

Item: 08/162  
 Doc: 1

**MEETING:**  
 Trust Board, Wednesday 19<sup>th</sup> November 2008

**TITLE:**  
 Minutes of the Trust Board meeting of 15<sup>th</sup> October 2008

**SUMMARY:**  
 Attached are the minutes of the Trust Board meeting held on 15<sup>th</sup> October

**ACTION:** For information and agreement

**REPORT FROM:** *Susan Sorensen, Corporate Secretary*

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| <b>Financial Validation</b><br>Lead: Director of Finance | Not applicable |
|--|----------------|

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| <b>Compliance with statute, directions, policy, guidance</b><br>Lead: All directors | Not applicable |
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| <b>Compliance with Healthcare Commission Core/Developmental Standards</b><br>Lead: Director of Nursing and Clinical | <b>Reference:</b><br>Not applicable |
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| <b>Compliance with Auditor's Local Evaluation standards (ALE)</b><br>Lead: Director of Finance | <b>Reference:</b><br>Not applicable |
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| <b>Compliance with requirements of FT application and monitoring regime</b><br>Lead: Director of Strategy and Performance | <b>Reference:</b><br>Not applicable |
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**The minutes of the Whittington Hospital Trust Board meeting held at 12.30 pm  
on Wednesday 15<sup>th</sup> October 2008 in the Postgraduate Centre, Whittington  
Hospital**

|                      |                    |     |  |
|----------------------|--------------------|-----|--|
| <b>Present</b>       | Joe Liddane        | JL  | Chairman                                     |
|                      | Edward Lord        | EL  | Deputy Chairman                              |
|                      | Robert Aitken      | RA  | Non-Executive Director                       |
|                      | Maria Duggan       | MD  | Non-Executive Director                       |
|                      | 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 |
| <br>                 |                    |     |  |
| <b>In attendance</b> | Kate Slemeck       | KS  | Director of Operations                       |
|                      | Helen Brown        | HB  | Director of Operations (from 27 Oct 08)      |
|                      | Fiona Elliott      | FE  | Director of Planning and Performance         |
|                      | Margaret Boltwood  | MB  | Director of Human Resources                  |
|                      | Siobhan Harrington | SH  | Director of Primary Care                     |
|                      | Philip Ient        | PI  | Director of Facilities                       |
| <br>                 |                    |     |  |
| <b>Secretary</b>     | Susan Sorensen     | SS  | Trust Corporate Secretary                    |

- 08/143     Apologies for Absence     **Action****  
Anne Johnson gave advance apologies for late arrival.
- 08/144     Declarations of Interests**  
There were no new declarations.
- 08/145     Minutes of the meeting held on Wednesday 24<sup>th</sup> September 2008**  
**(Doc1)**
- 08/145.1     The Board agreed the minutes of the previous meeting as an accurate record with the exception of the following amendments:  
08/129 Correction of the date of the meeting  
08/135.5 Insert reference to suppression therapy     **SS**
- 08/145.2     Under matters arising, FE referred to minute 08/133.3 relating to the use of Statistical Process Control (SPC). She reported that contact had been made with David Balastracci, an expert on this analytical technique, who was willing to give a seminar on the subject. Further details to be circulated.     **FE**
- 08/146     Chief Executive's Report (Doc 2)**
- 08/146.1     The Chief Executive reported that activity continued to remain buoyant and that the financial position was now back on track. Performance against targets was generally good with the ED waiting time now restored to an acceptable level for meeting the overall 4-hour target. The only exception on the performance targets was the incidence of MRSA bacteraemia, on which there was a report later on the agenda.
- 08/146.2     It had been established that the apparent loss of data discs relating to staff had not happened. The report of the incident was on Part 2 of the agenda.

