

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.00pm on Wednesday 28 November in the Whittington Education Centre.

Present:	Joe Liddane	Chairman
	Robert Aitken	Non-Executive Director
	Greg Battle	Executive Medical Director, Integrated Care
	Anita Charlesworth	Non-Executive Director
	Jane Dacre	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
	Louise Morgan	Trust Company Secretary
	Naser Turabi	Performance Manager

12/163 Welcome and apologies

163.1 There were no apologies for absence. The Chairman welcomed members of the public and staff who had come to observe the meeting.

12/164 Declaration of interests

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

12/165 Minutes of the meeting held on 24th October 2012

165.1 Other than altering the date on the first page, the minutes of the meeting held on 24th October were approved.

12/166 Patient Story

166.1 Jennie Williams introduced Kay Delaney, Clinical Nurse Manager, and Kathleen Conneally Clinical Facilitator, from the Critical Care Unit (CCU). The unit had been established in 1974 with 4 beds, there were now 15. The unit had treated 835 patients during the previous 12 months.

166.2 The story told was that of Mandy, a 28 year old woman who had been found collapsed at home by her partner and was brought to the CCU. She returned to the CCU ten days after discharge to thank the staff who had cared for her, and her family had written to the Chief Executive. Returning to the unit following treatment had been found to have multiple benefits for patients; not only did it afford the opportunity to meet staff but also to make sense of an environment which for many patients was indistinct. Staff were preparing a business case for administrative support, and with the assistance of Antoinette Webber were preparing an information leaflet.

- 166.3 Sue Rubenstein expressed a desire to learn more about the follow-up process, and Kathleen described the physiological and psychological assessments undertaken. The most beneficial part of the experience for patients was being able to go onto the unit and see where they had been treated, as many have no recollection. She cited the case of one man who had genuinely believed he had been on a trip around the world whilst he had been unconscious on the unit.
- 166.4 Martin Kuper added that the cardiac outcomes were excellent, and said that the cooling process had proved to be extremely beneficial. Yi Mien Koh added that the unit had won the team of the month award for excellence – they had also been the highest performing clinical team in terms of compliance with mandatory training.

12/167 Chairman's Report

- 167.1 The Chairman began his report by announcing that following a number of events it had been agreed to delay the Trust's Foundation Trust (FT) application for three months. More would be said about this in the FT update item later on the agenda.
- 167.2 Referring again to the Trust's FT application, the Chairman described meetings he had attended (along with other Non-Executive directors and the Chief Executive) with local MPs, Haringey and Islington Councils and other key stakeholders. All had affirmed their support for Whittington Health in its journey towards FT status and remained eager to work in partnership with the Trust, which was heartening. In addition he and the Chief Executive had held a meeting with the Chair and Chief Executive of the North London Cluster to set out the reasons for the three month delay; they had also met with the London Director of the Trust Development Agency (TDA) which would be taking over many of the responsibilities currently carried out by the cluster.
- 167.3 Together with Peter Freedman, the Chairman had met with representatives of Unison in order to hear some of their observations and concerns. He had also held his regular meetings with the staff. This month he had also visited the healthcare team at HMP Pentonville, and a UCLP session on co-morbidities where he had been one of the very few non-clinicians present.
- 167.4 The Chairman warmly welcomed Louise Morgan who had joined the Trust that week as Trust Company Secretary. He and Louise would shortly be offering some guidance on the production of papers etc.

12/168 Chief Executive's Report

- 168.1 The Chairman invited questions to the Chief Executive's report. There were none, although Paul Lowenberg recommended an early meeting with the new Chief Executive of LB Haringey. Yi Mien advised him that a date had already been set for this.

12/169 Audit Committee Report, Board Assurance Framework & Risk Management Strategy

- 169.1 Peter Freedman informed the Board that at the most recent meeting of the Audit & Risk Committee they had conducted a 'deep dive' into IT; it was their habit to conduct such an exercise into a subject chosen from the Board Assurance Framework (BAF). The

committee had concluded that there were good opportunities to integrate IT and its staff into the transformation work.

- 169.2 The Audit Committee had also discussed a report on clinical negligence claims – claims were rising, as indeed they were across the country. There had therefore a risk of a rise in insurance premia.

Board Assurance Framework

- 169.3 Yi Mien Koh confirmed that the BAF was now coming to the Board each month and also to every Audit Committee, but as a live document it was also subject to change between meetings. She had highlighted the top 5 risk items and invited Board colleagues to consider whether they agreed with these and then feed comments back to her.

