

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.00pm on Wednesday 26 September in the Whittington Education Centre.

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| 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 |
| | Celia Ingham Clark | Medical 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: Kate Green Business Manager, Nursing & Patient Experience

12/126 Apologies for absence

126.1 Apologies for absence were received from Sue Rubenstein.

12/127 Declaration of interests

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

12/128 Minutes of the meeting held on 25th July 2012, matters arising and action log

128.1 Under note 118.2, it was noted that the group referred to was the Quality Governance Group. Under note 119.6, there was a typographical error and the note should read 'Statistical process control'.

128.2 Other than these amendments, the minutes of the meeting held on 25th July were approved.

12/129 Matters arising & action log

82.5 The workforce strategy would be coming to the Board later in the year.

110.1 A working group has been established and a paper was presented to Executive Committee in August, which resulted in gaining approval for bringing bank pay rates in line with other Trusts. It is also intended to appoint a nurse manager to oversee bank working from a clinical perspective, and to extend bank hours. It was noted that agency usage and the staff bank was to be a major item for discussion at the Finance & Development Sub-Committee on 8th October.

113.1 It was noted that the UCC had not yet been discussed at the Transformation Board; this was because the first meeting of that group had concentrated solely on its terms of reference, and the second on growth proposals. Maria da Silva said that the UCC could be put forward for discussion at the October meeting, however the Trust did not set the agenda therefore discussion could not be guaranteed.

114.1 The Chairman of the Royal Free had attended the most recent Trust Board seminar and the meeting had proved most useful. Additionally, Fiona Smith had met the Trust's Director of Planning, Kim Fleming, and the two had now established regular contact.

114.4 Support Staff – Consideration to increasing the presence of support staff at community sites remained ongoing, in the meantime Phil lent was exploring the possibility of providing on-line ordering services for such commodities as name badges and pay slips. Maria da Silva pointed out that the Human Resources Directorate already carried out a considerable proportion of its work within community services, with several of the team based there.

116.6 Patient Stories – A paper had been presented to the Quality Committee on 31st July which reflected the comments Jennie Williams had received from Board members. In summary, the consensus favoured continuation of patient stories using a variety of media.

12/130 Chairman's Report

130.1 Introducing his report, the Chairman reminded Board colleagues that all meetings and activities carried out as Trust Chairman were done so on behalf of the Board. Recently, he had sat in on a child protection group at North Middlesex, where discussion of every individual case had taken place, and he had been struck by the levels of deprivation he had witnessed. The meeting had proved both insightful and reassuring, therefore time well spent.

130.2 Bi-monthly meetings with staff continued to take place, and most striking was the amount of activity being undertaken at present. The Chairman had been reassured known risks were being mitigated against and there was recognition that there was always room for improvement in any service provided, although he had noted in recent meetings that several areas gave extremely positive reports of their services. He had noted however that morale remained fragile in some parts of the organisation.

130.3 The Chairman had recently met with the Council of Governors, and there would be a joint meeting between that body and the Trust Board in December. The governors were currently planning and scheduling elections, and encouraging members to become governors. The Chairman paid tribute to all the work carried out by governors in their support of the FT application. There had also been a presentation from a governor who had carried out an in-depth study into the Trust's maternity services, during the course of which she had interviewed ten women who had recently given birth at the Whittington. Generally these women had reported extremely positive experiences of giving birth, however reports of post-natal care had shown him that there remained room for improvement there, and he had been particularly concerned by reports of poor staff attitude. The lead governor would be meeting the manager of that service in order to provide specific feedback.

130.4 In early September the Chairman had met with the Chairman of UCLH, and he reported that UCLH remained supportive of the direction Whittington Health was taking and looked forward to future collaborative working.

