

**The minutes of the meeting in public of the Trust Board of Whittington Health held at  
2.00pm on Wednesday 27<sup>th</sup> March in N19, Whittington Hospital**

Present:	Robert Aitken	Non-Executive Director
	Greg Battle	Executive Medical Director, Integrated Care
	Jane Dacre	Non-Executive Director
	Peter Freedman	Non-Executive Director
	Yi Mien Koh	Chief Executive
	Martin Kuper	Medical Director
	Joe Liddane	Chairman
	Paul Lowenberg	Non-Executive Director
	Richard Martin	Director of Finance
	Jo Ridgway	Director of Organisational Development
	Bronagh Scott	Director of Nursing & Patient Experience
Apologies:	Anita Charlesworth	Non-Executive Director
	Sue Rubenstein	Non-Executive Director
	Maria Da Silva	Chief Operating Officer
In attendance:	Kate Green	Business Manager, Nursing & Patient Experience
	Lee Martin	Deputy Director of Operations
	Louise Morgan	Trust Company Secretary

The start of the meeting was delayed fifteen minutes by the Chairman to allow representations to be made by members of the Defend the Whittington Campaign. The Chairman invited those present to attend the discussion meetings scheduled for April, details of which were available from staff present or the Trust's internet site.

13/35 Apologies for absence

35.01 Apologies were received from Anita Charlesworth, Maria da Silva and Sue Rubenstein.

13/36 Declaration of interests

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

13/37 Minutes of the meeting held on 27<sup>th</sup> February 2013, matters arising and action notes

37.01 Referring to minute 21.02, Paul Lowenberg informed Board members that his meeting with Naser Turabi had not yet taken place. Lee Martin undertook to ensure this was convened.

37.02 The numbering of the minutes had been affected by two items having merged into one, and the secretariat would alter this prior to their being signed.

37.03 Referring to minute 24.08, Martin Kuper clarified that at this stage achievement of the 7-day ward round in medicine was an aspiration and there were no current plans in place to implement this.

37.04 Review of the action notes was deferred. These would be circulated after the meeting for updating by those responsible.

### 13/38 Patient Story

- 38.01 Cassie Williams introduced Logan Van Lessen, Matron for the post-natal ward, and parents who recently gave birth at the Whittington. Logan began by thanking the Board for inviting them to attend, and said that she had worked at the Whittington for thirty years. She stressed that she was attending on behalf of the supervisory team, as the story she was about to describe had been their initiative. She acknowledged the support the initiative had received from the team, other staff, and the PALS team, particularly Antoinette Webber and Cassie Williams.
- 38.02 The initiative – that of enabling partners of new babies to stay overnight on the ward - had originally come about as part of a Local Supervising Authority audit in 2011. Reference had been made in documents produced by both the Royal College of Midwives and the National Childbirth Trust to the importance of partners' involvement in the early lives of their infants – something Logan felt fitted closely with the 'no decision about me without me' ethos of the Trust. No resources were able to fund the development meaning that it had had to be cost neutral, and the development had been further hampered by the ward being located in an old-fashioned Nightingale Ward with limited space. Following a survey which revealed huge support from women, a pilot was run between September and November 2012. A post-pilot survey conducted revealed overwhelming support for the initiative to be made permanent.
- 38.03 The mother spoke of her surprise at her husband being able to stay overnight – she felt it 'amazing' that at a time when she was particularly vulnerable, with a new baby, she had been able to have her husband with her, and he now knew their baby as well as she did. The father was a serving member of the forces, and so did not know whether he would ever again be granted such an opportunity. The father added that an added bonus was his not having had to go home 'and worry'. He paid credit to the staff, and expressed his hope that having fathers on the ward lightened their load a little.
- 38.04 Peter Freedman asked whether, during an initiative with so many positive aspects to it, they had encountered any negative points for the staff. Logan replied that there had been some, chiefly around health and safety and risk, but staff had very quickly embraced the idea and it was worthy of note that not one adverse event had been recorded on Datix.
- 38.05 The Chairman thanked both Logan and the new parents for their presentation. It was noted that the initiative had been confirmed as permanent, and funding had been secured for some recliners. In answer to a question from Greg Battle, Logan confirmed that the Whittington had been the first London Inner-city Trust to introduce this. Yi Mien Koh added that the environment of maternity services was to be further improved over the next two years.

