

**Item: 08/114**  
**Doc: 1**

**MEETING:**  
Trust Board, Wednesday 16 July 2008

**TITLE:**  
Minutes of the Trust Board meeting of 18 June 2008

**SUMMARY:**  
  
Attached are the minutes of the Trust Board meeting held on 18 June 2008

**ACTION:** For information and agreement

**REPORT FROM:** Fiona Elliott, Deputy Director, Strategy & Performance

<b>Financial Validation</b> Lead: Director of Finance	Not applicable
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<b>Compliance with statute, directions, policy, guidance</b> Lead: All directors	Not applicable
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<b>Compliance with Healthcare Commission Core/Developmental Standards</b> Lead: Director of Nursing and Clinical	<b>Reference:</b> Not applicable
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<b>Compliance with Auditor's Local Evaluation standards (ALE)</b> Lead: Director of Finance	<b>Reference:</b> Not applicable
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<b>Compliance with requirements of FT application and monitoring regime</b> Lead: Director of Strategy and Performance	<b>Reference:</b> Not applicable
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The minutes of the Whittington Hospital Trust Board meeting held on  
 Wednesday 18 June at 13.00hrs in the Post Graduate Centre, Whittington Hospital

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<b>Present</b>	Joe Liddane	Chairman
	David Sloman	Chief Executive
	Susan Sorensen	Director of Strategy and Performance
	Margaret Boltwood	Director of Human Resources and Corporate Affairs
	Kate Slemeck	Director of Operations
	Deborah Wheeler	Director of Nursing and Clinical Development
	Richard Martin	Director of Finance
	Philip Ient	Director of Facilities
	Siobhan Harrington	Director of Primary Care
	Celia Ingham Clark	Medical Director
	Maria Duggan	Non Executive Director
	Anna Merrick	Non Executive Director
	Robert Aitken	Non Executive Director
	Anne Johnson	Non Executive Director
<b>In attendance</b>	Helena Karnia	Acting Chair Haringey LINKS
	Glen Winteringham	IM&T Consultant
<b>Minute taker</b>	Fiona Elliott	Deputy Director Strategy & Performance

**08/095     Apologies for Absence     **Action****

08/095.1    Edward Lord – Deputy Chairman

**08/096     Declarations of Interests**

08/096.1    None

**08/097     Minutes of the meeting of 20 May 2008**

08/097.1    The minutes were agreed as an accurate record

08/097.2    **Matters arising**

08/097.3    The Chairman noted that actions arising out of the previous meeting were covered under the agenda

**08/098     Chief Executive Report**

08/098.1    David Sloman said that the “good news story” was that the Trust had been awarded Islington’s first green business award for Sustainable Transport initiatives.

08/098.2    He advised the board of the changes to the executive team structure that will come into effect from 1 September 2008.

08/098.3    The Board noted the report and approved the changes to the executive team structure

**08/099**     **Feedback from the Trust Board Away Day**     **Action**

08/099.1    It was reported that the written feedback from the day had been circulated to all board members

**08/100**     **IM&T 2008/9 Strategic plan**

08/100.1    Glenn Winteringham presented the first draft IM&T Strategic Implementation Plan for 2008-09

08/100.2    The Board noted and approved the report

**08/101**     **Dashboard report**

08/101.1    Susan Sorensen presented the dashboard, explaining that the data had been refreshed and that the information related to performance in April 2008.

08/101.2    She reminded the Board that the purpose of the report is to identify significant changes in performance month on month and explained that the traffic light alerts were based on the current locally agreed thresholds for the performance indicators.

08/101.3    Sue Sorensen drew the Board's attention to red rated indicators. She advised the Board that the red rated cleanliness and hospital acquired infection indicators would be discussed under item 08/105 control of infection report.

08/101.4    She advised the board that the current financial risk rating was 2.9 and the current period indicator was red although the forecast indicator remained green. She advised the Board that Monitor compliance framework methodology was applied to determine the thresholds for this indicator and the risk rating. She advised the Board that the detail relating to the performance in this domain would be presented as part of the finance report.

08/101.5    Sue Sorensen advised the Board that both the clinical quality adverse incidents indicator and the patient experience hospital cancellation indicator run charts were indicating that an adverse step change in performance may happen if performance were not to improve.

08/101.6    Deborah Wheeler noted that reporting a high number of incidents was not necessarily adverse, as staff are actively encouraged to report concerns. All incidents are graded for level of risk and she suggested that it may be more accurate to report the number of high risk incidents

08/101.7    Kate Slemeck reported the data in the access report related to April. Future reports would show the most recent data available in all instances.

08/101.8    Sue Sorensen advised the Board that many of the working groups for each of the domains had now met to determine:

- What indicators would reflect performance for each domain
- How the scoring methodology could be made more consistent to ensure the report is easy to interpret
- What the threshold scores for each indicator needed to be
- How the information presented should be used to determine actions

08/101.9 required  
**The Board noted progress on the dashboard report**

**08/102 Financial performance**

08/102.1 Richard Martin presented the finance report. He reported a deficit £855K against a planned deficit to date £867K. It was noted that the plan is phased to deliver increased income, particularly DTC, commencing later in the year, although costs are evenly distributed through each month in twelfths.

08/102.2 He reported that CIP at month 2 has underachieved by £179K to date. Income against the SLA at month 2 was £102K above the agreed SLA.