12/131 Chief Executive's Report

- 131.1 Yi Mien Koh began her report by drawing attention to its new format, which is based on the style used by NHS London who had recommended its adoption. The report itself, she said, was largely self-explanatory, and she invited questions on it.
- 131.2 Celia Ingham Clark informed Board members that on taking up his appointment as Trust Medical Director in October Martin Kuper should also become Responsible Officer for revalidation, and this was formally agreed by the Board.
- 131.3 Peter Freedman enquired about staff engagement, and in particular consultant engagement with the Unipart work. Maria da Silva replied that 45 consultants had taken up the offer to meet with the Unipart team either in groups or as individuals, and the implementation of the project had been delayed for two weeks in order to accommodate this. The formal consultation was launched on 18th September, and affected staff would be interviewed shortly after the end of the consultation period. Work on Phase 2 has begun with Radiology, starting with a meeting with the consultants.
- 131.4 Referring to section 4 of the Chief Executive's Report, Jane Dacre mentioned the development of the Local Education & Training Board (LETB), saying that there remained some lack of clarity over future arrangements. Current personnel would remain in place until the end of the financial year, with new appointments being made for 2013/14. Work was already being undertaken with the CCGs, but it was still necessary to maintain working arrangements with NHS London and North Central London. Bronagh Scott was thanked for ensuring there was an ICO representative on the LTEB, and she assured colleagues that Sue Tokley attended meetings regularly. Bronagh added that she had also recently participated in the appointment panel for a lead nurse for UCLP. It was also noted that Alwen Williams had been appointed Director of Development & Delivery (London) at the new NHS Trust Development Authority.
- 131.5 In answer to a question from Paul Lowenberg about seven day working, Celia Ingham Clark said that consultants had now been appointed for general surgery, and the medical ones would follow in the autumn.
- 131.6 Anita Charlesworth commented that the Board had not recently had the opportunity to discuss academic health science centres, and suggested this be included within the next round of Board seminars.

12/132 Quality Committee Progress Report

- 132.1 Introducing this item, Bronagh Scott informed the Board that the report circulated was that of the July Quality Committee. Based on recent feedback received from those observing meetings, including NHS London, reports would in future be much abbreviated.
- 132.2 Robert Aitken enquired whether the Trust had yet received a response to the Chief Executive's letter to the London Deanery about the loss of a training post. Celia Ingham Clark replied that she had been trying to arrange a meeting with the appropriate person at the Deanery to discuss this, however strictly speaking in terms of consultant numbers the Trust did not meet the criteria.

132.3 Bronagh Scott briefed Board members on the new arrangements for the committee. From the autumn, meetings would take place every two months, and on the months when there was no meeting, small teams of committee members would carry out a visit. The programme of visits would be organised through alignment of teams with the divisions. These visits were completely separate from the Patient Safety Walkabouts, which had themselves been revised and were now to be carried out using the '15 Step Approach'. Jane Dacre had been on a walkabout based on this method recently and pronounced it an interesting approach. The Chairman added that Board members had also recently been invited to participate in the programme of executive site visits, so there might be a small danger of duplication and this would need to be kept under review.

12/133 Integrated Performance Dashboard

133.1 Maria da Silva reminded Board colleagues that the dashboard remained a work in progress, although it continued to improve. The eventual aim was to move towards a more detailed electronic version where viewers could drill down to obtain more detail. Referring to the section on cancer, Maria said that the intention for future months was to provide figures with the rider that there had not yet been an opportunity to validate them.

133.2 Maria da Silva asked the Board to give its consideration to revising two targets. The first of these was the locally set (by the Trust) target of seeing 98% of outpatients within 15 minutes, which it was proposed to change to seeing 90% within 30 minutes, the accepted national standard. The second was to alter the categorisation of MRSA rates from suppression to screening. Revision of both targets was agreed by the Board, with the proviso that the position would be reviewed at the end of the year.

133.3 It was noted that theatres usage was showing as red due to the closure of some lists, and Celia Ingham Clark recommended that as this was potentially misleading it should be removed from the report. She added that there are also circumstances over which the Trust has no control, e.g. where a patient is suffering from a cold and therefore cannot safely be anaesthetised.

133.4 Although health visiting times remained a concern, considerable improvements had been made and the service was now on the correct trajectory. Some health visiting students were carrying out new birth visits, appropriately supervised. Maria da Silva reminded Board colleagues that the target for new birth visits in Haringey remained 28 days, although the aim of the Trust was for visits to be carried out within 14. There was however a national shortage of health visitors.

133.5 In answer to a question from Paul Lowenberg about complaints response times, Bronagh Scott acknowledged that there had been a deterioration, partly caused by the loss, over the summer, of some of the senior staff more experienced in dealing with complaints. She added that whilst response times were not ideal, one contributory factor was that there had been a move to improve the overall quality of responses, and this had caused delays due to the rejection of some initial drafts of responses. The Trust had however recently recruited to the key post of complaints manager, and Cassie Williams had also carried out some additional training sessions. There were some signs of improvement in August and September, and she would continue to monitor the position.