- 08/146.3 There had been an exceptional attendance at the recent Annual Public meeting of over 150 people, much of which was associated with the publicity sent to Foundation Trust members.
- 08/146.4 The target for the “Building for Babies” appeal of £600k had now been reached following the successful Highgate Fun Run in which over 400 people had participated. The next steps in fundraising would now be considered.
- 08/146.5 The Healthcare Commission (HCC) rating had been received. The trust was rated “good” for service quality and “good” for use of resources. The Royal Free had been rated excellent in both categories. Most other local organisations were rated “good” for service quality but “fair” for use of resources. There would be a full summary of the HCC report for the next meeting.
- 08/146.6 The Chairman commented further on event on 1<sup>st</sup> October with the opening of the new facilities by governors, followed by tea with members and the Annual Public Meeting. He felt it was well-planned and reflected the Whittington’s style. The questions at the meeting were challenging but reasonable. It was noted that the complaint from the floor about overgrown shrubs had been dealt with and it was agreed that the questioner would be contacted to confirm the action.
- 08/146.7 Continuing his report, DS gave a further update on progress in providing single sex accommodation. Two of the three care of the elderly wards were now single sex. Staff were continuing to explore possibilities for limiting mixed sex accommodation for high dependency patients on Nightingale Ward (respiratory) and on Mary Seacole Ward (acute admissions) which had two six-bed bays and five single rooms. Planned expansion of the ward would assist further.
- 08/146.8 Attention was drawn to the agreed process for notifying the Board of changes to the Assurance Framework and Risk Register.
- 08/146.9 DS reported the outcome of a meeting with Ed Byrne, Dean of the Medical School, attended also by the Chairman and Professor Anne Johnson. The alignment of service and academic strategies needed to be revisited in the light of the study undertaken by Professor John Pattison in 2006 at the trust’s request. UCL had now agreed to the appointments of both a professor and senior lecturer in surgery, which was a welcome development. An update would come back to both the Trust and UCL boards in March 2009.
- 08/146.10 The Board noted the Chief Executive’s report and verbal update.

PI

**08.147 Risk Management Strategy (Doc 3)**

- 08/147.1 Fiona Elliott explained that the Audit Committee discussions on the integration of the trust’s risk analysis and assessment with the corporate and strategic objectives was now reflected in the revised Risk Management Strategy. This also addressed the question of how risks were added to or deleted from the Risk Register and how they were managed. Risks were also mapped into the Risk Management Standards

for Acute Trusts (formerly CNST).

- 08/147.2 Board members had a number of comments to make on the strategy. As the Risk Management Strategy needed to be approved as part of the forthcoming CNST assessment, FE asked for the Board's approval subject to any agreed amendments arising from the discussion. The Deputy Chairman proposed, and it was agreed, that the amended strategy should be approved under chairman's action, to be reported back to the next meeting. **JL/SS**
- 08/147.3 The following amendments were proposed:
- Clarity on the risk scoring, with the original assessment of the raw score adjusted to reflect the residual risk following mitigation.
  - Take out the word "always" in section 1
  - Make explicit reference to financial, business and reputational risk in section 3
  - Check the risk management structure diagram (annex 1)
  - Review date should be September 2009 rather than March 2009
- FE**
- 08/148** **Response to consultation on the NHS Constitution (Doc 4)**
- 08/148.1 SH summarised the consultation that had taken place internally and introduced the proposed trust response to the consultation document. In response to a question about the lack of Haringey PCT involvement in the Whittington consultation, it was noted that Haringey were not formally responding.
- 08/148.2 The launch video was unavailable, but SH summarised the vision and focus of the document, which aimed to restore public confidence, bring a number of policy developments into a single document and set out both the NHS and the public's responsibilities.
- 08/148.3 A question was raised about the enforcement and monitoring of pledges made in the document and whether an arm's length body would undertake this.
- 08/148.4 There was general support for the draft constitution and the trust's response and it was agreed that the chairman would sign the letter. **JL/SH**
- 08/149** **Healthcare for London (HfL) – progress report (Doc 5)**
- 08/149.1 FE introduced the report. On trauma care, the executive team supported the network approach and the Royal Free's expression of interest in becoming a major trauma centre. The Whittington currently stabilised and transferred major cases. Under the proposed arrangement, the major cases would go direct to the RFH, while the Whittington would retain all other cases. The loss of c. 45 cases represented approx 50% of all cases, but the income loss would only relate to the ED tariff. FE confirmed that protocols for non-ambulance arrivals would be agreed with RFH.
- 08/149.2 In response to questions from the Board, with particular concerns about the consultation process, FE made the following points:
- Healthcare for London were leading the consultation up to the end December

- Members are being kept informed about HfL developments and consultations through the next publication of the “New Horizons” magazine
- There had been discussions about HfL and the implications for local people at the Council of Governors

