

**The minutes of the meeting of the Trust Board of Whittington Health held at 2.00pm on
Wednesday 22nd May in the Whittington Education Centre**

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

13/65 Apologies for absence

65.01 Apologies were received from Martin Kuper.

13/66 Declaration of interests

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

13/67 Minutes of the previous meeting and action tracker

67.01 It was noted that Sue Rubenstein had been present at the April meeting. Other than this, the minutes of the meeting held on 24th April were approved.

Action Tracker

- 67.02
- The OD strategy remained scheduled for discussion at the June Board Seminar
 - A date had been set for Paul Lowenberg's meeting with Naser Turabi
 - Working capital had been discussed at the Finance & Development Committee
 - Feedback from the listening exercise remained scheduled for the July Board
 - The briefing note on capacity and demand tools would come to the Board in June
 - The infection control team had carried out their audit. The conclusion was that sufficient facilities were available but were possibly not all as visible as they might be. Work was, therefore, in hand with the communications team to address this. Bronagh Scott paid tribute to the work of the team for their work on this.
 - The proposal for a bespoke staff survey would come to the Board seminar in June as part of the wider OD work. The Chairman expressed his support for the idea of this survey.
 - The Board was pleased to note the rise in uptake of levels 2 and 3 child protection training. Sue Rubenstein explained that there had been a surge in the uptake of training in Haringey following the Baby P case. This had been three years ago, therefore, their training was due for renewal.

- The reflective session on TPE could, Lee Martin assured, be scheduled for discussion as and when the Board seminar programme allowed.
- Review of the dashboard indicators was taking place as part of a wider piece of work on governance. This would come back to the Board in July.
- The Board Assurance Framework had been discussed at the Audit & Risk Committee.

13/68 Patient Story

- 68.01 Cassie Williams introduced Siobhan Mellett and Zaynah Dinah from the Enhanced Recovery Programme, and Mr ####, a patient who had recently undergone a hip replacement. Zaynah opened her presentation by setting out the main components of the programme, including being able to return to a normal life as soon as possible after surgery, improving outcomes, getting better quicker, and reducing bureaucracy. It also aimed for patients to be in the best possible condition prior to their surgery.
- 68.02 The programme had begun in 2010 with hip and knee replacement surgery. An assessment of the service had shown that there were some areas for improvement, including the need to improve the discharge service. Zaynah then took the Board through the patient pathway. This began with a patients' attendance at the Joint School, a 1.5 hour session where patients received information from all of the professionals who would be involved in their care. Patients were given the opportunity to ask questions and also had an assessment of their equipment needs.
- 68.03 Siobhan Mellett went on to describe the patients' treatment following surgery. She advised that patients are encouraged to get out of bed within two hours of their operation, and a return to independence is promoted as far as possible. Two-three days following their discharge from hospital, Siobhan telephones patients to inquire after their wellbeing and to answer any questions they might have. Patients are also provided with her telephone number. Siobhan ended her presentation by showing the results of a basic customer satisfaction survey designed by a consultant, the results of which were extremely positive.
- 68.04 Mr ##### had undergone a hip replacement forty days ago, and said that the clinical outcome had been wonderful and that he had received very good care. The Joint School had been very helpful, and all his questions had been answered. It had been a 'totally professional' operation, and he had been treated with dignity and respect at every stage, which had come as a great relief to him as this had been one of his underlying concerns. Pain relief had been supplied on demand, and the nursing care had been first-class, as had been the physiotherapy. In summary, his experience had been extremely positive, and he felt that The Whittington Hospital had a good story to tell.
- 68.05 Anita Charlesworth asked Mr ##### whether he felt he had been discharged too early, and he replied that he had not felt this at all. His operation had taken place on the Thursday and he had been ready for discharge on the Sunday, but this had not happened because a machine had shown a problem with his blood oxygen level. He had, therefore, been discharged on the Monday, but stressed that he would have been happy to go home the previous day. In answer to a question from Paul Lowenberg about communication, Mr ##### said that he had received a telephone call from Siobhan who had asked him whether he needed any support. He added that he had subsequently been told there would be no need for him to see a consultant for a year, which he felt was proof of his excellent outcome.

