

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.30pm on Wednesday 27 June 2012 in the Whittington Education Centre

Present:	Joe Liddane	Chairman
	Robert Aitken	Deputy Chairman
	Greg Battle	Executive Medical Director, Integrated Care
	Maria da Silva	Chief Operating Officer
	Peter Freedman	Non-Executive Director
	Sue Rubenstein	Non-Executive Director
	Yi Mien Koh	Chief Executive
	Paul Lowenberg	Non-Executive Director
	Richard Martin	Director of Finance
	Bronagh Scott	Director of Nursing & Patient Experience

In attendance:	David Seabrooke	Company Secretary
	Caroline Allum	
	Senga Steel	
	Siobhan Harrington	Director of Strategy (for item 12/105)
	Fiona Smith	

Secretary:	Kate Green	Secretary to the Board.
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12/94 Welcome and apologies

94.1 Apologies for absence were received from Anita Charlesworth, Jane Dacre and Celia Ingham Clark. The Chairman welcomed staff and members of the public who had come to observe the meeting.

12/95 Declaration of interest

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

12/96 Minutes of the meeting held on 23rd May 2012

96.1 74.2: It was noted that Fabienne Palmer was an account manager for BT.
87.7: It was agreed to change the word 'exacting' to 'stretching'.

96.2 Other than the amendments above, the minutes of the May meeting were approved.

12/97 Action log

97.1 The Chairman informed Board members that the format of the action log had been changed in order to better reflect progress made since the previous meeting.

97.2 Moving on to specific items:

63.8 It had been decided that a deep dive into Haringey community services was not a priority at the present time.

81.1 Although not to be a post jointly held with the local authority, it was noted that emergency planning post had been advertised and it was hoped to appoint soon.

92.1 The Chairman would address this as part of his next round of communications.

12/98 Chairman's Report

- 98.1 The Chairman stressed how busy the Trust had felt over the preceding month, and he was aware of some strain and capacity issues. On behalf of the Board, he continued to meet with staff and other groups of people and he told Board colleagues an anecdote from a recent meeting with student doctors.
- 98.2 In some areas morale was hard at present, and the Chairman stressed the vital importance of good communications at such times, as this can have a positive effect on raising morale.

12/99 Chief Executive's Report

- 99.1 Yi Mien Koh began her report by paying tribute to all who had contributed to the creation of the new sensory garden, in particular Marjorie Isabelle who had worked ceaselessly on the project.
- 99.2 The Care Quality Commission (CQC) had just completed a 3 week review of Haringey children's services. The initial (verbal) feedback had been positive, and Yi Mien described this as an accolade to the staff there. The draft report was expected in 2-3 weeks' time and the final version in August, and it would therefore come to the Board in September. Maria da Silva added that Maggie Buckell and the local authority Director of Children's services in Haringey had begun a series of meetings with staff throughout the borough, and the first of these had been extremely well received.

12/100 Patient Story

- 100.1 Jennie Williams introduced Teresa Coe from the complex continuing care team and Niki Shisler, the mother of Felix, a thirteen year old boy with nemaline myopathy, a rare form of muscular dystrophy. Felix's twin brother Theo had died at seven months, and Niki and the boys' father had been given the choice of taking Felix home and 'letting him go peacefully', or putting him through extensive treatment. Their having chosen the latter, Felix's needs on discharge were assessed by Camden & Islington Health Authority, who built a team around him. Niki described her son's care as 'the best example ever of what the NHS at its best can be.
- 100.2 Felix, Niki explained, is not just alive but thriving, he goes to school and on holidays, has friends, and plays sport from his wheelchair despite being on a ventilator full-time. The whole family benefits from his care, the other children are doing well, and his parents can be just that rather than his carers. The cost of care is extensive, but not as expensive as it would be were Felix having to spend three months in an intensive care unit every year. Niki believes that the complex care team to be 'a world-beating service', and said that she knew of no other team that could provide such care.
- 100.3 In answer to a question from Greg Battle about what made the team so good, Niki replied that it was run by community nurses who oversee the work of carers who accompany Felix everywhere. She added that the package of care was constantly re-assessed. Should secondary care become necessary, Felix has a referral letter stating that he needs to be admitted to Great Ormond Street as UCLH is not equipped to treat him. Great care is taken to guard against hospital admission however so such episodes (other than for routine operations) are rare.
- 100.4 The Chairman thanked Niki for this illuminating account.

