

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.00pm on Wednesday 25 July 2012 in the Whittington Education Centre.

Present:	Joe Liddane	Chairman
	Robert Aitken	Deputy Chairman
	Greg Battle	Executive Medical Director, Integrated Care
	Anita Charlesworth	Non-Executive Director
	Maria da Silva	Chief Operating Officer
	Jane Dacre	Non-Executive Director
	Peter Freedman	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	Interim Company Secretary
Secretary:	Kate Green	Secretary to the Board.

12/111 Apologies for absence

111.1 Apologies for absence were received from Sue Rubenstein, additionally from Richard Jennings and Marisha Ray.

12/112 Declaration of interests

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

12/113 Minutes of the meeting held on 27th June 2012, matters arising and action log

113.1 Note 101.1 It was noted that the Electronic Staff Record (ESR) was to be discussed in detail at the Quality Committee meeting to be held on 31st July.

Note 102.1 The shorter version of the Quality Account had been produced and was made available to all at the meeting.

Note 103.1 Maria da Silva had appointed to the head of performance post. No definite starting date had yet been confirmed, but it was likely to be in October.

Note 103.10 A meeting had taken place with the commissioners at which UCC usage had been discussed, and it had been agreed this would be the subject of further discussion at the Transformation Board.

113.2 The notes of the meeting held on 27th June 2012 were approved.

113.3 All the issues mentioned within the action log were already scheduled for discussion as part of existing agenda items.

- 113.4 It was noted that a paper on reviewing the staff bank as part of the efforts to reduce agency spend would be taken to Executive Committee by the end of August and there would be an update for the Board at its September meeting, and possibly earlier for the Finance & Development sub-committee. In terms of the future of the staff bank, Robert Aitkin suggested that options wider than just Whittington Health be considered.
- 113.5 Although the Trust had not used a statement about its financial viability following the media coverage of the South London Trust, it was felt that events had moved on considerably since that time, and the most important issue at stake was to ensure confidence in the FT application.

12/114 Chairman's Report

- 114.1 The Chairman had met with the Chairmen of two neighbouring local Trusts, North Middlesex, where there was currently some doubt about that organisation's trajectory towards FT status, and the Royal Free, who had voiced strong support for the Whittington's FT application and shown a desire to work collaboratively with it as an organisation of equal status. The Royal Free's Chairman, Dominic Dodd, was regularly invited to speak to aspirant Foundation Trusts, and was keen to be invited to speak to Whittington Health colleagues. It was suggested he might be invited to attend a Board seminar in the autumn.
- 114.2 Since his previous report the Chairman had held seven of his regular meetings with staff groups, five in the community, and two in hospital. In all around 60 staff had attended. The meetings had been largely positive, with staff voicing their pleasure at being part of Whittington Health and, in the case of community staff who had fairly recently transferred to the Trust, urging the organisation to retain them. Complimentary statements had been made about management engagement and clarity of intention, knowledge of the FT application process and the rationale behind it had been ably demonstrated, and one colleague had voiced the opinion that not enough was done to celebrate success. Deborah Goodhart regularly accompanied the Chairman to these meetings and would follow up on this.
- 114.3 Whittington Health was however seen by some community staff as remaining resolutely 'hospital-centric'. There was a particular issue around hospital-based support services, which staff who needed assistance being advised to 'drop in during your lunch break' – not easy to do when your base is perhaps a 45 minute bus ride away. Great Ormond Street staff used to regularly base themselves within community services in order to ensure their continued visibility, and it was suggested that Whittington colleagues might do likewise.
- 114.4 Staff had also fed back a strong message about feeling 'constantly in transition' regarding IT services. This particularly affected people with clinical roles who were being forced to spend their time doing basic administration tasks, and it was felt that it ought to be possible to let them know when this situation might improve. Finally, the Chairman said that communications was still an issue which was raised in every meeting, and there was a perception that the management cascade was not entirely effective in all areas. He assured the Board that Deborah Goodhart would remind managers of its importance, and said that he would continue to receive these messages on behalf of the Board.

