

The minutes of the meeting of the Trust Board of Whittington Health held at 2.00pm on Wednesday 24th April in the Whittington Education Centre

Present:	Robert Aitken	Non-Executive Director
	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
	Joe Liddane	Chairman
	Paul Lowenberg	Non-Executive Director
	Richard Martin	Director of Finance
	Bronagh Scott	Director of Nursing & Patient Experience
In attendance:	Kate Green	Business Manager, Nursing & Patient Experience
	Lee Martin	Deputy Chief Operating Officer
	Louise Morgan	Trust Company Secretary

It was noted that this scheduled meeting of the Board in public meeting had been forced at the start to reconvene in private due to significant disruption caused by members of the public protesting against perceived threats to services. The Chairman regretted having to take this step and had apologised to Governors and other regular attendees.

13/51 Apologies for absence

51.01 Apologies were received from Jo Ridgway.

The Chairman informed the Board that Whittington Health's Council of Governors had requested a meeting with the medical component of the executive team regarding integrated care, and that this meeting was scheduled to take place at 5.30pm; the Board meeting would therefore conclude at this time.

13/52 Declaration of interests

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

13/53 Minutes of the previous meeting and action tracker

53.01 The following amendments were agreed:

38.01 name should read Logan Vanlessen

38.02 sixth line should read 'no resources were available'

44.01 the last line of paragraph was misleading and should be removed

45.01 the meeting referred to was the Performance Board not TOB.

47.03 the third line should begin 'She had hoped'.

53.02 Actions

- Actions: It was agreed that the Organisational Development Strategy should be discussed at a Board seminar prior to its being received by the Finance and Development Committee.
- Paul Lowenberg – would meet with Naser Turabi.
- Anita Charlesworth informed Board colleagues that the issue of child protection training had been discussed in detail at the most recent meeting of the Quality Committee. Committee members had been assured that sufficient training places had been made available to meet the needs of staff requiring training, but had not received any assurance that these places had been taken up. She believed it was imperative, particularly in the light of cases the Board had recently heard about, that a real focus was given to this, and that there should be divisional accountability for ensuring relevant staff were trained. The Quality Committee had requested this issue be escalated to the Board, and she echoed this strongly.
- The Board discussed the earlier disruption to the meeting caused by protestors, and how best to proceed with meetings in future. One idea suggested was to hold Board meetings through a webinar, thus fulfilling the requirement to hold meetings in public whilst preventing the opportunity for disruption.

13/54 Patient story

- 54.01 Bronagh Scott introduced Cassie Williams, who in turn introduced Andrew Reid, Clinical Director of the Community Dentistry Team. Andrew began his presentation by paying tribute to the work of his team, also to those responsible for arranging the video of the patient whose story was being told that day. He set out the services provided by the team, focusing particularly on domiciliary care, and described the aims of the team. He went on to describe the principles behind those services, and in particular the principle of 'designing services around patients' needs'.
- 54.02 The patient was a 26 year old woman who was 'virtually housebound'. She was referred with multiple dental problems, and had been in considerable pain. She suffered from panic attacks, depression and agoraphobia, and had been housebound for around two years, during which time she had received no dental treatment. Her referral had resulted in her receiving treatment for the surgical removal of teeth as well as fillings and other dental work.
- 54.03 When asked by the interviewer what was important for her about receiving treatment at home, she had replied that without such treatment, she would certainly have lost teeth, and suffered painful abscesses. She also said that she was not the only patient in this situation, others too might benefit from home treatment. Andrew informed the Board that he had telephoned her earlier in the day in order to enquire whether there was any message she wished to include in this presentation, and she had simply said that her dentist had 'saved her'.
- 54.04 Andrew described the range of portable gadgets available to the home treatment team, including a miniature x-ray unit, reclining wheelchairs and a bariatric bench, and referred to the difficulties his staff encountered in practice, for example carrying heavy gadgets to the upper floors of tower blocks when lifts failed to function.

- 54.05 Robert Aitken informed Board colleagues that he and Bronagh Scott had visited the community dental teams and had been most impressed by what he had witnessed. He mentioned the team's practice of contacting patients after treatment, describing this as a unique selling point that other teams would do well to emulate. Patients with complex needs required special understanding, and the community dental team was an example of the importance of recruiting staff with the empathy and sensitivity required to provide this.
- 54.06 Greg Battle had noted the team's referral of their patient to a psychologist, which had resulted in her becoming able to leave the house, which was an excellent example of an integrated service. Paul Lowenberg echoed this, describing the service as a possible area for growth, and asking whether it was receiving the support it clearly merited. Andrew replied that there was support, but that the service was constrained both by the limitations of its estate and by a lack of commissioner engagement. The service had, he said, been successful in gaining the contract for oral surgery for Camden and Islington a year ago but had yet to sign the contract. Martin Kuper cited Andrew's role as an excellent example of good clinical leadership. He also expressed his concern about the direction of the commissioning of these services.

