

ITEM: 09/071
Doc: 01

Meeting: Trust Board
Date: 20th May 2009

Title: Minutes of the meeting held on 15th April 2009 – Part 1 - and action notes

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 15th April 2009. Two members of staff, one governor and one member of the public attended as observers.

Also attached is a list actions arising from the meeting which has been previously circulated.

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

To review progress against the action notes.

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 on Wednesday 15th April 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
	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
	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
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09/053 Apologies for Absence **Action**

Apologies for absence had been received from Maria Duggan (NED) and Kate Slemeck (Director of Operations). The chairman welcomed four observers: two clinical staff and two members of the public.

09/054 Declarations of Interests

There were no interests to declare.

09/055 Minutes of the meeting held on 21st January (Doc 1) and matters arising

55.1 The following amendments were agreed:
 36.2 to read NHS Innovations London (NHSIL)
 39.8 Add: A progress report should come to the July Trust Board.
 40.1 Should read DS (not DA)
 43.4 the Board should be advised *at the next meeting*
 Subject to these changes, the minutes were agreed as a correct record. **SS**

55.2 Referring to the quarter 4 monitoring return to NHS London and the need for assurance on its content (ref. minute 47.3) the Chairman would discuss the information sources with RM. **RM**

09/056 Chief Executive's Report (Doc 2)

56.1 DS reported on the out-turn for 2008-09. The provisional position was that the planned surplus of around £2m had been achieved. Activity in March had been above plan which had necessitated maintaining capacity and not therefore fully achieving the planned closures. These would shortly have to take place to enable upgrading work on the Jeffrey Kelson Unit. High expenditure, particularly on agency staff, reflected the high level of activity.

- 56.2 For 2009-10, although the SLA had been signed for a value of approximately £135m, detailed activity and expenditure budgets needed to be confirmed.
- 56.3 DS advised the Board that recent figures quoted in the Sunday Times on the value of litigation claims and legal fees were incorrect and misleading. The Whittington was not an outlier in this respect, contrary to what was indicated in the article.
- 56.4 Referring to the HCC report on Mid Staffordshire NHS Foundation Trust, DS reported that a preliminary comparison with the position at the Whittington did not give cause for concern. However, the intention was to do a full benchmark review and report to the June Trust Board meeting. The chairman asked that consideration should be given as to whether standards of care identified at Mid Staffs could develop here without the Board being aware. DW was asked to circulate the summary report of the Mid Staffs investigation. **DW**
DW
- 56.5 The trust's unconditional registration with the Care Quality Commission was noted. DS reported that some organisations had been granted only provisional registration. In response to a question about the focus of the new body, with particular reference to MRSA, it was noted that last year the trust had been inspected by the HCC on compliance with the hygiene code, but this year the CQC would look at performance against all core standards to determine registration. DS predicted more frequent inspections.
- 56.6 The Board noted the additions to the Risk Register, which would be mapped into the Board Assurance Framework. In response to a question about the timing of the fire risk relating to items stored in the basement of the Jenner building, it was reported that this had been flagged up as a particular risk in a recent fire inspection. There was discussion on the availability of the critical care out-reach team which was currently day-time only. It was noted that the European Working Time Directive rules come into force on 1 August which which represented a challenge in this area. More HDU level care was needed and it was planned that designated satellite beds would be identified which would also attract additional income. **SS**
CIC
FE
- 56.7 It was noted that arrangements for the launch of the fundraising appeal for care of older people needed to be finalised between EL and the fund-raising office. The plan was to launch the appeal at the forthcoming Mayors' Walk. **SH**
- 56.8 The disbanding of the FT Project Board was agreed. The intention to continue the active involvement of the Council of Governors, member events and communications was supported. **FE**

09/057 Maternity redevelopment: position statement (Doc 3)

