

ITEM: 09/089
DOC: 01

Meeting: Trust Board
Date: 17th June 2009

Title: Minutes of the meeting held on 20th May 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 Trevor Clay Centre at 1 p.m on Wednesday 20th May 2009. Two members of staff, one governor and one member of the public attended as observers.

Also attached is a list of 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	Reference:
Lead: All directors	Standing Orders

The minutes of the Whittington Hospital Trust Board meeting held on Wednesday 20th May 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
Julie Andrews	JA	Director of Infection Prevention & Control
Helena Kania	HK	Representing Haringey Local Involvement Network (LINK)

Secretary Susan Sorensen SS Trust Corporate Secretary

09/069 Apologies for Absence Action

There were no apologies for absence.

09/070 Declarations of Interests

There were no interests to declare.

09/071 Minutes of the meeting held on 15th April (Doc 1) and matters arising

71.1 The following amendments were agreed:
 Maria Duggan and Kate Slemeck to be removed from the attendance list as they had sent apologies.

59.4 SH to brief the chairman on the customer focused marketing strategy before next meeting

Subject to these changes, the minutes were agreed as a correct record. **SS**

71.2 Progress against the 12 actions identified at the April meeting were reported. Of these six had been completed. Outstanding actions are listed in the Action Notes attached to the minutes. **RM**

There were no other matters arising.

09/072 Chief Executive's Report (Doc 2)

72.1 Reporting on Month 1, DS advised the board that financial performance was off-plan, with agency costs a major contributor. There had been four new MRSA bacteraemia reported, of which three were identified within 48 hours of admission.

72.2 The surgeon referred to in item 5 of the written report had received a custodial sentence. DS warned that there may be further publicity at the

time of the coroner's inquest in June. There had also been press coverage of a member of staff who had complained about treatment received and this would be discussed in Part 2. Press coverage of the Care Quality Commission's report on the case of Baby P had tended to generalise criticisms to cover all providers involved.

72.3 Referring to item 6 on single sex accommodation, DS reported progress with refurbishments on Meyrick, Cavell and Cloudesley Wards and a partial scheme to use Thorogood Ward as a surgical decant ward over the summer period to enable the creation of single sex areas on Victoria and Coyle wards.

72.4 Attention was drawn to the trust's achievement of the second lowest hospital standardised mortality ratio (HSMR) in the country at 73.1 against the average of 100. CIC said that this represented 160 lives saved (*now amended to 183*) compared with average performance. In response to a question from the chair, CIC expressed her view that improvement had been influenced by the new expanded ITU facilities and staff, the work of the critical care out-reach team and service developments relating to acute medicine.

72.5 DS reported that the HfL stroke consultation had closed on 8th May and the Whittington had put in a case for designation as a stroke unit. This had demonstrated an improvement in the Whittington's stroke service over the last five years following investment in the service. There was a good chance of success with NHS London expected to reach their decision by the end of July. If the trust was not successful, the service would need to be decommissioned.

09/073 Provider Landscape (Verbal report)

DS referred to the Board seminar that morning and the follow-up meeting on Friday 22nd May. The aim of NHS London was still for all NHS trusts to be seeking Foundation Trust status by the end of 2010, while recognising the potential impact of the economic situation on the financial performance of trusts.

09/074 Procurement Strategy (Doc 3)

74.1 PI introduced the report which had three elements: a review of progress in 2008/09, goals for the current year and an update of the three year strategy 2009-12.

74.2 The need for a full e-procurement system was noted and RA referred to the Zanzibar system with which PI was familiar. PI

74.3 The lack of progress on sustainable procurement was noted and a question was asked about the skills and capacity required to take this forward. PI thought the skills were there, but capacity was limited and they needed more central leverage. They would focus on ensuring robust criteria for evaluating potential investments. PI

09/075 Corporate objectives 2009/10 and 2008/09 out-turn (Doc 4)

75.1 FE introduced the report, drawing attention to the mapping of the 34 directors' objectives for 2009/10 into the 10 corporate objectives which were unchanged from 2008/09. Progress against the 2008/09 objectives had been traffic-light coded, with red-rated objectives carried forward into 2009/10.