68.06 Greg Battle asked about physiotherapy in the community. Zaynah replied that she had established a supported discharge team after listening to patients' needs, and where necessary physiotherapy can be offered in patients' homes. Sue Rubenstein added that her mother had recently undergone an operation, and she stressed the importance of the 'joint school' in giving patients confidence and a sense of being in command. She had also asked her mother about night-time care, and been reassured to discover that her mother had reported that her care at night had been good and just the same as that offered during the day. The Board thanked Mr ##### and the staff for their presentation and wished Mr ##### well.

13/69 Chairman's Report

69.01 Following the previous Board meeting, the Chairman had held an extremely positive session with representatives of the Council of Governors to discuss integrated care and the Trust's plans for services going forward. He thanked Greg Battle, Martin Kuper, Maria da Silva and Bronagh Scott for their input to this. Together with the Chief Executive, the Chairman had met with the Labour Group of the London Assembly, and a further meeting was planned. The chief issue for discussion had been intermediate care. A meeting with the Defend the Whittington Campaign had been arranged for Monday 3rd June at 5.00pm, and all Board members were welcome to attend.

69.02 The Chairman had attended the first annual conference of the Trust Development Authority (TDA). The TDA had set out who they were, and the direction of travel they intended to embark upon. Their remit was to help the 101 organisations that had not yet achieved FT status to reach that stage. In the last eighteen months, three organisations had been approved. Of the 101, some eight were, like Whittington Health, in the final stage of the pipeline. Yi Mien Koh added that of particular interest had been the launch of the annual Accountability Framework, and she urged the Board to familiarise themselves with this. David Flory had been clear in his expectation that NHS Trusts would achieve FT status.

69.03 Robert Aitken had attended the Monitor conference the previous week and reported there had been some discussion about the lack of alignment with the TDA. They planned, however, to hold regular meetings with the TDA and CQC. There had been some sense that the 2014 deadline for achievement of Trust status was no longer as rigid as it had been.

13/70 Chief Executive's Report

70.01 Yi Mien Koh introduced her report by announcing that Whittington Health had won the national CHKS Award for Patient Safety, mentioning that this achievement was particularly apposite in the light of David Flory's desire for organisations to prove themselves 'post-Francis compliant'.

70.02 The A&E four-hour target was topical at present, with a national focus on performance due to many trusts failing to meet this target. All relevant organisations were required to establish urgent care boards, working with CCGs as part of a whole systems approach, and a full action plan was to be submitted by Friday 24th May.

70.03 The CQC had published its in-patient survey results in April, and Yi Mien's report set out the areas of improvement noted for Whittington Health. Bronagh Scott informed the Board that results had been shared a few months previously and again when the report was published on the CQC web site. She added that a full report would be discussed in more detail at the Quality Committee in July 2013.

70.04 Yi Mien concluded her report by informing the Board that the implementation of the EPR within maternity services had proceeded smoothly and should give cause for confidence in the remainder of the programme.

70.05 Peter Freedman congratulated the Trust on receiving the CHKS award, and asked whether opportunity would be taken to acquire some positive publicity. Caroline Thomsett assured him that the communications team was actively working to promote positive messages. A representative from the Islington Gazette informed the meeting that the Trust's winning the award would be featured in that newspaper the following day. Jane Dacre announced that that UCL had once again been named the best medical school in London, and this was due in significant part to the contribution of Whittington Health as a training hospital.

07.06 In answer to a question from Anita Charlesworth about the situation in ED, Lee Martin replied that the document due for submission on Friday addressed not only ED but far wider associated issues. The first meeting of the urgent care board was due to take place the following day. He added that the Trust's position in relation to its ED service was not unique but being seen all over the country with increasing volumes of patients passing through the service.

13/71 Quality Committee Progress Report

71.01 Introducing this item, Bronagh Scott informed Board members that the Quality Committee had met the previous week and had received a number of quarterly reports as well as divisional risk reports. Services at HMP Pentonville remained a chief risk for the ICAM division, although governance arrangements were now much improved. Another risk discussed by the meeting was bed pressures, and in particular outliers and the requirement for extra beds. It was noted that the extra beds being used in the Trust were in fully equipped bed areas. Compliance with level 2 and 3 Child Protection training continued to be a problem across all divisions in the Trust for the reason set out in note 67.02 above. An action plan is in place and it is expected that the Trust will meet the compliance target by the end of September. Progress will be monitored at the Child Protection Committee and the Quality Committee with further escalation to the Trust Board if required.