- 57.1 FE introduced the paper and reminded the Board about the background to the original assumption of 6,000 deliveries p.a. and the more recent working assumption of 4,700 deliveries. The Redevelopment Steering Group had reviewed the options and had concluded that both options were unaffordable – the “Heritage” option owing to required staffing levels and the “new build” option because of the high capital charge impact. The Trust had commissioned Fynamore management consultants to carry out a review of the trust's analysis and conclusions and their report indicated that

these were robust. The Trust Board was therefore asked to agree the proposal that the next step should be to discuss with the North Central London SHA and with NHS Islington the need for a sector wide review of maternity provision and opportunities for joint working. It was noted that DS would talk to Rachel Tyndall as the acute sector commissioning agent for North Central London as well as chief executive of NHS Islington. In the meantime, work to improve the existing facilities would continue.

DS

- 57.2 In discussion the following points were made:
- There were plans within the capital programme for Phase 2 schemes to be funded from the block allocation. Progress on phase 1 schemes were set out on p.15 of the report.
 - Speculation about a possible increase in births was not considered grounds for delaying the decision on the future of the project
 - The conclusions of the report and the external validation were sound, but a possible alternative scenario would be raised in part 2 of the meeting
 - Thanks were due to Sophie Harrison for the work she had done on the project

09/058 National staff survey results 2008 (Doc 4)

58.1 MB introduced the report as a summary of the results. The full report was available on request. It was hard to judge whether there was an overall improvement from the previous year, but there had been an increase in the number of responses where the trust was in the top 20% of all trusts. However, there was evidence of polarisation and some inconsistencies. The Executive Committee had agreed priorities for responding to the outcome of the survey.

- 58.2 In discussion the following points made were made:
- Different response rates amongst different staff groups might skew the results;
 - Action plans needed to be more detailed with firm timescales rather than “ongoing”
 - The Board needed to know the complete list of the 10 responses in the bottom 20% of trusts – only 7 had been quoted
 - In some cases it was useful to focus on the absolute rather than relative position. Some distributions were noted to be very narrow
 - The chairman endorsed this, and suggested the aim to be in the top quartile might not always be good enough
 - On key finding 21, about witnessing adverse incidents, it was noted that this equated to 800 adverse incidents per month compared with 300 that were reported. There was difficulty in understanding what is being measured
 - Only one incident of physical violence had been reported although the survey indicated a significant problem

MB

In response MB reported that the EC had undertaken a detailed review of the issue of harassing/bullying and agreed an action plan.

A breakdown of the response rate was available in the full report and would form part of detailed analysis of the survey results.

MB

58.3 Although the report had proposed coming back to the trust board with a progress report in six months' time, the chairman asked for an interim position statement in three months (i.e. July 2009)

MB

09/059 Dashboard report (Doc 5)

59.1 FE introduced the report which represented performance in March and the year-end out-turn. The finance indicators were included in the finance report because of the timing of their availability. The ED and 18-week targets had been achieved, with a positive benefit for patients and the trust's reputation. Attention was drawn to the indicators rated red – vacancy rate, HAI and underlying financial position. The continued incomplete data on market share made interpretation difficult.

59.2 DS said that the indicators suggested an overall HCC rating of “good” for quality of service and at least “good” for use of resources.

59.3 Concern was expressed about the increase in the vacancy rate from 14% to 17% in one year. Reasons for the increase were cited as
Capacity expansion to meet demand

- o Some delay in recruitment , though now improving
- o Increase in midwifery establishment (21 in pipeline)
- o Competition from other acute trusts for staff in high demand e.g. theatres, ITU.

