The Whittington Hospital NHS
NHS Trust

ITEM: 09/055
Doc: 01

Meeting:	Trust Board
Date:	15th April 2009

Title:	**Minutes of the meeting held on 18th March 2009 – Part 1**

Executive Summary:	Attached are the minutes of the last meeting of the Trust Board held in public in the Postgraduate Centre at 1 p.m. on Wednesday 18th March 2009. Four members of the public attended including three members of the shadow Council of Governors. The other observer was from Camden LINk.

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:	Chairman of the Board

Compliance with statute, directions, policy, guidance Lead: All directors	**Reference:** Standing Orders

The minutes of the Whittington Hospital Trust Board meeting held at 13.00 hrs on Wednesday 18th March 2009 in the Postgraduate Centre, Whittington Hospital

Present	Joe Liddane	JL	Chairman
	Edward Lord	EL	Deputy Chairman
	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
In attendance	Margaret Boltwood	MB	Director of Human Resources
	Kate Slemeck	KS	Director of Operations (return from maternity leave)
	Siobhan Harrington	SH	Director of Primary Care (from 13.25)
	Fiona Elliott	FE	Director of Planning and Performance
	Philip Ient	PI	Director of Facilities
	Helen Brown	HB	Director of Operations
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

09/035 **Apologies for Absence** **Action**

Apologies for absence had been received from Maria Duggan and Helena Kania.

09/036 **Declarations of Interests**

36.1 The chairman reported that he had been appointed a non-executive director of the NHS Institute for Innovation and Improvement (NHSIII) **SS**

36.2 David Sloman had been appointed to the Board of the NHS Institute London (NHSIL)

36.3 Jane Dacre had been appointed chair of the GMC's education and training reference group. This had a regulatory role ranging from undergraduates to CPD revalidation.

09/037 **Minutes of the meeting held on 21st January (Doc 1) and matters arising**

The minutes of the meeting held on 18th February 2009 were agreed as a correct record. There were no matters arising.

09/038 **Chief Executive's Report (Doc 2)**

38.1 DS summarised the key performance features and changes since the February meeting. There had again been high expenditure, particularly on agency staff, and the release from reserves was significantly higher than planned. The trust remained on track for a £2m year end surplus. It was anticipated that the ED and 18 week targets would be met, but there was uncertainty about the cancer target as there was to be a change in the metric in Q4. There had been one further MRSA bacteraemia reported during the month.

There were no further updates on the items included in the written report.

38.2 Looking forward, DS reported that the local and national healthcare

landscape was complex and uncertain. A recent development was the announcement of five Academic Health Science Centres (AHSC) at Imperial College, University College and Kings College in London and at the universities of Cambridge and Manchester. In particular, the creation of UCL partners had implications for the local health economy.

38.3 There had been media coverage of a clinical incident in the private sector involving a former Whittington surgeon. The Board was advised that the surgeon was no longer employed by the trust.

38.4 DS referred to the recent adverse report by the HCC on the quality of care at Mid-Staffordshire NHS Foundation Trust. This was an appropriate lead into the next item.

09/039 <u>Patient Safety First Campaign (Doc 3)</u>

39.1 CIC introduced the topic with a case study of the unsatisfactory care pathway of an elderly patient who died following a fractured hip complicated by a chest infection and stroke. A combination of poor communication, poor documentation and delay had contributed to the outcome. She advised the Board to prioritise the patient safety initiative and reinforce the commitment with pro-active challenge e.g. in walkabouts.

39.2 Referring to her report, CIC drew attention to the importance of leadership intervention (para 3.2) and systematic measurement (para 3.3). It was proposed that the Clinical Risk Management Committee should be renamed the Patient Safety Committee reporting into the Clinical Governance Committee. Relevant quality indicators set out in para. 4.2 had been agreed with Islington PCT to feed into the new quality accounts.

39.3 There was detailed discussion on how the Board should take forward this initiative and a number of questions were asked relating to:

1. Frequency and method of reporting
2. Benefits and Costs
3. Magnitude of risk
4. Number of incidents at the trust

39.4 In terms of reporting, CIC, said that elsewhere the model of clinical directors and general managers presenting their performance on a rolling programme had been used. Risk management and clinical audit reports were fed up to the Audit Committee via the Clinical Governance Committee on a regular basis. There were also indicators in the monthly dashboard which triggered exception reports where appropriate.

39.5 Benefits were identified as reductions in avoidable deaths, hospital-acquired infections, length of stay, dissatisfied patients and litigation. These could be quantified in the existing quality metrics. There was evidence of tangible gain at North West London Hospital where this approach had been piloted with an estimated 200 lives saved in the first year. At a macro level, the recent WHO report on patient satisfaction (which had been discussed at EC) provided the evidence base for the approach.