08/149.3 There was discussion on the need for clear protocols for head injuries (not all of which are major) and other grey areas. The CEO felt there was general support for the principles but the challenge would be in implementation. The Board agreed to support the network approach. **FE**

08/149.4 FE outlined the proposed model whereby stroke victims are taken direct to a Hyper Acute Stroke Unit (HASU) available round the clock for rapid access imaging and thrombolysis, followed by step down to a Stroke Unit. The Whittington cannot qualify as a HASU (lacks 24/7 consultant presence and neurosurgery), but the Board discussed the case to seek to be a Stroke Unit, taking account of strategic fit, capability and profitability. It was noted that we already provide a good service with links into Queen Square (UCLH). Under the current indicative tariff structure, the trust would lose financially, however it is anticipated that the tariff structure will be reviewed within the coming weeks. It was agreed that the trust should register an expression of interest in becoming a stroke unit under this model, on the understanding that this could be withdrawn if the activity and financial analysis was unfavourable. **FE**

08/149.5 On urgent care, FE reported that Islington PCT were discussing their model with the Overview and Scrutiny Committee and consulting the public. The proposal was that this should be located at the Whittington with GP-led triage. DS reported that Islington were going out to tender for a service based at the Whittington. He was very opposed to the possibility of an alternative provider but the PCT were insistent on tendering. The IBP assumes that the Whittington wins the tender and provides for minor injuries within the centre at a lower tariff. The Board agreed that the trust’s response to public consultation should be discussed at a future Board. **FE**

08/149.6 It was noted that Islington PCT had included a polyclinic based on the federated GP model in their proposed 3-5 year primary care strategy. The Whittington were involved in the discussions and had incorporated the potential out-patient service reduction in the LTFM base case.

08/149.7 Reference was made to the development at Hornsey Central and the potential risk to the Whittington’s diagnostic and urgent care services.

08/149.8 The Board agreed that there should be further discussion on polyclinic proposals following the PCT’s confirmation of its primary care strategy. **FE**

**08/150 Maternity Services Improvement Action Plan - update on progress (Doc 6)**

08/150.1 KS confirmed that the progress report had been submitted to the NHS London as requested on 19 September and was supported by Islington PCT. The Board noted improvements made in the environment, staffing levels, user involvement and other areas.

08/150.2 In discussion, the following points were noted:

- Where possible, a baseline position and target metrics should be set
- The national patient survey was important as we had lost points on this
- The internal antenatal survey in September had yielded a positive Net Promoter Score (NPS)
- We should publicise surveys and NHS Choices on the website
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In summary the chairman said that the trust should be able to achieve high scores even with old facilities if the service is visibly good. It was agreed that an update should be brought back to the Board in three to six months.

KS/HB

**08/151 Dashboard Report (Doc 7)**

08/151.1 FE introduced the report with a brief explanation of Statistical Process Control. It was noted that exception reports for infection control and finance were the subject of separate papers. Although ED performance had improved there was a need to restore a performance buffer to ensure end of year compliance with the 4-hour target as performance against the target has historically been lower in winter months.

08/151.2 In discussion, the change in the dashboard indicator for finance from red to green was queried in view of the continued uncertainty about the year end surplus. It was noted that there was not an option for the indicator to be amber, but there was concern that green did not reflect the underlying position. It was also noted that maternity deliveries were highly variable, and it was suggested that this might reflect the fact that other units had capped their deliveries.

08/151.3 It was noted that a number of the domains would be further developed for the November report.

FE

**08/152 Financial Position - Month 6 (September 2008) (Doc 8)**

08/152.1 RM highlighted the key changes from the previous month. A review by the Executive Team of the CIP had indicated that the target could be achieved. Improvements to the bottom-up forecasting methodology had been incorporated and the year end forecast was now a surplus of £2m., taking account of a revised assessment of the likely DTC performance.

08/152.2 In discussion, attention was drawn to the outstanding debtors' balance and the risk of bad debt. RM explained the late agreement of year end balances with PCTs. There was discussion on the process of reconciliation of additional pay costs with additional income from activity. RM and DS described the information that was reviewed at ET each week on headcount, agency usage and activity in key high cost areas.

08/152.3 AJ queried whether there was a governance issue in relation to the ophthalmology agreement with RFH. DS said there was further debate to be had on whether everything was in place. A meeting was scheduled for 17<sup>th</sup> October. He was satisfied with the current position but it was important to resolve the outstanding management issues for 2009-10. It was noted that the clinicians were keen to make it work.

