

Item: 08/180
 Doc: 1

MEETING:
 Trust Board, Wednesday 17th December 2008

TITLE:
 Minutes of the Trust Board meeting of 19th November 2008

SUMMARY:
 Attached are the minutes of the Trust Board meeting held on 19th November 2008

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 on Wednesday 19th November 2008 in the Trevor Clay Centre, Whittington Hospital

Present	Joe Liddane	JL	Chairman
	Edward Lord	EL	Deputy Chairman
	Robert Aitken	RA	Senior independent 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
In attendance	Margaret Boltwood	MB	Director of Human Resources
	Helen Brown	HB	Director of Operations
	Siobhan Harrington	SH	Director of Primary Care
	Fiona Elliott	FE	Acting Director of Planning and Performance
	Margaret Boltwood	MB	Director of Human Resources
	Philip Ient	PI	Director of Facilities
	Julie Andrews	JA	Director of Infection Prevention and Control(DIPC)
	Helena Kania	HK	Representing Haringey Local Involvement Network (LINK)
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

- 08/160** **Apologies for Absence** **Action**
 There were no apologies. The Chairman welcomed Helena Kania as the recently nominated representative of the Haringey LINK, Valerie Lang and Margaret Carroll, both elected governors for Whittington South, Julie Andrews, DIPC and other staff observers. The chairman also welcomed again the two consultants from PPM who had been appointed by NHS London to provide support to FT applicants.
- 08/161** **Declarations of Interests**
- 08/161.1 Helen Brown (Director of Operations) disclosed her position as an employee of Haringey TPCT on secondment to the Whittington.
- 08/161.2 Fiona Elliott (Director of Planning and Performance) disclosed that her partner was a senior manager at the Whittington Hospital NHS Trust.
- 08/162** **Minutes of the meeting held on 15th October and matters arising**
- 08/162.1 The Committee agreed the minutes of the previous meeting as an accurate record, subject to some minor typographical corrections and the clarification in minute 08/149.5 that it was Islington's *intention* to go out to tender. **SS**
- 08/162.2 There were no matters arising.
- 08/163** **Chief Executive's Report (Doc 2)**
- 08/163.1 The hospital was performing well against the KPIs - Emergency Department and 18 week target, with waits for diagnostic services now less

than six weeks. The hospital had been busy since August and income was high but the activity had been managed within the bed base. Expenditure was on track with a surplus in the month.

08/163.2 Work to improve the environment in the maternity service had commenced with a new floor in the labour ward and the transfer of the day care service to the old endoscopy suite. The floor in the Emergency Department was being replaced and the Paediatric ED was due to open 1st December.

08/163.3 The CEO's "good news report" was the mention of the Whittington in the Dr Foster annual report as having the most improved Standardised Mortality Rate (SMR). The trust had also achieved level 2 in the recent CNST assessment.

08/163.4 Referring to the case of Baby P, it was reported that the child had been seen in the Whittington ED and staff had been involved in the investigation. DS understood that the Whittington's treatment and communication had been appropriate. DW reported that the Haringey Serious Case Review would come to the Trust Board. In response to requests for assurance from non-executive directors about internal procedures, the following points were made:

- Strong leadership and sound policy framework in child protection services
- Regular review at the Clinical Governance Committee
- Appointment of additional nurses and midwives with relevant expertise
- Child protection forum
- Staff training and awareness

The Board recognised the importance of getting the message across about the Whittington's excellent practice, but this needed to be handled sensitively in terms of timing.

DS

08/163.5 The items covered in the CEO's written report were noted. On mixed sex accommodation it was confirmed that information for patients admitted to Mary Seacole Ward was now available. A view was being sought on the role of the Senior Information Risk Officer (SIRO) from consultants engaged to review the trust's information governance arrangements. In response to a question on the role of the Chief Knowledge Officer, CIC said that it encompassed knowledge management, access to information and library services. She proposed reporting back in about six months.

CIC

08/164 Integrated Business Plan: Summary Report (Doc 3)

08/164.1 FE introduced the report as a top level summary of the document that would be resubmitted to Monitor. It would come to the Trust Board as a complete document including annexes and appendices in December. It was noted that the key issues and assumptions and the long term financial model had been discussed at the Board seminar that morning.

