

Item: 08/145
 Doc: 1

MEETING:
 Trust Board, Wednesday 15th October 2008

TITLE:
 Minutes of the Trust Board meeting of 24th September 2008

SUMMARY:
 Attached are the minutes of the Trust Board meeting held on 24th September (meeting was deferred from 17th September)

ACTION: For information and agreement

REPORT FROM: *Susan Sorensen, Corporate Secretary*

Financial Validation Lead: Director of Finance	Not applicable
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Compliance with statute, directions, policy, guidance Lead: All directors	Not applicable
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Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing and Clinical	Reference: Not applicable
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Compliance with Auditor's Local Evaluation standards (ALE) Lead: Director of Finance	Reference: Not applicable
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Compliance with requirements of FT application and monitoring regime Lead: Director of Strategy and Performance	Reference: Not applicable
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**The minutes of the Whittington Hospital Trust Board meeting held at 12.30 pm on
Wednesday 24th September in the Postgraduate Centre, Whittington Hospital**

Present	Joe Liddane	JL	Chairman
	Edward Lord	EL	Deputy Chairman
	Anna Merrick	AM	Non-Executive Director
	Anne Johnson	AJ	Non-Executive Director
	David Sloman	DS	Chief Executive Officer
	Richard Martin	RM	Director of Finance
	Celia Ingham Clark	CIC	Medical Director
	Deborah Wheeler	DW	Director of Nursing and Clinical Development
In attendance	Kate Slemeck	KS	Director of Operations
	Helen Brown	HB	Acting Director of Operations (from 27.10.08)
	Fiona Elliott	FE	Acting Director of Planning and Performance
	Margaret Boltwood	MB	Director of Human Resources
	Philip Ient	PI	Director of Facilities
	Glenn Winteringham	GW	IM&T Consultant
	Helena Kania	HK	Acting Chair, Haringey Health & Social Care LINK
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

- 08/127 Apologies for Absence **Action****
Robert Aitken, Maria Duggan, Siobhan Harrington. Edward Lord and Anne Johnson gave advance apologies for late arrival.
- 08/128 Declarations of Interests**
There were no new declarations.
- 08/129 Minutes of the meeting held on Wednesday 24th September 2008 (Doc1)**
- 08/129.1 The Committee agreed the minutes of the previous meeting as an accurate record.
- 08/129.2 There were no matters arising.
- 08/130 Chief Executive's Report (Doc 2)**
- 08/130.1 The "good news story" was the Health Care Commission's (HCC) feedback from their inspection of performance of five of the standards in July 2008. There were no qualifications for the Whittington, in the context of an increase in qualified declarations nationally. The Chairman reported the message from the HCC that the trust demonstrated strong performance against best practice.
- 08/130.2 David Sloman reported that the hospital had been busy during August and continuing into September. Performance against targets had been good with the exception of MRSA bacteraemias. Meeting the target financial surplus for the year was now considered possible. The key risk was achieving the CIP.

- 08/130.3 The missing payroll discs which had been reported in the media had all now been accounted for. Approx 250 staff had been briefed at open meetings. Some anxieties had been expressed but the queries (including those on the helpline) had been managed. The missing discs had been handed in as a result of the wider search.
- 08/130.4 David Sloman introduced his report. He drew attention to the impending publication of the results of the 2007/08 Annual Health Check due on 16th October. He anticipated a rating of “good” on the use of resources and potentially “good” on core standards.
- 08/130.5 The Board noted the report.
- 08/130.6 In response to a question on plans for those areas with mixed sex accommodation, Deborah Wheeler indicated that:
Discussions on the expansion of Mary Seacole Ward were ongoing. Attempts were made to meet the needs of patients expressing concern. The configuration of the Coronary Care Unit (CCU) was considered by the SHA to be compliant with good practice. The position on Nightingale Ward (respiratory) was challenging. Single sex accommodation would involve cutting across specialty groupings.
- 08/130.7 David Sloman welcomed Helen Brown who would be covering Kate Slemeck’s maternity leave as Acting Director of Operations.