DS

08/152.4 Questions were asked about the impact of higher fuel charges and the trust's position on green issues. PI reported an increase of £0.25m in the last 18 months on energy costs. MD suggested there should be an appeal to staff to save energy. It was noted that PI had established a Sustainability and Environmental Strategy Group.

**08/153 Infection Control update (Doc 9)**

08/153.1 DW summarised the report, which had indicated a total number of bacteraemia in the first half of the year of 13 (87% of the annual target), following one additional case in September. There had been another case identified that week of a patient admitted within the past 48 hours. A Root Cause Analysis (RCA) was being undertaken with the PCT. The C-diff. rate continued to be below target but they were approaching the high risk period. Hand hygiene audits were good with encouraging performance from the new intake of junior doctors. The cleaning audits were generally good but a performance issue had been identified on the paediatric ward.

08/153.2 The chairman asked about the evidence of mortality from MRSA. DW reported that they were tracking cases where it was indicated as a contributory cause of death. There were no cases where it was a primary cause. CIC that medical staff, who completed the death certificate, had been trained in referencing MRSA. C-diff posed a greater risk of mortality.

08/153.3 CIC drew attention to the difficulty in complying with the MRSA target reduction from a relatively low base. The Homerton was the only local hospital with a lower target number of cases. There had been no incidents of MRSA in elective surgery patients in the current year. It was noted that in future, the target was likely to be set in terms of rates rather than absolute numbers .

**08/154 Service Line Management implementation (Doc 10)**

08/154.1 RM summarised the proposal for target-setting for profitability in terms of contribution margin in 25 areas. This would be linked to a system of earned autonomy with a share of the surplus available for investment by the service line. There would need to be a contra process for service lines falling below target. There would also need to be confidence that recurrent commitments were backed by recurrent over-performance.

08/154.2 There was discussion about the setting of targets in light of variations in the ability of services to operate within tariff. The following points and observations were made:

- There was a need to take account of interdependencies
- A bespoke target should be set for each service, reflecting patient need, rather than a blanket contribution rate
- Some services had no national tariff and the local price was inappropriate (eg community midwifery)
- There was a need to avoid a competitive internal environment
- Clinical teams including doctors want to understand their service costs better, but the system was complex. There was a case for concentrating on common procedures then drilling down
- The advice from FTs contacted was to implement, review and then get more sophisticated

- The trust might not be ready for implementing the incentive scheme but needed to start getting the data out
- The system does not yet deal with outcome measures but the long term objective was to look at the economy, outcome and patient satisfaction associated with each service line

It was agreed that the trust should proceed with caution in implementing service line management on the lines proposed, and take time to get it right.

RM

08/154.3 The attached independent report from Assista Ltd was for information. The recommendations were noted but would not necessarily be implemented in full.

RM

**08/155 Annual Report from the Audit Committee to the Trust Board (Doc 11)**

08/155.1 The Board noted the Annual Report from the Audit Committee including the assurance on internal control and risk management systems for the effective governance of the trust. The positive reports from internal and external auditors were also noted.

**08/156 Board Assurance Framework (Doc 12)**

08/156.1 SS presented the BAF which had been discussed in detail at the Audit Committee on 4<sup>th</sup> September. Changes made as a result of this were indicated in red font in the BAF. It was noted that the BAF was now cross-referenced to both the risk register and the directors' objectives. The latter had been mapped into the ten corporate objectives. The next stage in the development of the BAF was to incorporate any additional risk identified in the revised Integrated Business Plan.

FE

08/156.2 In response to a question about the scoring of risks, it was noted that executive directors review the scores for each iteration of the BAF. It was further noted that the residual risk following mitigating action was also being reported in the risk register and would be incorporated in the development of the BAF. This would be brought back to the Board at the next quarterly review.

SS

**08/157 Any other urgent business**

There was no other urgent business

**08/158 Questions from the floor on matters considered by the Board**

There were no questions from the floor

**08/159 Date of next meeting**

It was noted that the next meeting will take place on Wednesday 19<sup>th</sup> November 2008 in the Trevor Clay Centre, Room 2

SIGNED..... (Chairman)

DATE.....