12/115 Chief Executive's Report

- 115.1 Yi Mien Koh began her report by announcing the appointment of Martin Kuper as the Trust's new Medical Director – he will take up the position from 1st October. Yi Mien paid tribute to the huge amount of work Celia Ingham Clark had contributed as Medical Director since 2004. David Seabrooke would also be moving on to a new position in the West Country from the end of the month, and Yi Mien thanked him for the part he had played in ensuring the smooth running of the Board and Executive Team since his appointment. Interviews for the post would take place mid-August. Siobhan Harrington would be taking up post as Programme Director for Barnet, Enfield & Haringey Strategy from 1st August, and all good wishes were extended to her for this new role. Finally, Maggie Buckell had announced her retirement from the post of Director of Operations for the Women, Children & Families Division with effect from October.
- 115.2 It was noted that the Olympic flame would be coming to Haringey later that day and to Islington tomorrow.
- 115.3 Greg Battle reported on an extremely successful recent event for local GPs and consultants held at Lauderdale House. There had been a good turnout, which had included all the GP commissioning leadership and some 35 consultants, and it was planned to hold further such events during the remainder of the year. The Chairman described this as an excellent example of collaborative working.

12/116 Patient Story

- 116.1 Jennie Williams introduced the sixth in the series of patient stories brought to the Board. She reminded Board members that they had made a commitment to review the programme after six stories had been received, and said that she would welcome feedback either in person or via e-mail. She went on to introduce Cassie Williams who had interviewed the patient featuring in that day's story.
- 116.2 Cassie Williams, newly appointed Head of Patient Experience, introduced the story of 'Sarah' (not her real name) a bariatric patient who had made a complaint to the Trust several weeks ago. The complaint had centred on an unacceptably long wait for surgery, coupled with the failure of staff either to take responsibility for her care and treatment or to properly communicate with her about it. She did however single out for praise two clinical staff members (a nurse and a dietician) who had done their best to resolve matters for her.
- 116.3 During the course of their conversation Cassie had asked Sarah to let her know what changes could be made within the system to improve her experience as a patient within the service. Sarah listed the following:
- ensure that everyone working in administration has a thorough awareness of the booking process
 - all staff to introduce themselves to patients
 - staff to return calls when they have committed to doing so
 - consultants to respond to telephone calls and e-mails.
- 116.4 It was noted that all staff from within that service are being invited to attend customer care training, also that Sarah's story is to be told at the bariatric service meeting in September. Furthermore, Sarah had reported extremely positively on her experience as an in-patient, describing staff as 'fantastic, caring and kind'.

This message had been relayed to the staff concerned, as had Sarah's earlier feedback about the two clinical staff who had tried to resolve her difficulties when she had been an out-patient.

- 116.5 It was felt that the output from the Unipart work would go some way towards resolving the administration problem, since the new system would result in there being just one person in charge of a patient's care and they would know at all times what stage of the pathway the patient had reached. The system would change from being one where people managed a process to one where people managed a person. The pilot for this change would begin in September, and be fully implemented by the end of the year.
- 116.6 The Chairman urged Board colleagues to give Jennie their views on the programme of patient stories the Board had received over the previous six months. There would be opportunity to hold a full discussion about this at the September meeting of the Quality Committee.

12/117 Quality Committee Progress Report

- 117.1 The Chairman thanked Bronagh Scott for producing this clear report and invited questions. Referring to section 2.2 (hotspots) Maria da Silva suggested pressure ulcers should be listed as a concern in Islington now as well as in Haringey, and Bronagh agreed this was the case. She added that the intention was to carry out a benchmarking exercise around this area.
- 117.2 The Board reviewed the other hotspots listed on page 2 of the report. 2.2.5 was now out of date, however Bronagh explained that she maintains a list of areas the committee has considered throughout the year and all will be reviewed as part of the annual cycle. Regarding 2.2.3, it was likely that services at HMP Pentonville would remain high risk by nature of the environment and client group served there. There were also difficulties with recruitment and retention of staff.
- 117.3 Paul Lowenberg pointed out that the age of some of the data made it difficult to gain any meaningful impression of performance and quality. He was assured that this issue was being addressed and that the aim was for the Board to see data one month in arrears. From September, it was planned that data would be reviewed by Quality Committee and then come to the Board as part of the feedback from that committee.