08/131 IM&T Strategy

- 08/131.1 Glenn Winteringham gave a presentation in support of the strategy document which had been circulated separately. He identified the Whittington’s progress against the four main priorities in the national strategy: Connecting for Health (CfH).
NHS Network (N3) - achieved
Choose and Book – achieved, national early adopter and flagship
Picture Archiving and Communication System (PACS) early implementation, need to plan extension or reprocurement.
Care Record Service (electronic patient record) in progress – implementing best of breed clinical applications. National implementation behind schedule.
- 08/131.2 Planned IM&T developments were set in the business context of national and local drivers for improvements in efficiency and quality. These indicated a total investment in the period 2008-09 to 2012-2013 of £7.2m of which £3.4m has so far been approved. Of the £3.8m still to be identified, just over £1.1m is on infrastructure and £2.7m on applications, the most significant being the replacement of PAS, the PACs upgrade and e-document management.
- 08/131.3 In response to a question on data security, GW drew attention to the section on Information Governance and reported that they were working with BT to give assurance and putting in stringent controls on wireless networks.
- 08/131.4 The Board discussion focussed on prioritising investment and the variable timing in the context of the annual negotiation on capital spend. Priorities would be determined by a number of factors: financial benefits (efficiency), mandatory requirements, patient safety (quality), trend in cost of systems.

08/131.5 David Sloman pointed out that the “Best of Breed Strategy” sometimes conflicts with the choice of national systems and these were important strategic decisions. This was noted, but the Board endorsed the IM&T strategy including the current policy of implementing clinical systems on the principle of best of breed.

08/132 Customer Focused marketing strategy (Doc 3)

08/132.1 Introducing the strategy, David Sloman, in the absence of Siobhan Harrington said that the content reflected the discussion at the previous seminar, and the objective to achieve a position in the top decile of the annual patient survey was confirmed. The capture of consistent and comprehensive patient experience data was a priority. The Net Promoter Score was also planned to be used for continuous monitoring although the target value was not yet decided.

08/132.2 The CFM model explored the dynamic relationship between expectations, experience, design and delivery. The Board agreed that the theory was well developed and it was time to get on with implementation. The RTT project was a good example of the design and delivery focus, with a timed action plan, staged iterative process and Programme Board.

08/132.2 In response to a question about addressing immediate issues as well as looking ahead, David Sloman agreed that the question of cleanliness, for example, was an urgent challenge. Work in progress on improving the patient journey needed more systematic capture of patient satisfaction data.

08/132.3 Other proposals included learning from known good performers and David Sloman said they had visited the top scorer in London on the patient survey.

08/132.4 The strategy was welcomed as a framework for a consistent, customer focused and holistic approach. It was confirmed that the agreed £200k for implementation was now in the budget. In summing up, the chairman endorsed the proposals and advised that the trust should keep it simple, keep it consistent and press ahead, with data tested in January to March 2009 aiming to go live April 2009.

SH

08/133 Dashboard report (Doc 4)

08/133.1 Fiona Elliott introduced the report and clarified dates applying in the different domains and highlighted changes in presentation. Exception reports on areas of red-rating were covered in the infection control report and the finance report.

08/133.2 It was noted the report was still evolving, with local trust targets to be set and reporting where appropriate the forecast out-turn as well as current and year-to-date performance.

FE

08/133.3 In discussion, it was suggested that the KPMG report on the finance function might provide some useful ideas. It was also felt that more commentary would be helpful to indicate relative performance. The CEO suggested that Statistical Process Control (SPC) charts needed explanation and a teach-in session on definitions and analysis was also proposed.

FE

08/134 Finance Report (Doc 5)

08/134.1 Richard Martin highlighted the key components of the financial position, which showed an improvement from the previous month although remaining below plan. The five key risks previously identified remained relevant, but if successfully managed could enable a £2m surplus to be achieved. The risk rating of 3 was encouraging and he had not been called up by NHS London.

(13.55 Edward Lord joined the meeting)

08/134.2 There were some concerns expressed by the Board about the red rating on the Dashboard, and the fact that the current year position was helped by the carry forward from the previous year. There were some potential downside risks and fewer upside potential benefits. RM responded that the dashboard reflected the forecast surplus of £800k which should be adjusted next month to the planned level of £2m. The CEO agreed that the next 6 months would be hard. The key risks around income and CIP were crucial. It was important to ensure there were no surprises for the SHA, and there was a judgement to be made on when to declare improvement, particularly in the light of Monitor's focus on the accuracy of forecasting.

08/134.3 The Board noted the financial position and the anticipated improvement to be reported to the October meeting.

08/135 Infection Control Report (Doc 6)

08/135.1 Deborah Wheeler reported that Dr Julie Andrews (Consultant Microbiologist) had returned from maternity leave and resumed her role as Director of Infection Prevention and Control (DIPC).

08/135.2 It was acknowledged that the MRSA performance was a cause for serious concern as the 12-month rolling total indicated an increased incidence. There had been 3 new cases in the first part of August. Root cause analysis had been undertaken for all cases and immediate action had been taken on cannulae management and junior doctor training.

08/135.3 The incidence of C-difficile was very low – only 8 cases in three months – and the performance was below trajectory. Good standards in cleaning and hand hygiene audits had been observed, but there was a need for vigilance over the winter months.