39.6 The costs of implementation were largely in terms of staff time, including senior medical staff. CIC referred to the provision within consultant job plans of 10 hours per week in supporting activity and suggested there was some **CIC**

leeway for redistributing activity. The workload of the risk management and clinical audit teams could be reviewed. The capacity and workload of the medical director would also need to be realigned. **DW** **DS/CIC**

39.7 Statistics from existing studies indicated that the magnitude of the problem was significant. JD referred to the evidence available from GMC reports and CIC advised that there were incidents of breaches of patient safety on a daily basis at the trust. The evidence was not new but had hitherto been ad hoc and reactive, relying on staff reporting. CIC reported that the trust was going to audit 50 consecutive deaths to estimate the scope of the challenge, and would aim to immediately improve the quality of reporting into the national database. **CIC/DW**

39.8 The Chairman expressed his strong support for the campaign and the Board agreed the implementation of the measures set out in the report. **CIC**

09/040 **Foundation Trust application (Doc 4)**

40.1 DA reminded the Board that this was the last month of the trust's postponement by Monitor of the resubmission of its application. He drew attention to the new risks that had been identified on p.3 of his report and related these to Monitor's assessment metrics. The trust was not in a position to submit by 31 March, so the options open were to seek a further 12-month postponement or withdraw the application and plan to resubmit for authorisation by December 2010. His view was that Monitor would not extend the postponement for more than 6 months. Against the background of no contracts signed and a £5m financial gap, PCT support would not be forthcoming. He therefore advised that the trust should withdraw its application. Over the next 3-4 months, the Board should discuss options for a different application for delivering services within the FT regime. DS also pointed out that Kingston Hospital had withdrawn, Hillingdon had been unsuccessful in their application and the Royal Free were considering their options. He was not aware of any live applications in London apart from the Brompton.

40.2 In discussion it was agreed that the trust was not in a position to go forward in a 6-month time-frame. However, it was also agreed that the Council of Governors were doing very good work and adding significant value. External advice indicated that there was nothing to prevent the CoG continuing as an advisory body. DS advised that there were technical issues around the membership database which would be clarified.

40.3 It was agreed that the lead governor would ask the members of the CoG if they wished to continue in their role. The chairman proposed that he should discuss this with them at their next meeting.

40.4 It was agreed that a communications plan should be put in place as a matter of urgency, and that the Royal Free should be approached if a joint exercise was appropriate. DS said he would brief the local MPs and other stakeholders.

40.5 The chairman asked for confirmation that the Board wished to withdraw the FT application and this was agreed with no dissent.

09/041 **Dashboard report (Doc 5)**

41.1 Introducing the report, FE drew attention to the impact of the adverse weather on cancellation rates.

41.2 Performance on single-sex accommodation was still red-rated, but improving. A bid was in for financial support and an action plan in place.

41.3 Red ratings for finance and MRSA were the subjects of exception reports.

41.4 In discussion, the following issues were raised:

- The underlying deficit needed to be shown in the finance dashboard
- The reporting rate for adverse incidents needed to be improved and then targets set **FE**
- The vacancy rate was high and needed to be monitored along with the turnover rate **MB**
- Concern about market share but the picture distorted by data anomalies **SH**
- Independent sector (Clinicenta) not yet up and running but perceived as a threat

09/042 **Sickness absence management (Doc 6)**

42.1 MB presented the report which was a response to red ratings on the dashboard in November and December 2008, improving to amber in January 2009.

42.2 The key objectives were to improve performance management throughout the organisation by providing HR support and good quality management information to build up expertise.

42.3 EL welcomed the action plan and asked if there was benchmark analysis with other sectors and analysis of the reasons for differences between directorates. MB reported that benchmark data outside the NHS was problematic but it had been established that the trust was an outlier in NHS London.

42.4 On the differences between directorates, it was important to distinguish short term and long term sickness and to recognise the impact of long term absence on the performance of small departments. The trust's Health and Work Centre provided some statistics on the causes of absence and had established that workplace stress was not the highest cause.

42.5 MB reported that support was available from courses and special forums (averaging 8-10 attenders) focussing on case studies. One to one support for managing staff with high Bradford scores had also been well-received.

09/043 **Infection Control Report (Doc 7)**

43.1 DW reported that an additional MRSA bacteraemia in March had brought the total year to date to 22 which was above the previous year's out-turn of 21. Lessons from the RCA of this case were being rolled out. Numbers of c-difficile cases had reduced by 50% from the previous year.

43.2 The target for 100% screening on admission for elective cases was end of March 2009. Elective "attendances", currently at 28%, referred to day cases. There was an action plan to improve this performance.

