

LONDON NORTH WEST HEALTHCARE NHS TRUST

Minutes of the public meeting of the Trust Board held on Wednesday 25th March 2015 at 10.45am in the Research & Development Boardroom, Northwick Park Hospital

Present

Mr Peter Worthington	Chairman
Mr David McVittie	Chief Executive
Ms Patricia Williamson	Non-Executive Director
Professor David Taube	Non-Executive Director
Ms Caroline Corby	Non-Executive Director
Mr Martin West	Non-Executive Director
Ms Stella Dutton	Non-Executive Director
Ms Jeanne Spinks	Non-Executive Director
Mr Simon Crawford	Chief Financial Officer
Dr Charles Cayley	Acting Medical Director
Mr Chris Pocklington	Chief Operating Officer

In Attendance

Mr Paul Stanton	Director of Human Resources
Mr Kevin Connolly	Chief Information Officer
Mr Paul Kingsmore	Director of Estates and Facilities
Mr Christopher Blake	Director of Commercial Development
Ms Tina Benson	Director of Operations
Mr David Weston	Head of Communications
Ms Yvonne Leese	Director of Community Services
Mrs Gurjinder K Nisar	Executive Assistant (Minutes)
Mr John Drew & Ms Natasha Stern	McKinsey (for Item 12)
Mr Peter Dixon & Dr Axel Heitmueller	Imperial College Health Partners (for Item 14)

Apologies

Mrs Carole Flowers	Chief Nurse
Mr David James	Board Secretary

Item	Discussion	Action
1.	Apologies for Absence Apologies noted from Carole Flowers, Chief Nurse and David James, Board Secretary.	
2. 2.1.	Declarations of Interest None declared.	
3. 3.1.	Minutes of the previous Meeting(s), Ref. 15/03/01 There were no amendments	
3.2.	The minutes were approved as a true and correct record and would be signed by the Chairman.	

<p>4. 4.1.</p>	<p>Matters Arising and Action Points The actions register was discussed would be updated for the April 2015 Board.</p>	
<p>5.</p>	<p>Chairman's Report There was nothing to report.</p>	
<p>6. 6.1. 6.2. 6.3.</p>	<p>Chief Executives Report. Ref. 15/03/02 The report was taken as read.</p> <p>David McVittie highlighted the success of the staff awards ceremony on 12th March 2015 with winners from across the Trust.</p> <p>David McVittie and Tina Benson attended the Ealing Clinical Commissioning Group (CCG) Governing Body meeting on 18th March 2015 to discuss Maternity and no decision made regarding the closure. Further work was required by the CCG around the readiness, capacity for the receiving Trusts and piloting of the ante-natal and post-natal care pathways. Discussions were taking place with staff regarding their employment. It was anticipated that a decision would be made at Ealing CCG's Governing Body meeting in May 2015 for closure by mid-Summer 2015.</p> <p>Peter Worthington paused to take the opportunity, on behalf of the Board, to thank David McVittie as he would be leaving the Trust on 31st March 2015. Peter Worthington touched on David McVittie's qualities and skills and made particular reference to his work in achieving the merger and creating an improved environment for positive workforce engagement which would remain his legacy.</p> <p>David McVittie thanked the Board and said it was his privilege to have worked with colleagues and highlighted the extraordinary levels of commitment by colleagues during the merger and post-merger. He enjoyed his time with the Trust and enjoyed engaging with the public.</p> <p>The Board noted the report.</p>	
<p>Items for Approval</p>		
<p>7. 7.1. 7.2.</p>	<p>NHS Trust Development Authority Oversight Submission, Ref. 15/03/03 The Board reviewed the February 2015 return.</p> <p>It was noted that the financial detail within the cover sheet was different to that within the report. Kevin Connolly would change to reflect the report.</p> <p>The financial section would be reworded to incorporate the financial planning and operational planning frameworks. Peter Worthington to review before submission.</p> <p>The Board approved the submission pending the above changes.</p>	<p>Kevin Connolly</p> <p>Simon Crawford</p>
<p>8.</p>	<p>Delivering Same-Sex Accommodation: Declaration of</p>	

