

ITEM: 1

MEETING:

Trust Board
Wednesday 16 January 2008

TITLE:

DRAFT Minutes of the Trust Board meeting of 21 November 2007

SUMMARY:

Attached are the minutes of the Trust Board meeting of 21 November 2007

ACTION: For information and agreement

REPORT FROM: Mary Field, PA to Directors

<p>Financial Validation Lead: Director of Finance</p>	<p>Not applicable</p>
<p>Compliance with statute, directions, policy, guidance Lead: All directors</p>	<p>Not applicable</p>
<p>Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing and Clinical</p>	<p>Reference: Not applicable</p>
<p>Compliance with Auditor's Local Evaluation standards (ALE) Lead: Director of Finance</p>	<p>Reference: Not applicable</p>
<p>Compliance with requirements of FT application and monitoring regime Lead: Director of Strategy and Performance</p>	<p>Reference: Not applicable</p>

The minutes of the Whittington Hospital Trust Board meeting held on Wednesday
21 November 2007 at 10.00 in Trevor Clay room 2.

Present	Peter Farmer Joe Liddane David Sloman Susan Sorensen Margaret Boltwood Kate Slemeck Deborah Wheeler Richard Martin Philip Ient Siobhan Harrington Celia Ingham Clark Pat Gordon Anne Johnson Maria Duggan Dee Henry	Non Executive Director (Chair) Chairman Chief Executive Director of Strategy and Performance Director of Human Resources and Corporate Affairs Director of Operations Director of Nursing and Clinical Development Director of Finance Director of Facilities Director of Primary Care Medical Director Non Executive Director Non Executive Director Non Executive Director Non Executive Director*
In attendance	Helena Kania Faridoon Madon	Chair, Patient & Public Involvement (PPI) Forum Member of the PPI Forum
Minute taker	Mary Field	PA to Directors

**arrived at 10:10*

07/098 Apologies for Absence

ACTION

07/098.1 None

07/099 Declaration of interests

07/099.1 None

07/100 Chairman's Communications

07/100.1 The Chairman gave a personal welcome to all Board members to his first Board meeting. He told the Board he was intending to act as an observer during his first month so he handed over to Peter Farmer, Vice Chair, to chair the meeting.

Peter Farmer on behalf of the Board welcomed Joe Liddane to the Board meeting.

07/101 Minutes of the meeting of 19 Sep 2007

07/101.1 The minutes were agreed as an accurate record subject to the following amendment:

07/085.3– Access Performance Report – July 2007

Amend last line to “large primary care centres across Islington.”

07/101.2 **Matters arising**

Anne Johnson noted that there had been a change of style in the minutes in that members had been named far more often. She queried this as some Boards do not record names and noted that the minutes are a legal document. Margaret Boltwood said that the recording of names demonstrated that there had been constructive challenge from various different parties. David Sloman said that he agreed with the principle of using the formulation “the Board said”.

07/101.3 **07/082.2 Chief Executive’s report**

Helena Kania asked for an update on the consultation on N19 staff restaurant. Philip lent told the board that it had been agreed to keep N19 open at the weekends for a trial period until January, introducing suggestions made by staff such as improved signage, better seating, healthy options, and then to review the situation. Helena Kania said that 3 months was too short especially including Christmas and suggested 6 months. She thought that staff were being short changed and that the trial period should run for 6 months as it takes times for changes to be taken on board. David Sloman said that the Trust would take stock at the end of 3 months.

07/102 Chief Executive’s report

07/102.1 David Sloman informed the Board that he had just received the quarter 2 risk rating report which showed that the Trust was maintaining its position with a rating of 4 for finance (top rating 5), green for governance and service provision, and amber for quality and safety, the latter because health care acquired infections being above trajectory.

07/102.2 Item 5:
In answer to a query he clarified that Mary Seacole ward was an acute admissions unit (AAU).

Item 6:
The leaflet ‘Elective caesarean section’ was not attached to the papers and will be circulated. David Sloman said that an update would be brought to the Board in 6 months. Market share in maternity was increasing.

DS

07/102.3 Item 7:
In answer to a query Siobhan Harrington said that the anticoagulant community service would be provided via pharmacy colleagues.

07/102.4 The Board noted the Chief Executive’s report.

07/103 Foundation Trust application

07/103.1 Susan Sorensen went through the timetable. The date for the Board to Board with the Provider Agency is now 21 December.

07/103.2 Historical Due Diligence by Ernst & Young is continuing and their report is expected on 23 November to the Trust and to Monitor. The first draft indicates a positive result. Faridoon Madon requested a copy of this report.

SS

07/103.3 Helena Kania asked for the constitution to be written in plain English so that people could understand it. Susan Sorensen said that the documents have to be approved by Monitor but that the Trust would try and make them as clear as possible within these constraints.

