

**Minutes of Public Trust Board Meeting**  
**Wednesday 5 March 2014**  
**2 p.m. – 5 p.m.**  
**Crouch End Health Centre**  
**45 Middle Lane, London N8 8PH**

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<b>Present:</b>	Steve Hitchens	SH	Chairman
	Martin Kuper	MK	Medical Director
	Simon Wombwell	SM	Chief Finance Officer
	Greg Battle	GB	Executive Medical Director, Integrated Care
	Jo Ridgway	JR	Executive Director of OD
	Lee Martin	LM	Chief Operating Officer
	Jill Foster	JF	Executive Director, Nursing and Patient Experience
	Paul Lowenberg	PL	Non-Executive Director
	Sue Rubenstein	SR	Non-Executive Director
	Anita Charlesworth	AC	Non-Executive Director
	Jane Dacre	JD	Non-Executive Director
	Tony Rice	TR	Non-Executive Director
<b>In attendance:</b>	Caroline Thomsett	CT	Director of Communications
	Cllr Paul Convery, Observer	PC	London Borough of Islington
<b>Apologies:</b>	Dr Yi Mien Koh	YK	Chief Executive
	Cllr Bernice Vanier	BV	Acting Leader, Haringey Council
	Rob Whiteman	RW	Non-Executive Director
<b>Minutes:</b>	Indrani Singh	IS	Executive Secretary

**14/051     Introduction and apologies **Action****

SH welcomed the Board to the meeting and introduced Jill Foster, Interim Director of Nursing and Patient Experience and Tony Rice, newly appointed Non-Executive Director. Apologies were received from Rob Whiteman, newly appointed Non-Executive Director, Dr. Yi Mien Koh, Chief Executive, Cllr Bernice Vanier, Acting Leader, Haringey Council.

**14/052     Minutes of the previous meeting and action notes**

The minutes of the last meeting held on the 5 February were approved.

PL enquired when the results of the staff survey would be revealed and SH stated that it would be taken to the Trust Board Seminar on the 12 March and to the April Trust Board.

Referring to the action notes, PL referred to 31.01 and asked why the EPR implementation was not on today's agenda. SH advised that this will be on the April Trust Board Agenda when we expect the upgrade to have been completed (or a date to be agreed).-

**14/053     Patient Story**

Flory Mathie and Melissa Webber from Islington REACH Intermediate Care Team introduced David, a patient who had been cared for by the service.

Flory stated that the REACH team is an integrated healthcare and multidisciplinary team specialising in older adults. They provide a screening service in Islington and received a referral from The Royal Free Hospital for inpatient rehabilitation on 3 December 2013 for David. He was assessed on the hospital ward by Mildmay staff and accepted for inpatient rehabilitation at Mildmay. He was transferred to the unit on the 5 December 2013.

David outlined his experience and stated that he was grateful for their help. He added that the care was remarkable and that he was looking forward to a full recovery. It was noted that David had achieved his own independence taking medication on his own.

SH advised that the Trust should start to engage with the voluntary sector.

#### **14/054 Chairman's Report**

SH stated that the Resource and Planning Committee would be renamed Finance and Business Development Committee and Tony Rice, newly appointed Non-executive Director would be the chair of that committee. Rob Whiteman, newly appointed Non-executive Director would chair the Audit and Risk Committee.

SH added that this was SR's last Board meeting as she was stepping down as Non-executive Director and he thanked her on behalf of the Board for the huge contribution she has made to the Trust over the past three years.

#### **14/055 Chief Executive's Report**

MK reported on the Standardised hospital mortality indicator (SHMI). He said that the Trust continues to have the lowest SHIMI in England. Latest figures for July 2012 to June 2013 showed our SHMI was 0.63, an 11.9% improvement on the previous year. He also highlighted that the Trust has done very well this month despite an increased demand and a very busy winter.

The new medical imaging IT system (PACS) went live over the weekend. This will provide not only faster images but will allow any type of digital image to be stored and retrieved on demand.

MK stated that we have been working with Islington CCG to pilot our own work and we have been successful in that bid. It is anticipated that there will be a pilot site for the Cavendish Healthcare training. Regarding integrated care, we have been successful in a number of bids from the local LETB and Kim Sales is developing this in education and training.