FE/RM

08/165 Dashboard Report (Doc 4)

08/165.1 FE summarised the changes to indicators as a result of the evolution of the dashboard. Any indicator with a red rating was the subject of an exception report.

08/165.2 There was considerable interest in and discussion of the content of the

dashboard report and the following key comments and responses were made in respect of each domain.

Clinical Quality: The green rating for readmission rates was queried in the light of comparative performance. Agreed to review. The Making Best Use of Beds project was looking at the reasons for readmissions. **HB**

Patient Experience: It was noted that some targets were not yet set. Electronic media for getting patient feedback were being trialled. Surveys would include questions from national surveys. **SH**

Access and targets: The scale in the presentation of the MRSA and C-diff rates per bed-day needed to be modified to emphasise any changes. It was noted that screening rates were to be added. **DW**

Strategy: There was discussion on how competitive position and market volume should be analysed. The analysis of day case surgery in Islington and Haringey should be harmonised in terms of the measures. **FE**

Workforce and efficiency: It was noted that data collection problems in theatres needed to be rectified. The sickness absence rate was fluctuating and was amber. An action plan was in place. Vacancy rate target needed to be developed taking account of the need for flexibility. **MB**

Finance: All indicators now green.

08/165.3 There was discussion on appropriate targets for comparative performance against a national or peer group. DS proposed that where the trust was in the bottom half of the league, the target should be to move to the top quartile, and if in the top half, the target should be the top decile. **FE**

08/166 Infection Control update (Doc 5)

08/166.1 JA (DIPC) summarised the position as at 7 November, highlighting the two additional bacteraemia in October bringing the total to 15 which was the target limit for the year. The focus for prevention of further incidence continued to be peripheral and central line management and suppression therapy. In discussion, the following points were made:

- In view of the strong public interest, jargon should be minimised in the report **JA**
- Comparative data on rates per bed day should be regularly presented, possibly on the dashboard **DW**
- There should be more activity on suppression **JA**
- Hand hygiene needed to be reinforced, including a focus on ED, Mary Seacole ward and agency staff **DW/MB**
- Disciplinary action should be taken in the event of repeat non-compliance **CIC/DW**
- Nurses should be encouraged to challenge non-complying doctors **DW**
- Patients should be empowered to challenge staff on hand hygiene, in accordance with the principles of Co-creating Health
- A new washer was to be installed in the new year **PI**
- JA reported that a surgical site infection survey was taking place, to be followed in January by a survey of post-caesarian infections.
- There was a drive to improve MRSA screening rates to 100% for electives and 80% for emergency surgery

08/166.2 The annual report for 2007-08 from the DIPC was presented. This had been prepared by DW as acting DIPC October 2007 to September 2008. In discussion on the report and the action plan for reducing HCAI (last updated January 2008) the following points were made:

- CIC expressed the view that the target for screening admissions via

ED should be 100%

- The Board needed an up-to-date report on the action plan. DW agreed to bring it back to the Board and DS proposed a 6-monthly review thereafter.
- The question was raised on the need to report other infections to the Board. At the moment, these were reported to the Infection Control Committee with exception reports to the Board. The advice from the DIPC was that the only other infection report that should come routinely to the Board was orthopaedic surgical site infection as this was a DH mandatory report. The trust was an outlier in hemarthroplasty (?). After discussion it was agreed that this infection rate should be included in the infection control report to the Board.

DW/JA

DW/JA

08/167 Financial Position – Month 7 (October 2008) (Doc 6)

08/167.1 RM reported that on a cumulative basis the trust was £300k ahead of plan on the I&E account. This position included provisions for potential adverse effects on income following discussions with PCTs. Apparent overspend on both pay and non-pay was due to over-activity and covered by additional income.

08/167.2 The CIP had been reworked and indicated an achievement of £4.6m against a target of £4.2m. If it became necessary to re-open beds to meet demand, the additional net income would be credited to the CIP.

08/167.3 Cash flow was good, with recovery of debt and anticipated large inflow from PCTs in March. The trust's risk rating was 3.