12/134 Patient Story

134.1 It was agreed that this item be deferred to the following meeting.

12/135 Child Protection Annual Report

135.1 Although this item had traditionally been received by the Trust Board, Bronagh Scott announced that it would in future be received by the Quality Committee and form part of that Committee's report to the Board. She then introduced Jo Carroll and Cressida Zielinski, child protection nurses.

135.2 Robert Aitken asked what assurances could be given to the Board about training. Cressida replied that one problem had been that staff had been recording training attendance using different systems, and work was in hand to standardise recording, which should provide more accurate figures; there had also been considerable joint working with the training and development team.

135.3 Anita Charlesworth praised the clarity of the report, and asked a question about the resourcing of the service providing assessment for children prior to adoption. She also asked about how staff dealt with cases where they felt there was evidence of neglect. In response, Cressida said that neglect tended to be a difficult issue since it was not by nature episodic, however advice and support were available for staff considering escalation. Additional training was also available from the local safeguarding boards.

135.4 Returning to the subject of resources, Maria da Silva said that she had recently visited the service in Haringey, and she confirmed there was a capacity issue. The service had presented a business case to the Trust Operational Board (TOB), and this needed to be refined prior to its presentation to Executive Committee. If approved, this would constitute an additional cost pressure, although there was the possibility of some match funding by the Local Authority. An update would be provided to Quality Committee at its November meeting.

135.5 In answer to a general question from the Chairman about the service, Jo Carroll said recent months had seen a big increase in joint working, and in the Islington and Haringey services learning from one another. Cressida spoke of the work that had been carried out on policies, working to local and national guidelines. There were however some changes expected to national policy which were likely to have an impact on local working, but the detail of these was not yet known.

12/136 Financial Report

136.1 Introducing this item, Richard Martin said that the report showed the Trust was showing an in-month surplus of £145k, with the year to date surplus of £1,289k. The year to date adverse variance was getting smaller. CIP performance had improved significantly, and there was confidence the target for 2012/13 would be met. There was however continued scope for improvement, and there were additional cost pressures, for example increased overspend in ED.

136.2 Speaking about the measures put in place to mitigate the risk of not achieving the planned surplus, Richard Martin informed the Board that the vacancy scrutiny panel had been reinstated, an enhanced CIP had been agreed, and specific plans were in place to

tackle overspending within nursing and midwifery. He added that there was a strong cash balance at present.

- 136.3 In answer to a question from Peter Freedman about what proportion of the CIP was recurrent, Richard replied that it currently stood at around 80% and it was hoped would reach 90% by the year end. Peter also asked whether there was any scope for movement on revenue, to which Richard replied that there might be from within Islington, additional funding had already been received for children's services, however he did not believe any such opportunity existed with Haringey.
- 136.4 In answer to a question from Paul Lowenberg about the project to reduce spending on agency staff, Bronagh Scott replied that the project group was meeting regularly, and she hoped to be able to demonstrate a marked decrease in agency spend over the last month or so. In addition, improvements had been made to the internal staff bank which significantly improved its viability as an alternative.
- 136.5 Paul Lowenberg also enquired whether any of the schemes listed on figure 11 might be categorised as capital. Richard Martin assured the Board that he believed every opportunity to capitalise schemes had been taken, however he would check again. He added that it was likely the Board would see some benefit arising from the Unipart work this financial year.

12/137 FT Application Progress Report

- 137.1 Noting the detailed discussion that had taken place at the earlier meeting, the Board formally received and ratified the Single Operating Model SHA submission and delegated authority to the Chairman and Chief Executive to sign and submit on behalf of the Board.
- 137.2 Fiona Smith referred to the post-consultation report which had been circulated with the Board papers. She said that Whittington Health's constituency was at present divided into North and South, and there had been some queries about whether this should now change to an East/West divide. It was agreed the issue of boundaries and divisions could be addressed at a Board Seminar which would afford more opportunity for discussion.
- 137.3 The Board expressed thanks to the Council of Governors for all the work they had achieved throughout the consultation period.

12/138 Audit & Risk Committee Report

- 138.1 The report of the Audit & Risk Committee held on 13th September was approved, together with the minutes of the meeting held on 12th July.

12/139 Board Assurance Framework

- 139.1 Introducing this item, Yi Mien Koh informed Board members that both content and style of the Board Assurance Framework had been reviewed and comments made during the HDD1 exercise had been incorporated. The question around which the BAF was framed was 'what are the top 3-5 risks facing the Trust', and she had held many discussions with Board members in order to inform the BAF.

