The Whittington Hospital NHS
NHS Trust

ITEM: 09/037
Doc: 01

Meeting:	Trust Board
Date:	18th March 2009

Title:	**Minutes of the meeting held on 18th February 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 18th February 2009. Five members of the public attended including three members of the shadow Council of Governors. The other observers were from BT and GSK.

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 18th February 2009 in the Trevor Clay Centre, Whittington Hospital

Present	Joe Liddane	JL	Chairman
	Edward Lord	EL	Deputy Chairman
	Anna Merrick	AM	Non-Executive Director
	Maria Duggan	MD	Non-Executive Director
	David Sloman	DS	Chief Executive Officer
	Richard Martin	RM	Director of Finance
	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
	Rachel Landau	RL	ED Consultant
	Helena Kania	HK	Representing Haringey Local Involvement Network (LINk)
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

09/019 **Apologies for Absence** **Action**

Apologies for absence had been received from Robert Aitken (Senior independent NED), Jane Dacre (NED) and Celia Ingham Clark (Medical Director)

Declarations of Interests

None.

09/020 **Minutes of the meeting held on 21st January and matters arising (Doc 1)**

20.1 The minutes were agreed as a correct record subject to the following amendments: **SS**

003.1 – insert a reference to "that week" in relation to the Whittington's A&E performance

003.5 – replace "invited" with "discussed" in connection with the Whittington's potential membership of UCL partners.

20.2 Under matters arising, SH reported that she had commissioned a review of communications and would be seeking views from the Board. **SH**

09/021 **Chief Executive's Report (Doc 2)**

21.1 DS summarised the key features since the January meeting. January had been very busy with 56 extra beds in use. The high level of emergencies had led to increased pay spend and agency usage, with delayed compensating income. The adverse weather conditions had resulted in the cancellation of two thirds of planned work on "snow day". Performance against ED and 18 week targets was good. There had been one additional MRSA bacteraemia in January.

21.2 Item 1. Healthcare for London update. As indicated in the report the key issue is the location of stroke units, which it was proposed in the consultation should not include the Whittington. Concerns about fairness had been transmitted at a meeting with HfL, and joint work with UCL partners including RFH was being pursued with IPCT support. A written response from NHS London was awaited, and meanwhile there was an opportunity to respond to the consultation which closes on 8 May 2009. It was agreed that Governors and the LINks should be contacted about the consultation process, in addition to the Trust's own response. DS reported that Islington's urgent care strategy was also to be consulted on next month.

21.3 Item 2. WFL settlement deed. The agreement was noted and it was hoped that a line could now be drawn under this phase of the project.

21.4 Item 3. Hygiene code visit. It was reported that the draft report had been fair and balanced and the final report was expected by the end of March.

21.5 Item 4. The CQC registration submission was noted.

21.6 Item 5. Cerner Care Record Solution. It was noted that the CRS implementation had been reactivated, but the Whittington had confirmed its intention not to implement in the medium term but to pursue the approach set out in the IM&T Strategy 2008-13.

21.7 Item 6. Change in clinical directors. The appointments of Dr David Grant and Dr Caroline Allum were noted. Dr Allum's work in transforming the Imaging department was commended and the importance of clinical leadership was emphasised.

21.8 Item 7. Back to the Floor Day. The detailed report set out learning and actions. Feedback from non-executive directors was positive. PI advised that comments on way-finding should be fed back via PALs. It was noted that the next event was planned for December 2009.

21.9 Item 8. International Nurses' Day on 11th May was noted. Board members were encouraged to advise DW of specific interests by 27 April.

21.10 Item 9. Smoke-free policy. The Board endorsed the policy of continuing to enforce the smoke-free policy and not to provide smoking shelters. In response to a question it was confirmed that smoking cessation support was available and a full time adviser had been funded by the host PCT.

21.11 Item 10. Health and Social Care Awards. The deadline for entries of 6 March was noted.

09/022 <u>Five year financial plan 2009-2014</u>

22.1 RM gave a verbal update on progress with developing the long term financial plan. Current SLA negotiations indicated an affordability gap of £4m following new information on the application of caps and penalties by PCTs. These included performance metrics on follow-up OP appointments and consultant-to-consultant referrals. Discussions were taking with place with other providers to ensure consistency of interpretation.

22.2 It was noted that the signing date for SLAs had been put back from end February to 13 March.

09/023 Foundation Trust application update report

23.1 DS reminded that Board of its previous decision that an application would be filed at the end of March if a large number of outstanding issues had been resolved. There continued to be a significant range of assumptions and high financial risks to affordability including tariff, MFF, R&D/teaching income and the general economic environment. DS advised that an application at the end of March was not possible. He proposed that two options should be considered at the March meeting of the Trust Board:

- Option 1 – seek an extension of up to a year depending on the outcome of the SLA negotiations
- Option 2 – stand back and take stock

23.2 In response to the chair's inquiry about the pan-London situation, DS said that many trusts were affected by individual factors. The Whittington had been hit by MFF (37% reducing to 23%) but to a lesser extent by teaching and research funding which had impacted more on the traditional teaching hospitals. He reminded the Board that FT applications were time-consuming and they needed to be confident of success.