12/101 Quality Committee Report

- 101.1 Introducing this item, Bronagh Scott informed committee members that the committee had expressed great concern that they were unable to provide assurances around training for child protection and had felt this should be escalated to the Board. This was linked to some issues around the electronic staff record (ESR) on which the committee had requested an action plan be brought to the next meeting. Sue Rubenstein added that there were in fact two linked concerns, one being the lack of assurance around training compliance, the other being the manual record-keeping staff were having to do.
- 101.2 Maria da Silva said that another issue of concern was new birth visits in Islington; there were vacancies within the health visiting team and the division was finding it very difficult to recruit. There was in fact a drive across London to encourage people to enter health visiting as a profession.
- 101.3 Bronagh Scott also drew attention to some of the good work which the committee had celebrated, in particular citing the annual report on research and innovation, which demonstrated, Sue Rubenstein said, that the Trust was 'punching well above our weight'. The committee believed that the Trust's becoming an ICO had strengthened work in this area, an example being the self-management of some conditions.
- 101.4 It was noted that the dashboard was being refreshed and that a new version was to be made available for the July meeting.

12/102 Quality Account

- 102.1 Caroline Allum described the vast amount of high quality work contained within the Trust's Quality Account for 2011-2012. In particular, she mentioned the British Journal of Nursing prize awarded to the Lymphoedema service in April 2012.
- 102.2 Senga Steel described the process of creating the document. There had been a survey of all staff across the ICO as well as meetings with external stakeholders. Caroline had visited all divisional boards, and the document had been discussed at both the Executive Committee and the Quality Committee.
- 102.3 Greg Battle praised the content of the document, but expressed a mild concern that some of the pictures contained therein were a little archaic, whilst acknowledging that it might be difficult to change these at this stage in the document's production.
- 102.4 Yi Mien Koh expressed her admiration for the work described in the document, adding that it was important all staff had access to a copy. The Chairman suggested consideration should be given to a shorter version for the public. Maria da Silva added that feedback from the Monitor review earlier that day had proved that staff knew the Trust's strategic objectives but were less clear of its quality objectives.
- 102.5 Sue Rubenstein said that she had been particularly impressed with the breadth of the consultation undertaken during the process of producing the Quality Account.

12/103 Performance Dashboard

- 103.1 Maria da Silva opened this item by introducing interim head of performance Luisa Struffolino. Interviews for the permanent position would be held on 12th July, and Maria was confident an appointment would be made. The role had been created to inform the Board and ensure an integrated and clear report across the Trust, with performance, quality, staffing and finance all contained in the one document.

Additionally, Maria wished to improve culture, with, for example, performance reports being created for consultants.

- 103.2 The new integrated dashboard would be brought to the Board at its July meeting, and would contain data for both May and June. Thereafter, the dashboard would show data just one month in arrears.
- 103.3 The dashboard produced for this meeting, which analysed data for April, showed issues within the Emergency Department (ED), where the 95% target had not been met (it was possible this might equally be an issue in May although the data for that month had not yet been validated). The commissioners were however sympathetic to the pressures on the Trust, and had interceded with NHS London on the Trust's behalf. The chief reason for the failure to meet the target had been the closure of some orthopaedic and medical beds, which had caused a bottleneck in ED.
- 103.4 There was continued growth in activity in the Urgent Care Centre (UCC), and work was in hand to ascertain whether this was happening because people were having difficulties making appointments to see their GPs or whether they were using the service in preference to primary care.
- 103.5 It was noted that daily board rounds had been introduced in all areas bar respiratory, these were designed to 'trouble shoot' blockages to discharge, i.e. unpick reasons for patients who might otherwise have been discharged remaining on wards. They were consultant-led, and designed to be challenging. All meetings were recorded so that staff could audit the reasons for blockages.
- 103.6 Referral to treatment was now being monitored specialty by specialty, and performance was now back on track. For follow-up ratio, diabetes remained a problem due to difficulties over discharges.
- 103.7 Consultant 7 day ward rounds had begun in surgery this week, however there had been no applicants for the ED posts, and it was proving impossible to recruit even locums. Recruitments in medicine should make the 7 day target achievable within that division.
- 103.8 Peter Freedman had reviewed the ICIST's report on the Trust's emergency care service, noting that a need for consultant leadership had been identified. In response, Maria da Silva said that a steering group was now in place led by Celia Ingham Clark, and there was full engagement across disciplines. Delia Thomas was leading the work, alongside the clinical leadership of Richard Jennings and Rachel Whale. The project on fractured neck of femur was also important. Overall, progress was positive.
- 103.9 Bronagh Scott highlighted the importance of the ward sister role, and the desire to move towards nurse-led discharge. Maria da Silva expressed her agreement with these points, saying that nurse-led discharge was desirable particularly at weekends, and adding that a purely consultant-led discharge service was not affordable.
- 103.10 Referring back to the earlier conversation about the UCC, Maria da Silva informed Board members that she had asked to commissioners to conduct a review of its usage given that it had now been open for around one year. She added that data showed patients did not appear to be using the service regularly, it was more a case of an increased amount of one-off attendances.
- 103.11 Within the ED, it was acknowledged that when staff become extremely busy, they do concentrate, of necessity, on the 'majors' – those with the greatest clinical need, and this can result in those with less serious needs being left for longer thus increasing waiting times. The department was working towards the introduction of a 'pit stop'