13/55 Chairman's report

- 55.01 The Chairman began his report by describing recent public meetings, two of which had been held on site and a further four in community settings. In all around 200 people had attended. There had also been a weekend event, and a further one was to be held over the weekend of 11th to 12th May, around 300 people in total were expected to attend these. Therefore, around 500 people would have been engaged in these events. Themes emerging were integrated care, community services, and intermediate care. The communications team would be producing a detailed summary of issues raised at these meetings. Concerns had been expressed about the estates, perceived cuts to services and reductions in the number of hospital beds. He expressed thanks to Caroline Thomsett, newly-appointed Communications Director, for her contribution to work in this area.
- 55.02 Robert Aitken agreed with the Chairman's summary. He added that in the Chairman's absence he had visited the Michael Palin Centre, where he had been most impressed by the work of Elaine Kellman and her team there. He had been present at the conclusion of a two-week treatment session, attended by parents as well as the children receiving treatment, and described the service as 'inspirational'. He cited the example of a young man who had received treatment for a severe stammer but had gone on to become a successful reporter, and said that the service was definitely one of the Trust's flagships. Maria da Silva added that the service was also one where extensive research was undertaken. The Board also discussed such community services' experiences of joining an ICO.

13/56 Chief Executive's Report

- 56.01 Dr Koh introduced her report by highlighting the changes to national terms and conditions which would provide the tool for improved appraisal systems – for the higher bands in grade 8 similarities could be drawn with performance related pay. A major communications exercise would be carried out across the Trust to publicise these changes. Another change was in the area of sickness pay. In the past, this had been paid at premium rates for any member of staff off sick during these times. In the future, staff off sick during a premium pay rate period would be paid at basic rates. These changes to terms and conditions would be incorporated into the OD strategy, objectives etc. Sue Rubenstein welcomed the flexibility the changes provided, but

warned that there were important issues about how they were communicated to staff, i.e. that they were not seen as punitive but fair, and about rewarding staff who were performing well. Jo Ridgway had taken these issues on board and there would be staff meetings to communicate the changes and the Trust's response to them.

56.02 It was noted that the figure in the first line of the third paragraph (finance report) in item 3 should read £15m rather than £50m.

56.03 The Board briefly discussed accountability and board assurance, and the importance of objectives in contributing to these. Yi Mien informed the Board that changes were to be made to the executive team, with form following function, and advertisements for a new Chief Finance Officer, Chief Operating Officer and Communications Director would appear in the Health Service Journal and the Sunday Times later that week. She hoped this process would be complete by late May or the first week in June.

13/57 Quality Committee Progress Report

57.01 Bronagh Scott presented the formal report of the Quality Committee which had met on Wednesday 20th March 2013. Bronagh advised that the committee had received a number of regular quarterly reports along with Divisional clinical risk reports. The committee specifically requested that the issue of poor staff compliance across all divisions with level 2 and 3 Child Protection Training be escalated to the Board – This had been done in the March Trust Board meeting.

She reported that subsequent to the Quality Committee this issue has been discussed in detail at Executive Committee and Trust Operational Board. A revised action plan has been developed and shared with Divisions. It was noted that while there are some data cleansing issues, figures are an accurate reflection of poor compliance, and all information had been provided to the divisions so that appropriate action could be taken.

57.02 Sue Rubenstein expressed her agreement with Anita Charlesworth's earlier statement, saying that the Child Protection team had evidently undertaken an extensive exercise and done everything possible to make training available – it was just not being prioritised and had therefore become an operational management issue, as this was a fundamental part of what made a safe practitioner. It was an obligation of those who led the divisions to progress this. It was thought that getting all relevant staff appropriately trained would take up to six months, and Paul Lowenberg requested a tracking plan to monitor progress.

57.03 Bronagh reported that while there was an ongoing issue with Divisions meeting the required target for responding to complaints a number of improvements had been implemented in the Divisions and that the next report would demonstrate an improvement in response times.

57.04 The committee had received a report which detailed progress on preparing for the NHSLA level 2 assessment. The team had recommended the mock assessment be postponed until September and the formal assessment until December 2013 or February 2014, and this had been agreed by the March Board meeting.