Risk Management Strategy

- 169.4 The Risk Management Strategy had already been to the Audit Committee and the Executive Team so was coming now to the Board for final approval. Anita Charlesworth asked how it was proposed to address the issue of items which had been classified as risks for a considerable length of time, perhaps as amber ones which tended not to be discussed as often as those graded red. Bronagh Scott replied that work was in hand to make the register more live and properly owned by the divisions. She was clear that there were some risks over which the Trust had little control, such as those associated with the commissioners, but the updating and maintenance of the risk register meant that the Trust was at least alert to these risks. Maria da Silva added that the Trust was also becoming more robust in the area of performance management.
- 169.5 Returning to the BAF, Peter Freedman emphasised that there were still additions to be made, and he said that the key next stage would be to insert a date by where actions identified to mitigate risks had been carried out plus a methodology for checking when they had been carried out.
- 169.6 Paul Lowenberg raised the question of the level of building insurance which he felt should be noted as a risk. Prior to Ft status the Trust has does have some Crown protection, but once FT status was achieved this would cease to be the case.
- 169.5 The Board noted that a deep dive into the workforce strategy had been carried out in March, and it was possible that the time had come to repeat the exercise. More generally, the Audit Committee is looking at some areas, others are monitored by the Quality Committee or Finance & Development. In numerical terms, 20 would jeopardise FT status, 25 would constitute 'catastrophic', and 16 was high enough to warrant serious and immediate attention. The BAF comprises anything rated 12 or above.
- 169.6 The report of the Audit & Risk Committee and the Board Assurance Framework were noted by the Board and the Risk Management Strategy was formally approved.

12/170 Quality Committee Progress Report

- 170.1 Bronagh Scott explained that the Quality Committee report was a verbal one due to the committee's having met only a few days ago. A written report would be presented in December. The most recent meeting had been the first of the new style of meetings, which

were now bi-monthly with Quality visits being carried out on months when there were no committee meetings.

170.2 Issues discussed at the committee meeting had included ongoing concerns over mandatory training (although some improvement in this area had been noted), an increase in complaints response times, the quality of divisional risk registers, sickness levels and MSK waiting times. Reports had been received from:

- Patient Safety Committee
- Patient Experience Committee
- Drugs & Therapeutics Committee
- Infection Prevention & Control Team
- Haringey Children in Care Health Team
- Safeguarding Children Team
- Safeguarding Adults Team.

170.3 The improvement in Level 1 safeguarding children training had been noted, although there remained room for improvement on levels 2 & 3 (in part because new policies required more staff to be trained at these levels). A report on children in care in Haringey had raised sufficient concern for the committee to request an update for the January meeting.

170.4 Revised terms of reference for the committee had been approved.

12/171 Performance Dashboard

171.1 Introducing this item, Maria da Silva informed Board colleagues that there had finally been agreement that the target for new birth visits by health visitors in Haringey would be 14 days rather than 28. The rating was not expected to go green this year, but signs of improvement should be visible.

171.2 General surgery and spinal surgery were marked out as areas where there was particular pressure, and Maria explained that this was because there had been an increase in demand due to the high quality of the service.

171.3 ED performance had been at 95.2 for Quarter 3, however last week it was at 96.7; the aim was to stabilise at 95.2 by the year end. Duncan Carmichael had been appointed as clinical lead, and interviews for the ED service manager were to be held on 7th December. Key to improvement in this area was the rapid assessment and treatment service now taking place during peak hours, which the ECIST team had said was a fundamental part of the improvement plan. An escalation teleconference had been established to discuss any breaches, and there was a weekly meeting with Maria. In addition, Paula Mattin was now based full-time in ED and this had made a significant difference to performance. The Head of Nursing was also involved.

171.4 Anita Charlesworth thanked the Trust for the additional HR data which had been added to the dashboard, and congratulated Sam Page and her team for their achievements on health visitor new birth visits. She then commented on the fact that there appeared to be little improvement on discharges before 11.00am. Maria da Silva agreed this was the case, and said that consultant in the care of older people Rosaire Gray had now been appointed clinical director for this area and would be meeting both the information service and the discharge team to discuss the position. The position was however known to the divisions

and action plans to address it were being put in place. Rosaire Gray was also leading a group on patient flows and discharge.