8.1.	<p>Compliance, Ref. 15/03/04</p> <p>The annual declaration was presented for Board approval. A self-assessment against the standards was shown at appendix 2 of the report which outlined progress against the standards.</p> <p>The Board approved the declaration.</p>	
9.	<p>Safeguarding Children and Young People Declaration, Ref. 15/03/05</p> <p>The annual declaration was presented for Board approval.</p> <p>9.1. Caroline Corby commented that the declaration was not clear in its current style as to whether the Board were agreeing with the commitments or compliance. Carole Flowers to make clear that the declaration was for compliance and to outline the re-assurances. The date to be corrected to stated October 2015.</p> <p>The Board approved the declaration subject to the above clarification.</p>	Carole Flowers
10.	<p>Information Governance Toolkit 2014/15 Submission, Ref. 15/03/06</p> <p>10.1. The proposed scores for the Trust's 2014/15 Information Governance Toolkit Self-assessment was presented for approval.</p> <p>10.2. The scores had been reviewed by the Trust's Information Assurance Board and were also subject to Internal Audit review. In order to ensure consistency, the lowest score for each legacy organisation was taken for each requirement.</p> <p>The Board approved the submission.</p>	
Items for Discussion		
11.	<p>Safety, Quality and Performance, Ref. 15/03/07</p> <p>The report for February 2015 was taken as read and Chris Pocklington highlighted the following performance areas:</p> <p>11.1. Accident and Emergency</p> <p>11.1.1. Ealing Hospital continues to exceed the 95% target. For Northwick Park Hospital that target had not been achieved, however when demand capacity and complexity is reviewed, performance has been stronger compared to the same period last year. Therefore the McKinsey work was impacting performance positively.</p> <p>11.2. Bed Occupancy</p> <p>11.2.1. Peter Worthington enquired about the bed occupancy rate. If at the end of the year the Trust had increased basic bed capacity, could targeted occupancy decrease to 92%? Tina Benson advised that the original modelling was to decrease to 93%. The Length of Stay meetings show an increase in the level of patients that are medically fit for discharge. The bed model was being refreshed to incorporate community capacity.</p>	

11.2.2.	Peter Worthington asked how realistic the occupancy rate of 92% was and the national standard. Dr Charles Cayley informed that the Department of Health target was 85% which was unrealistic in the context of available NHS resourcing.	
11.2.3.	David McVittie advised that there was no simple solution however bespoke models for differing care provisions would improve the occupancy rate.	
11.2.4.	In response to David Taube's question, Chris Pocklington confirmed that allowance was made for different levels of occupancies at different sites.	
11.2.5.	Martin West enquired about the provision of deep clean and swing pace within the modelling. Chris Pocklington advised that this would be incorporated in the Estates planning.	
11.2.6.	In response to Patricia Williamson's question, Chris Pocklington confirmed that trajectories were based on actual figures not assumptions.	
11.2.7.	Tina Benson informed that surgical capacity would also be built into the modelling work.	
11.2.8.	Yvonne Leese added that working more collaboratively with social care partners and the Whole Systems Integrated Care Pathways would improve the bed occupancy position.	
11.3.	18 Weeks: The rate was below the target. Peter Worthington enquired what could be done about the outliers. Chris Pocklington was reviewing the data to understand the variations.	
11.4.	Cancer: Chris Pocklington highlighted the exceptions and the key actions in progress.	
11.5.	The appraisal and turnover rates were summarised.	Chris Pocklington & Paul Stanton
11.5.1.	Patricia Williamson asked how the turnover rates compare with other Trusts. Chris Pocklington would discuss with Paul Stanton and include comparative information in the report.	
11.5.2.	In response to Patricia Williamson's question Paul Stanton confirmed that the reason for leaving was recorded on a leaver's form and an analysis would be reviewed at the Strategy, People and Communications (SPC) Committee.	
11.5.3.	In response to Stella Dutton's question, Paul Stanton advised that the current appraisal system was not electronic but he was looking into this.	Paul Stanton
	The Board noted the Report	
12.	Emergency Pathway Update – Update from McKinsey, Ref. 15/03/08	
12.1.	Tina Benson introduced John Drew and Natasha Stern from McKinsey who had been leading on the Emergency Pathway (EP)	

