

The minutes of the meeting in public of the Trust Board of Whittington Health* held at 2.00pm on Wednesday 27th February in N19, Whittington Hospital

Present:	Robert Aitken	Deputy Chairman (in the Chair)
	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
	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

The start of the meeting was delayed 15 minutes by the Deputy Chairman to allow representations to be made by Defend the Whittington.

13/19 Apologies for absence

19.01 Apologies for absence were received from Joe Liddane and Governor Mary Slow.

13/20 Declaration of interests

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

13/21 Minutes of the meeting held on 23rd January 2013, matters arising and action notes

21.01 Bronagh Scott had some suggested amendments to be incorporated into the minutes of the January Board meeting and would furnish the secretariat with the wording of these outside the meeting.

21.02 Referring to minute 8.12, Paul Lowenberg informed Board members that his meeting with Naser Turabi had not yet taken place, a further update would be provided at the March Board meeting.

21.03 Following the meeting, Robert Aitken received the following amendment to the minutes from Valerie Lang:

18.01 second sentence to read: "She wanted the Board to be aware that increasingly Health and Safety Rules rightly designed to safeguard Health and Caring Professionals seem to disadvantage the people they were looking after. She gave some examples. After the meeting Dr Kuper offered to check on the availability of intravenous sedation."

13/22 Chairman's Report

22.01 The Chairman was not present to give his customary verbal report. He would provide a report at the following meeting which would cover the details of any activities of particular importance not covered this month.

13/23 Chief Executive's Report

23.01 Yi Mien began her report by noting the publication of the Francis Report into the Mid Staffordshire NHS Trust Public Inquiry. Discussions on its impact and recommendations were taking place at all levels throughout the Trust and senior nursing meetings had been convened. The Board would discuss the report in more detail following the publication of the Department of Health's response.

23.02 The commissioner letter of support for the Trust's FT application had been received from NHS North Central London on 7th February. The Board to Board meeting with the Strategic Health Authority (SHA) had taken place the previous week, and had been followed by a meeting with the SHA Chairman and the Trust Development Authority (TDA). At this latter meeting, both had been positive about the Trust's strategy, but had suggested there were areas which might be strengthened. It had therefore been agreed the Trust's FT application be deferred until the summer. Staff had expressed concern at this decision, but it was important to concentrate on the opportunities for reflection it afforded, with a view to ensuring the Trust continued to guarantee the very best care and outcomes for its patients. Yi Mien had sent out a briefing to all staff, and over the next few months the Trust was embarking on a programme of meetings with the community, staff and other stakeholders. The next Board to Board would be held with the TDA.

23.03 Yi Mien also drew attention to:

- the government's announcement of a cap of £75,000 for long term care costs
- the coverage of the Trust's estates strategy, agreed at the January Trust Board
- the award of £750,000 to improve the physical environment of maternity services
- the review of all current food suppliers in the wake of the recent controversy over beef products being found to contain horsemeat.

23.04 The Ambulatory Care Centre was scheduled to open in October, and there would shortly be displays on show for patients and staff to see the plans and designs. Staff have been closely involved in the design process through a project led by Helen Taylor, Head of Pharmacy.

23.05 Yi Mien welcomed to the Trust newly-appointed Deputy Chief Operating Officer Lee Martin, and informed the Board that Guy Dentith had been appointed Deputy Director of Finance in place of Jim Davies, now Deputy Director of Finance at Wirral University Teaching Hospital NHS FT. She paid tribute to Jim's contribution to the Trust over the past four years.

23.06 Anita Charlesworth asked executive colleagues to elaborate on how the Trust was planning to respond to and take forward the learning from the Francis Report. Bronagh Scott replied that this was to be the subject of a Board seminar in April, but many opportunities had been created for staff including senior nurses to meet, discuss and reflect on the issues raised. The Nursing, Midwifery & AHP strategy focuses on the delivery of high quality compassionate care, the Trust also spends considerable time talking to patients and staff.

