

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.

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

In attendance: Kate Green Business Manager, Nursing & Patient Experience

12/146 Apologies for absence

146.1 Apologies for absence were received from Robert Aitken and Jane Dacre.

12/147 Declaration of interests

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

12/148 Minutes of the meeting held on 26th September 2012

148.1 The wording of note 133.4 should read "The target nationally is 14 days however Haringey commissioners have commissioned the service for 28 days. Despite this Bronagh Scott advised the Board that the dashboard showing September performance will demonstrate significant improvements towards the target of 14 days across both Haringey and Islington. This is the result of closer working between midwives and Health Visitors, a direct benefit of being an ICO. Improvements in performance are all the result of revised pathways and lean working initiatives."

148.2 The second sentence of note 139.3 was not clear and should be deleted.

148.3 The first sentence of note 139.4 should read "It would be important to ensure that implementation of CIPs had no detrimental effect on the quality of services".

148.4 Note 143.2 should have the word "not" inserted in the third line.

148.5 Subject to these amendments the minutes of the September meeting were approved.

12/149 Matters arising and action log

149.1 Referring to note 110.1, it was confirmed that work on reducing agency staffing was progressing well although there was still further action to be taken. Bronagh Scott confirmed that it was expected that the use of bank staff would increase as agency

reduced, at least in the short term. Paul Lowenberg emphasised the importance of aligning this work with the overall workforce strategy.

- 149.2 Noting that the 'Board to Board' meeting with NHS London was scheduled to take place prior to the next Trust Board meeting, Anita Charlesworth asked executive colleagues about preparation for that meeting. It was confirmed that briefing sheets were to be circulated on 1st November, and board members would then be able to judge whether a further session was required. Sue Rubenstein pointed out that feedback from the 'mock board to board' would have been received prior to the next scheduled board seminar, and suggested that seminar be used to review that feedback and prepare for the board to board. There were to be additional sessions on 1st and 5th November.
- 149.3 It was noted that the workforce strategy was now scheduled to come to the Finance and Development Committee in November and the Trust Board in December.
- 149.4 Maria da Silva had spoken to the commissioners about the use of the Urgent Care Centre (UCC), and there was to be a review of all UCCs in the sector. The date for this review was as yet undetermined.

12/150 Patient Story

- 151.1 Cassie Williams introduced Berni O'Gorman, Matron of the Life Force Team (the Paediatric Palliative Care Team), and said that the work of the team did much towards meeting the Trust's objective of innovative working.
- 151.2 Berni began her presentation by describing the composition of the team. This included having a service level agreement with Great Ormond Street Hospital to provide consultancy support. The team supports, on average, ten children a year coming towards the end of life. Support for bereaved families, however, is ongoing, and each year the team holds a 'memory day' for families and friends of the children who have died. For some families, support is needed two or three years after a death, not necessarily immediately.
- 151.3 Anita Charlesworth enquired how the team approached the question of choice for children coming to the end of their lives. Berni replied that (as for adults) each child had to be treated individually – although some preferred to die at home, others, such as cancer sufferers, found some comfort from the hospital environment.
- 151.4 Greg Battle asked whether such a service was commissioned across the country. Berni replied that the Life Force Team was a local development, adding that although the core service was funded, the additional support for families, such as the annual memory day, is not, and the team raises its own funds in order to be able to provide these services. It was suggested the team might conduct a useful dialogue with the co-ordinator of the Trust's charitable funds.
- 151.5 The Chairman thanked Berni for her presentation, and for all the work of the team.

12/151 Chairman's Report

- 151.1 The Chairman said that a subset of the Board had met with NHS London for the FT preparation readiness review meeting, and the feedback received had been extremely

positive. He shared the contents of the letter received from Mike Bell, vice-chair of NHS London.

151.2 Together with Paul Lowenberg, the Chairman had met with Gillian Greenhough, Chair of Islington CCG, and would shortly be meeting Helen Pelendrides, Chair of Haringey CCG, in order to ensure the local commissioning groups were fully aware of all the issues facing Whittington Health as it progressed towards achieving FT status and were lending their support to that process. He had also met with Paula Khan, departing Chair of the Cluster.

151.3 The Chairman had attended the all-staff conference at the end of the previous week, and described the event as having been excellent in every way. The presentations had been of a high quality and the speakers had been good. He formally thanked all those who had been involved in organising the event.

12/152 Chief Executive's Report

152.1 Referring to the section of the report on UCLP, Peter Freedman expressed his surprise that there appeared to be no reference either to integrated care or to Whittington Health. Martin Kuper explained that UCLP now covered an even wider area for some parts of its work extending into Bedfordshire, Hertfordshire, Anglia and Essex as part of having become an academic health science centre. It was pointed out however that Whittington Health does pay for membership and should therefore have its profile raised. Consideration would be given to making this the subject of a 'deep dive' early in the New Year. It was noted Bronagh Scott played an active role in the nursing aspect of UCLP.