08/102.3 Richard Martin reported that in 2008/09 pay budgets were set at the approved establishment less an adjustment to reflect historical levels of vacancy experienced in 2007/08. The financial plan therefore includes a vacancy factor of £1.4m. The Trust was currently £224K overspent against the pay budget.

08/102.4 Richard Martin reported that a number of risks / opportunities exist and the forecast is £4m surplus (best case), £0.9m surplus (likely case) and £5.3m deficit (worst case). Key risks to manage are DTC income, cost improvement programme (CIP), cost pressures and vacancy factor. The key risks are being reviewed by the Executive Committee on a weekly basis.

08/102.5 He reported that the risk rating is now 2 on account of the reported deficit at month 2.

08/102.6 He reported that indicative levels of CIP for 2009/10 will need to increase on account of the additional cost pressures and assumptions (as listed under 2.6 of the report) to be reflected in the next financial years plan. The likely level of CIP to be found is approximately £8.6m for which plans are currently being formulated.

08/102.7 The current year surplus target of £2m will require robust management in order to ensure delivery.

08/102.8 The Board noted the report. The non executive directors expressed their concern about the Trust's financial performance at month 2 and look forward to seeing an improvement in the next month.

**All  
EDs**

**08/103 Corporate and Director Objectives**

08/103.1 Susan Sorensen presented the paper which detailed the three key objectives of the each of the Executive Directors (EDs) that in composite would form the Trust's corporate objectives. She explained that these had been set out in the SMART format.

08/103.2 The Board discussed whether it was essential that the detail of ED's individual objectives were reviewed by the Board. The Board agreed that it was useful to see the way that the ED's objectives covered each of the elements of the corporate objectives and that this would be sufficient information in future.

08/103.3 **The Board noted the report. Non executives requested that the objectives have further work undertaken on them to firm up the 'SMART' content. The Board approved the objectives outlined contributing to the corporate objectives** **DS**

**08/104 Annual Accounts for year ended 31 March 2008**

08/104.1 The Board received and approved the report

**08/105 Control of infection report**

08/105.1 Deborah Wheeler presented the paper, which outlined performance on infection control. She reported that there had been seven MRSA bacteraemia cases to date and no new *C. Diff* cases in the previous three weeks.

08/105.2 The Board noted the Healthcare Commission report on the hygiene code inspection. Deborah Wheeler will bring an action plan to address recommendations to a future Board meeting. **DW**

08/105.3 In response to a query about progress with visiting Luton & Dunstable Hospital which has zero cases of MRSA bacteraemia in the last three months Deborah Wheeler advised that she had spoken with the respective Director of Nursing and that the visit was being arranged **DW**

08/105.4 In response to a query about progress with the audit of all patients with any infection against allocation to side room Deborah Wheeler advised that this work had commenced and she would report to the Board at a future meeting **DW**

08/105.5 The Board discussed the cleaning audits which contribute to the cleanliness performance report within the dashboard. It was agreed that in order to ensure consistency in reporting the score for wards not inspected within the month would be rolled forward. **DW/SS**

**08/106 Audit committee Terms of Reference**

08/106.1 Susan Sorensen presented the Terms of Reference of the Audit Committee. She advised the Board that, if these were approved, revised standing orders and draft foundation trust constitution would be presented to the Board at a future meeting. **SS**

08/106.2 She advised the board that a programme of meetings will also be presented at a future meeting **SS**

08/106.3 The Board noted and approved the Terms of Reference of the Audit Committee

**08/107 Assurance Framework & Risk Register**

08/107.1 Susan Sorensen presented the revised and updated Board Assurance Framework (BAF) which had been reviewed at the Audit Committee at its June meeting. She advised the Board that the BAF had been mapped to the corporate objectives.

08/107.2 She drew the Boards attention to item 2.9 (*Trust's exposure to PFI non compliance*) in the BAF which had the highest risk rating and advised that this item would be discussed in more detail in part 2 of the Board meeting

08/107.3 Deborah Wheeler drew the Boards attention to item 3.2 (*'failure to reduce rates of healthcare acquired infections (HAI)'*) in the BAF which had had its risk rating raised to a red rating score of 15 (from 12) since the last report. This reflected the increased financial impact of failure to reduce HAI to national targets. She requested that the wording in the BAF should change from *'failure to reduce rates of HAI'* to *'failure to reduce to national targets for HAI'*

08/107.4 The Board approved this change

**SS**

08/107.5 The Board discussed the need to maintain the BAF and risk register as live documents to ensure that risks are acted upon in a timely way. The Board approved the decision that the risk register should be regularly reviewed by the Executive Committee who would report key changes and action taken to the Audit Committee

08/107.6 Sue Sorensen advised the Board that risk management will be a topic for detailed discussion at the Board seminar on 16 July

**SS**

08/107.7 The Board noted the report and approved the progress being made in further developing the risk register and BAF

**08/108 Child protection annual report**

08/108.1 Deborah Wheeler presented the child protection annual report.

08/108.2 The Board noted and approved the report

**08/092 Any other urgent business**

08/092.1 None

**08/093 Opportunity for questions from the floor on matters considered by the Board**

08/093.1 None

**08/094 Date of next Trust Board meeting:**

16 July, 2008 at 1300 Post Graduate Centre, Whittington Hospital  
NHS Trust

SIGNED..... (Chairman)

DATE.....