Information gleaned from this process is being analysed at present. Sue Rubenstein had held several discussions with Bronagh Scott and Martin Kuper about the implications for Whittington Health, and her 'day job' had made her aware of the degree to which guidance for Boards was likely to be updated.

- 23.07 Reflecting on staff involvement in designing the ambulatory care centre, Peter Freedman asked whether there was to be a similar process for the forthcoming developments within maternity services. Yi Mien replied that there was, and that the Design Council had already started work with staff. It was also suggested that the Governor who had carried out extensive research within maternity services be invited to join that project team. Yi Mien added that not only Trust staff but also community representatives, GPs and so on should routinely be involved in plans for service developments.
- 23.08 Paul Lowenberg enquired whether there was potential for any other grants prior to the end of the financial year, and if so, was the Trust ready to respond. He also asked whether illustrative materials were available to show the public, as well as staff, what improvements would look like. Thanking him for his question, Yi Mien reported that the Trust had been selected as the hub for TB services in North Central London, i.e. it had received support from patients and staff as the best location for TB services in the area. On the point about illustrative material, posters would shortly be available for the ambulatory care centre, and the same would be provided for the maternity service developments. Once plans were clear, they would be displayed across the organisation. On a more general note, Yi Mien stressed that the Trust needed to be better at sharing and celebrating its successes.

13/24 Quality Committee Progress Report

- 24.01 Introducing this item, Bronagh Scott said that the written report circulated was that of the January meeting, a verbal update of which had been provided at the January Board meeting. She was happy to take questions. Sue Rubenstein reminded Board colleagues that the Quality Committee always considered the most up-to-date performance dashboard available to it at that point, as well as reports from the divisions, and there remained some issues which appeared to have been ongoing for some considerable time, such as response times to complaints and cancer waits.
- 24.02 Maria da Silva began by informing the Board that the Trust was now achieving 91.8% of health visitor new birth visits in Haringey. ED remained a cause for concern, although the current position had been partially alleviated through winter pressures funding. The Surgery, Cancer & Diagnostics Division (SCD) continued to work to improve the position on cancer access, and was producing new information for GPs on breast cancer services alerting women to the importance of having tests carried out within fourteen days. Diagnostic waits had breached in December due to waits in endoscopy; she had increased capacity in this area and was confident the Board would see an improved position by the end of March.
- 24.03 Maria acknowledged that the position on complaints had worsened, this was because there remained issues of capacity within the divisions. She hoped to have reached 65% target response times by the year end. Mandatory training remained at 84%. The position on appraisals was gradually improving, and the figure for medical appraisals was nearly 90% (this being the time of year when these are carried out). Facilities, however, stood at around 20% and required improving. Trajectories had been produced for all divisions and were being monitored on a weekly basis. Referring back to mandatory training, Maria said that information governance training was a particular problem. In an effort to resolve this

they had embarked upon a programme of 'training the trainers', and each of those trained had a trajectory showing how many people they would be training.