12/118 Quality Governance Framework Action Plan

- 118.1 Introducing this item, Celia Ingham Clark confirmed that this action plan had already been signed off by the Executive Committee. It had not been discussed at Quality Committee due simply to the timing of the meeting.
- 118.2 The quality governance framework action plan was formally approved by the Board, and it was noted that its implementation would be monitored by the quality strategy group.

12/119 Performance Dashboard

- 119.1 Maria da Silva reminded Board colleagues that the report which had been circulated was the first integrated report produced, and her staff would welcome feedback both on the subjects contained therein and its emerging form.

- 119.2 In answer to a question from Celia Ingham Clark about the appointment of a spinal surgeon, Martin Kuper replied that the appointment was a joint one with Queen's Square, and there had been some delay for this reason, although the process was the subject of active negotiation. He also assured Celia that the cause of cancer waits had been escalated.
- 119.3 Within community services, it was noted that all MSK appointments were now being offered within six weeks and the backlog had been cleared. There had however been an increase in DNAs, due in part to some patients becoming better prior to their appointments. Maria da Silva added that a project had been started with local GPs, gymns etc and there was general acknowledgement that the service was performing well. The podiatry service was also back on track, however there was soon to be a meeting with the commissioners as the specification was to be changed.
- 119.4 It was noted that the data dictionary was to be updated.
- 119.5 Paul Lowenberg expressed concern about the lack of workforce data shown on the dashboard; in response Luisa Struffolino said that data was two months in arrears and required adjustment prior to its being incorporated. Yi Mien Koh agreed that the lack of data for this area was unacceptable and that every effort must be made to remedy this prior to production of the next report. Anita Charlesworth added that those producing the data needed to be aware of the importance of its accuracy and timeliness in relation to the Trust's application for Foundation Trust status.
- 119.6 There was general agreement that the form and content of the dashboard represented a positive step forward, although further thought needed to be given to some of the indicators included. Celia Ingham Clark stressed the importance of using statistical progress control. In answer to a question from Maria da Silva concerning the timing of the independent review of the information team, Luisa said that meetings were due to commence the following week.
- 119.7 Celia Ingham Clark also raised the importance of linking the information in this report to the metrics which were to be used to support the Quality Strategy. These metrics were on the agenda for discussion at the Quality Committee to be held at the end of the month. Bronagh Scott reminded Board colleagues that there was to be a national quality dashboard from April 2013 and compliance with the requirements governing that would be mandatory.

12/120 Financial Report

- 120.1 Introducing this item, Richard Martin said that the year to date position included non-recurrent adjustments of some £750k, and without these the year to date position would be showing a deficit. Income for the contract with North Central London was on target, and for non-NCL services better than forecast. There had also been some improvement in the CIP target this month.
- 120.2 Richard explained the methods used for financial risk rating, which formed part of the assessment and monitoring process for Foundation Trusts. For the year to date and forecast positions Whittington Health had been rated as a 3, or acceptable level of risk, however the liquidity component had slipped to almost a

2, which in turn would bring the overall rating down to a 2. To score 2 twice consecutively jeopardises the overall score.

120.3 The Chairman asked for assurance that all staff were fully aware of the detail of the financial position relating to their own budget lines. Richard Martin was happy to provide such assurance, but added the rider that detailed knowledge did not necessarily guarantee the ability to find a solution. The Chairman also asked about the aim of the project to reduce agency staff, and Richard replied that the aim was to minimise agency staff usage as far as possible although it was recognised that total cessation was impossible due to the need for cover within specialist areas. Celia Ingham Clark added that revalidation was likely to have an adverse effect on the availability of locum doctors.

12/121 Audit & Risk Committee Report and Annual Report 2011/12

121.1 Introducing this item, Peter Freedman explained that the Board was receiving minutes of the meetings which had taken place on 10th May and 1st June, and a summarised account of the meeting held on 11 July. Also contained within the Board papers was the annual report of the work of the committee. It was noted the audit function had moved from the Audit Commission to KPMG but that there had been no change to the key personnel managing the account. There being no questions, the Chairman thanked Peter for his report.

