

ITEM: 09/104
DOC: 1

Meeting: Trust Board
Date: 15th July 2009

Title: **Minutes of the meeting held on 17th June 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 17th 2009. Two governors 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

<p>Compliance with statute, directions, policy, guidance</p> <p>Lead: All directors</p>	<p>Reference:</p> <p>Standing Orders</p>
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The minutes of the Whittington Hospital Trust Board meeting held on Wednesday 17th June, 2009 in the Trevor Clay Centre, Whittington Hospital

Present	Joe Liddane	JL	Chairman
	Anna Merrick	AM	Non-executive Director
	Robert Aitken	RA	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

09/087 Apologies for Absence Action

Apologies for absence had been received from Edward Lord (Deputy Chairman) and Maria Duggan (Non-executive director)

09/088 Declarations of Interests

There were no interests to declare.

09/089 Minutes of the meeting held on 15th April (Doc 1) and matters arising

89.1 The minutes were agreed as a correct record.

89.2 Progress against the 20 actions identified at the April and May meetings was reported. Of these all but five had been completed. Outstanding actions are listed in the Action Notes attached to the minutes. It was noted that the chairman would discuss the savings estimated for LOS reductions with the NHS Institute. There were no other matters arising.

RM

JL

Chairman's introduction

The chairman reported on a meeting that had been held with Robert Aitken, David Sloman and Susan Sorensen to consider options for the programming of board meetings. The board was reminded that the change in 2007 from bi-monthly to monthly board meetings combined with monthly seminars had been made in the context of the appointment of new non-executive directors and the application for Foundation Trust status. It was now proposed that the board should revert to bi-monthly board meetings in public, alternating with bi-monthly seminars. This would allow for focussed business meetings and more time for strategic deliberation.

It was noted that the reduction in the number of sub-committees had added greater weight to the Executive Committee (EC) as a sub-committee of the

board. It was now necessary to have more discussion at the board on the work of the EC via a formalised Chief Executive's report, similar to the report from the Audit Committee.

DS

It was agreed that consultation should take place over the summer with a view to implementation from September 2009. This would include consideration of how the LINKs and the Council of Governors would feed into the strategic discussions.

JL

09/090 Chief Executive's Report (Doc 2)

90.1 Summarising performance in May, DS reported that it had been a busy month. Expenditure was above plan by £400k. The trust was meeting all other targets. There had been no MRSA bacteraemia in May.

90.2 The ward refurbishment programme was underway with Meyrick opening that day. The new birthing centre was an excellent facility. It was agreed that visits should be arranged to both facilities on the day of the next board meeting.

KS

90.3 Progress on the recruitment of a specialist adviser was noted.

09/091 Dashboard Report (Doc 3)

91.1 FE introduced the report, drawing attention to red-rated items. Financial performance was covered in the separate report. MRSA was red-rated as the trust was currently off trajectory. However there had been no MRSA bacteraemia cases in May and hence there would be no exception report to the Board. This would become green if there were no further cases in June.

The vacancy rate had increased because of the increase in the establishment in the emergency department where there was an active recruitment plan. In the patient experience domain, there was a general improvement except for the internal cleanliness assessment, which was inconsistent with the patient survey.

91.2 In discussion, the following issues were raised:

- Some of the amber rated indicators needed to be monitored e.g. maternity deliveries, market share, sickness absence, LOS
- The position on infections other than MRSA should be reported
- Where should the trust aim to be?

91.3 In response, it was reported or noted that:

- Maternity figures were affected by the later than planned opening of the birthing unit
- The absolute target for referrals needed to be monitored as well as market share
- Long term sickness absence was up, but short term sickness continued to reduce
- All post-operative infections were recorded and monitored in orthopaedics, with periodic audits in other specialties. It was agreed that these should be reported at appropriate times during the year. It was noted that the Infection Control Committee monitored other infection rates
- The chairman re-iterated his view that the trust should aim to be in the top quartile or the top decile if already there
- More challenging targets should be set for DNAs and cancellations

FE

DW

KS

09/092 Finance Report – Month 1 (Doc 4)

- 92.1 RM summarised the report. DS reported that the board had discussed the financial situation for three hours in the morning seminar. The projected year end deficit of £3.2m could be reduced to £1.1m through further mitigating actions. To achieve breakeven it would be necessary to hold or increase existing underspends, contain overspends and implement a vacancy freeze/headcount reduction.
- 92.2 The overspend on pay was being addressed through a recruitment campaign for 75 nurses/midwives to reduce dependency on agency staff. There would also be a restructuring of rates for bank staff.
- 92.3 DS felt that the task was tough but achievable. However it was also dependent on PCT affordability. It was not yet clear what the position was elsewhere as Month 1 results were not generally reported. RM reported significant CIPs in other trusts.