23.3 In summing up, the chairman confirmed the Board's decision not to re-apply at the end of March but to consider options 1 and 2 at the March meeting of the Trust Board. **DS**

09/024 Dashboard Report (Doc 3)

24.1 FE introduced the report, highlighting the red rated KPIs: MRSA, staff sickness, financial performance and single sex accommodation breaches. A meeting had been held to assess the effect of the new definition of mixed sex accommodation, which would be performance managed by the PCT.

24.2 The chairman drew attention to the fact that the combination of hospital cancellations of out-patient appointments and DNAs exceeded 25%. Although it was recognised that some hospital cancellations and rebookings might take place without the patient being aware, it was acknowledged to be a source of inefficiency and waste, with an estimated value up to £250k p.a. DS said there had been detailed discussion at HMB about the need for more sophisticated inter-action with patients (e.g. in response to them making telephone contact). It was anticipated that the merger of appointments and admissions would provide system improvement.

24.3 HB described some of the current initiatives associated with the 18 week project:

- Implementation of theatre booking system including pre-assessment
- Linked appointment process with diagnostics available on PAS
- Ability of admin staff to make bookings
- Comprehensive use of telephone booking

She estimated it would take 6 -12 months to get the benefits

24.4 The chairman pressed on driving change and the timing of results. The trust could have an open-ended intention to do better, or could commit to a B-HAG* timescale. (*Big, hairy audacious goal.)

DS agreed that a target should be set for reducing hospital cancellations. **DS**

24.5 In reviewing the Patient Experience dashboard, it was reported that data quality and response rate was still an issue, and it was agreed that the validity of data should be flagged up. However, it was recognised that the ward cleanliness data was robust. **FE**

24.6 Assessing progress in developing the dashboard, it was noted that indicators were being further developed in the following areas:

- Divisional performance **HB**
- Primary care interface **SH**
- Health and safety **PI**
- Infection Control **DW**

09/025 <u>Emergency Department HCC patient satisfaction survey results (Doc 4) – deferred pending arrival of Rachel Landau, ED lead consultant</u>

09/026 <u>Infection Control Report (Doc 5)</u>

26.1 DW reported one additional MRSA bacteraemia bringing the total to 20 year to date. The latest was pre-48 hour but still counts against the target. The split between pre- and post-48 hour would be provided in the next report. **DW**

26.2 A recent practical assessment of the competency of 60 staff in managing transmission precautions had given encouraging results. C-diff rates continued to be low. Targets for 2009-10 and 2010-11 would be more challenging but were manageable.

26.3 Refresher hand hygiene training was being delivered following the drop in compliance at the last audit. Training for the Trust Board would be provided in March. **DW**

26.4 MRSA screening targets were 100% for electives by March 2009 and for emergencies by March 2010.

26.5 The chairman expressed the view that 90% compliance on hand hygiene was not good enough. The following points were made in discussion:

- Hand hygiene scores were weighted by risk level. There was 100% compliance on high risk areas. Low risk areas included environmental features such as handles and bed-ends.
- There was zero tolerance for porters and FSAs
- Management action was taken in cases of non-compliance ranging from verbal warning, through written notice to disciplinary action.
- There was also external assurance through random inspections.
- There was strong uniform compliance re bare arms to the elbow among clinical staff. Security and some estate staff were not able to comply for H&S reasons. FSAs were generally compliant except in cold weather.

26.6 In summing up, the chairman re-iterated the need to follow through on enforcement. **DW**

09/027 **Financial Position Month 10 (January 2009) (Doc 6)**

27.1 RM summarised the report highlighting the adverse variance from the target surplus. Income in January was low but assumed to pick up as activity was recognised. There was overspending on pay in January due to high usage of bank and agency. This reflected high demand, additional beds and staff sickness levels. There had been a non-pay benefit from the WFL settlement. The forecast out-turn continued to be a surplus of £2m., dependent on the recovery of income and release of provisions.

27.2 The security of the planned surplus was challenged in the light of the availability of provisions and the predicted heavy demand for bank and agency staff. RM advised that there should be sufficient provisions to enable the target to be met.

27.3 AM questioned whether the demand was likely to be recurrent. RM said that the budget would be phased to match the SLA but could not be predicted with absolute accuracy, e.g. referrals to DTC. DS said there was scope for improving the planning of capacity.