- 24.04 There continued to be difficulties with physiotherapy access, and the team had recently visited Hillingdon in order to learn from innovative practices carried out there. The aim was to clear the backlog by the end of March, but in a way that they could be confident was sustainable. There had been some re-design of the booking office and triage, they were also looking at a new system and telephones and continued to work with IT to develop a more sophisticated system, including working towards a full Choose & Book system for physiotherapy, although there was considerable work to be done with GPs to encourage full use of this system. GPs had been kept informed of progress throughout, both individually and through the Clinical Quality Review Group.
- 24.05 Reporting on progress with the Transforming Patient Experience (TPE) project, Maria confirmed that a new director was in post and an excellent programme manager had been appointed. There had been a delay of some four weeks in implementing the project, but plans were becoming more robust, and the current focus was on medical records. Patient pathway co-ordinators (PPCs) had all been appointed and would be in place in May, Maria was scheduled to meet with them at the end of the week. Training plans had been developed and discussions were underway regarding how best to transfer staff from their existing to their new roles.
- 24.06 Referring back to complaints response times, Sue Rubenstein queried whether actions taken to improve the situation were the correct ones, or simply correct ones which had not been successful, and added that a trajectory showing the expected rate of improvement was required. Bronagh Scott replied that there had been some recent improvement – rates were now at 42% - but she acknowledged the rate of improvement needed to be faster. She had increased capacity within the central team, the issue was insufficient capacity within the divisions. She also reminded Board colleagues that Yi Mien, Maria and she read all complaints, which frequently resulted in actions being taken to resolve difficulties long before investigations had been completed and responses sent. Maria da Silva echoed Bronagh's comments about capacity, adding that there was to be a new post for each division (two for ICAM because of its size).
- 24.07 Jane Dacre agreed that processes had been put into place to try to improve the position and wondered what the next stage might be. Yi Mien spoke of the rising number of complaints, saying that not only was it important to keep on top of them, but the Trust needed to be better at putting things right immediately – she herself had telephoned patients at home in order to be able to resolve matters as speedily as possible. She added that divisional directors were also now scrutinising complaints, and this had caused palpable improvements in some areas.
- 24.08 Anita Charlesworth raised several points of concern she had noted from the dashboard, namely the reduction in consultant presence on the wards from that achieved in November and December, the reduction in pre-11.00am discharges, and the reduction in theatre utilisation. Martin Kuper assured her that the 7-day ward round was in place in surgery, and almost complete in medicine, however this was a change that had had to be negotiated rather than just mandated, and as such could not be effected immediately. On theatre utilisation, a new rota was to be introduced imminently, it would be necessary to wait until March/April to gauge the effect of that.

- 24.09 Bronagh Scott confirmed there had been one MRSA bacteraemia case. A root cause analysis had been completed and would be taken to Quality Committee in March. It was anticipated there would be some learning from this case, and the results of this would be reported to the Board.
- 24.10 Peter Freedman commented that the take-up of the Friends & Family test remained low in ED, wondered whether the Trust was likely to achieve its 15% target, and if not, what the stance should be. Bronagh Scott replied that achievement of this target within EDs was proving difficult across the country. The Trust had been using PET machines, but had recently designed a postcard which people could fill in prior to leaving the department. Within EDs, however, no organisation expected to meet the 15% target.
- 24.11 Referring to the exceptions report, Paul Lowenberg said that he found the use of the word 'ongoing' against trajectory target dates unhelpful – it failed to define whether a target had been completed or not and he requested the use of the term cease. He also commented on the importance of appraisal, which he described as fundamental to the Trust's OD objectives – the target was to achieve 90% by the end of March and this was only five weeks away. There needed to be month to month milestones setting out the trajectory and against which progress could be measured. Maria da Silva assured him that within the Operations Directorate they were clear on the numbers down to service manager level. She had conducted an analysis of all her services – some were at almost 100% and some very low. Appraisal rates were low on the wards, and Maria had spoken to Bronagh Scott about this as it constituted a professional as well as managerial issue. Tracking was being carried out on a weekly basis. Bronagh Scott reminded Board colleagues that ward managers not only had up to forty staff, but were themselves operational rather than just supervisory staff, so this was a particular challenge for them.

13/25 FT Application and Self Certification

- 25.01 Richard Martin updated Board members on progress with the Trust's FT application, focusing on the following areas. He began by formally confirming that the CCG Convergence Letter had now been received and it supported the Trust's Integrated Business Plan (IBP) and Long Term Financial Model (LTFM).
- 25.02 Prior to the Board to Board meeting with NHS London on 21st February, the Trust had been required to prepare submissions on working capital, quality and finance governance and overall governance. These submissions were formally ratified by the Board.
- 25.03 The Board also formally ratified the December submission on the Single Operating Model (SOM) which had been sent to NHS London.

