

**ITEM: 09/019**

**DOC: 1**

**Meeting:** Trust Board  
**Date:** 18<sup>th</sup> February 2009

**Title:** Minutes of the meeting held on 21<sup>st</sup> January 2009 – Part 1

**Executive Summary:** Attached are the minutes of the last meeting of the Trust Board held in public in the Trevor Clay Centre at 1 p.m. on Wednesday 21<sup>st</sup> January 2009. Two members of the public attended – both members of the shadow Council of Governors.

**Action:** To review the accuracy of the minutes, make any amendments necessary and identify any matters arising not covered elsewhere on the agenda.

**Report from:** Susan Sorensen  
 Corporate Secretary

**Sponsor:** Board Chairman

**Financial Validation**

Lead: Director of Finance

**Name of finance officer**

**Compliance with statute, directions, policy, guidance**

Lead: All directors

**Reference:**

Standing Orders

**Compliance with Healthcare Commission Core/Developmental Standards**

Lead: Director of Nursing & Clinical Development

**Reference:**

n/a

**Compliance with Auditors' Local Evaluation standards (ALE)**

Lead: Director of Finance

**Reference:**

n/a

**Evidence for self-certification under the Monitor compliance regime**

Lead: All directors

**Compliance framework reference:**

FT constitution

**The minutes of the Whittington Hospital Trust Board meeting held on Wednesday 21<sup>st</sup> January 2009 in the Trevor Clay Centre, Whittington Hospital**

---

<b>Present</b>	Joe Liddane	JL	Chairman
	Edward Lord	EL	Deputy Chairman
	Robert Aitken	RA	Senior independent Non-Executive Director
	Anna Merrick	AM	Non-Executive Director
	Jane Dacre	JD	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

<b>In attendance</b>	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
	Julie Andrews	JA	Director of Infection Prevention and Control
	Helena Kania	HK	Representing Haringey Local Involvement Network (LINK)

**Secretary** Susan Sorensen SS Trust Corporate Secretary

**09/001 Apologies for Absence Action**  
 The Chairman welcomed Professor Jane Dacre, the UCL appointed NED, replacing Professor Anne Johnson whose term of office had come to an end. Maria Duggan was not present but expected.

**Declarations of Interests**

None.

**09/002 Minutes of the meeting held on 17<sup>th</sup> December 2008 and matters arising (Doc 1)**

The minutes were agreed as a correct record. Matters arising:

- o 08/180.3 - PI said that a report on the recent "Back to the floor" initiative would be ready for the February meeting. PI
- o 08/185.3 – It was noted that performance metrics for the HR strategy would go to the March meeting of the Trust Board. A date for a progress report on implementation needed to be determined. MB

**09/003 Chief Executive's Report (Doc 2)**

09/003.1 DS summarised performance since the last meeting. Elective activity and income had reduced over Christmas but the hospital had been very busy in January with 56 escalation beds opened. This was a London-wide position with a risk to the achievement of the 98% A&E 4-hour target. The Whittington was one of only three hospitals in London continuing to achieve the 98% target and we had been asked to increase performance in the sector to 98.5%. There were staff and capacity issues resulting in some elective surgery cancellations.

- 09/003.2 EL asked why income was down so much. It was explained that where emergency patients had not been discharged at month end, the income would not be recognised until the next month. Demand for emergency capacity was high because of high levels of acute illness rather than delayed discharges resulting from inadequate social service provision.
- 09/003.3 The Hygiene Code inspection gave good feedback on the three ward areas visited, with positive comments on staff behaviour and clinical leadership. There were three areas of concern elsewhere: the mop room, the bed store and risk assessment relating to the endoscope processing unit. The trust had to produce an action plan by 23<sup>rd</sup> January and the HCC report would be issued in four weeks. It was noted that the environmental problems would be rectified by 26<sup>th</sup> January and a new endoscopy processing unit was to be installed in July. Bed provision was via an external contract and governance processes needed to be tightened. Both DS and DW advised that the risk of any improvement notices was relatively low provided they produced adequate additional evidence and the action plan within the next 48 hours. PI  
DW
- 09/003.4 DS explained that the education infrastructure review would include the services provided out of the postgraduate centre, to ensure that there was synergy in the current arrangements.
- 09/003.4 RA asked if it included consideration of the trust's participation in the UCL's bid to become an Academic Health Science Centre (AHSC). DS stated that this was being considered separately. Neil Goodwin, the Project Director, had invited the Whittington to join the UCL initiative as a partner. DS asked the Board to consider approval in principle (AIP) subject to further discussion. He saw the advantages as being in contributing to the Whittington's influence and brand. JD advised that the focus of the UCL partnership was research, but the inclusion of the Whittington was perceived to assist the application to become an AHSC to mitigate a weakness on the education front. There was ongoing discussion on financial contribution with a possible model where non-contributing partners were not on the Board. The potential contribution was not known (possibly tens of £k). EL proposed that final approval should be conditional on having a seat at the Board. DS suggested that board membership should be included in the discussions, in which JD was also involved. DS/JD
- 09/004 Customer-focused Marketing Strategy: progress report (Doc 4)**
- 09/004.1 SH circulated the model that had previously been presented. She confirmed that milestones were being met. The current data capture on patient experience was paper-based and focused on the Net Promoter Score (NPS) and the dashboard indicators. The specification and piloting of a touchscreen solution was in progress with a target implementation for April 2009.
- 09/004.2 In referring to Appendix 1, it was noted that the response rate table and NPS were not yet reliable. The paper response was estimated to be 1%. In discussion on increasing the response rate and ensuring consistency across the catchment, the following points were made:
- The target being set is to receive feedback from 10% of footfall in out-patients, initially, with touchscreen technology enabling a higher target of 20% once established