71.02 There had been number of possible acquired MRSA colonisation cases on the maternity unit, with one baby known to have been admitted positive from another Trust. While precautionary actions based on an outbreak plan had been taken to contain the situation there was a firm belief by the Trust Microbiologists and DIPC that at least two of the four cases identified had been false positives from the machine being used to identify the presence of MRSA although this could not be definitively proven. Staff had coped well with the situation, there had been no spread and two of the babies had since been discharged from hospital.

71.03 Moving on to discuss areas of innovation, Bronagh announced that the CAMHS team had won an award for their friendly approach to clients, and highlighted the (increasing) good practice of contacting patients following discharge, citing as an example Chen DeSouza from the DTC who had written up his work. She also recounted the story of a new father who had suffered a cardiac arrest shortly after the birth of his baby and been revived by the ward staff. There had also been significant progress made towards the NHSLA Level 2 assessment, the mock version of which was scheduled to take place in September.

71.04 Sue Rubenstein echoed Bronagh's points about Pentonville Prison and the risks identified. Providing a health service there would always present difficulties, but very real progress had been made in the area of governance and Sue felt this was an area where the Quality Committee process was really working. She was aiming to hold the September meeting at the prison as a sign of the Trust's commitment. In answer to a question from the Chairman about renewal of the contract for this service, it was confirmed the contract would expire at the end of the March 2013 and the tendering exercise would therefore be held in the autumn. It seemed likely that the tender would be for clusters rather than single prisons, this might therefore present new opportunities for the Trust. The commissioner for prison health services was NHS England.

13/72 Foundation Trust application

72.01 Richard Martin informed Board colleagues that this was the last time the Board would receive this type of report, it would be presented in a new format from the following month. The SOM submission had been signed and submitted by the Chairman and Chief Executive, and the Board agreed to formally ratify it.

13/73 Finance Report

73.01 No financial report was available for the Board this month due to the meeting's being ahead of the usual Month 1 timetable. The usual report would be presented at the following meeting.

13/74 Integrated Performance Dashboard

74.01 The Chairman praised the quality of the cover sheet attached to the report and invited Lee Martin to speak on the content of the report. Lee explained that because this was a Month 1 report he had paid particular attention to where plans needed to be made on redesign. He began with Health Visitor recruitment, which was starting at last to turn round and would therefore have a positive effect on the Trust's performance in relation to new birth visits. Achievement of all cancer targets now appeared sustainable although there was one remaining piece of work to be carried out around Bank Holidays.

74.02 There had been considerable focus on ED, and Lee had reinstated winter planning staffing levels, partly to ease pressure on the core team. April had seen a considerable rise in the number of patients attending ED, between 30 and 60 per day, with the majority of patients arriving between 3.00pm and 4.00pm or 7.00pm and 9.00pm. Rosters were being arranged to meet this demand.

74.03 The complaints pilot within SCD had another couple of weeks to run but was already bringing about signs of real improvement. The position on mandatory training was improving although there remained considerable work to do in this area.

74.04 Sue Rubenstein informed Board colleagues that the Trust had not been able to achieve the best possible score on the safety thermometer due in part to the instances of pressure ulcers in the community. Robert Aitken drew attention to an error in the title on the fourth page which Lee undertook to correct. He also queried the number of staff on ESR, which seemed remarkably low. Responding to this point, Jo Ridgway said that she understood staff were entered onto the ESR via the payroll, and there was obviously work to do in this area. Robert had noted missing data on RTT. He had also noted that performance had fallen on discharge before 11.00am and on theatre utilisation. In answer to the latter points, Lee Martin explained that

pre-11.00am had reduced because the acuity of patients meant more time was needed for complex planning, and theatre utilisation had reduced because of a necessary reduction in elective surgery.

