and as

the Trust made achievements in areas such as hospital acquired infections, it was correct to focus on others such as falls and pressure ulcers.

- 40.5 Referring to those 'hotspot' areas previously identified by the Committee, Sue Rubensetin said that there were some which could now be removed from the list (such as achievement of NHSLA Level 1) and others that could be categorised either as amenable to change or ones which were always going to be on the list because of the nature of the service, e.g. HMP Pentonville.
- 40.6 She added that one big focus for the Committee at present was on data, in particular the timeliness of data received, and the desire of the Committee to move as close as possible to 'real time' data. Bronagh Scott undertook to discuss this further with Fiona Smith. Anita Charlesworth added that not all data issues could be solved through the work of the Quality Committee, some needed to be addressed through a really robust information strategy. Yi Mien was well aware of the information issues, saying there were some which could not be solved immediately, but a plan would be put in place.

#### 12/41 Quality Account and Quality Strategy

- 41.1 Introducing this item, Celia Ingham Clark said that the two documents were complementary. The Quality Account is a mandatory document, prepared under a pre-set format.. It goes out to consultation for a thirty day period and is then published in June. Celia welcomed the Board's view on the priorities contained within the draft document.
- 41.2 Peter Freedman said that the Quality Account contained many good stories, but he wondered whether some of the priorities were the right ones. He drew attention to the Quality Account for the Homerton NHS Foundation Trust and for Guy's & St Thomas's NHS Foundation Trust, which he described as 'simple and effective'. Anita Charlesworth wondered whether there was sufficient correlation between these priorities and the Trust Strategy, and Sue Rubenstein queried whether they reflected Divisional priorities.
- 41.3 In answer to a suggestion from the chairman that he and Peter might meet with Celia to discuss these priorities further, Celia expressed her concern that to do so – and then further revise the document, would result in failure to meet the mandatory target for publication. She added that the priorities had been decided by the Quality Strategy Group, and Bronagh Scott added that this had been following consultation and stakeholder events involving both internal and external bodies as well as some from the Quality Committee.
- 41.4 The Quality Strategy sets out proposals for the direction the Trust would like to move in over the next five years, in terms of safe and effective care and excellent patient experience. The aim was to focus on areas which would apply to the largest number of patients in order to achieve the greatest possible wins throughout the organisation.
- 41.5 Whilst agreeing with the main principle of this, Sue Rubenstein suggested that the strategy should also be aiming to improve access for harder to reach groups. This was agreed to be important, although there were difficulties inherent in monitoring its delivery.
- 41.6 Returning to discussion of the Quality Account, the Chairman wondered whether it might be possible to include some additional tables and summaries to help get the message across. He also said that he would like to know which areas had been left out, and why. In answer to this second point, Celia Ingham Clark said that the Quality Strategy had tended to leave out areas which affected very small numbers of people.
- 41.7 Board members agreed that the document could contain more emphasis on integration. Bronagh Scott said that was a clear story to tell about how priorities had been chosen,

and Celia undertook to make amendments accordingly and re-circulate to the Non-Executive Directors.

#### 12/42 Trust Finance Committee

42.1 Peter Freedman said that the decision on whether or not to constitute a Trust Finance Committee had been a finely-balanced one, and he had consulted a number of Board colleagues and others in the room about whether or not to proceed. In the end, however, he had decided to recommend the establishment of a Finance Committee, but one which would focus on long-term issues and meet quarterly rather than one which would scrutinise monthly income and expenditure. This was agreed by the Board and terms of reference would be presented to the board for approval

#### 12/43 Dashboard Report

31.1 Introducing this item, Matthew Boazman said that the first section focussed on national targets. There had been considerable improvement on the Trust's performance on cancer waiting times, and on the 18 week target, the Trust was over-performing and in line to receive some money from NHS London in recognition of this achievement.

31.2 Areas of concern included out-patient waiting times in clinic, emergency readmissions and maternity bookings, although for the latter it had been acknowledged that there had been a huge rise in referrals that month. There also remained concern over waiting times for new birth visits in the community.

31.3 In answer to a question from Peter Freedman about progress in the Emergency Department, Matthew said that the most focus remained on the four-hour target, and performance was broadly good, although there remained some areas where there was still work to do.

31.4 Matthew said that local targets were being reviewed to ensure they were correct before the beginning of the new financial year. The Chairman expressed thanks to Matthew for a strong executive summary. He also asked that further information be added to those areas rated red to explain what action needed to be taken to correct matters.

#### 12/44 Board Governance Assurance Framework

44.1 David Seabrooke drew attention to the requirements for action plans set out on page 5, which he described as statements of what we would need to achieve in order to meet best practice. In short, it was the responsibility of the Board to charge the Executive Directors to deliver those action plans that would take the Trust towards a green rating and therefore a good assessment.