13/26 Financial Report

- 26.01 Richard Martin began his report by informing Board members that Month 10 had been a strong month, with a favourable run-rate of some £300k, and that without the need for non-recurrent support. Contributory factors included prisons, sexual health and CAMS, plus a recharge for one consultant to UCLH.
- 26.02 Implementation of CIPs had now reached 91.3%. The cash balance stood at the highest rate in the history of the Whittington, and might still rise by the end of the year if further expected income materialised. There was also provision for the ambulatory care service. The risk rating was currently calculated as a 3 at this stage. Some money would be used to place the Trust in the best possible position to achieve its restructuring plans.

- 26.03 Peter Freedman asked for more detail about the overspend on pay, also about the North Central London non-recurrent funding shown. In answer to the first, Richard confirmed that this was due to the contribution to support restructuring. The North Central London funding comprised winter pressures funding and community investment. Most of this funding would be spent this year, although some was expected to run into 2013/14. Due to its being non-recurrent a significant proportion would be spent on short-term contracts. Maria da Silva cited Hospital at Home as an example of how such funding could be used; although it was not possible to complete the project before the end of the year much of the scoping work could be carried out including agreeing which treatments could be carried out.
- 26.04 Anita Charlesworth congratulated executive colleagues on the overall financial position, but expressed concern about pharmacy spend, which she would have expected to be a well-planned area with good activity. Richard Martin explained that the financial position showing for pharmacy was attributable to an aspect of CIP relating to VAT which it had not been possible to achieve. Anita went on to inquire whether, if the Trust was to be benchmarked, how efficient our use of medicines would prove to be. Martin Kuper replied that he believed it was efficient, and added that although it had not been possible to achieve the expected savings on VAT this year it was anticipated this would be met for 2013/14. Yi Mien Koh added that she chaired the UCLP Pharmacy Group so met all the heads of pharmacy in that group frequently and she was confident that Whittington Health performed efficiently and had been extremely successful in its implementation of electronic prescribing. Furthermore, the CIP on restructuring in this area had achieved 124% thus proving the service's ability to deliver.
- 26.05 Paul Lowenberg asked whether there had been any adverse movement in respect of staffing. Richard Martin replied that the only area where this had been the case had been for winter pressures, and the Trust had funding for this so there would be no overall net adverse impact. Bronagh Scott added that the executive team had taken the decision to open Bridges Ward, and to employ a pool of nursing staff so as to avoid reliance on agency staff – this should all however be covered by winter pressures funding. Referring to page 18 (analysis of the CIP programme) there appeared to be some variation on the position related to the Vacancy Scrutiny Panel (VSP) figures. Richard confirmed that this was deliberate, as it demonstrated the effectiveness – or lack of – of other measures being taken, and attempted to describe how much was expected to be delivered from this particular programme.
- 26.06 Referring to section 9.4 on page 21 of the report (working capital), Paul Lowenberg asked whether any material implications arose as a result of this position. Richard Martin replied that it was not possible to draw down the complete amount at this stage in the financial year, the reference in the LTFM was because the Trust had been advised by NHS London to use it to solve liquidity issues. NHS London was therefore fully aware of the Trust's position on the working capital loan and had agreed the Trust's approach. Paul asked for this to be further discussed at the Finance & Development Committee.
- 26.07 In answer to a question from Robert Aitken about the date by which detail of the savings from the managed print service would be known, Richard Martin confirmed that there was indeed a projected date however he did not have this immediately to hand and would follow it up after the meeting.

13/27 Finance & Development Committee

27.01 Paul Lowenberg informed Board colleagues that the main items of business at the meeting held on 21st January had been the IBP and LTFM and going through the position on liquidity. Also discussed had been the workforce strategy and CIP programme. There would need to be a review of all elements over the coming months. Committee members had considered the 5-year capital programme, and finally had spent time discussing ED, where the lead clinician as well as management and nursing staff had been present to give their input. There had been unanimity about the direction of travel, and the Committee had felt assured both on quality issues and the service's ability to remain within the cost envelope available.