- 74.05 Referring to consultant to consultant referrals, Lee informed the Board that he was aware of where the problems lay and so could build in improvement plans. Paul Lowenberg stressed the need for realistic action plans, preferably with milestones so that the Board could see the impact. Anita Charlesworth referred to the link between training and appraisals, which were the responsibility of both individuals and their line managers, saying that she hoped there would be a shift away from firefighting. She also asked whether it would be possible for the information team to carry out a piece of work on acuity as any change in our case mix would be important for the Trust's planning going forward. Lee Martin replied that the team was indeed trying to do some modelling work taking national factors into account.
- 74.06 Returning to the subject of pressure on ED, Greg Battle spoke of the importance of gaining an understanding of the contributory factors; recently bad publicity concerning the out-of-hours service was likely to be one factor, the introduction of the new 111 number another. In answer to a question from Peter Freedman about what action was being taken to fix the problem, Lee Martin replied that he was re-checking the ECIS document, easing pressure on staff by re-introducing winter pressure staffing levels, and providing an additional GP to the Urgent Care Centre from this week. In the longer term, he would be looking at whether the layout of the department was right, whether he was using the best staffing model, and making sure all components were correctly situated. He would also be looking at ITU and HDU flows, and ensuring community services were running as efficiently and effectively as possible. All this was covered in the document he would be submitting later in the week. It was, he said, part of good planning to check everything. Lee was also establishing an access control room, which was a modern way of managing beds, flows etc.
- 74.07 Sue Rubenstein asked why seven-day ward rounds had moved from green to orange. Lee Martin explained that this was a rostering issue, and would occur one month in four because discussions were ongoing with some individual members of staff. The same was true of eight to eight cover.
- 74.08 Jane Dacre suggested that one simple way of improving mandatory training was for the e-learning component to become remotely accessible. She also said that it was possible that the requirement to renew training had not fully been recognised by registrar grades. Bronagh Scott said that there had been a culture shift at ward level, and that during discussions related to the Francis Report she had observed a 'light bulb' moment when training had suddenly moved from something that was merely necessary to something of value.
- 74.09 Yi Mien Koh raised the subject of CQUINS, there had been no movement at all on the alcohol CQUIN which, had the Trust not been on a block contract, would have meant the Trust incurring a considerable financial penalty. The Trust had performed well on the smoking cessation CQUIN. Lee Martin informed the Board that he was considering transferring the CQUIN work to the PMO to ensure it received robust project management support.
- 74.10 Bronagh Scott drew attention to the marked improvement in complaints response times although still not meeting the target response times. It was possible that for April the percentage of responses sent within the target time would rise to 79% at best, although the likely figure was in the range of 60-70%. There were also many examples of good practice, and the Trust had been nominated a site of good practice

by MENCAP for its handling of a complex complaint involving a client with learning disability.

13/75 CQC Report and Trust Action Plan

- 75.01 Bronagh Scott confirmed this report had initially been discussed at both Board and Quality Committee but the final version had only recently been published. Overall the report had been very positive, although discussions were ongoing over the issue of outliers. It was noted that CQC had requested an annual engagement meeting with the executive team. The Trust had already established a regular cycle of meetings between CQC and the governance team at its own instigation.
- 75.02 Sue Rubenstein expressed the view that the Trust should not be reliant on CQC for setting standards and priorities but should be more proactive in prioritising its own care standards, and to this end she would seek a meeting with Bronagh, Martin and Greg to discuss how best to take this forward. Anita Charlesworth enquired whether it was possible to see the number of outliers the Trust had at any given time as they did constitute a risk. Lee Martin explained that this was difficult as some wards were shared between medical and surgical divisions and there were daily conversations and plans for these patients to be moved to the allocated places. Lee Martin advised that he would review how this could be done meaningfully for Trust Board reporting. He advised that there is a daily report which identifies the number of outlying patients and the wards where these patients are being cared for. He acknowledged that the main concern with outlying patients is to ensure that they are identified on a daily basis and that there is a clear pathway of care and treatment provided by appropriate staff.
- 75.03 In answer to a question from the Chairman about what the CQC would have seen when they visited, Bronagh said that they would have observed some frail elderly clients in a less than ideal environment. They were, however, in properly equipped beds in a well resourced staff area and there were no instances of patients being left in treatment rooms or on corridors or non ward areas. Bronagh Scott confirmed that, in relation to the ward referred to in the CQC report, there are no longer outlying patients with acute medical conditions. There are, however, at times surgical patients transferred from general surgical wards. The staff on this ward were experienced in providing care to patients post operatively and a number of actions had been taken to ensure the correct staffing levels and supervision is provided. She added that any risks associated with this situation had been placed on divisional risk registers and the issues are discussed regularly at Executive Committee and Trust Operational Board.