- 171.5 Paul Lowenberg expressed his concern over complaints response times, stating that he did not have confidence in the actions planned to improve them. Bronagh Scott replied that a meeting had taken place earlier in the day between the PALS team and the SCD Division (where there had been particular problems). Delays in response times had been caused by changes in personnel, complexity, and the receipt of sub-standard responses which had had to be sent back for revision. Additional resources had been put in place within the PALS team to support the divisions. There were similarities with the issues around delays in completing the investigation of serious incidents, namely training and freeing up staff time to carry investigations out.
- 171.6 Jane Dacre expressed her concern about the low rate of appraisals undertaken. Martin Kuper reminded colleagues that for medical staff appraisals were all carried out at this time of year, therefore performance was likely to rise from 0% to 100% by the end of the year. Maria da Silva added that there were two issues here – one was the failure to carry out appraisals, the other was to enter the data onto ESR. She was well aware of the locations of the former. Sue Rubenstein commented that appraisal was fundamental to competence; managers needed to understand the importance of giving feedback – this connected what people do every day with the objectives set by this Board. Maria da Silva announced that she intended to carry out an audit and would then be re-launching the appraisal process, a paper had already been written.
- 171.7 Greg Battle asked about the physiotherapy service, where waiting times are an issue and only 40% have completed their treatment at discharge. It was agreed that further consideration needed to be given to the way this service is provided and there might be benefit in carrying out a deep dive exercise.
- 171.8 Sue Rubenstein questioned the correlation between the claims made about midwifery services in the Trust's strategy and the figures in the dashboard. Bronagh Scott explained that the reduction this month was in part due to women's choice, as well as DNAs, and this is being reviewed. It also had to be remembered that Whittington Health provides midwifery and ante-natal services to many women whose cultural approach to treatment may differ from that routinely offered by UK hospitals.
- 171.9 Yi Mien Koh mentioned the recent sharp rise in complaints, in the context of a proportion of future income being based on patient experience.

12/172 Plan to develop Performance Management

- 172.1 Maria da Silva introduced Naser Turabi, newly-appointed Performance Manager. Naser explained that this item was about robust management control of performance systems and meeting the requirements set out by Monitor. Greg Battle suggested adjusting the diagram so that everything, including the Board, served the front end, rather than vice versa.
- 172.2 In terms of satisfying Monitor requirements, Naser confirmed he had already undertaken considerable research on this and this way forward met best practice requirements. Jane Dacre emphasised the importance of communicating messages about effective performance management to stakeholders. It was agreed this should be built into the communications strategy.

172.3 The Performance Management Framework would be coming to the Board in December.

12/173 Financial Report

- 173.1 Richard Martin informed the Board that the Trust had an in-month surplus of £497k. The underlying position excluding non-recurrent adjustments is a deficit of £1,237, or £2,506 worse than plan. The ongoing run rate had deteriorated and if it continued to do so the position would become unsustainable; it would be necessary either to increase CIPs or use funds set aside for efficiency. There was significant overspending both in ED and on surgical wards.
- 173.2 It was noted that Month 7 showed a rise in the cost of agency staff and a smaller one for bank use. Activity for the block contract was on target, the Trust was over-achieving on non-block. Income phasing was modest at this time of year. CIP achievement appeared to have stalled at 86%.
- 173.3 The reduction in spending in midwifery was noted. Anita Charlesworth asked what measures were being taken to stop the overspending in ED and queried whether the budget had been set correctly. Maria da Silva replied that there was a plan to reduce the overspend by half, this was dependent on Paula Mattin and Carol Gillen carrying out a fundamental transformation exercise within ED nursing. This plan formed one of the workstreams in the 'Together to Improve' programme so there would be coaching and other support available and the Trust would be held to account on delivery.
- 173.4 In answer to a question from Jane Dacre about education funding, Richard Martin informed the Board that the Trust was set to lose some £2.1m over the next three years with £900k of that being removed in 2013/14. There would be a reduction both in student numbers and the amount they were funded, and Jane confirmed that proposals were to be put to the Medical Schools Council the following day. It was agreed that Martin, Bronagh and Greg would establish a group to look at education.
- 173.5 Robert Aitken enquired whether there had been any progress on the debt owed by the commissioners. Richard Martin replied that there had not been significant progress – letters had been written, including to the new Finance Director, and the issue had also been brought to the attention of NHS London as part of the Standard Operating Model (SOM). Clusters were supposed to clear all debts before they ceased business.
- 173.6 Paul Lowenberg asked what was being done to reduce the spend on the surgical wards and on temporary staffing – he was not clear whether there were clear strategies, and even if there were, they lacked milestones. Martin Kuper explained that the problem for the surgical wards was medical outliers, so there was a need to get control of admission rates and length of stay. The key to reducing length of stay was the ambulatory care service, and this was being addressed through the Enhanced Recovery Programme Board. The target was to reduce beds by 50 and there was a clear trajectory on which he would be able to report month by month. The problem, he explained was not in surgery, where achievements had already been made, but in medicine. There was a plan in place by which to monitor progress, with the plan being to close beds in April and in August.
- 173.7 There were also clear plans in place to reduce agency costs, and Bronagh Scott had established a steering group to oversee their implementation. It was noted that the Trust