system during peak hours. The main difficulty, however, was not having the resources to make the changes that would solve the problem.

103.12 In answer to a question from the Chairman about when the service might again be meeting its performance targets, Maria da Silva said that it was at present, however targets had been achieved over periods of time in the past but the position had slipped so it was unwise to become complacent. She was confident that the Trust would reach 95% for the year end, and hoped to achieve more. Additionally, the Trust had learned much from the last tranche of bed closures, and would do things differently next time.

12/104 Financial Report

104.1 Richard Martin began this item by reporting back discussions held to resolve the substantial under-achievement on CIPs. Lead managers were required to report back the following Tuesday (3rd July) with a forecast for each CIP area, an explanation for any variance, what would be necessary to resolve the position and, where necessary, details of substitute schemes. Severance costs were also being reviewed to ensure there was no risk of over-commitment. CIP was the most dominant feature of the LTFM plan, and credible mitigation would be required if plans were not achieved. Maria da Silva added that the CIP board was now meeting fortnightly and that its membership had been increased. Richard Martin said that if the position did not improve consideration would have to be given to reinstating the vacancy scrutiny panel or some similar mechanism.

104.2 In answer to a question about the size of the corporate income (figure 3 on page 4) Richard explained that this covered income which straddled more than one division or directorate and was therefore recorded centrally in this way.

104.3 There had been an increase in the use of agency staff, and there was therefore a clear need to review the reason for this, reduce the level of usage, and work towards a zero tolerance position.

104.4 Returning to discussion of CIPs and referring to table 9 on page 9, Peter Freedman asked why procurement was showing as 53% delivered and other areas as nil. Richard explained that CIPs for this year had been submitted very early, and in some cases had lacked the necessary detail to ensure robust delivery, others had merely been slower in implementation. For the divisions, it was necessary to strike a balance between granting autonomy and the need to make rapid progress.

104.5 Paul Lowenberg asked whether there was an accountable lead for each CIP scheme, and Maria da Silva assured him that there was. Paul also expressed concern at the lack of progress on the management of consumables workstream. Richard Martin explained that the CIP meeting the previous day had not addressed each scheme in detail but had focused on actions that needed to be taken by all to improve the position, as described in 104.1 above. Maria da Silva would check the position on the management of consumables workstream.

12/105 Annual Report

105.1 Siobhan Harrington said that the Annual Report had been to the Audit & Risk Committee, and any comments on it should be sent to her within the next few days. The Chairman admired the presentation of the report, and reminded Board members that the Annual General Meeting would take place on 20th September.

12/106 Audit & Risk Committee Report

- 106.1 Peter Freedman informed Board colleagues that the meeting which had taken place on 1st June had been an atypical one in that it had focused on the annual accounts. He also said that the external auditors had expressed very positive appreciation of the work of the finance directorate. The audit had been trouble free.
- 106.2 Recording his personal thanks to Richard Martin and his team for the work they had put in on these, Peter recommended adoption of the annual accounts. This was agreed by the Board.