### 13/39 Chairman's Report

- 39.01 The Chairman had been away for much of that month, and so invited Peter Freedman to use this item to report on the Trust's recent meeting with Monitor. Peter explained that this could be set in the context of Whittington Health being a provider of innovative care, and he cited specifically multi-disciplinary team working in community services, ambulatory care, enhanced recovery and Electronic Patient Record (EPR) developments.

Monitor had found the meeting very useful and had subsequently invited the Trust to become involved in the development of its cost model.

39.02 In respect of service development and change, the Trust was currently in 'listening mode'. A series of meetings was being held in the community, and the Trust was also hosting open days, the first of which was to take place on 14<sup>th</sup> April. Final recommendations would be brought back to the Board in July.

#### 13/40 Chief Executive's Report

40.01 The Chairman invited questions to the Chief Executive's written report which was contained within the Board papers; none were received.

#### 13/41 Report from Quality Committee

41.01 Introducing this item, Bronagh Scott informed Board colleagues this was a verbal report of the meeting which had taken place the previous Wednesday. Issues discussed had included:

- the lack of progress on improving complaints response times, where the main issue remained capacity within the divisions
- the difference between simple routine complaints and the more complex ones which took longer to resolve
- concern over the percentage of staff for whom safeguarding children Level 2 mandatory training remained outstanding and the urgency of progressing this through the divisions
- infection control at HMP Pentonville and the state of the fabric there
- SI timescales; the Trust had given an assurance to NHS London that it would be up to date by the end of March and there were two that would not now be completed. Significant progress had been made, however, and Bronagh was keeping the Trust Development Authority (TDA) updated.
- the NHSLA Level 2 application – because of the amount of work necessary to achieve this it had been recommended that the mock assessment be put back to September, with the final set for December or February. This was agreed by the board.

41.02 Quality Committee had been pleased to note the continued improvement in Health Visiting new birth visits. Other innovations mentioned had included partners staying overnight on the post-natal ward (the subject of the earlier patient story), and the receipt of a national award by the Learning Disabilities team for innovations in care planning.

41.03 It was noted that this year's Quality Account would be a subject for discussion at the Trust Board seminar in April.

41.04 A written report of the March Quality Committee would come to the Board in April.

#### 13/42 Single Sex Accommodation Declaration

42.1 Lee Martin informed the Board that the single sex accommodation declaration was a statutory annual duty for all Trusts with in-patient services, and would be put on Whittington Health's public website once formally approved by the Board. He further informed the Board that there had been one single breach during the year – this had

taken place within community services and as such was not required to be included. The Board formally approved the declaration.

13/43 Foundation Trust Application – Single Operating Model

43.1 The Single Operating Model submission for January had been signed by the Chair and Chief Executive on behalf of the Board and required Board ratification. Richard Martin explained that the Trust had been rated amber/green for governance because of the ED year to date position and also the two MRSA cases. The submission was formally ratified by the Board.

13/44 Integrated Performance Dashboard

44.01 Lee Martin informed the Board that his introduction would focus on areas the Trust would be concentrating on over the next few months. He began by expressing the hope that ED would meet its target by the end of the year. Referring to cancer access targets, he took the Board through recent actions taken to improve the position, including the daily scrutiny of every cancer patient referred and the doubling of capacity for breast cancer services. The backlog for diagnostic services had been cleared and all patients would be treated by mid-May. The only exceptions to this were patients who had chosen later appointments because of family/personal circumstances.

44.02 Complaints times remained a concern, and Lee informed Board members that a trial was being conducted within the Surgery, Cancer & Diagnostics Division (SCD) whereby the complainant received an immediate telephone call and every attempt was made to resolve the issue within 48 hours. Major efforts had also been made to improve training figures, and reports had been refined to show the stage staff were at in the training cycle. A longer-term piece of work would be conducted with Jo Ridgway. It was acknowledged that some did find it hard to access courses due to their being full-time frontline staff. A great many courses had been held during the previous three weeks and Lee Martin paid tribute to colleagues in Education & Training for arranging these.

