

Item: 09/001
Doc: 1

MEETING:
Trust Board Wednesday 21st January 2009

TITLE:
Minutes of the Trust Board meeting of 17th December 2008

SUMMARY:
Attached are the minutes of the Trust Board meeting held on 17th December 2008

ACTION: For information and agreement

REPORT FROM: *Susan Sorensen, Corporate Secretary*

<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 17th
December 2008 in the Trevor Clay Centre, Whittington Hospital**

Present

Joe Liddane	JL	Chairman
Robert Aitken	RA	Senior independent Non-Executive Director
Maria Duggan	MD	Non-executive Director
Anna Merrick	AM	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	Director of Planning and Performance
Philip Ient	PI	Director of Facilities
Helena Kania	HK	Representing Haringey Local Involvement Network (LINK)

Secretary Susan Sorensen SS Trust Corporate Secretary

08/178 **Apologies for Absence** **Action**
 Apologies for absence had been received from Edward Lord and Anne Johnson.

08/179 **Declarations of Interests**
 None.

08/180 **Minutes of the meeting held on 19th November 2008 and matters arising (Doc 1)**

08/180.1 The minutes were agreed as a correct record subject to the following amendments.

- o 08/163.4 should refer to the emergency paediatric clinic (not ED).
- o 08/167.1 insert *partly* due to over-activity
- o 08/172.1 Clarify that the Audit Committee had supported a proposed change to the composition of the review panel which was now put to the Board.

SS

08/180.2 Reference was made to minute 08/165.3 relating to targets for comparative performance against a national or peer group. The proposal from DS was agreed.

FE

08/180.3 JL referred to the facilities "Back to the Floor" initiative which was an annual exercise. He asked PI to provide a summary of the benefits, and any issues that had arisen. MD reported on her experience in the sterile services department. She asked the Board to note that she had been made aware of staff concerns about the transfer of service to another site.

PI

08/181 **Chief Executive's Report (Doc 2)**

08/181.1 DS gave the headlines for performance in November. Activity was down, but costs had risen, particularly non-pay and agency spend. Financial

performance was therefore off plan. Performance against targets for ED and 18 week waits were on track, but the trust had now breached the target for MRSA bacteraemia. Although there were no new cases in November, there was one (pre-48 hours) so far in December.

- 08/181.2 NHS London had made some provisional decisions on the implementation of Healthcare for London. RFH was not selected to be a major trauma centre, and the Whittington's bid for accreditation as a stroke unit had not been successful. The latter will be appealed to ensure further consideration of the Whittington's designation as a stroke unit by the Healthcare for London (HfL) evaluators. The appeal is supported by UCLH who have written to HfL to endorse their support of the Whittington and to commit to assisting with service improvements in partnership with the Whittington.
- 08/181.3 Recent consultant appointments were reported: three anaesthetists, one orthopaedic surgeon and a medical oncologist (filling a clinical leadership gap).
- 08/181.4 DS reported that he, SH and Dr Caroline Allum (Clinical Lead, Imaging) had visited the new, high quality facilities at Hornsey Central. It was not yet clear what would be moving in, e.g. GP practices. There had been discussions on locating Whittington imaging and diagnostic services there.
- 08/181.5 In response to a question about the future of PCT provider side services, DS reported that alliances between Barnet, Enfield and Camden on the one side, and Islington and Haringey on the other were emerging, with a move towards integrated governance and standardisation of practice. The long term position was not clear but models of combined hospital and community provision were also being developed.
- 08/181.6 Items for information in the written report were noted. Breaches of single sex accommodation were explained in terms of striking a balance between compliance and clinical safety. Patients were advised of the position, and capital investment to extend the acute admissions facilities would improve performance in that area.
- 08/181.7 Haringey TPCT was expected to follow Islington's renaming decision, to become NHS Haringey.
- 08/181.8 In contrast to November, activity in December was very high, and was combined with high levels of staff sickness absence. This had necessitated the opening of additional beds and resulted in a number of elective cancellations and breaches in ED. It was reported to be a pan-London problem.

08/182 Healthcare for London: implementation progress report (Doc 3)

- 08/182.1 FE presented the report and stressed that, in relation to the Royal Free Hospital's accreditation to deliver a Major Trauma Centre and the Whittington's accreditation to deliver a stroke unit, further work would be done by NHS London working with providers. DS reported that Whittington clinicians felt the current stroke service and the plans to develop stroke services at the Whittington had been unfairly judged and were assisting with the development of an appeal. Consultation had been delayed from January 2009 to later in the year. It was very important for the Whittington

to be a designated a stroke unit and the financial risk was approx £400k. There was some discussion about the reason for the non - accreditation as a recent national sentinel audit put the Whittington in the top half of trusts in terms of quality of stroke care. Formal feedback was awaited.