12/107 Foundation Trust Application Progress Report

- 107.1 Introducing this item, Fiona Smith said that there had been some progress since her report was written. She would be concentrating on three main items, the Board Governance Assurance Framework (BGAF), Monitor Quality Governance Framework (MQGF) and the Accountability Agreement and TFA.
- 107.2 In relation to the BGAF, the Board had received presentations from Ernst & Young and RSM Tenon, both of which had made positive comments about observations made and staff they had conducted interviews with. For the MQAF, the Trust had been given a score of 2.5. This did constitute a slight reduction from the Trust's own scoring of 3, however it meant that the Trust had passed the self-certification review. That review would now be sent to NHS London who will in turn review it as part of their quality gateway review. An action plan would now need to be developed.
- 107.3 The Board had received Version 2 of the Integrated Business Plan and Long Term Financial Model and discussed both at a board seminar and private meeting. They had been approved with the caveat that further work needed to be carried out in some areas including the development of a 5-year CIP. The Board would receive more detail prior to the gateway review at the end of July.
- 107.4 Fiona reminded Board members that the TFA was updated monthly and constituted an assessment of the key milestones to be achieved during the FT application process. This was then RAG-rated by NHS London and submitted to the Department of Health (DH). Overall the Trust was rated as amber-red, this was because the due diligence process had been delayed, despite the fact that this delay had not been of the Trust's making.
- 107.5 The Accountability Agreement is the assurance mechanism developed by DH, again a set of key milestones. The dates are inconsistent, and this has been raised with NHS London, as the Trust is not allowed to change either document. The Trust is required to report progress against these milestones quarterly, and the first of these reports would be submitted in July.
- 107.6 Appendix 3 shows the quarterly report the Trust has to submit. HDD1 was due in June, and the post-consultation report on the MQAF report would come to the Board in July. Delivery of the CIP was now the key risk, both in-year and against the 5-year strategy.
- 107.7 The Chairman summed up the position, saying that although there were some concerns, the Trust was progressing well along the journey to FT status. He acknowledged the current lack of capacity and expressed his to Executive colleagues.

12/108 Committee Membership and Terms of Reference

108.1 David Seabrooke had circulated two papers, one which set out NED membership of the four Board sub-committees, and the other which set out the terms of reference for the new Finance & Development sub-committee which was due to meet for the first time on 9th July. Both were approved by the Board.

12/109 Communications from today's meeting

109.1 Following the meeting, the Chairman would meet Kathleen Kelly, Communications Manager off-line to discuss content of the next issue of Board Matters. Kathleen said that this publication had been positively received. It was not known how many staff accessed the e-mail version, but it was possible to check the number of hits on the website.

109.2 The following were suggested as items for inclusion in the next issue:

- Quality Account and governance
- Progress with the FT application
- CIP, in terms of the Trust's use of resources to provide services, and the obligation to use public resources responsibly
- CCGs.

110.3 It was agreed to postpone publication of the CQC visit to Haringey children's services until the written report had been received.

12/110 Questions/Comments from the floor

110.1 Members of the public raised the following points and questions:

- Much work was going into increasing FT membership, including visiting health centres and at the recent Highgate Fair, however work still remained to fully explain – including to staff – what a FT was.
- Consultant to consultant referrals, which the dashboard showed the Trust was working to reduce, could in some instances be beneficial to the patient
- The Trust should increase the size and range of its own bank rather than using agency staff
- On use of the UCC – in Valerie's practice it can be very difficult to get through on the telephone and if you cannot get through you cannot make an appointment
- Would like to know why it takes 5 working days to get an electronic copy of an X-ray to the GP
- Following the media coverage of the South London Hospital's financial concerns Whittington health should consider issuing a statement of reassurance for staff and public
- Staff should be asked in what areas they feel the use of agency staff might be reduced
- Is there a case for making a report to the National Commissioning Board?

110.2 The Chairman and Executive team responded as follows:

- The Chairman expressed his thanks to Margot and her colleagues for all their hard work on increasing FT membership.
- It was felt that sending patients back to their GPs was on most occasions more clinically appropriate.
- There was absolute agreement that bank staff should be used rather than agency.
- It was acknowledged that in some cases the 48 hour target had made it hard for people with chronic conditions to get a GP appointment.

- X-rays – delays occur because when completed they need to be examined by a consultant. It can also take longer if the practice is not linked to the same system.
- Agreed that issuing a statement would be a positive step to take.
- Agreed that consulting staff regarding the use of agency can be productive and in some areas this is already happening
- Consideration would be given to whether or not to write to National Commissioning Board.