44.2 The second page of the report gave a summary of the process, and David said that he would expect the formal assessment to start sometime in April, with a view to finishing in June/July. The BGAF would be an item for discussion at the Board to Board meeting later in the year.

#### 12/45 Finance and Cost Improvement Programme Report – Month 11

45.1 Richard Martin informed the Board that the Income & Expenditure position for the month showed a deficit of £348k, with the year to date surplus being £561k, £240k better than the planned position. The planned CIP target would be achieved.

45.2 It was noted that a recent edition of the Health Service Journal (HSJ) had shown the Trust as underspending on staff costs. The article had been inaccurate, however, in that the

figure had represented those CIP targets that could not be formally attributed to any single budget, e.g. reduction in agency spend.

- 45.3 In answer to a question from Peter Freedman about the CIP target for next year, Richard confirmed that when the Trust started to recruit to vacant posts there would potentially be a problem, and this would mean that CIP targets would therefore pose even more of a challenge in 2012/13. Peter asked why targets appeared to have been achieved to well over 100% in some areas but well under in others, and Richard replied that historically some areas had been better placed to deliver than others, but also CIP schemes were constantly subject to change.

#### 12/46 2012/13 Draft Budget Proposal

- 46.1 Introducing this item, Richard Martin said that the budget proposal for next year made the assumption at the Trust would be successful, through its contract negotiations, at generating the level of income required to make it consistent with the long term financial model and the operating plan submitted to NHS London earlier that month.
- 46.2 Richard outlined the risks associated with the proposal, which centred around agreement over income, delivering the CIP, maintaining a vacancy factor on top of the existing CIP target, plus additional cost pressures over and above the sum set aside to cover, for example, the achievement of 7/7 working.
- 46.3 Recognising the limited scope for flexibility in the financial plan for 2012/13, Peter Freedman asked whether there was any possibility of considering pay reductions. Yi Mien reminded the Board that the organisation was bound by national pay and conditions agreements, but that it should be possible to look at bandings, and to that end benchmarking with other trusts was underway.
- 46.4 The Board agreed the draft budget proposal, noting the not inconsiderable risks set out by the Director of Finance.

#### 12/47 Service Line Management Reports

- 47.1 Richard Martin said that there had been a reclassification of some costs, and some tightening up of DH costing guidance, however the overall position remained the same. In the past there had been a blanket 30% [target?] and Appendix 3 set out options as to how this might be amended. There arose then the question of whether or not to set a target contribution.
- 47.2 Peter Freedman said that he had been encouraged by progress to date and recommended Option 2 in the short-term and Option 3 in the longer term, i.e. once all could be confident about the data. This would therefore result in going forward with Option 2 in 2012/13 and Option 3 in 2013/14.

#### 12/48 Single Sex Accommodation Declaration

- 48.1 Matthew Boazman reminded Board members that the Trust Board had a statutory duty to sign off this declaration annually. There had been nine breaches over the previous year, all of which had been unavoidable on clinical grounds. The Board agreed the declaration, having satisfied itself there were appropriate processes in place for investigating and declaring breaches.

#### 12/49 Outpatient survey and action plan

49.1 The action plan was not yet ready for discussion at the Board and therefore it was agreed it would be placed on the agenda for the April meeting.

12/50 CQC Compliance action plan

50.1 The action plan had been developed and submitted to the CQC. Its implementation would be monitored via the Patient Experience Steering group and ultimately by the Quality Committee. The Board noted the significant number of action plans required in recent months; Nutrition, Mental Health, Radiology , as well as responses being required for the out-patient satisfaction survey, the in-patient survey, and the cancer survey.

12/51 Communications Strategy

51.1 This item was deferred to the next meeting.

12/52 Accountability Agreement

52.1 The Accountability Agreement was ratified by the Board.

12/53 Medical Re-Validation

53.1 Summing up progress to date on medical revalidation, Celia Ingham Clark informed Board colleagues that

- Medical re-validation was underway
- Whittington health had been rated green
- All but one (over 99%) had had their appraisal
- This year an audit of every doctor's appraisal had been carried out and the results fed back to every appraiser and appraisee
- It might be necessary to purchase some software to support the process.

12/54 Islington Safeguarding and looked after children inspection

12/55 Bronagh Scott drew attention to the very positive Ofsted report received on Islington services, which had been particularly complimentary about joint working between health and local authority.

12/55 Questions and Comments from the floor

55.1 Sue Rubenstein, standing in for the Chairman, apologised for there being no time for questions or comments from members of the public due to the late running of the meeting. She invited anyone with any questions to submit them to Kate Green who would ensure they received an answer.