Actions to mitigate the additional cost and risk associated with high vacancies were discussed. These included

- o Continuous search for productivity improvement
- o Analysis of the interaction of activity, finance, workforce and quality, possibly making use of external expertise
- o Flexible use Whittington employed nursing staff to ensure there was permanent staff cover in all areas
- o Continued focus on speeding up recruitment processes

59.4 The following actions were requested:

- o More explanation on some of the charts where the movement between months may need further explanation **FE**
- o Consider possible external review of activity plans (e.g. by NHS Elect) **DS/FE**
- o Electronic data capture of patient experience from May (to June trust board) **SH**
- o Update chairman on the progress on strategy domain before next board **DS**

59.5 It was noted that the dashboard went to directorate and divisional meetings and was seen by clinical directors at HMB. Divisional dashboards were being developed as part of the service line management project. DS reported that a productivity pilot had been established by NHS London and the trust was participating in a project supported by McKinsey for developing a dashboard with Guys', St Georges, King's and Imperial.

09/060 Infection Control update (Doc 6)

60.1 DW reported that of the 23 cases of MRSA in 2008-09, 10 were pre-48 hours from admission and 13 post 48-hours. The CQC and Department of Health continued to be supportive. There had been two further cases in the first half of April, both within 48 hours of admission and having had no previous recent contact with the Whittington. These cases had been referred to the PCT to assist with the root cause analysis. There was a focus on screening, especially for emergency admissions and day cases. Suppression therapy was given to positive carriers and blood culture

training for relevant staff was starting soon.

60.2 The out-turn of 66 C-difficile cases against a target not more than 124 was noted. The 2009-10 target of maximum 92 had not yet been confirmed.

60.3 The board agreed that the cleaning acceptability score for ward cleaning should be raised to 95%. This was an increase from 80% when the ward monitoring was introduced. DW

60.4 In response to questions about MRSA screening rates, DW estimated that comprehensive screening would be achieved in 2-3 months. DS proposed that a trajectory for meeting this requirement should be set for each "product line" DW

60.5 DS expressed disappointment at the April bacteraemia cases, but proposed that the trust's target should be zero avoidable bacteraemia.

09/061 Finance Report – provisional Month 12 position and finance dashboard report (Doc 7)

61.1 RM reported that the target surplus had been achieved, but this had been dependent on non-recurring release of provisions and additional income from Islington. Pay expenditure in the final months had been very high as a result of increased activity and reliance on agency staff. Total spend on agency for the year was 6.7m. compared with £3.8m in the previous year. The underlying recurrent deficit was £4.7m. The cash target had been met, and the lower valuation of assets meant that the risk rating had improved.

61.2 The 2009-10 budget was being reworked on the basis of the latest income and activity assumptions. Expenditure plans were being reduced but there was still a shortfall. A balanced plan had to be submitted to NHS London by 20th April (possibly extended), otherwise there were implications for the trust's participation in the "Provider Landscape" restructuring debate). The trust might have to submit a balanced plan based on a level of unidentified savings. The position would become clearer after the Executive Committee had met the following Tuesday. DS/RM

61.3 The chairman noted that the position was consistent with reports over the last few months. DS drew attention to the lack of control over the pay budget in the final quarter, particularly in theatres and ITU. The board was aware that there was an underlying deficit even if excess agency costs were taken out. There needed to be a radical solution to enable the trust to break even. DS said that breakeven in 2009-10 would require a higher level of activity than was in the SLA, a reduction in the cost of delivering the service and a CIP of at least £8m. There would be further challenge in 2010-11 which would necessitate major structural change. The chairman said that in the absence of a Finance and Performance Committee, there should be a one-off NED exercise to get a better understanding of the financial future of the trust. DS agreed to organise this. DS

09/062 Information Governance Action Plan (Doc 8)

62.1 The board noted the further progress that had been made on implementing the action plan. It was pointed out that where the original target date for implementation of items designated "work in progress" had passed, the revised target was 30th June 2009 and would be monitored by the IG Steering Group. GW

62.2 In response to a question about the state of the payroll shared service following the data loss incident in 2008, DS reported that the service was running satisfactorily.

09/063 Board Assurance Framework (BAF) update (Doc 9)

It was noted that the updated BAF referred to 2008-09 and would need to be recast to take account of any changes in the corporate and director objectives for 2009-10. This would be presented to the Audit Committee and trust board in July.