75.2 The chairman felt the presentation of the objectives was clear and succinct, and welcomed the mapping between directors' and corporate objectives. Agency spend was a key risk. He asked whether the DTC utilisation was still a risk. KS felt that the DTC risk was now low as operations had a realistic activity plan and were now operating at 80-90% capacity on a 2-session day.

75.3 The Chairman also asked about the planned LOS reduction and the savings it would yield. KS advised that the LOS needed to be reduced further to reach the national top quartile and to enable beds to be closed to realise savings. KS gave the board assurance that capacity planning was now more scientific and that it included planning for winter pressures, especially in the light of the risk of a flu epidemic. DS said that the trust is refurbishing and recommissioning a mothballed ward in time for winter pressures.

09/076 Care Quality Commission National in-patient survey (Doc 5)

76.1 SH drew attention to changes in the presentation of the data which was geared towards the public and available on the website. Nationally 72,000 patients had been surveyed. The Whittington response rate was 38% (307 returns) which was lower than the previous year. There was evidence of an overall improvement, with a better relative performance in 53 out of 62 questions.

76.2 The improvement was welcomed, and in discussion, the following points were raised:

- o Could the response rate be improved?
- o Was there a risk of bias and were the results statistically significant?
- o There was a concern on the performance relating to communication
- o There was a relatively low score on patient involvement in decisions

76.3 Executive directors responded as follows:

- o The Homerton Hospital FT had made special efforts to increase the response rate with no effect
- o Some of the negative feedback from patients appeared to be a London effect
- o Although the methodology was not perfect, the CQC used the results for rating trusts' performance and therefore appeared to have confidence in its validity
- o The imminent introduction of electronic touch-key local surveys in multiple languages would improve the quality and frequency of patient feedback
- o Communication skills training was being actively promoted amongst senior and junior doctors
- o The impact of the recruitment drive for nurses should reduce reliance on agency nursing staff and improve quality
- o Areas of low scores were being analysed to focus on action for improvement

09/077 Dashboard Report (Doc 6)

77.1 FE introduced the report and highlighted the key areas of concern in the Executive Summary. She reported that executive team monthly walkabouts were being planned with the intention of encouraging better reporting and response to adverse incidents.

77.2 Questions were raised on the following topics:

- Breaches of the standard relating to the Rapid Access Chest Pain (RACP) Clinic (two week limit)
- Cleanliness
- DNAs
- Clinic cancellations

77.3 There were breaches of the RACP standard for three patients who were all seen within three weeks. This was a system failure as described in the exception report and action plan.

KS

77.4 It was noted that the data on cleanliness related to internal surveys only. There had been a sustained improvement. The internal target had been raised from 90% to 95% for 2009/10.

77.5 On DNAs, it was noted that the trust target of 13.5% was not being met. The national average was 8.5%. Actions to achieve improvement included:

- Appointments and reminders by telephone
- Appointments made in clinics
- Contacting carers of patients with memory problems

KS

09/078 Infection Control Report (Doc 7)

The report and action plan were noted. In response to questions from the Board, the DIPC reported that

- two of the four April bacteraemia were being investigated by Islington
- post-operative infection rates were received quarterly
- there were no figures for MRSA indicated on death certificates as a cause of death, but it was probably zero
- the apparently low % for suppression therapy did not include partial compliance which was counted as non-compliance
- blood culture training was being completed within three weeks
- the team felt they were turning a corner, but would take a close look at staffing over the holiday period to maintain good practice

DW/JA

09/079 Finance Report – Month 1 (Doc 8)

79.1 RM reported a deficit in Month 1 which was nearly £700k higher than planned. A small number of areas of expenditure were responsible for this position including £1m spend on agency staff, particularly in ITU, ED, medical wards and maternity. Taking account of the April variance and an estimate for May, combined with the £710k unidentified CIP and the additional cost of opening the Reckitt link, a deficit of £2.2m would result. Any deficit would increase if the recovery actions planned for June 2008 to March 2009 fail to bring expenditure within budget for that period. Recovery of the £2.2m deficit is equivalent to approximately 100 posts.

79.2 In commenting on the position, DS said he took full responsibility. The trust needed to get pay under control in June, but there was still a significant task to achieve the planned break even by year end. He referred to the agency “mark-up” of 100% in ITU and proposed that activity should be scaled down to match the availability of permanent staff. He proposed that a group similar to the Finance and Performance Committee should meet in June.