- The patient experience feedback needed to extend to all wards
- It was important to involve governors e.g. in design of patient leaflets
- Focus groups were planned for February internally, with outreach focus groups planned for March
- The Council of Governors was having an away day at the end of January and would discuss their potential involvement

**09/005 Trust Communications Strategy (Doc 4)**

09/005.1 SH drew attention to the model and emphasised the focus in the strategy in moving from reactive to more pro-active external communications, and concentrating on developing internal communications. Performance indicators were identified as

- Press coverage
- Website hits
- Internal staff surveys
- Response to NHS Choices website

This was a discussion draft and the next draft would go first to the Executive Committee, with a final version coming to the Board for approval.

**SH**

09/005.2 In discussion, a number of proposals were made:

- Communication with patients via a news sheet
- A focus on the big group practices to maximise coverage within resources
- A review of the size and development strategy of the communications team
- Quality of website needed addressing
- Use of the LINKs to communicate with hard to reach groups
- Advocacy through staff needs to be encouraged
- The trust should assess whether there were the necessary skills in house or should an external consultancy be engaged.

SH reported that there were ongoing meetings with people from external communications companies who were providing challenge and review on an informal basis. She agreed to explore a more formal review of the communications strategy in line with customer-focused marketing.

**SH**

*SH left the meeting at 14.05*

**09/006 Healthcare for London implementation update (Doc 5)**

09/006.1 FE drew attention to the identification by the Joint Committee of PCTs of three potential trauma networks covering East London with Essex, South East London and South West London with Surrey for delivery by 2010. HB had attended a meeting at RFH with HfL to discuss the RFH's bid to become a major trauma centre for North and North West London with a later implementation date of 2012. The final providers will be determined at the end of the consultation period. It was noted that the outcome was not likely to affect the Whittington's activity.

09/006.2 The Board was aware that the Whittington had not been designated as a stroke unit and that the JCPCT was finalising a consultation document for the end of January. DS reported that the Whittington's representations about unfair treatment would not influence the consultation document, but there was an opportunity during the consultation period to propose an integrated service with the support of UCLH. It was considered likely rather than definite that UCLH would be a hyper-acute stroke unit. DS did not

believe that Whittington's non-designation was a political decision. CIC pointed out that other parts of London did not have designated stroke units and the solution in West London would be important to the Whittington.

09/006.3 The positions on urgent care and polyclinics described in the report were noted. DS proposed that in view of the potential impact on the Whittington, this should be considered as a future seminar topic.

JL/DS

**09/007 Report from the Foundation Trust Programme Board (Doc 6)**

09/007.1 The reasons for the decision to delay the resubmission of the application to Monitor had been discussed in detail at the morning seminar. The Board noted the progress made on various elements of the application.

09/007.2 The Board approved the revised membership targets, and the chairman expressed the view that quality in terms of commitment and diversity was more important than the absolute number.

09/007.3 There was discussion on handling the communication on the delay in the FT application. It was noted that HMB and the Medical Committee had been advised, but not all staff were aware. It was agreed that the Council of Governors should be made aware at their forthcoming meeting and the membership should be advised through the routine communications.

DS  
JL  
FE

**09/008 Dashboard Report (Doc 7)**

09/008.1 FE drew attention to the red-rated indicators relating to MRSA and staff sickness absence. There was also an adverse change from green to amber on adverse incidents which resulted from the drive for more systematic reporting of high risk incidents.

09/008.2 FE was anticipating the publication of national benchmarks for single sex accommodation. There were areas where compliance was difficult, but an action plan was in place to reduce the incidence of breaches, e.g. through the reconfiguration of high dependency beds and the planned expansion of Mary Seacole ward.