13/28 Clinical Excellence Awards (CEA)

28.01 Martin Kuper reported that the panel had met and agreed the awards to be made. These included awards for some community staff who had missed out on the 2011 CEA round because of the timing of the creation of the ICO. Overall, Martin believed this to be a positive position and 'good news story'. Robert Aitken commended those who had been successful in the recent round of Clinical Excellence Awards.

13/29 Board Assurance Framework (BAF)

29.01 Introducing this item, Louise Morgan confirmed that this was the latest iteration of the BAF and was for the Board to note. Noting 1.2, Robert Aitken asked whether the new business development manager would be in place by 13th March; Richard Martin confirmed his awareness that work was currently in hand to place the advertisement. It was noted that the Directory remained a work in progress.

29.02 Paul Lowenberg said that the Audit & Risk Committee would need to review some aspects of the BAF – this Committee was scheduled to meet the following week and the BAF had been placed on the agenda for discussion.

29.03 Referring to 5.2 (management capacity for change leadership) on the BAF, Paul Lowenberg stressed that this was one of the Trust's most fundamental deliverables and should be monitored closely despite its current amber rating.

13/30 Consultant Appraisal and Revalidation

30.1 Robert Aitken commended the work which had been carried out on consultant appraisals and revalidation and on behalf of the Board thanked all those who had contributed to it.

13/31 Register of Interests

31.01 The latest iteration of the Register of Board Members' Interests had been circulated for the Board to note and to remind members to provide any updates.

13/32 Any other business

32.01 No items of any other business were requested.

13/33 Contributions from the floor

33.01 The following points and questions were raised:

- Annually was insufficient for the Board to receive a report on complaints, they should be discussed more regularly
- The Chief Executive's report had mentioned the need to check all beef products however no mention had been made of the need to check pork products and this was of key importance to the population served
- What is the target for bed occupancy and how would the Board know when this target had been met.

33.02 Board members answered as follows:

- Sue Rubenstein replied that the Quality sub-committee of the Board looked at complaints in far more depth at its meetings. She added that following the Francis Review there might be a different approach to how complaints were tracked, and she would not like to think that the Board only gave consideration to complaints once a year; the point was well made.
- Pork products – Yi Mien Koh undertook to ensure these were also included in any review of hospital food
- Bed occupancy – Martin Kuper stressed that this was not straightforward as the Trust must of necessity take a flexible approach to bed numbers based on need. Bed numbers are therefore constantly being reviewed and this includes using advanced software. In summary, the Trust staffs as many beds as are required and no more since we are also responsible for the appropriate management of resources. It was agreed that Helena Kania would have a further discussion with Martin Kuper about ambulatory care outside the meeting.

33.03 Anita Charlesworth felt that the question about bed occupancy rates had been a good challenge for the Board to consider how it measured whether there was appropriate capacity in the system at all times, and that better metrics were required to demonstrate how we manage capacity appropriately. Sue Rubenstein added that it was not just about how capacity was measured but also about how it was communicated as it was necessary to maintain public confidence. Echoing this, Jane Dacre pointed out that bed occupancy – and numbers – were things the public related closely to. Martin Kuper restated the need for the Trust to be as efficient as possible with the resources we use. In answer to a question about the exact number of beds, Martin said the total was around 360 at present and the proposed reduction was of around 60 over five years. Care is changing – gynaecology for example is now an almost entirely out-patient service. Paul Lowenberg made the point that there was a need to demonstrate that the Trust's strategy was sufficiently resilient to meet the peaks in service needs. Martin Kuper spoke briefly about the enhanced recovery programme, mentioning that Lee Martin was leading some modelling work to support this. He stressed that this programme was not in itself a bed reduction strategy.

33.04 Sue Rubenstein encouraged all observers to attend any or all of the Whittington Health discussion meetings (public meetings) being held across Islington and Haringey between now and mid-April. Details were available from the secretariat or the communications team. One observer expressed the opinion that the 'leafy suburbs' were being allocated a higher level of resources than areas such as that served by Whittington Health. Greg Battle spoke of the differences between Whittington Health and other Trusts particularly in terms of care provided outside the hospital. Margot Dunn felt it important that the Board recognised its

failure to properly come to terms with the public's view of the changes the Trust planned to introduce.