44.03 Jo Ridgway voiced her support to the initiative on complaints described above, her experience showed that such initiatives both generated good feedback and prevented situations from escalating. Yi Mien Koh echoed this, adding that she had been pleased to note the increased involvement of senior clinicians in responding to complaints. Paul Lowenberg voiced some concern about appointment times for community physiotherapy and podiatry, saying that he accepted there was an action plan to resolve the immediate problem but wished for an assurance that measures would be put in place to ensure long-term sustainability. Lee Martin replied that his team was looking at specialist capacity and demand tools, and he would provide a briefing note for the Board accordingly.

13/45 Performance Management Framework

45.01 Following discussion at the January Trust Board meeting the Performance Management Framework had been updated to include financial performance information, increase focus on those areas rated red long-term, and the move from monthly to weekly Trust Operational Board (TOB) meetings.

45.02 Paul Lowenberg reminded Board colleagues that he had yet to meet with Naser Turabi to discuss this in more detail, and Lee Martin undertook to arrange this. Paul also expressed the view that the financial section of the framework should be strengthened, but was happy to recommend its approval as a work in progress. The Board formally approved the framework.

#### 13/46 Financial Report

46.01 Introducing this report, Richard Martin confirmed that the Trust was on track to achieve the year end target, with the underlying position showing a surplus of £1,310k. 96% of the CIP target had now been achieved, and the financial risk rating remained at 3. Temporary staffing costs had reduced again

46.02 The position on the Emergency Department (ED) overspend has improved, with this month's position being the best so far this financial year. There had also been significant financial achievement within the Women, Children & Families Division (WC&F). The Trust was showing a favourable run-rate for the fourth month running, with no reliance on non-recurrent benefits. In answer to a question from Paul Lowenberg, Richard confirmed that the liquidity position had improved slightly since the report had been written.

46.03 Peter Freedman congratulated executive colleagues on achieving this position, and asked Richard Martin what factors in particular had served as the driving forces. Richard replied that the main contributory factors had been the reduced spending on agency staff, reduction in ED overspend, and efforts made by the WC&F division. There had been no significant movement in the Trust's income due to the majority of this being part of the block contract.

46.04 It was acknowledged that further work was required in the Surgery, Cancer & Diagnostics (SC&D) Division, and Lee Martin confirmed there would be a budget recovery plan in place within the next six weeks.

#### 13/47 Staff Survey

47.01 Margaret Boltwood informed the Board that the results of the staff survey had recently been made available. This had been the second such survey undertaken in the Trust since its becoming an ICO. She had been pleased to note that of the 28 key findings published, Whittington Health had ranked amongst the top 20%, and these included job satisfaction, communication between senior managers and staff, incident reporting and being likely to recommend the Trust as either a place to work or to receive treatment. It had achieved the top score of any acute Trust in England for support from line managers and for staff experiencing violence from patients.

47.02 Conversely, the Trust ranked within the lowest 20% for staff experiencing violence from other staff, discrimination at work, belief that the Trust offers opportunities for career progression and for the availability of hand washing materials. Margaret drew attention to the action plans that had been circulated with the Board papers; there was a corporate action plan plus individual divisional plans.

47.03 Peter Freedman enquired whether executive colleagues knew the reason for the reduced response rate (down from the previous year). Margaret agreed that the response rate was disappointing, and acknowledged that encouraging staff to respond over the last

several years had proved challenging. She had hope that the introduction of the on-line survey for some staff would raise the numbers but it had appeared to make little or no difference.