07/103.4 Susan Sorensen updated the Board on membership development. To date the Trust has recruited 2250 members and met its phase 1 target. It is now developing a strategy for phase 2 recruitment, which is proving more difficult. The staff ambassador scheme is being relaunched. Face to face recruitment is the most successful. SS asked directors to support this initiative and promote their contacts wherever possible.

All

07/103.5 The Board noted the current position on the Foundation Trust application and the plan for the mock Board to Board on 28 November.

07/104 Redevelopment update

07/104.1 Susan Sorensen informed the Board that a comprehensive option appraisal to address the inadequacies in the Trust's estate would be carried out over the next few months. She told the Board that Janice Isaac, Assistant project manager, is leaving the team but Sophie Harrison will be increasing her hours. The Board offered its thanks to Janice Isaac for her hard work.

07/104.2 Helena Kania asked if the Trust was planning to sell or demolish the Waterlow Unit and the nurses home/ Susan Sorensen agreed that this was one of the options. Phil lent said that the Trust already has 124 units in Sussex Way for staff accommodation. Islington Council would require the supply of affordable housing as part of any development plan.

07/104.3 The Board noted the report

07/105 Right Care Right Place evaluation

07/105.1 The pilot scheme coincided with a 15% reduction in attendance for minor attendances. The number of patients being redirected was less than originally anticipated by the PCT. HC asked what the Whittington could do to influence the PCT to change the way it deals with patients. SH said that the Trust was working with the PCT on a strategy for patients who have difficulty in accessing primary care.

07/105.2 The Board agreed that it would continue Right Care, Right Place in the short term whilst an urgent care strategy was agreed with Islington PCT. It was agreed that the CEO would write to Islington PCT to ask for their comments and would report back to the next Board meeting.

07/106 18 weeks update

07/106.1 Kate Slemeck informed the Board that the 18-week referral to treatment target for March 2008 is for 85% of admitted patients and 90% of non-admitted patients. The Trust's position in September on performance against target is 35% for admitted patients and 60% for non-admitted patients - the measured time includes diagnostic intervention. The Trust

has to gather data in order to measure performance and this is done using the Outcome form. The forms are collected immediately from clinics and entered onto PAS. Monthly reports are issued on the performance of clinics, which is variable. Policies such as The DNA Policy are being reviewed. There is a large backlog to clear which is being done by working evenings and weekends and increasing the number of clinics and theatre sessions. Helena Kania asked for a list of exemptions to the target. Clinicians and managers are working hard together to deliver the target. This will be updated at the next Board meeting.

KS

07/106.2 The Board noted the report

07/107 Infection Control update

07/107.1 Deborah Wheeler informed the Board that progress is being made against most areas of the Action Plan to reduce Healthcare Acquired Infections (HCAIs). The incidence of both MRSA and *clostridium difficile* is reducing.

07/107.2 Hand Hygiene Audits on wards are being done monthly and on the spot feedback is given. It was agreed that a warning letter should be sent to individuals who are not compliant. It was agreed that DW/CI should action.

DW/CI

07/107.3 Cleaning audits carried out in September and October show an improvement. An action plan to improve compliance is in place, and an overnight cleaning schedule has been introduced into ED.

07/107.4 Following the (DH) MRSA improvement support team the report has been received and the formal action plan will be brought to the next Board meeting. The Trust will be monitored weekly by the DH and there will be a formal review in 3 months.

DW

07/107.5 Following the publication of the Healthcare Commission report into cases of *clostridium difficile* at Maidstone & Tunbridge Wells NHS Trust NHS London has asked all trusts to undertake a self-assessment against the recommendations in the report. The main issues for the Whittington are availability of isolation facilities, increasing the space between beds and the tracking of data on mandatory training.

07/107.6 The Board noted the infection control update and progress against the action plan for reducing HCAIs

07/107.7 The Board noted the Hand Hygiene audits

07/107.8 The Board noted the cleaning audits

07/107.9 The Board noted the Executive summary of the Healthcare Commission report into cases of *clostridium difficile* at Maidstone & Tunbridge Wells NHS Trust. The Board agreed the Whittington's Self Assessment against the recommendations made in the report to ensure that there are no significant risks or gaps in services for patients.

07/108 Financial report

07/108.1 Richard Martin presented the month 7 (October) financial position to the Board, reporting a surplus of £1,102k to date, an improvement of £202k on plan. The Trust remains on target for a year-end surplus of £1.4m and full delivery of the Cost Improvement Plan.

07/108.2 The Board noted the report.

07/108.3 The Board noted the minutes of the Finance & Performance Committee.