57.06 The Quality Committee reviewed the draft report from CQC following their inspection of Whittington Hospital which had taken place on 29th January 2013, Bronagh informed the Board that the report had been favourable on the whole, with one criticism related to medical outliers. The ongoing risks associated with medical

outliers in surgical wards was discussed at the committee. This is being kept under constant review and plans to realign bed numbers are being developed.

- 57.07 The committee had discussed two concerns about HMP Pentonville. The first related to an environmental audit carried out recently, which had exposed shortcomings both in the fabric and fittings and also with the state of cleaning at the prison. The infection control team would be monitoring this carefully. There was also a concern around the complexity of governance arrangements which David Williams and his team were working to resolve.
- 57.08 In relation to the quarterly infection control report, Bronagh Scott informed the Board that the target for MRSA bacteraemia is now zero for the year. The Trust had identified a bacteraemia in a patient within 48 hours of his admission to hospital. This is therefore categorised as a community acquired infection and has been assigned to Haringey CCG.. A post infection review has been completed with the CCG and relevant GPs. The report also highlighted poor results from a recent hand hygiene audit across the Trust, and a number of actions have been implemented to address this. There has also been an outbreak of norovirus on one ward in the hospital which was well managed and controlled.
- 57.09 The Quality Committee was also advised of concerns being raised by consultants regarding nurse staffing levels in some medical wards. It was noted that particular concern had been raised regarding skill mix in the older peoples wards. The review of staffing in the older peoples wards had highlighted a concern with the low number of qualified nurses on these wards and an additional 5.5 whole time equivalent qualified nurses had been recruited to each of the older peoples wards to address this. The committee received and approved a plan for the review of nursing staffing levels on all wards.
- 57.09 On the back of the Quality Committee report Bronagh advised the Trust Board of two recent inquests. One related to the unexpected death of a 73 year old woman following elective orthopaedic surgery. The coroner criticised the Trust in relation to the standard of its medical records and issued an improvement notice Rule 43. The Trust will respond to the coroner within the statutory time limits regarding actions being taken to address. The second Inquest related to the death of a patient with Learning Disability. This patient's death was investigated by the Trust as a serious incident and there had been close involvement of the patient's family at all stages. A number of changes have subsequently been implemented. It was noted that Dr Jennings, Director of the Integrated Care and Acute Medicine Division, had been interviewed on national television regarding this death.

13/58 Achievement of corporate objectives 2012/13

- 58.01 Yi Mien Koh reminded the Board that key strategic items such as this were to come to the Board every six months, therefore this report informed of progress made against strategic objectives to date. Martin Kuper spoke about the enhanced recovery programme, saying that, while it had been rated red, significant progress had been made in this area and, with hindsight, he felt that the target had been set too high.
- 58.02 In answer to a question from Peter Freedman about the process for engaging staff throughout the organisation with such objectives, Yi Mien replied that the corporate objectives had been set 'from the bottom up' therefore staff had been fully engaged in the process. Bronagh Scott added that she had discussed the objectives with her senior team and an awayday was planned for later in the month, thus allowing the opportunity for messages to be cascaded throughout the directorate.

- 58.03 Jane Dacre commented that whilst there was visible improvement in some areas, others had appeared to worsen, and she wondered whether the timescales set had been realistic in some areas. In future, she said, it would be important to set more realistic and timely targets. Paul Lowenberg questioned the method by which rag rating had been applied, he believed there were some inconsistencies, as delays in some areas were shown as red and others as amber. He also questioned the status of the LEAN project, which he said had been discussed in detail at the most recent meeting of the Audit & Risk Committee, and Richard Martin confirmed that the savings from that project had not proved to be as high as had been anticipated.
- 58.04 The Board discussed the results of the staff engagement strategy, and Paul Lowenberg queried its results having been rated green in the report. Responding, Yi Mien Koh acknowledged that the survey had only been completed by a small percentage of staff, however, she had been through the results with Margaret Boltwood and there had been no doubt that the Trust had scored extremely highly in some areas, with for example its being rated amongst the top 20 per cent in the country for staff engagement.
- 58.05 It was noted that this year's objectives would be brought to a future Board meeting, and Peter Freedman commented that this provided a good opportunity to review priorities. Maria da Silva suggested the Board might consider a reflective session on the TPE programme, and Louise Morgan was asked to add this to the Board seminar programme.

13/59 Foundation Trust Application

- 59.01 Introducing this item, Richard Martin assured the Board that the Single Operating Model (SOM) submission for February which had been signed off by the Chairman and Chief Executive had contained no points of controversy, and on this basis the SOM was formally ratified by the Board.