08/135.4 In discussion it was pointed out that risks relating to cannulae had been known since 2007. Could the trust have acted sooner. DW admitted that although action had been taken, it was not enough and had been ramped up, with review of best practice and engagement of the Department of Health.

08/135.5 Consideration of further measures was discussed including the appointment of specialist teams. It was reported that this would cost £200k pa and would deskill nursing staff. This had not been adopted. 100% screening was discussed. There was not a strong evidence base but they had introduced clinical practice protocols for emergency admissions of patients with positive colonisation results.

(14.15 Anne Johnson joined the meeting)

08/135.6 The chairman asked about the trend elsewhere and DW reported that there had been a 57% reduction in incidence nationally and a 61% reduction in London. We were an outlier being one of six trusts in London with no reduction. The chairman expressed concern and considered the consequences if the trend continues. DW reported that the SHA and DH were supportive but there was a risk of an impact on patient choice, on our HCC rating and Monitor assessment.

08/135.7 The Medical Director outlined a number of positive actions to be taken to improve the position, pointing out that the trust had a low rate to start with, and a small adverse change takes us off trajectory. The substantive DIPC was back in post and would focus on cannulae, control of antibiotics, minimising IV therapy and prescribing suppression therapy for colonised patients. Anne Johnson advised that cross-infection between patients using shared facilities should be looked at, including education of patients on admission.

CIC/DW

08/135.8 The Board noted the report including the trust's relative position and the measures that were in hand.

08/136 Ratification of Q1 monitoring report to NHS London (Doc 7)

08/136.1 Fiona Elliott explained that the timing of the submission of the report fell outside the Trust Board schedule, and therefore the Chairman and CEO signed off the report on behalf of the Board, with subsequent ratification at the next meeting. The content of the report is consistent with reports to the Board on finance and performance.

08/137 Report from the Foundation Trust Programme Board (Doc 8)

08/137.1 The CEO reminded the Board that the seminar on the IBP/LTFM had been postponed. The key issues determining the timing of the resubmission of the application were:

- Resolution of the financial reporting issues identified by Ernst & Young
- Managing risks in the IBP
- The impact of "Healthcare for London"
- The fitness for purpose of the finance department.

The CEO's view was that all four of these potential constraints had been sufficiently resolved to enable the trust to consider rejoining the pipeline.

08/137.2 Monitor had indicated that the trust can reinitiate the application up to 31 March 2009. However, to be licensed by 1 April 2009, the trust would need to submit by 1 December 2008.

The key factors for consideration are:

- The Darzi impact assessment
- The robustness of the CIP
- The 2008/09 surplus

It is considered that the membership and operation of the Council of Governors is going well.

The CEO further reported that by the end of December, NHS London will agree FT application dates or "no go" with all trusts. He wanted to be confident about success. He is meeting with Stephen Hay and is asking for agreement of the indicative target, but not a final decision until the

November Board.

08/137.3 The Board agreed the timescales proposed by the CEO. DS
(14.40 Anna Merrick left the meeting)

08/138 Report from the Audit Committee (Doc 9)

08/138.1 The corporate secretary reported that the Annual Report of the Audit Committee had been approved at the meeting of the Audit Committee on 4th September and would be submitted to the Trust Board. SS

08/138.2 The action notes of the Audit Committee on 4th September were received by the Board. The chairman asked if the introduction of the International Financial Reporting Standards (IFRS) would cause any complication. Richard Martin expressed the view that if the trust did not go to Monitor by December 2008, it might be necessary to redo the IBP taking account of the IFRS.

08/139 Charitable Funds Annual Report and Accounts (Doc 10)

08/139.1 Richard Martin presented the Annual Accounts and auditor's certificate. The Board adopted the accounts.

08/139.2 It was felt that the annual report met the requirements of the Charities Act but was not sufficiently punchy. The trust needed to consider the impact of the report on fundraising efforts and consider a more appropriate format and language. It was suggested that the finance officer responsible for the report should consult the Deputy Chairman for advice. RM

08/140 Local Clinical Excellence Awards

08/140.1 The recommendations of the panel were noted, with the proviso that a typing error in respect of Dr Blumberg should be rectified. CIC

08/140.2 The Board concurred with the recommendation that all panel members should be encouraged to attend diversity training. CIC

08/141 Any other urgent business

There was no other urgent business.

08/142 Opportunities for questions from the floor on matters considered by the Board

There were no questions from the floor.

Date of next Trust Board meeting

Wednesday 15th October, Postgraduate Centre room 4

SIGNED..... (Chairman)

DATE.....