07/109 Access Report

07/109.1 Kate Slemeck reported that in September 2007 all targets or milestones were met with the exception of 1 breach of the 62 day cancer target and 1 breach of the 14 day target, 1 breach of the hospital cancellation 28 day target and 12 Clostridium Difficile infections in over 65 year olds. There were no MRSA bacteraemias. Concern was expressed by Board members at the high number (18) of on the day hospital cancellations for non-clinical reasons.

07/109.2 There has been a 9% reduction in ED attendances and a 4% reduction in emergency admissions when compared with September 2006.

07/109.3 Celia Ingham Clark noted that electronic bookings had remained constant at about 30% since January 2007. Siobhan Harrington said that this was due to lack of engagement from GPs and there was a need to engage with PCTs on this issue.

07/109.4 The Board noted the report.

07/110 HR Quarterly Report

07/110.1 Margaret Boltwood informed the Board that a new format had been introduced for Workforce Indicators highlighting key workforce performance indicators with figures broken down by directorate. The Board commended the new format but asked for Bank and Agency figures to be included.

MB

07/110.2 The overall vacancy rate is 15% but there are higher vacancy levels in Diagnostics (21%) and Facilities (20.5%). The rate of sick leave equates to 5% and is above the benchmark of 4.1%. There are high rates in IM&T (10%) where there are specific concerns about the poor working environment in Medical Records. Investment is being made to improve the environment, fill vacancies and raise the morale of the staff. The Trust has a low turnover rate of 11.6 %, compared to the benchmark figure for London Acute Trusts of 14%.

07/110.3 Helena Kania said that information on security incidents received under the Freedom of Information Act indicated that there had been 1000 incidents in 18 months where security had been called. PI told the Board that the Trust was investing in order to reduce the level of violence and aggression in relation to staff. Incidents were reducing from a peak of 485 in 2006/07. More security cameras and access controlled doors had

been introduced. A new security team manager had been appointed who was undertaking a risk assessment, training needs analysis and investigations. Security staff were trained in conflict resolution and control & restraint techniques. The aim was to try and defuse situations wherever possible to prevent escalation.

The Board noted the report

07/111 Corporate Objectives 2007/08 – performance to date

07/111.1 Susan Sorensen informed the Board that good progress was being made apart from the areas of HAIs and delay in the opening of the Day Treatment Centre.

07/111.2 The heading of item 5 should read “Foundation Trust status.”

07/111.3 The number of Corporate Objectives (9) needs to be rationalised with the 10 objectives in the IBP which contains 2 objectives not in this report. **SS**

07/111.4 The Board noted the report and agreed that it should be brought to the Board in April 2008. **SS**

07/112 Smoke-Free Policy

07/112.1 The Board agreed that any member of staff who did not comply with the policy could be subject to disciplinary action, as is the case for non-compliance with any hospital policy.

07/112.2 Item 2, para 2 – it was agreed that any member of staff found smoking in uniform or wearing a hospital ID badge **anywhere** would be subject to disciplinary action being taken against them. This needs to be coordinated with item 3, para 3.

07/112.3 Item 7.2. The phrase should be added “but should not put their own safety at risk.”

07/112.4 Pat Gordon noted that at the front entrance ashtrays were overflowing and the plaza was littered with cigarette ends. This will be followed up with Whittington Facilities who are responsible for maintenance of this area. **PI**

07/112.5 There is a high rate of smoking amongst prisoners and prison staff and discussions have been held to address this.

07/112.6 **The Board agreed the revised smoke free policy subject to the above amendments.**

07/113 Clinical Governance report

07/113.1 The Board noted the Child Protection Report and asked for details of the numbers of staff undertaking Child Protection training to be included in next year’s Child Protection Report. **DW**

The Board noted the repo.

07/114 Annual Audit letter

07/114.1 The Board noted that the Annual Audit letter had been received and in particular noted the key messages and recommendations set out on page 4 of the Annual Audit letter. Richard Martin reassured the Board that the recommendations were being put into place.

07/115 Charitable Funds: Annual Report and Accounts

07/115.1 The Board approved the draft report and accounts and agreed that the Chief Executive and Director of Finance should sign off the final report and account.

07/116 Clinical Ethics Report

07/116.1 The Chair welcomed Dr Clarissa Murdoch who gave a report on providing clinical ethics support at the Whittington.

The Board noted the progress report.

07/117 Dates of 2008 meetings

The Board noted the dates.

07/118 Non-executive Director reports

None

07/119 Any other urgent business

None

07/120 Opportunity for questions from the floor on matters considered by the Board

None

07/121 Date of next Trust Board meeting: 16 January 2008
10am, Postgraduate Centre room 4

SIGNED.....(Chairman)

DATE.....