was in the process of employing a pool of 22 nurses on short-term contracts as part of the project to reduce agency costs. Bronagh Scott reminded Board colleagues it had always been clear that as agency use was reduced bank costs would rise, this was part of the plan. For the pool, seven nurses had already been recruited and another two redeployed. Twenty-two nurses had attended for interview and a rolling recruitment process had now begun. There did however remain an issue about how extra beds were staffed.

- 173.8 Paul Lowenberg commented that the discussion, whilst reassuring, presented very different information to that contained within the finance paper, and he suggested the paper should in future be more forward-looking. There would be a further report to the Finance & Development Committee in January.

12/174 Whittington Health 5-Year Strategy

- 174.1 Yi Mien Koh introduced this item, informing Board members that the comments they had sent in had been incorporated, and speaking of her hope that the strategy told a compelling story. The aim was for Whittington Health to remain a first class organisation that provided unbeatable care, but at a cost that kept the organisation sustainable. The strategy would now go out to staff and other stakeholders for a two-month consultation period, and the final version would come back to the February Board.
- 174.2 Sue Rubenstein praised the quality of the document, agreeing that it really did tell a compelling story, and said that she would like to look at it in the context of what the actual patient experience might look like. Anita Charlesworth recognised the need to be ambitious in terms of health rather than finance, and wondered whether any metrics might be provided for any of the five domains in the health outcomes framework. Yi Mien directed her towards paragraph 13 of the latest version of the document.
- 174.3 Yi mien thanked colleagues for their helpful comments and contributions. Jane Dacre assured her that she would provide comments on 'her' section following the meeting. It was noted that subject to the Board's approval the IBP would align with it. Maria da Silva added that she had already shared the strategy with LB Islington's Leader who had been most impressed with it.
- 174.4 The next stage in the process was for Yi Mien to work with the Communications Team to draw up a communications plan for the strategy. She would also be presenting it to the Partnership Group in December. Sue Rubenstein recommended incorporation of 'what this might look like for your patients' focus.

12/175 FT Application Update

- 175.1 Introducing this item, Richard Martin informed the Board that there were three issues to cover, the delay to the application, the CCG convergence letter and the Standard Operating Model (SOM).
- 175.2 Relating to the delay in the FT application, Richard said that the Trust was red-rated due to the delay, and amber-rated on governance because of failing on the 4 hour ED and 2 week cancer waits in September. Finance had been rated as 2 due to timing, i.e. Month 6 when summer holidays occurred therefore income was lower – but would revert to a 3 . The decision to delay the FT application was formally ratified by the Board.

Convergence Letter

175.3 Yi Mien reminded Board colleagues that the ultimate deadline was 21st February when the Board to Board meeting with NHS London was scheduled to take place, and at that stage the letter should contain no caveats. She took Board members through the process and milestones leading up to the Board to Board from submission of the LTFM to the Cluster Board on 31st January.

Standard Operating Model (SOM)

175.4 The Chairman and the Chief Executive had reviewed the SOM with Richard Martin and Fiona Smith and recommended approval. This was formally endorsed by the Board.

12/176 Any other business

176.1 Action Note

- The workforce strategy had been on the agenda for the finance and development committee but had not been discussed due to lack of time. It would be discussed in January.
- The agency reduction work had been presented to the finance and development committee in October so this could now be removed from the schedule
- Use of the UCC was being reviewed as part of a wider review of UCCs carried out across the sector; this could now be removed from the schedule
- It was agreed that academic health science centres be built into the seminar programme for next year and someone from UCLP be invited to attend
- The Quality Committee received the report on pre-adoption assessments at its November meeting so this could be reviewed from the schedule
- The discussion about constituency boundaries had been held and decision taken so this could also be removed
- The Board Assurance Framework was now a standing item on the Board agenda.