	work since December 2014.	
12.2.	The summary of the EP work for Northwick Park Hospital and Ealing Hospital to date for was presented. Clinicians and teams engaged with the work and results were seen rapidly.	
12.3.	Natasha Stern added that there were a number of successes of the project which include: <ul style="list-style-type: none"> – the care pathway where waiting times have reduced by 40% and it had been able to deliver 95% which was sustainable; – consultant led reviews which assisted with improving the flow; – weekend discharges. 	
12.4.	Martin West advised caution as results would not be consistent if data was reviewed at different start and end points. Natasha Stern and Chris Pocklington noted the comment but added that overall trends had improved.	
12.5.	John Drew informed that the weekly performance dashboard allows monitoring of the whole pathway and all the metrics were moving together which showed a steady improvement in the pathways. Tina Benson added that the objective of improving the service to patients was being achieved.	
12.6.	In terms of Ealing Hospital's dip in December 2014 (page 11 of the report), it was evident there had been sustained gain in performance and it was due to staff commitment and a number of measures were rapidly introduced to improve the position.	
12.7.	Martin West suggested analysing the outlier in this case the dip in December 2014 as it may be insightful. Simon Crawford and David McVittie advised that it was likely that the dip was due to a surge of activity on the day, impact of new Emergency Department and underlying issues at the time were not evident but now are.	
12.8.	Stella Dutton asked how successful were early discharges. Natasha Stern informed that there were some successes but not much. Improvement in this area was slow due to variation of habits and lack of unified approach. Further time and work would be required to drill into the issues.	
12.9.	Chris Blake added that from his experience there were usually a build of long stayers around the Winter period and work to date should avoid this re-occurrence.	
12.10.	Peter Worthington enquired how embedded within the workforce was the work that has been undertaken to date and asked how confident McKinsey were that the work they had done with teams would be sustainable beyond the McKinsey consultancy.	
12.11.	Natasha Stern advised that confidence was growing for complex discharges and was confident with the EP work however was less confident regarding ward discharges as work would need to be tailored to each ward due to varying methods and approaches.	

12.12.	Peter Worthington enquired about the Trust's capacity to carry this work forward. Tina Benson advised that a proposal was being put to CCGs to secure McKinsey for a further 12 weeks to focus on key projects and work on wards. Peter Worthington asked that the proposal is thoroughly thought through as it must be successful.	
12.13.	John Drew added that the work thus far has changed people's thought process in terms of being mindful of the complete pathway.	
12.14.	Prof. David Taube commented that the work to date was to be applauded and enquired whether it would be published. John Drew commented that there was a lot of learning from this work for other organisations and would need to be adapted to differing site issues. McKinsey were working on how this work could be shared with other Trusts.	
12.15.	Having undertaken the detailed work with the Trust and other Trusts, David Taube asked whether McKinsey had an indication of a realistic 4hr / 95% A&E target. Chris Pocklington informed that the Nuffield Trust had started dialogue into looking into this target figure.	
12.16.	Peter Worthington opened the item to members of the public.	
12.16.1.	Comments included patient experience was paramount; the new A&E was good; pilot of passport for patients was being received positively.	
12.16.2.	A member of the public suggested a numbering system in A&E to avoid long queues and may even lead to people not coming back due to a long wait or exploring alternative options. Tina Benson would also explore the numbering system for A&E.	Tina Benson
12.16.3.	A member of the public commented on the positive work being done by the Trust and suggested if the Trust was the pioneer for leading on change it should communicate it to the public. David Weston and Tina Benson would work on a communication for the public.	Tina Benson & David Weston
12.16.4.	The comments were noted. The Board noted the report.	
13.	Director of Finance Report (Month 11), Ref. 15/03/09 The report for month 11 was taken as read.	
13.1.	The report showed a control total deficit of (£54.7m) which was (£23m) adverse against budget, and (£12.4m) when adjusted for non-receipt of merger income.	
13.2.	It was agreed that the future Director of Finance report to Board would include the underlying position detail. The Board noted the Financial position at Month 11.	Simon Crawford