08/167.4 In response to questions from Board members about the basis of the forecast out-turn, which was close to the control total, RM described a refined forecasting methodology working with managers, and assumptions underlying the best and worse cases. The trust was moving towards the best case as a result of CIP performance, managing the risks around the DTC, buoyant activity/income and the potential resolution of the dispute with WFL. It was considered that provisions for risk were prudent, and that negotiations with the PCTs could result in their reduction.

08/168 Staff Survey update (Doc 7)

08/168.1 MB summarised the action plan that had been drawn up following the 2007 survey. Performance in relation to the three identified priorities was as follows:

- Appraisal rate now at 96%
- Bullying and harassment – there was now increased understanding and awareness which may account for the increase in cases reported
- The response rate for the 2008 survey was expected to be similar to the 2007 (34%), just above the median for all trusts.

08/168.2 The Trust Board noted the progress against the action plan and the steps that were being taken to increase the response rate for the 2008 survey, which closes on 8 December.

08/169 Health Care Commission Annual Health Check (Doc 8)

08/169.1 FE introduced the report and pointed that the trust had underachieved in only two out of sixty-four areas of assessment of quality of services– MRSA and waiting times for diagnostic audiology. A progress report on actions to

improve in these areas was noted.

08/169.2 DS thought the trust was in a good position to achieve “excellent” on the use of resources in the next assessment. He pointed out that a high proportion of trusts achieving “excellent” for both service quality and the use of resources were foundation trusts.

08/170 Report from the Audit Committee (Doc 9)

08/170.1 AM drew the Board’s attention to the action that had been identified by the Audit Committee since it met in its new role in June 2008. Key actions arising from the November meeting were the need for action plans on training for both clinical governance and health and safety. The Committee had also approved amendments to the Integrated Governance documents.

08/170.2 The Board discussed the Audit Committee’s role in providing assurance on governance and the management of risk. The streamlined committee structure was felt to be fit for purpose, but improvements could be made:

- More attention should be paid to horizon scanning
- The Clinical Governance Committee needed to continue the process of significant change
- Papers need to be more focused, targeted and timely
- The Executive Committee’s monthly in-depth review of performance (Super Tuesdays) must be sustained following the disestablishment of the Finance and Performance Committee
- More time should be devoted to performance at the Board meeting

It was agreed that the committee structure should be revisited in three months.

SS

08/170.3 The Board received the Audit Commission’s Annual Audit letter which had been discussed in detail at the Audit Committee.

08/171 Health and Safety Annual Report (Doc 10)

08/171.1 PI summarised the report which had been discussed in detail at the Audit Committee and was brought to the Board for information. Attention was drawn to the objectives for 2008/09: to improve the audit and assurance framework, to establish a baseline training audit, and to reduce false fire alarms.

08/171.2 The Board noted the annual report from the Health and Safety Committee.

08/172 Preparation for the Healthcare Commission core standards assessment 2008-09 (Doc 11)

08/172.1 Following discussion at the Audit Committee, it was proposed to the Board that an internal review panel chaired by the Chief executive and supported by another executive director not involved in the standard being reviewed should be established. It was agreed that this process was sufficient to provide the Board with assurance on compliance with the HCC core standards for the current year.

08/172.2 It was noted that other agencies submitted comments to the HCC on trust compliance including the Overview and Scrutiny Committee, the local Children’s Board, and the Council of Governors in the case of FTs. It was not yet clear how the LINK would feed into the process.

08/173 Ratification of Q2 monitoring report to NHS London (Doc 12)

08/173.1 As previously agreed, the Chairman and Chief Executive self-certified the return on behalf of the Board. Attention was drawn to the risk rating of 2 which was forecast to be 3 at year end – an improvement from the Q1 return.

08/173.2 The Board ratified the Q2 monitoring return as submitted to NHS London.

08/174 Board meeting dates 2009

08/174.1 The Board received the dates for meetings in 2009, which will continue to be on the third Wednesday of each month.

08/175 Any Other Business

08/175.1 PI informed the Board that there were still vacancies for going “Back to the Floor” in the Facilities Directorate on 5th December.

08/176 There were no questions from the floor on matters considered by the Board.

08/177 The Board noted the date of the next Trust Board meeting: 17th December 2008 in the Trevor Clay Centre Room 2.

SIGNED..... (Chairman)

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