79.3 The deputy chairman expressed concern that the financial position was not improving and re-iterated the reservation he had expressed at the time the budget had been approved by the Board. He referred to the collective accountability of the board who needed to know what was being done to

rectify the position. There was a need for a fundamental review of savings plans and options for closing services. An urgent meeting was required.

79.4 The Chairman of the Audit Committee asked about the impact of the income and expenditure performance on cash flow. RM responded that there would be a problem until the income from planned over-performance on activity was agreed and received. In the meantime there was a temporary borrowing facility and some leeway in the payment of invoices as the trust's current performance was good. The position should ease in June if the I&E run rate improved. It was agreed that a cash flow forecast should be brought to the next meeting.

RM

79.5 Other matters raised in discussion included:

- o The planned bed closure in April could not be implemented because of the level of demand
- o Concern about impact on quality of service (e.g. restriction of ITU activity).
- o DS recognised the board's need for a forensic analysis and a detailed plan to achieve the right balance of quality, cost and volume. This would require increased granularity in reviewing workforce data and areas of overspend.

79.6 Following discussion of the timing and nature of a special meeting, it was agreed that a half day session for the whole board would be held as soon as possible and preferably within two weeks.

JL/DS

79.7 DS referred to the importance of taking account of the current strategic debate in the local health economy. He also drew attention to the need to review proposals leading to cost pressures, e.g. ED staff and bed thinning. The chairman recognised the risks involved but stressed the urgency of the need for action in order to break even by the end of the year.

09/080 Ratification of Q4 monitoring report to NHS London (Doc 9)

80.1 FE presented the Q4 report which had been self-certificated by the chairman and chief executive. The service performance had been rated at amber due to the non-achievement of the 2008-09 target for MRSA bacteraemia and the breach of the standard relating to the admission of patients for elective procedures within 28 days of a cancellation. The trust had experienced breaches on the "snow days" in February. The board ratified the report.

80.2 FE advised the board that NHS London had confirmed the Q4 risk ratings and that these were as the trust had assessed. DS advised the board that it could reasonably expect the overall ratings for 2008-09 to be green for governance and services, amber for quality and safety and a financial risk rating of 3. This was a good performance.

09/081 Care Quality Commission Report on the action taken by health bodies in relation to the care of Baby P (Doc 10)

81.1 DW advised the board that the report provided assurance on the trust's child protection governance arrangements. There had been a meeting held to discuss both this and the Ofsted report. The CQC had expressed satisfaction at the way in which trusts were working together. The Haringey JAR had resulted in staff changes in social services and an escalation of CP referrals; some of the Whittington's referrals were being managed by the

on-site Islington team, due to the pressures in Haringey.

81.2 Concern was expressed that the Whittington had in part been lumped in with the other three trusts e.g. in the CQC intention to review declarations re compliance with core standards on safeguarding children. However, the positive comments arising from the visits were noted. In particular the trust's communications with Islington's social work staff had been praised, and the board was pleased to hear that Haringey had been asked to fund a social worker on site. In response to a question about the report's reference to separate training for nurses and midwives, DW reassured the board on the reason for this policy.

81.3 DS said that peer recognition was important to the child protection team and it was agreed that the board would continue to demonstrate that it took this work very seriously.

09/082 Register of Seals (Doc 11)

The board noted the register.

09/083 Report from the Audit Committee (Doc 12)

83.1 The board noted the good progress on implementing actions from previous meetings.

83.2 In respect of consideration of the need for a review of health and safety systems, it was agreed that the decision should be taken following the evaluation of costs and benefits by PI.

PI

09/084 There was no other urgent business

09/085 Questions from the floor

85.1 A member of the public requested information on the timetable for the provider landscape review in north central London. DS responded that the first cut proposals were due to be completed by the end of June and the next iteration by the end of October 2009. There would then be discussions and consultation probably to the end of the financial year.

85.2 The Trust's Deputy Lead Governor, Margot Dunn, expressed concern about the financial situation and suggested it should be discussed earlier on the agenda. She raised a question about training doctors in communication skills (ref. co-creating health document on diabetes). CIC gave assurance that this was covered in both undergraduate and postgraduate programmes.

09/086 Date of next trust board meeting

Wednesday 17th June 2009 in the Trevor Clay Centre Room 2

SIGNED..... (Chairman)

DATE.....