09/064 Risk register update (Doc 10)

64.1 DW presented the updated risk register. Discussion centered on the increased risk of non-compliance with the single sex ward compliance. An allocation of £425k had been received against a bid for double that amount. The biggest challenge was to achieve compliance in the Great Northern Building. It was not possible to do the necessary work by the end of June which is why the risk was red-rated. PI estimated that it could be completed by the end of October. The sanctions could be withholding of allocation, fines, impact on reputation and effect on CQC registration. Compliance in paediatrics, medical assessment and Isis was being planned. The GNB problem was compounded by the need to decant for the maintenance requirements of the PFI contract.

64.2 Consideration was given to the creation of single sex wards during the summer. The modelling of admissions by sex and specialty would be carried out.

KS

09/065 Declaration of Hospitality

65.1 The declaration was noted. DS disclosed entertainment at concerts on two occasions from KPMG.

65.2 In response to a question about hospitality for medical staff, CIC said that consultants were sometimes sponsored on courses and conferences and this was all covered in the appraisal process.

09/066 Any Other Business

The board was reminded of the annual Mayors' walk from the Whittington Hospital to the Mansion House which would take place on Sunday 19 April. The walk would be preceded by a reception in the N19 restaurant starting at 10 a.m.

09/067 Questions from the floor

There were no questions from the floor

09/068 Date of next trust board meeting

Wednesday 20th May 2009 in the Trevor Clay Centre Room 2

SIGNED..... (Chairman)

DATE.....

**The Whittington Hospital NHS Trust
Trust Board Action Notes
from meeting on 15 April 2009**

This paper identifies the actions arising from the latest meeting on 15th April 2009, for immediate circulation. The detailed account of discussion and decision is provided in the formal minutes for approval at the next board meeting.

Actions arising from Trust Board 15th April 2009

Ref*	Decision/Action	Timescale	Lead and support
	Minutes (Doc 1)		
904.1	Chairman and RM to meet to discuss Q4 return to NHS London	Before submission 30 April 09	Richard Martin
	Chief Executive's Report (Doc 2)		
904.2	Benchmark review of Whittington performance against findings of the HCC inquiry at Mid Staffordshire FT.	June TB	Deborah Wheeler
904.3	Circulate summary report of Mid Staff inquiry by email	immediate	Deborah Wheeler
904.4	Finalise plans for fundraising appeal for care of older people	Report back to May TB	Siobhan Harrington Deborah Goodhart
	Maternity Redevelopment (Doc 3)		
904.5	CEO to initiate discussions with CEO of NHS Islington in her capacity as agent of NHS London	Report back to May TB	David Sloman Fiona Elliott
	National Staff Survey 2008 (Doc 4)		
904.6	Interim report back to board indicating progress against action plans and covering points raised in discussion	July TB	Margaret Boltwood
	Dashboard Report (Doc 5)		
904.7	Review explanatory narrative on charts	May report	Fiona Elliott
904.8	Seek external opinion on performance re capacity planning	September report	Fiona Elliott
904.9	Implement electronic data capture for patient experience. Meet with chairman to review progress on strategy and its implementation	May data for June report	Siobhan Harrington
	Infection Control report (Doc 6)		
904.10	Produce trajectory for achieving screening targets for each patient group	May TB	Deborah Wheeler Julie Andrews

Ref*	Decision/Action	Timescale	Lead and support
	Finance Report (Doc 7)		
904.11	Organise a meeting for non-executives to discuss the financial plan and forecast for 2009/10 and 2010/11	As soon as possible but not necessarily in advance of submission to NHS London	Richard Martin
	Part 2 – minutes		
904.12	Circulate trust response to NHS Islington consultation on urgent care strategy	Immediate	Siobhan Harrington

*The reference number indicates the year (9) and month (04) for the purpose of future tracking.

Susan Sorensen
Corporate Secretary
19 April 2009