09/093 Provider Landscape (verbal report)

- 93.1 DS reported on the outcome of a NCL sector meeting on 16th June which was well-attended, with several Ernst & Young consultants present. The assessment was that demand would increase by 3-4% over the next few years with no additional real resource. This implied savings of 20% over the next 4-5 years. It was agreed there should be collective action based on the Healthcare for London strategy.
- 93.2 The following workstreams were agreed:
- Pan sector clinical analysis in which CIC would be involved
 - Ensuring Darzi compliance – two projects covering north and south of the sector
 - “Polysystems” planning on the PCT provider side (service rather than building specific)
 - Mental health provision – determining number of providers
- The workstreams were due to report back to NHS London by 1st July, with consultation programmed for August and the second cut planned for 21st September. The timetable was being challenged by the PCTs supported by E&Y.
- 93.3 Clinical involvement comprised David Fish (UCL Partners), CIC, Philippa Curran (GP) and Professor Sir George Alberti. Governance was through the Joint Committee of PCTs.
- 93.4 In discussion the following points were raised:
- The options for the Whittington included increased partnerships with RFH and/or UCLH and/or providers within the polysystem
 - The emphasis was on implementing the Healthcare for London strategy and getting the best deal for local patients, ahead of institutional loyalties
 - There were similar processes throughout London
 - Transport connections needed to be taken into account
 - Was FT status still a priority?
 - Would the impending election impact on timescales?
- 93.5 It was concluded that:
- The options under discussion at the Whittington were within the

parameters set for the south sector, and would be taken into discussions on site/service solutions for the whole sector

- There was apparent support from fir the Whittington approach from E&Y and the JCPCT
- There were lessons to be learned from the BEH strategy on issues of access
- There was a view that service models would be implemented through relevant governance models immediately after the general election
- The government was still pushing for comprehensive FT governance structures (not necessarily individual FTs) by end 2010 but this target date might be an artefact
- The Trust should continue with its bottom up analysis of options but be prepared to work within a top down model
- The implementation of elements of Healthcare for London (e.g. appointments of directors for trauma and stroke) were setting the pace.
- The chairman called for a “festina lente” approach.

09/094 Carbon Reduction Strategy (Doc 5)

94.1 Introducing the report, PI emphasised that the strategy set real targets for the next five years although some of the dates would require tweaking. It was also noted that there were potential tensions between elements of the strategy e.g. food procurement and transport.

94.2 In response to a question from the chair, PI said a tariff structure linked to government targets would introduced within two years.

94.3 The board approved the strategy and noted that an annual report would be submitted in June each year.

09/095 Lessons from the Healthcare Commission Report into Mid Staffordshire NHS Foundation Trust (Doc 6)

95.1 DW had previously circulated the executive summary and drawn attention to other reports, from Professor Alberti looking further at specific problems within the hospital and Dr David Colin-Thome looking across the wider health community.

95.2 The trust’s stocktake had indicated that there were adequate assurances that there were no major lessons to be learned from the Mid Staffs reports. However, areas for increased assurance were identified. In particular, recruitment in key areas to avoid reliance on temporary staff was a high priority.

95.3 Assurance was provided by the trust’s low mortality ratio (73). However, Dr Colin-Thome’s report had pointed to the need for local as well as national benchmark data. SH reported that data was being gathered in the patient feedback surveys and CIC referred to the detailed analysis of Dr Foster data.

95.4 Areas for continued focus and monitoring were identified:

- Completeness of incident reporting
- Use of informal clinical networks
- Regular review and dissemination of whistle-blowing policy
- Information from staff attitude survey
- Referrals to the counter fraud service

- Staffing in ED
- Role of acute physicians on Isis Ward

95.5 In response, CIC reported that the whistle-blowing policy had been reviewed recently. There had been an increase in consultant cover in ED, but there was a national shortage of middle grade doctors. A paper on the medical staffing model in ED was to be discussed at the Hospital Management Board.

09/096 Report from the Audit Committee on the audited annual accounts for the year ended 31st March 2009 (Doc 7)

96.1 The Board ratified the decisions made by the Audit Committee in relation to the Annual Accounts.

96.2 AM reported to the board that the Audit Committee had held a private meeting with the auditors during which they discussed the underlying deficit and the going concern. The committee had been reassured by the auditors' assessment.

96.3 Reference was made to the the Annual Report from the Internal Auditor in which four audit reviews during the year had received limited assurance. These would be reviewed at the next meeting. The AC had requested an update on progress in relation to action plans and RM agreed to co-ordinated the management response.