13/76 Report on consultant appraisals and revalidation

- 76.01 Yi Mien Koh introduced this item in Martin Kuper's absence. As Medical Director, Martin Kuper was the designated responsible officer for appraisal and revalidation, and as such he was required to produce progress reports for the Board. To date, the process was running smoothly and the report was self-explanatory.

13/77 Finance & Development (F&D) Committee Annual Report

- 77.01 Introducing this item, Paul Lowenberg reminded the Board that the Finance & Development Committee had originally been established to focus on medium-term planning, but over the course of the year its remit had increased. One fundamental focus had been the medium-term financial plan, but other than this, the majority of the committee's time had been spent on CIPs. They had engaged in a series of deep

dives and had sought to involve clinicians and senior managers which had been particularly valuable. The committee had also discussed the estates strategy (which was now under review), the IT strategy, and had now moved on to look at Organisational Development.

77.02 During discussion the following points arose:

- there was less clarity over the executive governance underpinning F&D than there was over Quality Committee
- it was too easy to encroach beyond assurance into executive territory
- there was a real need for absolute clarity over who was being held accountable and for what
- focus of the committee should be on medium-term planning and testing and management of risk, e.g. for the CIP programme
- there was a need to review the remit of sub-groups feeding into F&D and the processes associated with them

77.03 Louise Morgan suggested this was an opportune moment for the Board to review the Scheme of Delegation. Peter Freedman added that there should also be a review of the terms of reference and the relationship between F&D and the executive groups. Jane Dacre added that it might also be timely to reflect on the roles of both executive and non-executive directors on the committee.

77.04 In summary, it was agreed that:

- the name of the committee should be changed to 'Resource and Planning'
- there should be a review of the Scheme of Delegation
- the executive should consider how best to feed items through to R&D
- it should meet for a half day every eight weeks.

13/78 Board Assurance Framework (BAF)

78.01 Louise Morgan informed the Board that the version of the BAF, which had been circulated, had been the one which had been to the Audit Committee the previous week, and as such it would need amendment in the light of its review at that meeting. Yi Mien added that having the BAF sent a positive message in that it identified the main risks the Trust should be worried about. It was also clear who the executive lead is for each identified risk.

78.02 Peter Freedman agreed with Yi Mien's comments, but said there remained work to do, further clarity was needed on assurances and controls in some areas and what he referred to as 'the right hand side' needed strengthening.

13/79 Report from the Audit & Risk Committee

79.01 Peter Freedman had circulated a written report of the Audit & Risk Committee held on 16th May plus the notes of the meeting held on 7th March. He highlighted in particular the report the committee had received on progress towards compliance with the information governance level 2 toolkit. The Trust would not achieve compliance by the set deadline of 16th June, due to its failure to reach the 95% target for IG training. It was particularly important performance improved in this area as achievement of Level 2 was a prerequisite for FT status.

79.02 It was noted the Board should be receiving regular feedback from the Transformation Board, however, that meeting was not fully functioning as a Transformation Board yet and needed to have more of a strategic focus on integration etc.