	<p>14. Imperial College Health Partners Update</p> <p>14.1. Sir Peter Dixon, Chairman and Dr Axel Heitmueller, Director of Strategy & Commerce from Imperial College Health Partners (IHP) attended the Board to outline the work of IHP and how they work with the Trust.</p> <p>14.2. Sir Peter Dixon discussed the benefits of bringing together academic organisations, hospitals and providers. Working together enables lean processes to be established and learning and share from best practice. IHP was an independent entity and was not associated with any other organisation. Members were Directors of the organisation and registered with Companies House.</p> <p>14.3. Dr Heitmueller outlined the three broad objectives if IHP:</p> <ul style="list-style-type: none"> – Support the identification, adoption and diffusion of best practice across the health economy to improve care and contribute to economic prosperity – Provide a forum for providers, academic organisations and commissioners to come together as equals – Broker relationships between partners. <p>14.4. Dr Heitmueller went on to share some of the work that has been done with the Trust to date and some of the items for their 2015/16 agenda.</p> <p>14.5. David McVittie commented that this work was worth investing in for the long haul.</p> <p>14.6. Martin West enquired about the membership fee; the level of IHP's driver and aspirations as it did not appear to be as comprehensive compared to other similar organisations; what the benefits were to the Trust; branding; and suggested IHP may be taking activities away from the Trust. Martin West requested more detail as to the benefits for the Trust.</p> <p>14.7. Sir Peter Dixon welcomed the feedback and would feedback to the Board and encouraged feedback from members at the ICPH meetings so that the network could benefit from such input.</p> <p>14.8. Patricia Williamson enquired about the level of participation from members. Dr Heitmueller informed that Trusts had joined the programme however it was proving difficult to secure adequate engagement from commissioners which was continuingly pursued.</p> <p>14.9. Prof. David Taube enquired about the success of patient safety projects. Dr Heitmueller would share some information in this respect.</p> <p>14.10. Dr Heitmueller informed that the Business Plan and priorities document for 2015/16 would shortly be published and would be shared with members.</p>	
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<p>14.11.</p> <p>14.12.</p>	<p>A member of the public enquired about provider information, patient engagement and mental health provision.</p> <p>Dr Heitmueller relayed ICHP's recent work around Nice Guidelines for psychosis which involved working with patients and clinicians. ICHP's Patient Engagement Framework had recently been published. Other projects include best practice for COPD which the CCGs were coming forward to work with ICHP on.</p> <p>Peter Worthington thanked Sir Peter Dixon and Dr Axel Heitmueller for attending to update the Board on the work of the ICHP.</p>	
<p>15.</p> <p>15.1.</p> <p>15.2.</p> <p>15.3.</p> <p>15.4.</p> <p>15.5.</p> <p>15.6.</p> <p>15.7.</p> <p>15.8.</p>	<p>Income and Expenditure Budget 2015/16, Ref. 15/03/10</p> <p>Simon Crawford presented the report. The Trust had submitted its initial 2015/16 financial plan to the TDA on 13th January 2015 with the next submission due on 7th April 2015 and a final submission in early May 2015.</p> <p>Work was progressing around a critical review of expenditure, maximising income generation, reviewing type of transformation to assist the Trust to deliver commitments at pace and review of workforce and utilisation of staff.</p> <p>The revised plan would be presented to the April 2015 Board.</p> <p>Caroline Corby expressed her concern with understanding how and why the joint deficit position had increased from £20m to £80m. Caroline Corby stated it was difficult for the Board to justify this as an attainable position and needed to understand the reason for the significant variation from £20m. Caroline Corby was concerned that £25m of the £69m did not have any delivery plans thereby not installing confidence in deliverability.</p> <p>Patricia Williamson, Stella Dutton and Jeanne Spinks endorsed Caroline Corby's comments and were nervous about the delivery of the £69m and requested assurance around deliverability of this sum. Jeanne Spinks added that the Trust needed to be realistic and honest with itself and flag to NHS TDA if it was not achievable.</p> <p>Martin West suggested inserting a risk level column within the finance report.</p> <p>Simon Crawford informed that he had some analysis which would be included in the report. Staffing and additional investment were significant contributors to driving spend and was being reviewed.</p> <p>The Board noted but did not accept the Income and Expenditure Budget. The next iteration to include:</p> <ul style="list-style-type: none"> – The probability of achieving the budget needed to be greater than 90% – Informed analysis/programme to understand the deficit causes, actions with milestones which could be shared with commissioners and the TDA 	<p>Simon Crawford</p>