09/097 Child protection and Safeguarding Children Annual Report (Doc 8)

97.1 DW presented the report as a summary of the information that had been received during the year.

97.2 The two major outstanding issues for resolution were identified as:

1. The need to ensure the availability of consistently accurate and comprehensive data on training (to be achieved within next six months)
2. The need to reach agreement with NHS London on the approach to the checking of the child protection status of children attending ED. Currently the trust has robust systems but they are not compliant with the health authority's requirement for 100% checks.

09/098 Knowledge Management Update (Doc 9)

98.1 CIC summarised the report and stressed the important objective of making the volume of information more accessible and manageable. Systems were being developed to point users to relevant sources e.g. through pop-up prompts.

98.2 Attention was drawn to the significant barrier created by the firewall between the trust and UCL. It was agreed that CIC would consult Dr Richard Peacock at the Archway Healthcare library.

09/099 There was no other urgent business

09/100 Questions from the floor

Members of the Council of Governors drew the board's attention to the following points:

- The Boards of Directors of UCLH and Guy's and St Thomas' Hospitals met monthly

- Patient survey forms were not available on Nightingale Ward
- More informative transport leaflets were provided at other hospitals
- Some maps at local bus stops were out of date
- A Council of Governors working group was in touch with Transport for London to rectify the above problem

09/101 Date of next trust board meeting
Wednesday, 16th September 2009.

SIGNED..... (Chairman)

DATE.....

**The Whittington Hospital NHS Trust
Trust Board Action Notes 2009/10**

June 2009

This paper provides an update on progress on actions outstanding from April and May 2009 and identifies actions arising from the latest meeting on 17th June 2009, for immediate circulation. The detailed account of discussion and decision is provided in the formal minutes for approval at the next board meeting on 15th July 2009.

Actions outstanding from April and May 2009 (original list: 12 in April, 8 in May)

Ref*	Outstanding Action	Position as at 17 th June
904.4	Finalise plans for fundraising appeal for care of older people SH	Contacts established and events planned. Committee to be confirmed and plans discussed with EL. Meeting arranged for Mon 22 nd June
904.6	National staff attitude survey. Interim report back to board indicating progress against action plans and covering points raised in discussion MB for July Trust Board	In hand
904.8	Dashboard Report Seek external opinion on performance re capacity planning FE for September TB	NHS Elect approached. May bring forward to earlier TB. FE to discuss with DS.
904.9	Dashboard Report Implement electronic data capture for patient experience. SH May collection for June report	Data capture system to be implemented. (DH deadline is December 09). Collection started last week in May – now aiming for July report.
905.2	Chairman to be briefed on productivity metrics e.g. average LOS outside the meeting KS before June TB	KS and Matt Boazman met with JL on 16 June. Savings calculated by NHS Institute needed validating. See action 906.1 below.

Actions arising from Trust Board 17th June 2009

Ref*	Decision/Action	Timescale	Lead and support
	Minutes and action notes(Doc 1)		
906.1	LOS metrics and savings estimates to be discussed with NHS Institute	Before next TB	JL
	Chairman's report (verbal)		
906.2	Consult on proposed change to board programme	Implementation by Sept 2009	JL/SS

Ref*	Decision/Action	Timescale	Lead and support
906.3	Consider input from LINKs and governors to board discussions	Report back July TB	JL/SS
Chief Executive's Report (Doc 2)			
906.4	Arrange for board members to visit Meyrick Ward and Birthing Centre	Next TB 15 th July	KS
Dashboard Report (Doc 3)			
906.5	Insert targets in strategy domain for: <ul style="list-style-type: none"> ○ Number of maternity deliveries ○ Market share of deliveries 	July TB	FE/SH
906.6	In workforce and efficiency domain, insert target corresponding to 0.8 day reduction	July TB	FE
906.7	Hospital acquired infections other than MRSA and c-diff to be reported at appropriate points during the year	Reflecting timing of reports to Infection Control Committee	DW
906.8	Benchmarking against other trusts. Aim for top quartile, or top decile if already in top quartile	July TB	FE
906.9	Review targets for DNAs and cancellations to make more challenging	July TB	FE/KS
Report from the Audit Committee (Doc 7)			
906.10	Internal Audit Limited Assurance reports. Report on progress on action plans to provide assurance for self-certification	July AC for report to July TB	RM to co-ordinate
Child Protection Annual Report (Doc 8)			
906.11	Training data on the OLM system needs to be pulled together	Complete within six months	MB
Knowledge Management update (Doc 9)			
906.12	Firewall between UCL and the Whittington. Check with Richard Peacock if it can be overcome for knowledge sharing	Report back to July TB	CIC

*The reference number indicates the year (9) and month (04, 05, 06) for the purpose of future tracking.

Susan Sorensen
Corporate Secretary
21st June 2009