08/182.2 The latest policy developments on urgent care centres, polyclinics and local hospitals were noted, including clinical and financial risks to be managed in the course of implementation. There was some discussion on the degree of congruence of the Whittington strategy with the local hospital model. DS emphasised the importance of this in relation to the FT application. It was considered that changes in paediatrics and maternity were not likely to be implemented in the short to medium term.

08/183 Five-year capital programme (Doc 4)

08/183.1 PI introduced the paper as an updated summary of the capital investment programme. The bulk of the plan arose out of the recent six-facet survey of the estate, although there were some significant ward expansion and refurbishment elements e.g. Mary Seacole and maternity. The programme was under-funded and charitable funds were being sought to close the gap. (Separate paper in Part 2).

08/183.2 In response to a question about the expense of desktop PCs and the alternative of dumb terminals linked to an intelligent centre, it was reported that

- The trust secured cheap PCs at £500 - £600 each
- A lot of IT procurement related to specialist and clinical systems

08/183.3 The chairman referred to a potential cash shortage in two years time. It was noted that the programme was based on the current level of CRL which would change if the trust became an FT. It was recognised that the programme would need to be revisited if circumstances changed. In the meantime the programmed was approved going forward.

PI

08/184 Strategic review of Cost Improvement Programme (Doc 5)

08/184.1 RM reminded the board that the CIP was a combination of expenditure reductions and income generation initiatives. The largest single element is £2m income from the correct coding of high dependency beds irrespective of ward location. Risks relating to the CIP had been incorporated in the IBP sensitivity analysis.

08/184.2 Points raised included:

- Consideration might be given to increasing the current year programme as an alternative to releasing provisions
- Service line reporting and management should indicate areas of potential efficiency gains
- Major changes should be subjected to equality impact assessment.

DS agreed that the programme was challenging and the trust needed to plan in detail the schemes for future years.

08/185 Human Resources Strategy: review of Progress (Doc 6)

08/185.1 MB summarised the progress made against the objectives set out in the 2007/08 five year strategy. The possibility of applying for Investors in People accreditation for the trust as a whole was being assessed (achieved by three departments to date). Areas for focus included Infection Control

training and some specific CPD programmes. Further work was in hand to develop performance indicators on HR management within directorates.

MB

08/185.2 The following suggestions for development were made:

- Detailed analysis of areas of staff overspending
- Correlating metrics in the HR report with those reported elsewhere
- Monitoring the effectiveness of hand hygiene training
- Putting the progress against objectives matrix into a “SMART” format including timescales
- Developing comparative indicators for the measurement of the achievement of “employer of choice” status
- Devising incentives for improving consultant efficiency e.g. reducing clinic cancellations, maximising use of DTC capacity

RM

MB

DW

MB

MB

HB

08/185.3 It was noted that the strategy would be updated for the latest version of the IBP and it was agreed that a further progress report should come back to the Board in due course.

MB

08/186 Dashboard Report (Doc 7)

08/186.1 FE presented the report. Points made in discussion:

- The appropriate level of detail in the dashboard report as opposed to an exception report
- Continuing queries on whether the right measures of performance are being reported
- Need to look at benchmark data (e.g. for hospital cancellations) – although sometimes the absolute level was more important

FE

FE said that the priority was to complete the data sets as currently specified. There were no plans at the moment to change the domains and their key performance indicators but that this will be reviewed on a regular basis.

08/186.2 It was noted that problems with patient data at the Royal Free might be distorting recent market share data.

08/186.3 The interpretation of the Net Promoter Score was explained in terms of the percentage of promoters in excess of detractors. It was proposed that feedback response could be increased by issuing postage-paid envelopes to patients.

SH

08/187 Finance Report (Doc 8)

08/187.1 RM summarised the report and drew attention to the lower income in November, and higher non-pay costs offset by a review and adjustment of the level of provisions. There were no unexpected variances in the balance sheet or cash flow position.