12/153 Quality Committee Progress Report

153.1 The Chairman thanked Bronagh Scott for this report, and invited questions. In answer to a question about the length of time taken to investigate serious incidents, Bronagh Scott said that her staff were putting a considerable amount of work into supporting the divisions, however pressure of work often meant that it was difficult to free up staff time to carry out investigations. Additionally in one division several senior members of staff had left the Trust therefore there was less expertise available.

153.2 The Board discussed the planned programme of visits due to take place during the months Quality Committee did not meet. Sue Rubenstein explained the difference between these visits and the Patient Safety Walkabouts, the programme for which had recently been circulated. The format of Patient Safety Walkabouts had recently changed and these visits were now carried out using the 15 Step approach.

153.3 Sue Rubenstein concluded by informing Board colleagues that the Trust had been successful in getting through the Quality Gateway, which had been very helpful and had provided much focus.

12/154 Performance Dashboard

154.1 Introducing this item, Maria da Silva said that her main concern at present was the performance of the Emergency Department (ED) which had deteriorated. There was a structured plan in place to improve the position, and Paula Mattin, Deputy Director in ICAM, was currently working full-time in the ED. An advertisement for a manager for the

ED had been placed. There was also a weekly escalation meeting to oversee process, and Maria was confident the target would be met.

- 154.2 The Board noted that the position on mandatory training had improved slightly, there was concern about appraisal rates. Martin Kuper asked for it to be noted that doctors' appraisals were not carried out until October/November which would impact on the rates. In some parts of the Trust there still appeared to be a problem with recording information on ESR.
- 154.3 In answer to a question from Peter Freedman about the length of time taken to respond to complaints, Bronagh Scott explained that as with the investigation of incidents, the problem sometimes lay in some managers within the divisions being overstretched and finding it difficult to set aside time to investigate. Added to this, some complaints were extremely complex and some straddled different areas. It was also the case that the quality of final responses had improved, and delays had sometimes been caused by the rejection of early drafts. Bronagh also informed Board colleagues that although Jennie Williams had resigned from the Trust, Cassie Williams had now been appointed Head of Patient Experience, and a new Complaints Manager had also been appointed.
- 154.4 In answer to a question from Paul Lowenberg about the timescale for achieving target performance, Maria da Silva said that a trajectory was provided within the exemption report. She added that the intention was for the dashboard to become electronic. It would also be aligned to the BAF and have a better trends analysis. In November or December the Trust's new Performance Manager would be attending the Board to talk about plans for managing performance in a far more structured fashion; he was currently working with the divisions to develop this.
- 154.5 Paul Lowenberg expressed the view that there should be a clear target for bank utilisation. Agreeing, Maria da Silva said that she would in future be introducing indicators for the larger CIP schemes.
- 154.6 Sue Rubenstein was pleased to see the improvement in the timeliness of Health Visitor new birth visits, and congratulated staff on this achievement. She did however express her concern about MRSA screening rates, and Bronagh Scott replied that work was under way to check how these rates were analysed.

12/155 Financial Report

- 155.1 In answer to a question from Peter Freedman about whether the improved position on overspends in certain areas was sustainable, Richard replied that there was certainly evidence to support this for midwifery; there was a clear trajectory, and the service had adhered to it. The position on surgery was more difficult because of medical outlier patients. Bronagh Scott confirmed the positive movement in midwifery, but warned winter pressures might bring new challenges.
- 155.2 Referring to Figure 10 on Page 12, Paul Lowenberg enquired why the Clinical Excellence Award appeared to be only fifty per cent funded. Richard Martin agreed to check the position on this and report back.

155.3 Greg Battle enquired how demographic growth was being managed in-year; Richard replied that the Trust had to manage this within the overall financial position, however with the help of the commissioners it should be possible to identify that component.

12/156 Corporate and Divisional Objectives

156.1 Yi Mien Koh reminded Board colleagues that when these objectives were first brought to the Board in January they had requested a quarterly update, however it had proved more appropriate to revisit them after six months of their implementation. In answer to a question from the Chairman about how she felt about progress, Yi Mien pointed out that the objectives that had been set had been ambitious and stretching. She hoped that some of those currently rated amber would move to green before the end of the year, and some of the red would move to amber.

156.2 Anita Charlesworth said that it was very helpful to have these updates, and suggested that around February the Board might wish to look again at the Trust's state of preparedness for the EPR. Peter Freedman added that this was to be discussed next month at the Audit & Risk Committee, and that committee would take a view on when it should be revisited by the main board. Sue Rubenstein expressed a desire to look further at 1A (Collaborating with GPs, social services and other NHS providers to deliver integrated care strategy) and suggested this might be done at a Board seminar. The Board discussed the success of the East Haringey pilot, which Greg Battle said had been particularly well received by GPs, and it was agreed to circulate slides and evaluation.