#### **14/056 Quality Committee Report**

SR introduced the Quality Committee Report and stated that six Serious Incidents had been reported since the last meeting. She stated that complaints were still a cause for concern and needed to be tackled more robustly. She also felt that we needed to engage more people in service redesign. Part of integrated care is people taking responsibility for their own care.

AC pointed out that we have made very good progress in the hospital regarding pressure ulcers than in the community.

#### **14/057 Monthly Integrated Performance Dashboard**

LM updated the Board on the Monthly Integrated Performance Dashboard and stated that there is a system in place for improvement plans and validating the data quality. He added that the priority has been identified and we would hear today about improvements to the complaints processes. The process around complaints was reviewed a few months ago.

SR stated that there were issues around accountability, resourcing and where the resources were required.

LM added that a quality manager has been recruited to each division to assist with reducing backlog of complaints.

LM referred to a number of issues raised in the report and further discussed those set out within the teams. Three areas have been identified and he added that there has been improvement in theatre activity.

SH commented that the Board would like to see improvements on a regular basis for complaints.

#### **14/058 Monthly Financial Performance (including revised forecasts)**

SW reported that the Trust had achieved a breakeven in January with some additional use from its reserves. SW added that £8.5m had now been used from the Trust's reserves. SW drew attention to the position regarding the outstanding risks to delivering the plan target to break even, highlighting the good news that the CCGs had agreed to pay Whittington Health a further £1m to support unforeseen Referral To Treatment (RTT) pressures but the £8.3m risk around community estate was still outstanding, in fact this risk had increased slightly as CCGs had raised a number of queries. SW reassured the Board that he still felt the £8.3m would be paid before the end of March to support a year end break even.

#### **14/059 NHS TDA Board Assurance Statements**

SW presented the NHS TDA Board Assurance Statements to the Board, which remain the same as reported last month. The Trust Board was asked to discuss and agree any reporting issues in anticipation of the February 2014 returns.

Approved by the Board with no concerns at this point.

#### **14/060 Operational Planning Update**

SW introduced the paper on Operational Planning Update and reported that there were two key risks to next year's plan 1) CIP delivery and 2) contract signature (making income uncertain and subject to the vagaries of arbitration). The contract was due to be signed last Friday but the deadline had now passed without being agreed. SW advised that another meeting is due to take place with the CCGs on Friday, with constant contact and negotiation with our main CCGs. He pointed out to the Board that over the last year the Trust has had a block contract, but next year the Trust was determined to agree a PbR based contract. A short discussion around the plan highlighted NED concern that savings plans fell short of the target and did not reflect enough 'transformational' change. SH reiterated the position that the Board wanted real plans that could be delivered (to avoid a repeat of the previous year) but emphasised that more work was required to close the current remaining planning gap.

#### **14/061 Any Other Business**

(a) SH reminded the Board about the process for the Queen's Honours which will be discussed at the next meeting. This is to facilitate a wider choice with honours being

awarded to staff.

(b) Governors have requested that they would like to be added to the Trust Board dropbox.

(c) JR reported on the national survey and stated that they have received 280 responses out of 800 requests.

### Action Notes Summary 2013-14

This summary lists actions arising from meetings held September to November 2013 and lists new actions arising from the Board meeting held on 5<sup>th</sup> February 2014.

Ref.	Decision/Action	Timescale	Lead
104.03	Communications team to produce a stakeholder engagement plan in the new year	March TB	CT
138.01	Capital works to be carried out in maternity services to remain on action tracker pending discussion with the CCGs	Feb TB	SW
148.03	Board to agree formal response to the Francis Report	March TB	BS
05.01	To consider arranging a visit to St George's following its national inspection	t.b.c.	CEO office
18.03	Board to receive the postponed presentation from the ED staff	June TB	LM
24.01	Board to take a detailed look at three areas where performance appeared not to have improved for some time.	From March TB	LM/SB
28.04	Board to receive an update report on the catering service in six months' time	Sept TB	SW/PI
28.04	KPIs from the catering contract to be built into the integrated performance dashboard	Sept/Oct	PI/SB
31.01	Glenn Winteringham to be invited to the March Board in order to give an update on EPR implementation	April TB	SW/KG