- 47.04 Robert Aitken voiced his disappointment at the inclusion of lack of handwashing facilities. Bronagh Scott replied that the previous year's results had also shown this, however they had referred more to community services which had only recently become part of Whittington Health and this year's reference to in-patient services was surprising. Those who had carried out visits and observed facilities for themselves were also surprised by this result. Bronagh would ask the lead infection control nurse to carry out an audit but was confident facilities were available in all areas. The Chairman expressed his concern at the continued high rate of violence by other staff. Margaret said that this position was not unusual amongst London Trusts, but it was difficult to take action without having sufficient information to properly investigate, and other possible sources of data such as incident reporting did not concur with the findings.
- 47.05 Jo Ridgway asked whether there might be opportunity at a future Board meeting to discuss a bespoke survey she had designed at a previous workplace. The last time this was used there had been a response rate of 65% and therefore provided rich data to inform the OD strategy. It would obviously remain necessary to participate in the national NHS survey, but this targeted only a limited number of staff. The action plan was approved by the Board.
- 47.06 Yi Mien Koh informed Board members this was to be Margaret Boltwood's final Board meeting as she would be leaving the Trust the following month. Yi Mien paid tribute to Margaret's many years of service within the NHS, but particularly to the contribution she had made to Whittington Health in the twenty-three years she had served there.

#### 13/48 Audit & Risk Committee Report

- 48.01 Peter Freedman reported on the most recent meeting of the Audit & Risk Committee which had taken place on 7<sup>th</sup> March. In particular he highlighted:
- the productive discussion which had taken place around risk management , where it had been recognised that the Trust had begun the process well but there was still a great deal to do and for this reason this item would remain high on the agenda of both the Committee and the Board
  - the fact that the Trust will not achieve Level 2 of the Information Governance Toolkit by 31 March
  - there had been some minor delays in the implementation of EPR and the Committee would need to maintain a watching brief over this.

#### 13/49 Board Assurance Framework

- 49.01 Louise Morgan reported to the Board that the Board Assurance Framework (BAF) is a live document, and asked the board to receive its latest iteration. Yi Mien Koh added that the BAF was continually updated as new risks emerged and discussed at the Executive Team on a monthly basis, and Peter Freedman drew attention to forthcoming actions in May and June which the Board would need to monitor.
- 49.02 Noting the BAF would also be placed on the agenda for the next meeting of the Trust's Audit & Risk Committee, the Board formally approved this current version.

13/50 Any other business

50.01 Bronagh Scott informed Board colleagues that the Department of Health's response to the Francis report, 'Patients First and Foremost' had been published the previous day. She would be leading a session on the report at the Board seminar scheduled to take place on 10<sup>th</sup> April.

50.02 The Chairman would work with Karen Welsh after the meeting to put together the next edition of 'Board Matters'.

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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 January to March 2013.

Ref.	Decision/Action	Timescale	Lead
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	April Board	PL
24.11	Cessation of the use of the term 'ongoing' against trajectory target dates in the exemption report (performance) <i>MdS has reported that this action has been completed.</i>	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 <i>The managed print project is due to show savings for the organisation from April 2013 of £140,000 per year, for the next 4 financial years</i>	April 2013	RM
29.02	Audit & Risk Committee to review some elements of the BAF	April 2013	PF
33.02	To ensure pork products were included in any review of meat products supplied to the hospital <i>The Trust procures ingredients from reputable suppliers, most of which are on the procurement framework. We are very much in a similar position to that of the Food Standards Agency in so far as procuring food stuff from reputable suppliers gives us a degree of traceability should there be cause for concern or a food safety risk. We have also received assurances from our primary suppliers that there is no horsemeat within the meat products being delivered to the department.</i>	Immediate	YMK
33.02	Helena Kania and Martin Kuper to arrange to have a discussion around ambulatory care.	April	HK/MK
39.02	Results of and response to the listening exercise to be brought to the Board in July	July 2013	JL/YMK
44.03	Briefing note on use of capacity and demand tools to reduce waiting times to be produced for Board members	May 2013	LMa/MdS
47.04	Infection control leads to carry out an audit of handwashing facilities around the Trust	May 2013	BS
47.05	Discussion of a bespoke staff survey to be placed on the agenda of a future Board meeting <i>JR has asked for this to be placed on the agenda for the June Board</i>	June 2013	LMo/JR