156.3 Referring to 3d (full implementation of Service Line Management) Paul Lowenberg asked about training for consultants. Martin Kuper confirmed this process had already begun, although there was a finance staff capacity issue due to production of the PIDs. The Board also discussed the contribution of clinical leads, and Paul Lowenberg suggested performance in the area of service line management be considered when determining future excellence awards.

12/157 Emergency Preparedness and Business Continuity Annual Report

157.1 It was agreed that the Olympics had given the Trust a particular focus on this area, and processes and plans had been refined accordingly. The Chairman praised the quality of the report, which was formally received by the Board.

12/158 Review of staff survey

158.1 Introducing this item, Margaret Boltwood reminded Board members that they had seen the original action plan; this report therefore provides an update. This year's survey had recently been launched, and for the first time some staff have been sent it electronically so it can be completed on line. A certain percentage of paper copies were required for CQC's purposes, but the remainder could be electronic.

158.2 In answer to a question from Paul Lowenberg about the staff bank, Margaret reminded colleagues that staff who have worked on the bank for over four years have substantive employee status. This has to be considered when implementing change such as that arising from the Unipart work, in order to ensure fairness to all. Around 35 staff are in this position.

158.3 Anita Charlesworth asked whether some community staff continued to feel there was too much focus on the hospital. Margaret responded that across the directorates senior staff were making considerable efforts to increase their presence in the community, although it was acknowledged there was some way to go before all the corporate functions were equally accessible to all. She used the example of having established an e-learning suite at Crouch End where people could go to do their mandatory training, adding that the full Training & Development team was now based there. Members of the Communications Team are also spending time in community settings. Difficulties remained however for staff based in local authority premises with incompatible systems.

12/159 FT application progress report

159.1 Richard Martin reminded Board colleagues that documentation was to be submitted to NHS London by 30th October, and the convergence letter was due 22nd November. There had been a discussion at the Board seminar regarding the constitution, and it had been decided there would no longer be a north/south divide of the constituency. There had also been discussion about representation on the Council of Governors, and the meeting had concluded there should be no specially designated seat either for third sector representation or for a disabled person, however in the case of the latter there would be extensive canvassing amongst organisations/groups representing disabled people.

159.2 In answer to a question from Sue Rubenstein about whether the delay in the FT application process reflected in the TFA had been caused by factors outside the Trust's control, it was confirmed that this had indeed been the case.

159.3 Anita Charlesworth introduced the topic of future commissioning arrangements and in particular which services were to be commissioned by the National Commissioning Board. Responding, Martin Kuper drew attention to potential risks that might arise from the new arrangements, including the categorisation of some specialist services as 'those provided at specialist centres'. It was not impossible that the Trust might lose income, and its ability to compete might also be affected.

159.4 The Trust formally agreed the Single Operating Model (SOM) submission, also the amendments to the Constitution discussed earlier.

12/160 Board Assurance Framework (BAF)

160.1 Yi Mien Koh said that there had been no significant change to the BAF, but its regular review at its monthly meeting helped the Board become more risk-aware. Peter Freedman had some minor amendments to make but said that he would make these outside the meeting.

12/161 Finance & Development Committee

161.1 Paul Lowenberg informed Board colleagues that meetings of this sub-committee were currently taking place every six weeks due to the amount of business on the agenda. The most recent meeting had focused on areas where the Trust was underperforming on its CIP target and conducted deep dives into maternity and agency staffing. A number of metrics were to be developed to ensure key objectives were met going forward. The CIP for the following year had also been discussed.

12/162 Communication from today's meeting

162.1 The following items were suggested for inclusion in this month's edition of 'Board Matters':

- the patient story
- the staff conference
- survey results
- encouragement to have the flu vaccination
- readiness review and quality gateway
- East Haringey – integration in action

12/162 Questions / comments from the floor

162.1 Members of the public raised the following issues

Margot Dunn speaking as a Governor expressed concern about the reference to lack of staff engagement in the BAF.

Gerald Murphy, speaking as a Governor, wondered how important it was that the 'people in the street' knew exactly what Whittington Health was, and whether the Trust had done enough to clarify that.

David Emmett (LINKs) asked what effect the creation of the new and larger AHSN would have on the local LRN. He also enquired whether data was available on the recovery on non-NHS patient costs. Finally he asked about the monitoring of cases of influenza.

162.2 The Chairman and Executive Directors responded as follows:

It was important to recognise that the BAF referred to risk. There was a great deal of engagement – the BAF was for ensuring the Board was aware of risks and had plans in place for their mitigation.

In answer to the question about understanding of the Trust's business, the Chairman said that there was widespread understanding of the Trust's business, and of its ambition to achieve FT status. Valerie Lang speaking as a Governor added that it was important for people to realise that the status quo was not an option. It was suggested the Executive Team might wish to revisit the Communications Strategy.

Martin Kuper confirmed that discussions of the new AHSN and its effect on local LRNs was ongoing, some important decisions were yet to be taken. Richard Martin confirmed data on recovery of costs from non-NHS patients was available and could be included in the financial report. It was also confirmed that cases of influenza are monitored.