13/80 Board Matters

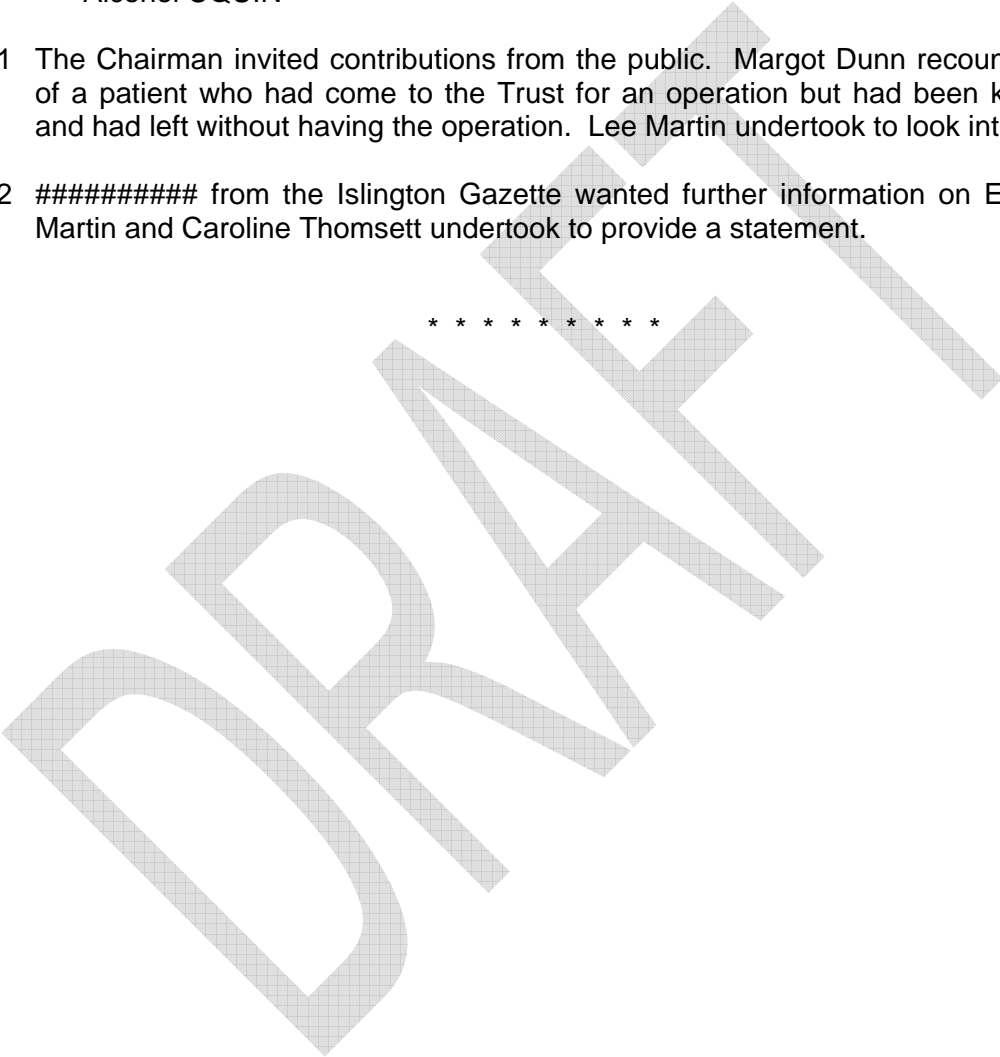
80.01 The following items were suggested for inclusion in this month's Board Matters:

- Emergency care
- Patient Story
- The three awards won by the Trust
- Alcohol CQUIN

13/81 The Chairman invited contributions from the public. Margot Dunn recounted a story of a patient who had come to the Trust for an operation but had been kept waiting and had left without having the operation. Lee Martin undertook to look into this.

13/82 ##### from the Islington Gazette wanted further information on ED and Lee Martin and Caroline Thomsett undertook to provide a statement.

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

This paper lists actions arising from meetings held February to April 2013 and lists new actions arising from the Board meeting held on 22nd May 2013.

Ref.	Decision/Action	Timescale	Lead
10.03	The OD Strategy would be taken to a Board Seminar prior to its being placed on the agenda for the Finance and Development Committee	June 2013	JR/LMo
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	June 2013	LMa/MdS
47.05	Discussion of a bespoke staff survey to be placed on the agenda of a future Board seminar meeting	June 2013	LMo/JR
53.02	Board to monitor the take up of levels 2 and 3 Child Protection Training through regular updates to the Quality Committee	Bi-monthly	BS
61.05	Executive team to revisit some of the indicators contained within the performance dashboard to test their continued relevance	July 2013	LMa
70.03	Results of the in-patient survey to be discussed at the July meeting of the Quality Committee	July QC	BS
77.03	Board to review the Schedule of Delegation	Sept TB	LMo
77.04	Action to be taken to relaunch the F&D committee as Resource and Planning	July R&P	RM
79.02	Consider how the Transformation Board might report to the Trust Board	June TB	YMK