27.4 The chairman queried the high overspend on medical locum staff (para. 7.3) and sought assurance that the authorisation system was robust. HB said there had to be some headroom to allow for sickness, leave and additional activity. There had been a mismatch in January. DS described the rigorous controls and tight scrutiny by the Executive Committee. The position would be further improved with the implementation of service line management.

09/025 **Emergency Department HCC patient satisfaction survey results (Doc 4)**

25.1 Dr Rachel Landau, lead ED consultant, joined the meeting. HB introduced the 2008 ED patient survey results, benchmarked against London trusts for the first time (to adjust for the London factor). The previous survey was in 2004. The covering paper identified areas where improvement had been achieved and areas requiring action. The establishment of an ED Transformation Board to supervise the action plan was noted.

25.2 In response to the chairman's question about the department's response to the survey, RL made the following observations:

- The overall patient experience was positive
- There were good clinical outcomes
- Car parking was not within the control of ED
- They needed to work on customer care and patient information
- The result of 36% of patients waiting more than 4 hours was inconsistent with the data collected in relation to the target. This was put down to patient perception, e.g. that Isis ward was part of ED and not an in-patient ward.
- RL assured the board that patients were being diagnosed and managed within the four hour period.

25.3 MD asked about what difference the ED Transformation Board would make and how they could offer continuity support to patients. RL thought that front of house training was needed. Some trusts used volunteers and chaplaincy services to improve the patient pathway. SH reported that internal focus groups had identified communications, waiting and real-time feedback as the key issues. Questions used in the internal surveys were consistent with the national survey. DS said that the London factor was real, and communication

should for example include apologising for lack of parking and explaining the role of Isis ward. The chairman said that the Transformation Board needed to set targets and monitor a shift in performance against these metrics within an agreed timescale. He conveyed the board's thanks to the ED. **HB**

09/028 **Ratification of Q3 monitoring report to NHS London (Doc 7)**

FE presented the report that had been submitted in accordance with the NHS London timetable for quarterly monitoring, with sign off by the chairman and CEO. MRSA performance was reported as an exception. The financial risk rating was 3 at Q3 and remained at 3 as the forecast out-turn. As the auditors had indicated that best practice required board sign-off in advance, NHS had been asked for the future reporting cycle which would inform the Trust Board programme. **JL/DS**

09/029 **Safeguarding children reviews in Haringey (Doc 8)**

DW reported that the HCC investigation report, expected on 13 February, had not been received. The Whittington had submitted its comments on the draft report on matters of factual accuracy. There was no suggestion that the Whittington was subject to criticism. The report commissioned by NHS London was also not yet available.

09/030 **Register of directors' interests (Doc 9)**

It was noted that the register of interests had been updated by directors taking account of the additional guidance provided within the FT governance documentation. Non-executive directors, with the exception of the chairman, would need to demonstrate their independence on becoming directors of the foundation trust. There were criteria laid down within the guidance for testing independence which would be applied in due course. **SS**

09/031 **Revision of charitable funds policies and procedures (Doc 10)**

31.1 RM introduced the Fund Management Handbook and the Policies and Procedures for Fundraising. The cover paper highlighted the principal changes from current practice.

31.2 EL raised a number of comments on the fundraising document:

- p.3 Trustees should be involved in decisions about appeals and the conduct of appeals through the fundraising committee structure.
- p.5 section h. Principles of confidentiality need to be referenced.
- p.6. section p – donor intent. The list of unacceptable gifts with restrictions relating to age, race, colour, sexuality, gender might be inconsistent with the objects of a particular appeal or the wishes of a donor.
- p.6. section q – donor recognition. The trustees needed to develop a policy.

31.3 Subject to revisions to meet the points raised above, the documents were agreed. **RM**

09/032 **Any other urgent business**

HK referred back to a decision of the board two years ago to out-source typing to India. She asked if this was happening and if so what data security systems were in place. DS confirmed that the service was happening and was in widespread use throughout the UK. It was generally well-received and there were no concerns about security. DS agreed to write to HK about how the **DS**

system was operating.

09/033 **Opportunities for questions from the floor on matters considered by the Board**

33.1 Margot Dunn, Deputy Lead Governor, made a number of observations:

- All governors should come to at least one board meeting
- Front line staff were of crucial importance and needed the best possible training.
- She had been designated an "appropriate adult" available to be called in to talk to people in custody. She suggested that the Whittington should have a list of people with appropriate skills to take on this role for patients
- She was surprised at the need for training in hand-washing.
- She asked about visitors' requirement to wash hands

33.2 DS responded that it was important to keep reinforcing the message on hand hygiene with 30 minute training sessions. There was a need to do more in relation to visitors. **DW**

33.3 On conclusion of Part 1 at 15.27 hrs, the chairman asked the press and public to leave the meeting in order to move into Part 2: confidential business.

SIGNED…… (Chairman)

DATE……..