176.2 Martin Kuper informed Board colleagues that the Trust had been asked by UCLH to open an additional ten beds in order to give them extra capacity. This had been done, on Bridges Ward, and UCLH bore the cost regardless of whether all ten were occupied.

176.3 Greg Battle encouraged all present to attend the Whittington Christmas Special on December 11th in aid of older people with dementia.

12/177 Communication from today's meeting

177.1 The following agenda items were suggested for inclusion in this month's Board Matters:

- Patient story
- Delay in the FT application
- Whittington Health 5 Year Strategy
- Christmas Special
- UCLH.

12/178 Questions / comments from the floor

178.1 Members of the public raised the following issues

- Stakeholders – does the Trust meet with Haringey MPs and with Directors of Public Health
- The format of Board meetings has changed and they are now less understandable and accessible mostly because of the FT application
- CCGs feel that GPs have a good relationship with the Whittington as they are able to speak directly to the clinicians
- Concern was expressed over the increase in DNA rates and cancellations
- The patient portal should be open to family and friends with appropriate permission
- Podiatry – have heard that some patients are being taken off the lists and having to be rebooked
- Would like more assurance over the finances
- What will happen after the fifty beds are closed, will waiting times increase
- Told a patient story of a friend who had been blind for ten years but regained her sight following a fall
- Tickets for the Christmas experience are not at all informative
- Referring to the patient story told earlier in the Board – does the Whittington cool babies deprived of oxygen in the same way as adults
- The delay in the FT application – are other Trusts going through a similar experience
- Concerns raised at AGM about an episode involving the fire brigade, has had no response, also raised with PALS two weeks ago
- Risk registers – there appear to be gaps 7, 13 and 14 [*d.n. Louise I didn't understand*]
- Should the ICO be considering what contributions it might make to public health in the light of that service being taken over by local authorities.

162.1 The Chairman and Executive Directors responded as follows:

- The Trust does meet regularly with Hackney MPs, however with local authorities tend to invite the council Leader to invite whoever s/he deems appropriate to join meetings
- The Board has become more technical due to the processes required for the FT application. The secretariat would send Helena a copy of Board Matters and invite her feedback
- The patient portal will not be produced for another two years so there is ample time to engage patients in its development as Phase 2 is designed
- Thanks were expressed for the positive feedback about relations with local GPs
- DNAs and cancellations – it is hoped that patient transformation experience project will make a difference. This will start on 28th January with patient pathway co-ordinators coming into place on 11th March
- Podiatry – there has been a 53% increase in demand over three years in Haringey and the Trust has received no additional funding. The commissioners are not willing to fund the increased service so consequently have asked the Trust to look at its service specifications.
- Finance – areas which overspend are the subject of in-depth scrutiny
- Reduction in beds – the ICO tries wherever possible to treat people at home and is putting an increased focus onto the ambulatory care service. For patients with a fractured neck of femur, for example, length of stay has reduced from an average of 23 days to 10. This type of reduction and the ethos behind it is happening worldwide not just the UK.

- Cooling babies – the Trust does support such treatment but babes requiring it are transferred to UCLH for treatment.
- Christmas special tickets – Greg Battle expressed his agreement and undertook to speak to the communications team
- Delay in FT application – it was confirmed the Middlesex was not as far along in the process as Whittington health and that several Trusts had delayed their applications at some stage
- Fire brigade – Bronagh Scott asked for details of the episode and undertook to follow this up via the PALS team.
- Risk Register – attempts would be made to simplify the document
- Whittington Health is aware of the importance of contributing to the public health agenda and has a strong history of partnership working.

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

This paper identifies new actions arising from the Board meeting held 28th November 2012.

Ref.	Decision/Action	Timescale	Lead
169.3	Board members invited to feed back any comments they might have on the risks identified in the Board Assurance Framework	December 2012	All
171.7	Consideration might be given to a deep dive into the Trust's physiotherapy service	Early 2013	MdS
173.4	Establishment of a working group to look at issues around education	December 2012	MK, BS & GB
174.1	Launch of two-month consultation around the new Whittington Health 5-year strategy	December 2012	YMK
176.1	Workforce Strategy will be discussed at the Finance and Development Group in January	January 2013	PL
176.1	Academic health science centres to be built into seminar programme and an invitation issued to representative of UCLP to attend	Early 2013	LM
	Secretariat to send HK a copy of Board Matters and invite her feedback on its content	December 2012	KG