- 139.2 The Chairman paid tribute to the work that had gone into production of the new BAF, which he felt had been considerably improved, and Paul Lowenberg echoed his comments, describing the document's clarity. He did feel however that one risk had been omitted, and that was 'the delivery of transformation pathways in order to deliver integrated care services', as if the Trust failed to deliver this it would in effect have failed its community. There was general agreement with this point, although Maria da Silva said that reference was made to transformation under section 4.
- 139.3 Celia Ingham Clark spoke about the different aspects of transformation such as Lean, and the Electronic Patient Record, tools without which it was impossible to fully achieve effective patient pathway working. There was concern however about how the balance between CIP and resource, and management colleagues were working so hard to achieve the best balance that there was a real risk of burnout.
- 139.4 Jane Dacre spoke of the inherent risk to quality should inability to deliver CIPs lead to inability to transform clinical pathways. Bronagh Scott spoke of the importance of careful phraseology, with the patient remaining firmly at the centre.
- 139.5 It was agreed that the BAF should become a standing agenda item for the Board.

12/140 Risk Register

- 140.1 Bronagh Scott informed Board colleagues that the Risk Register was discussed at the Executive Committee every month, and in greater detail at the Audit & Risk Committee. She felt that having it broken down into divisions had been a helpful step. The register currently took the form of this detailed spreadsheet, however it would shortly be transferred to Datix.
- 140.2 Bronagh confirmed that there were divisional risk registers in addition to the corporate one, and that the corporate one contained the top risks from each of these. Divisional risk registers were discussed at Divisional Boards.

12/141 Finance & Development Committee

- 141.1 Paul Lowenberg confirmed that the Finance & Development Committee had met for the first time on 9th July. The meeting had focused mainly on the IBP, CIP and the potential loss of business and opportunities for growth. The second meeting had looked at CIPs, the position on which had improved since the previous meeting, and the HDD1 report. Finally, the meeting had considered the letter from Barnet & Chase Farm (discussed at the previous Board). The next meeting would take place on 8th October.

12/142 Strategy Updates

- 142.1 Referring to the Nursing, Midwifery & AHP Strategy, Peter Freedman asked for the next iteration of the document to contain more quantitative measures, and Jane Dacre asked for clarification of outcome measures.
- 142.2 Bronagh Scott described some of the work carried out to implement and publicise the strategy. As well as the successful conference that had been held to launch the strategy, a series of roadshows had been conducted throughout the Trust, and some posters,

which she showed, had been produced reflecting the comments that had been made by staff expressing their support for the strategy's principles.

142.3 The Chief Nursing Officer of the National Commissioning Board had recently launched her strategy, and Whittington Health would be preparing a response.

12/143 Communications from today's meeting

143.1 In answer to a request from the Chairman for suggestions of items for inclusion in this month's Board Matters, the following were proposed:

- CIPs and quality impact assessments
- BAF and strategic risks
- Staff engagement
- Child Protection Report
- Celia Ingham Clark

143.2 The Chairman expressed his thanks, on behalf of the Board, to Celia Ingham Clark for all she had contributed during her eight years as the Trust's Medical Director. The Board was pleased to learn that Celia's involvement with the Trust would cease altogether from the end of the month but would continue on a part-time basis.

12/144 Any Other Business

144.1 All were urged to attend the staff conference taking place on 19th October.

12/145 Questions from the floor

145.1 The Chairman apologised for there being no opportunity for contributions and questions this month due to another meeting being scheduled to take place at 5.00pm.

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

This paper provides an update on progress on actions outstanding from May 2012 to September 2012 and identifies new actions arising from the latest meeting held on 26th September 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> | November 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 | Presentation to October F&D BS |
| 113.1 | Use of the UCC to be discussed at the Transformation Board | ? October 2012 MdS |

Actions arising from the Trust Board meeting in public on 26th September 2012

| Ref. | Decision/Action | Timescale | Lead |
|-------|--|------------------|-------|
| 131.6 | Discussion of academic health science centres to be built into the Board seminar programme | Winter 2012 | RM/FS |
| 135.4 | Quality Committee to receive an update on Child Health pre-adoption assessment service resourcing | November 2012 | MdS |
| 137.2 | Discussion of Whittington Health constituency boundaries to be built into the Board seminar programme | Winter 2012 | RM/FS |
| 139.5 | Board assurance Framework (BAF) to become a standing item on the Trust Board agenda until further notice | Ongoing | YMK |