43.3 The reduction in beds on Victoria Ward had been achieved and a reduction on Coyle ward was planned.

43.4 JD expressed concern about the MRSA level and asked what was being done about individual lapses. DW responded that the follow-up on RCAs dealt with individual performance, and a consolidated action plan from RCAs was being prepared. CIC stressed the importance of separating the monitoring of performance from the implementation of measures. Responsibility for performance management rested with Infection Control but delivery of improvement lay in the operations directorate. It was proposed that the Board should be advised of actions that had not yet been taken, akin to the Audit Committee tracker report.

09/044 <u>Finance Report (Doc 8)</u>

44.1 RM reported than although income in January and February had been buoyant, there had been high agency expenditure and additional beds open. The release of £800k from reserves was some £500k higher than anticipated. However, since the report was issued, NHS Islington had waived £400k of its claim and would also mediate with NHS Haringey. The trust was on track to meet its £2m planned surplus provided pay costs matched activity and income was maintained.

44.2 It was accepted that the year end position to be reported to the April Trust Board would be provisional because of the Easter weekend and Board deadlines.

44.3 There was lengthy discussion on the financial position in which the following issues were raised:

- Concern about pay expenditure going forward into next year
- Vacancy levels
- Sickness absence
- Capacity planning
- Shortage of middle grade doctors
- Volatility of elective demand

The chairman advised that the Board needed to identify the areas on which to focus.

44.4 DS pointed out that the winter of 2008-09 had been the worst for five years which had affected capacity planning. He proposed that the priorities for 2009-10 should be:

- Targeted recruitment
- Re-setting the ED establishment
- Sickness management
- Renegotiating the agency contract
- Signing off budgets
- Accurate DTC modelling

09/045 <u>Annual Plan and Budget 2009-10 (Doc 9)</u>

45.1 FE introduced the plan that had been submitted and DS requested that the Board approve a provisional deficit budget of just over £3m. SH updated the Board on the PCT negotiations. DS reported that the gap was £6m. to £9m. which did not compare badly with other local trusts. Although there was one commissioning agent, the new system was not fully bedded in, and there was

the added dynamic of foundation trusts. The unsatisfactory position on the SLA was noted.

45.2 The chairman asked the Board to agree a deficit budget at this stage with an instruction to come back to the board in April with a balanced budget. In response to concerns about approving a deficit budget, RM reminded the Board that the trust's statutory duty is to balance over a three year period. DS advised the board that it could approve the budget for 2009-10 without breaching the statutory duty looking back over the last the 3-year period.

45.3 The Board approved the proposed budget for 2009-10. Edward Lord dissented on the grounds of the unsatisfactory way in which the system operated.

09/046 NHS London risk ratings Q3 (Doc 10)

FE introduced the report and advised that the NHS London had asked for an action plan relating to the data loss SUI. The trust was able to comply with all actions by year end with the exception of encrypted memory sticks which would be completed by May 2009.

09/047 Report from the Audit Committee (Doc 11)

47.1 AM raised the issue of Equality Impact Assessments which had been discussed at the Audit Committee. MB agreed to pick this up with Maria Duggan. **MB**

47.2 DS reported that information governance issues had been picked up in the internal audit plan.

47.3 The chairman requested that the chairman and chief executive should be provided with assurance on the information contained in the quarterly reports to NHS London. He requested a meeting with the auditors before submission of the next quarterly return. **RM/FE**

09/048 HCC Hygiene Code Inspection Report (Doc 12)

48.1 DW introduced the report and said that it was encouraging that the HCC had proposed a review in six months as this was better than expected.

48.2 The chairman asked what approach the new Care Quality Commission was likely to take. DW's view was that there would be a focus on enforcement with possibly a six-monthly core standards submission. DS said that the FT regulator was also likely to increase the pressure following the reports on Mid Staffs and Birmingham Women's Hospital FTs.

48.3 The Board noted the action identified for duty 4a (liaison between infection control and facilities management) which had been discussed at the Audit Committee.

09/049 Healthcare Commission Core Standards Compliance 2008-09 (Doc 13)

49.1 The Board concurred with the declarations of compliance as set out in the report following discussion at the Audit Committee.

49.2 DW reported on discussions with both Islington and Haringey Overview and Scrutiny Committees and LINks. They would provide commentary to the trust. The compliance statement had also gone to NHS London for comment.

09/050 **Any other urgent business**

There was no other urgent business.

09/051 **Opportunities for questions from the floor**

51.1 Margot Dunn (governor) asked about the opening of wards and extra beds. DS confirmed that they would be closed again after the winter pressures, but would be available again next year if required.

51.2 In response to a question about sickness absence, MB confirmed that the objective was to get a grip on short term absence.

51.3 In response to a question about reference to religion, DS gave assurance that this was not an issue at the Whittington.

09/052 **Date of next meeting**

The Board noted that the next meeting would be held on 15th April 2009 in the Postgraduate Centre Room 4.

On conclusion of Part 1 of the meeting, the chairman requested the withdrawal of members of the press and public in order to move into Part 2.

SIGNED…… (Chairman)

DATE……..