08/187.2 Key areas of potential risk were being managed:

- CIP overperformed in the month and was expected to meet and even exceed the annual target
- DTC shortfall had increased from £700k to £800k but an action plan was in train to reduce shortfall in current year and rectify for 2009/10 (separate paper in Part 2)
- Income drop in November was likely to be recovered with high activity in December
- Additional activity provides additional contribution, although this could

be eroded by high agency usage in specialist areas.

- The dispute with WFL appeared to be approaching a satisfactory resolution

The target surplus of £2m. was expected to be achieved although it was noted that this was assisted by a number of non-recurrent factors.

08/187.3 In discussion, questions were raised about evaluating the relationship between activity, income and cost in the cases of either a rising or falling trend in activity. The chairman also expressed concern about the underlying income/expenditure position. RM said that the £2m current year surplus could represent an underlying deficit of approximately £4m, taking account of all non-recurrent effects. This requires an additional £4m CIP in 2009/10 to achieve the necessary surplus.

08/187.4 The Board identified priority actions:

- Close monitoring of pay expenditure and contribution margins
- Briefing for Board on drivers of pay expenditure, in preparation for Monitor board to board
- Review of use of agency staff and action plan for reduction – e.g. recruitment to specialist posts in areas where increased demand anticipated (e.g. DTC).

RM

HB/DW

08/188 Infection control report (Doc 9)

08/188.1 DW presented the report which had been prepared in collaboration with the DIPC. Although there had been no new cases in November, there had been one case so far in December which put the total number of cases one above the target limit of 15 for the year. The Whittington's rate per 1,000 bed days, although higher than average in the recent quarters, is expected to fall to 0.07 for October to December 2008, which is below the current London and national average.

08/188.2 Although c-diff rates remained low, there was increased risk in winter months associated with outbreaks of norovirus.

08/188.3 As agreed at the previous Board meeting, the infection control report now includes a section on surgical site infections. Evidence of a quarter 2 improvement in post-operative infections following surgery for fractured neck of femur was noted.

08/188.4 In discussion, concerns were expressed by the chairman and others about the continuing problems with hand hygiene compliance in certain areas, including ED. An action plan was called for. It was reported that cases of non-compliance were dealt with by matrons verbally on the spot and with written follow-up. Two warnings resulted in disciplinary action. RA reported that the Audit Committee have registered their concern and the DIPC needs to be assured that she has the full backing of the Board in dealing robustly with breaches of the hygiene code.

DW

08/189 Corporate objectives 2008-09: review of progress

08/189.1 FE drew the board's attention to three of the thirty objectives which had been red rated:

- i. Infection control targets - the subject of a separate report.
- ii. Sickness absence – included in the cost improvement programme and closely monitored by the executive committee

- iii. Agency staff – FE reported the plan to step up recruitment to bank and introduce a new e-rostering system

08/189.2 The Board discussed the two proposed changes to the objectives and accepted the suggested amendments. The Board noted progress against the annual plan. FE

08/190 Safeguarding children in Haringey: Child protection reviews re Baby P (Doc 11)

08/190.1 DW outlined the reviews that had already taken place and those in the pipeline. Reference was made to para. 29 of the attached Joint Area Review, which had identified that not all staff in ED were aware of the means of access to local authority child protection registers. DW explained that Baby P had been seen in the paediatric emergency clinic (not ED) and had been admitted on child protection grounds. Following his discharge, he was not brought to the Whittington again and there was no further communication with the Whittington's child protection clinical lead.

08/190.2 It was reported that governors had approached non-executive directors about the operation of systems in relation to child protection. The board discussed how perceptions and reputational risk should be managed. It had been agreed at the previous meeting that no statement would be made until the HCC had published its review (due end January). In response to a question on whether the trust should pro-actively submit information to the review, DS said there would be opportunities for managerial, clinical and professional input.

08/190.3 It was noted that the governors had appointed a lead governor as a channel for communication with the chair. It was agreed that any governors' concerns should be directed to the lead governor. A session on child protection could be organised for governors. JL
FE/DW

08/190.4 DW reported that the trust was involved in the investigation of another serious case which was confidential at this stage.

08/191 Dates of 2009 meetings (Doc12)
Noted

08/192 Any other urgent business
None

08/193 Opportunity for questions from the floor on matters considered by the Board
HK, the representative from Haringey LINK, congratulated the trust on the success of the "Winter Fayre" open event and particularly commended the Foundation Trust membership manager.

08/194 Date of Trust next Board meeting
Wednesday 21st January 2009 in the Trevor Clay Centre Room 2

SIGNED..... (Chairman)

DATE.....