33.05 In answer to a question from Graham Laurie about the length of time the FT application was being delayed by, Yi Mien replied that the Trust was expecting to agree a new timetable with the Strategic Health Authority the following week but it could be up to six months. The Trust remained keen, however, to move forward as swiftly as possible. Graham also believed it was important to correct the misapprehension that the Board comprised only 'business people' when many in fact had a clinical background. In answer to a further question from Graham about the proportion of first line reporting staff had completed all their appraisals, Yi Mien replied that these would all be completed by the end of March.

33.06 David Emmett asked whether there was a cap on maternity services. Referring to the workforce strategy, he asked for more detail on the balance between substantive and temporary staffing particularly in respect of CIP planning. In answer to the first question, Yi Mien Koh stressed the Trust had a duty to deliver safe care within all its services and currently the physical environment from which maternity services were being delivered meant that if numbers exceeded the number to whom the Trust was able to guarantee safe care then it would be necessary to cap. Once the planned improvements were made to the facility there would be an opportunity to raise the numbers again. In response to his query about agency staff, Bronagh Scott confirmed that the Trust did use too many agency staff, particularly in nursing, and it was focusing on decreasing this use. A great deal of progress had been made over recent months, including improving rates of pay and tax arrangements. It had also been agreed to employ (on short-term contracts) a pool of 22 w.t.e. nursing staff or around 4/5 people per shift in order to negate the need to bring in agency staff. It should be possible to see a significant reduction in the use of agency staff over the coming months. It was further noted that the figures shown for January were accurate for acute services but possibly less so for the community.

13/34 Board Matters

34.01 Board members suggested the following items should be included in the Chairman's post-Board monthly update:

- the pause in the FT application, support received from NHS London and the TDA
- public attendance today together with details of the forthcoming discussion meetings
- bed numbers
- publication of the Francis Report
- the importance of appraisal
- grants received for service improvements including within maternity
- review of meat supplies to hospital
- Whittington Health as a provider of TB services to the sector.

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

This paper lists actions arising from meetings held during late 2012 and lists new actions arising from the Board meetings held on 23 January and 27th February 2013

Ref.	Decision/Action	Timescale	Lead
188.3	To give consideration to generating publicity around proposed improvements in maternity services and the ambulatory care initiative	March/April	Comms
04.04	To encourage more clinical input into the Electronic Patient Record Board	Immediate	MK
08.05	A report identifying trends and patterns in complaints and incidents within the Emergency Department to be taken to the next Quality Committee	March QC	ICAM Division
08.07	Annual Report of complaints to be added to the Trust Board planner	Immediate	LM
08.10	To consider additional scrutiny of issues classified long-term red on the integrated performance dashboard	March Board	NT
08.12	Amendments to be made to the Performance Management Framework as detailed in this minute	February Board	NT
10.03	The OD Strategy to be placed on the agenda for the Finance and Development Committee	April F&D	YMK
21.02	Paul Lowenberg to report on his meeting with Naser Turabi regarding the Performance Management Framework	March Board	PL
24.09	MRSA Bacteraemia case to be discussed at the March meeting of the Quality Committee	March QC	BS
24.11	Cessation of the use of the term 'ongoing' against trajectory target dates in the exemption report (performance)	April 2013	MdS/NT
26.06	Request that working capital be discussed in more detail at the next meeting of the Finance & Development Committee	April 2013	PL
26.07	To check on the projected date by which expected savings from the managed print service would be known	March 2013	RM
29.02	Audit & Risk Committee to review some elements of the BAF	March 2013	PF
33.02	To ensure pork products were included in any review of meat products supplied to the hospital	Immediate	YMK
33.02	Helena Kania and Martin Kuper to arrange to have a discussion around ambulatory care.	March/April	HK/MK