12/122 FT Application Progress Report

122.1 Richard Martin informed Board colleagues that the Tripartite Formal Agreement (TFA) was running to scheduled. The TFA now included a section showing where the Trust had been assessed as 'performance under review' (ED and CIP) and where it would be necessary to take the necessary action to remedy the position of these areas over the next 2-3 months.

122.2 Historic Due Diligence 1 had now been completed, and the first draft report had been received by the Trust. A series of actions had been agreed and would be addressed before the 'readiness' meeting in September. The review was felt to have been largely positive.

12/123 Barnet & Chase Farm NHS Trust

123.1 A letter had been received from the Chief Executive of Barnet & Chase Farm NHS Trust inviting Whittington Health to enter into a partnership arrangement with them in order to increase their viability as a potential Foundation Trust.

124.1 Following discussion, it was agreed that to enter into any such arrangement might delay – or even jeopardise – Whittington Health's existing FT application, and it was therefore agreed to decline.

12/124 Communication from today's meeting

124.1 The Chairman informed Board members that he continued to receive positive feedback on 'Board Matters'. The following items were suggested for inclusion in this month's issue:

- the message that further work needed to be carried out on CIPs
- the patient story heard at the beginning of the meeting

- the positive way complaints are now handled and the positive turnaround of that process
- Barnet & Chase Farm, in a manner which would serve to update staff of our own FT application
- the Quality Account and action plan, inviting people to give their views.

12/125 Questions/comments from the floor

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

- Margot Dunn had visited six health centres that month gathering FT members. She said that recruitment in Islington had been without problem, the place which had presented the most difficulty was Highgate.
- Margot also enquired how many Board members were aware that the week beginning 9th July had been National Transplant Week as she had seen no publicity around Trust premises.
- David Emmett asked whether, if there were plans to put the staff bank out to contract, this did not constitute 'agency' under another name
- David also asked whether taking the dashboard report to Quality Committee prior to its being discussed at the Board might present new difficulties in terms of timing
- David asked specific questions on figure 8 and 10.2 in the financial report.

125.2 The Chairman and Executive team responded as follows:

- The Chairman paid tribute to Margot Dunn's work in recruiting FT members.
- Some but not all of the Board had been aware of National Transplant Week and it had been marked in some parts of the hospital
- Contracting out the staff bank did indeed represent a form of agency working, however this point had been made and this way forward was only one of a number of options being considered.
- Taking the dashboard to the Quality Committee prior to the Board was being tested, it was hoped this sequence would prove to be of help for members
- The figures queried in the financial report represented a negative in the month but a modest surplus by the year end.

**Whittington Health
Trust Board Action Notes 2012-13**

This paper provides an update on progress on actions outstanding from May 2012 to July 2012 and identifies new actions arising from the latest meeting held on 25th July 2012.

Ref.	Outstanding Action	Timescale
82.5	Director of People to give a progress report on the Workforce Strategy later in the year <i>No update yet required</i>	October 2012 MB
110.1	To look at increasing the size and range of the staff bank and thus reduce dependency on agency staffing, and to consult staff over areas where agency use might be reduced	Ongoing MB

Actions arising from the Trust Board meeting in public on 25th July 2012

Ref.	Decision/Action	Timescale	Lead
113.1	Use of the UCC to be discussed at the Transformation Board	Sept. 2012	MdS
113.4	Paper on the staff bank to be taken to the Executive Committee in August and Board to be given an update in September	Sept. 2012	MB
114.1	Chairman of Royal Free to be invited to attend a Board seminar in the autumn	Sept. 2012	YMK
114.4	Consideration to be given to increasing the presence of support staff (finance, facilities etc) in community services	Ongoing	RM/PI
116.6	Board members to feed back their views on the programme of patient stories for the Board to Jennie Williams	Sept. 2012	All
119.1	Board members to feed back their views on the newly-produced integrated performance report to Maria da Silva	Ongoing	All