13/60 Finance Report

- 60.01 Richard Marin reported that the provisional end of year position showed that the Trust had achieved and indeed exceeded the £3.5m target. The only unexpected issue had been the impact of impairments associated with the Trust's assets, however this had the effect of saving cash. The Trust's cash position was the highest achieved to date. In answer to a question from Peter Freedman about the run rate, Richard replied that this would be re-calibrated in due course.
- 60.02 For 2013/14, it had been agreed that the CIP target would be reduced from the originally planned £18m to £15m, and the Trust would work towards achieving a break even position. Community estates remained a risk, and the capital position reflected the planned developments within maternity services.
- 60.03 It was noted that the Trust was in a £300k dispute with Haringey which might be escalated. Richard Martin expressed some concern over the new arrangements for commissioning specialised services, responsibility for these had now transferred to NHS England, and to date the Trust had not received any income at all for dentistry. Further risks related to specialised commissioning included prison health and immunisation, as well as the 'traditional' specialised services. There was, as yet, no properly functioning infrastructure in this area with which local Trusts could relate, therefore this had to be seen as an area of risk.

60.04 Bronagh Scott added that there had also been a significant reduction in education funding, which would inevitably mean the Trust would need to reduce its activity in certain areas. This is currently being assessed to fully understand the implications.

13/61 Integrated performance dashboard

61.01 Introducing this item, Maria da Silva confirmed that the ED had met its targets at the year end, with some 5,800 more attendances than the previous year and this trend appeared set to continue. In April, however, performance was less good, and a revised action plan was that day being discussed with the commissioners.

61.02 Maria da Silva asked for an amendment to the report – under physiotherapy, the backlog had already been cleared and, by July, the redesign of the service would have been completed. Yi Mien Koh expressed her concern over the Trust's performance in relation to the alcohol CQUIN. There needed to be more focus on this for the following year.

61.03 Sue Rubenstein pointed to the improvement in the timing of new birth visits by health visitors, the team was still not fully resourced so this achievement was worthy of note and she asked that the Board record its thanks to the team for this. Paul Lowenberg had noted the performance on complaints' response times had worsened again in February, and questioned when the Trust might have a system that was duly fit for purpose. Bronagh Scott replied that performance in this area was dependent on divisional responsibility, and to some extent down to having the necessary capacity. She added, however, that there had been significant recent improvement in the SCD division due in part to the introduction of a new way of working, and it was hoped this improvement would be visible in reports imminently. There had been a vacancy in the complaints team which it had previously been impossible to recruit to because of staff issues connected with the TPE project and the Trust's HR processes, this was now being filled. In addition, delays had been caused by the poor quality of some complaints responses resulted in these having to be re-written. More bespoke training sessions were being laid on for staff.

61.04 Paul Lowenberg felt that a trajectory was needed which showed targets for each of the three divisions; the Board needed assurance that the Trust was on track to achieve its targets in this area. Sue Rubenstein voiced the hope that the divisions were also reflecting on the themes and substances of complaints, and Bronagh Scott assured the Board that staff did their best to deal with issues and solve problems immediately they were raised. Maria da Silva said that the ICAM divisional director took complaints extremely seriously and had personally held several meetings with complainants, and Yi Mien Koh added that, within SCD, clinicians were responding proactively and helping to de-escalate matters so that complaints were prevented.

61.05 Paul Lowenberg suggested some of the indicators contained within the performance report might be re-visited to check whether they remained the most relative, citing as an example the pre-11am discharge target.

13/62 Board Assurance Framework (BAF)

62.01 Louise Morgan reminded Board members that the BAF now came to the Board each month, and had last been reviewed on 15th April. The front sheet listed those areas where there had been movement. Peter Freedman said that this would be an item for the next Audit & Risk Committee, and there needed to be an increased focus on having agreed actions in place together with timescales.

13/63 Register of Deed of Execution

63.01 Louise Morgan explained that this report gave details of the use of the Trust Seal between April 2012 and March 2013. The report was duly noted by the Board.

13/64 Any other business

64.01 It was noted that the Francis report had been discussed at the April Board seminar, it had further been discussed at the Medical Committee and the Nursing, Midwifery & AHP Executive. It would, therefore, soon be possible to brief the Board on how the Trust would be responding to the Department of Health.

64.02 The Chairman noted this was Maria da Silva's last day as a Board member, and he and the Chief Executive paid tribute to all that she had achieved, particularly in the area of integrated care. Maria would be staying on at the Trust for a few more weeks working on a community services project.

Board Matters

64.03 The following items were suggested for inclusion in that month's Board Matters:

- Public meeting being forced to become a meeting in private
- Child Protection training
- Infection control
- Improvement in new birth visits by health visitors
- Changing faces
- Patient story
- Achievements in Emergency Department
- Finance and CIPs.

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