15.9.	<ul style="list-style-type: none"> - Submit to the April FIEC - Circulate to all NEDs <p>A member of the public added that Brent CCG was in a surplus position and suggested the Trust strength its negotiation position to release some of the surplus. Simon Crawford advised that the Trust was aware of the CCGs financial positions and were negotiating with them.</p>	
<p>16.</p> <p>16.1.</p> <p>16.2.</p> <p>16.3.</p>	<p>Emerging Clinical Strategy, Ref. 15/03/11</p> <p>Tina Benson presented the direction of travel for the clinical strategy following the business planning workshop in February 2015. The report had been discussed in detail in the private section of the Board and comments noted.</p> <p>David McVittie added that the Trust would engage with patients and the public at the implementation phase.</p> <p>Yvonne Leese added that she was working with Tina Benson on a coherent strategy including community services.</p> <p>The Board noted the report.</p>	
<p>17.</p> <p>17.1.</p>	<p>Board Assurance Framework, Ref. 15/03/12</p> <p>The Board reviewed the Board Assurance Framework.</p> <p>Caroline Corby advised that the Recruitment issue should be rated 'red' not 'green'. Jeanne Spinks added that the content regarding recruitment was different to that in the Risk Register and needed to correlate. David James and Paul Stanton to update the Board Assurance Framework and Risk Register.</p> <p>The Board noted the updated Board Assurance Framework.</p>	<p>Paul Stanton & David James</p>
<p>18.</p> <p>18.1.</p> <p>18.2.</p> <p>18.3.</p>	<p>Trust Risk Register, Ref. 15/03/13</p> <p>The Risk Register was reviewed by the Board.</p> <p>Peter Worthington requested clarity around the reference to delivery of child assessment. Yvonne Leese updated the Board on the Health Visiting issues within the Boroughs and actions were progressing to improve numbers.</p> <p>Caroline Corby asked that the Financial risks were moved higher up on the register as it was a key risk and currently underemphasised. David McVittie agreed and added that the Board should have about 15 key risks to monitor. Carole Flowers to review.</p> <p>Peter Worthington asked Martin West to review the Board Assurance Framework and the Risk Register. Martin West informed that he had previously reviewed both via the Finance, Investment and Estates Committee (FIEC) and actions were tasked to the Executive Directors. He would raise the actions again.</p>	<p>Carole Flowers</p> <p>Martin West</p>

18.4.	<p>Jeanne Spinks commented that the risk register did not show any mitigating risks against the recruitment issues and that the Risk Register needed to be more prominent on the Board agenda. Paul Stanton to update the recruitment section.</p> <p>The Board noted the risk register and actions to be taken forward.</p>	Paul Stanton
19. 19.1.	<p>Trust Board Committees Terms of Reference, Ref. 15/03/14</p> <p>Following the inaugural Board of London North West Healthcare NHS Trust in September 2014, the Sub-Board Committee Terms of Reference were reviewed by each of the Committees and presented for endorsement by the Board.</p> <p>The Board noted and approved the Terms of References for the six Committee of the Board.</p>	
20. 20.1.	<p>The Jimmy Savile NHS Investigations</p> <p>Paul Stanton informed that the initial findings, themes and recommendations had been published. Neither legacy Trusts were involved, however Carole Flowers and Paul Stanton would review the recommendations and take through the Safeguarding Committee, the Clinical Performance and Patient Experience Committee (CPPE) and then presented to Board in June 2015.</p> <p>The Board noted the update.</p>	
Items for Information		
21.	<p>Merger Programme Senior Responsible Officer, Ref. 15/03/15</p> <p>The report was taken as read.</p> <p>The Board: Noted The revised milestone dates for 2015/16 business planning and contract negotiation process; Received an update on the business planning process and clinical integration programme; Noted Month 11 expenditure Noted Changes to the programme risks.</p>	
22. 22.1. 22.2.	<p>Approved Sub Committee Minutes</p> <p>Finance, Investment and Estates Committee, 26th January 2015, Ref. 15/03/16.</p> <p>The Board noted the Minutes.</p> <p>Clinical Performance & Patient Experience Committee, 6th February 2015, Ref. 15/03/17.</p> <p>The Board noted the Minutes.</p>	
23.	<p>AOB</p> <p>No other business reported.</p>	

<p>24.</p> <p>24.1.</p> <p>24.2.</p> <p>24.2.1.</p> <p>24.2.2.</p>	<p>Questions from the Public</p> <p>A member of the public commented that patient experience was not mentioned in the duties of the Clinical Performance and Patient Experience Terms of Reference and that the minutes of the Committee were not detailed enough. Prof. David Taube and Carole Flowers would review.</p> <p>A member of the public advised that he attended the Ealing CCG Governing Body meeting and had heard that they would underwrite the operation of maternity at Ealing Hospital until it closed. Also that Ealing CCG had been given £30m and enquired whether that money could be used for maternity in a more optimal way.</p> <p>David McVittie advised that he was not aware of the £30m. David McVittie confirmed that Ealing CCG would underwrite the operation of maternity at Ealing Hospital until it closes.</p> <p>A member of the public enquired about increased capacity for the Trust if Paraxel were to leave. Simon Crawford advised that there was no formal decision as yet.</p>	<p>Carole Flowers & David Taube</p>
<p>25.</p>	<p>Date and time of next meeting</p> <p>Wednesday 29th April 2015, 10.45am to 2pm in the Research & Development Boardroom, Maternity Unit, Level 7, Northwick Park Hospital.</p>	

<p>Approved as a true and correct record.</p>
<p>Signed</p> <p>-----</p> <p>Peter Worthington, Chairman</p>
<p>Date:</p>