09/008.3 There was to be a meeting to design an infection control dashboard for inclusion in the infection control exception report. This will include performance monitoring of screening and suppression therapy along with other recommendations made by the DH improvement team.

FE/DW

09/008.4 A number of points were raised in discussion including:

- There was a need to check if we were outliers in terms of sickness absence
- Consideration to be given to a more challenging out-patient DNA target

MB

CIC

It was agreed that targets would be reviewed at the beginning of April.

FE

09/008.5 EL raised the question of whether the traffic light ratings for finance were valid given what was known about future years. DS responded that it reflected the position in relation to the current year's plan. The longer term was dealt with elsewhere e.g. the finance report and the IBP. This could be reviewed when we entered the Monitor regime. It was proposed and agreed that the title of the dashboard report should be changed to make it clear that it represented the position in the current year only.

FE

**09/009 Infection Control Report (Doc 8)**

- 09/009.1 JA was present to give the report. The trust now had four more MRSA bacteraemia cases than the target limit of 15. The latest four had not been peripheral line related and had all been on the same ward. A SUI enquiry was to be carried out.
- 09/009.2 RA noted that 75% of relevant staff had received peripheral line training and asked what was happening about the rest. DW assured the Board this was in hand. **DW**
- 09/009.3 It was reported that the C-difficile target would reduce to 92 next year because of the improvement this year.
- 09/009.4 The action plan was reviewed. It was noted that the second quarter surgical site infection results showed a big improvement and were below the national average. CIC reported that this would be monitored by the Clinical Governance Committee. **DW/CIC**
- 09/009.5 JD stressed the importance of involving the wider community in infection control, including patients, medical students through the clinical skills centre and visitors.

**09/010 Finance Report (Doc 9)**

- 09/010.1 RM summarised the report and the key elements of the position in December 2008:
- Expenditure on target with CIP exceeding the plan
  - Income down
  - Significant increase in provisions with some offset
  - The underlying position, taking out non-recurrent factors, was a deficit of £2m-£3m.
  - £1.1m additional income was needed to meet the year end target, which was possible
- 09/010.2 The chairman queried the cash flow forecast with a low point in November 2009. RM explained the reasons for the fluctuations and the cash management options available. PI and RM were confident that the capital cash expenditure could be managed to avoid the risk of any clawback by NHS London.

**09/011 Report from the Audit Committee (Doc 10)**

- 09/011.1 AM reported that the Audit Committee (AC) had held a private meeting with the auditors, when the main matter of concern was the timely closing off of audit recommendations relating to governance self-certification and the management of charitable funds.
- 09/011.2 The Board noted the three items drawn to their attention and agreed the recommendations.
- 09/011.3 The AC had decided to have a private meeting with the DIPC. CIC asked for clarification of the reason for this and it was described as a governance issue in the absence of the Assurance Committee. AM explained that it was a one-off, not a regular meeting. CIC asked to attend and it was agreed that further consideration should be given outside the meeting. **JL/AM**

**09/012 Safeguarding children in Haringey (Doc 11)**

09/012.1 DW referred to the executive summary and said there had been no feedback from the HCC visit. She stressed the workload pressures on the named doctor and nurse. RA expressed appreciation for the extra time commitment and DS drew attention to DW's contribution.

**09/013 Information Governance action plan (Doc 12)**

09/013.1 GW presented the report as an update to incorporate the outcome of the Cap Gemini review. Key developments had been:

- o Update of trust policies
- o Encryption of trust laptops
- o Work in progress to encrypt USB memory sticks

The action plan would be taken to the EC every month. An Information Governance Steering Group was being established.

09/013.2 In response to a question about the scope of the policy, GW said it covered all data and that single data items were covered by the regulatory provisions.

**09/014 Care Quality Commission registration (Doc 13)**

09/014.1 DW said that the request for registration had to be submitted by 6<sup>th</sup> February. She drew attention to the statement in the submission relating to environmental improvements in the mattress store and industrial washing machine room. The Board agreed to register as compliant subject to the availability of relevant evidence.

DW

**09/015 Board Assurance Framework: quarterly review (Doc 14)**

09/015.1 SS reported that this had been reviewed by the Audit Committee and the key changes noted. Risks identified in the IBP had been mapped into the BAF and additional risks incorporated where there was a mis-match.

09/015.2 RA said that the AC was satisfied with progress, and that the BAF was now a live document. It was important to keep on top of it.

**09/016 There was no other business.**

**09/017 Questions from the floor**

09/017.1 The governors present expressed disappointment that the FT application process had been postponed. It was confirmed that the meeting scheduled for authorisation on 1<sup>st</sup> April should be removed from diaries.

The chairman asked the press and public to leave the meeting in order to move into Part 2 – confidential business.

Edward Lord left the meeting at 16.05

SIGNED..... (Chairman)

DATE.....