

ITEM: 09/119
DOC: 01

Meeting: Trust Board
Date: 16th September 2009

Title: Minutes of the meeting held on 15th July 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 15th July 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
15th July 2009 in the Trevor Clay Centre, Whittington Hospital**

Present	Joe Liddane	JL	Chairman
	Edward Lord	EL	Deputy Chairman
	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	Trust Corporate Secretary
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09/102 Apologies for Absence **Action**
 Apologies for absence had been received from Anna Merrick (non-executive director) and Maria Duggan (non-executive director)

09/103 Declarations of Interests
 See Chairman's introduction below

09/104 Minutes of the meeting held on 15th April (Doc 1) and matters arising
 104.1 The minutes were agreed as a correct record.

104.2 Progress against the 5 outstanding actions from the April and May meetings and the 12 actions identified at the June meeting was reported. Of these all but two of these had been completed or were in hand within the target date for completion. Outstanding actions are listed in the Action Notes attached to the minutes.

104.3 Ref. action note 906.2 - revised Board Programme. It was noted that HK used to attend the Patient Experience Review Group as representative of the Patient and Public Involvement Forum. It was agreed that JL and SS would meet with HK to discuss LINKs input under the new arrangements. **SS**

104.4 Ref. action note 906.12 - consultant access to UCL system. JD reported that UCL had decided that the granting of honorary senior lecturer status to hospital consultants would be discretionary rather than automatic.

Chairman's introduction

- 104.5 The Chairman advised the board that David Sloman would be taking up the post of chief executive at the Royal Free Hampstead NHS Trust (RFH) in September on a two year interim contract. It had been a difficult decision but it was recognised that it was in his interests. The task of securing a replacement for the period was underway, discussions having taken place with potential candidates. These were in an advanced stage with one candidate and it was hoped that a decision would be made in the near future. The aim was to ensure a period of overlap/handover. David Sloman's appointment would need to be recorded as an interest.
- 104.6 The chairman announced the appointment of Councillor Marisha Ray as a specialist adviser on equality and diversity. She is an Islington liberal democrat councillor but would be relinquishing certain political committee roles on taking up her appointment with the Whittington.

09/105 Chief Executive's Report (Doc 2)

- 105.1 In his verbal report the DS said that the main challenges continued to be the maximum 4-hour wait in the Emergency Department and the financial position. There had been a fall in activity in out-patients, elective procedures and ITU/HDU, the latter identified as a seasonal trend. The consequent reduction in pay expenditure had not been quick enough and RM was to look into this. **RM**
- 105.2 On the KPIs, it was noted that it was now 82 days since the last MRSA bacteraemia and the trust was back on trajectory. There had been a visit from the DH team who had signed off compliance, although the trust would remain on their list until October.
- 105.3 Emergency Department performance had been affected by the availability of middle grade doctors, exacerbated by increased attendances relating to concerns about swine flu.
- 105.4 Referring to the written report, Item 1, DS drew attention to the results of the annual Survey by the Patient Environmental Action Team (PEAT) which overall were close to excellent.
- 105.5 On item 2, DS said that in addition to the poor performance reported by Ofsted following the reinspection of Haringey Social Services, relating to the case of Baby Peter, the national report on child protection was not good. The Whittington's processes were considered to be robust, but constant vigilance was required.
- 105.6 Referring to item 3, DS had written to NHS London setting out the executive's views on universal checking of ED child attendances against the lists of children subject to child protection plans. The chairman checked and confirmed that the Board was comfortable with this position.
- 105.7 On the question of swine flu (item 4) a surge in ED attendances had followed the death of a child. There were triage processes in place in ED

and children were admitted if they had an underlying condition. DS confirmed that the working group had drawn up plans for the next stage of the pandemic response. This included

- Review of capacity v demand and effect of staff sickness absence
- Vaccination programme to commence September with expected higher uptake
- Working with local PCTs on supply of Tamiflu to pharmacies
- Participation in DH sentinel audit
- Systems in place for issue of equipment to staff .

105.8 In response to questions, the following points were made:

- Patients presenting in ED would not be turned away if they were unregistered with a GP or were homeless. Camidoc were also available with PCT financial support. Extended shifts were being worked and there were GP sessions in the paediatric area.
- There was an action plan re ED 4-hour target with daily reports on breaches to CEO.
- NHS London was considering contingency planning in relation to financial implications and performance against targets.

105.8 The Board noted the revised timetable for CQC declarations and registration (item 5) and would be seeking approval for the self-assessment process from the September Audit Committee.

105.9 DW reported that although a number of actions noted in the CEO's report were assigned to her, she had appointed executive leads in each case.

105.10 The chairman requested that a report from the Executive Committee should come to the September board meeting.

09/106 Trust Estate Strategy 9 (Doc 3)

106.1 PI introduced the report which was an update of the 2008 version. Key changes were highlighted in the executive summary and were now reflected in the capital programme. The major change was in the plans for the development of the maternity facilities which had been the subject of a separate report.

09/107 Dashboard Report (Doc 4)

107.1 FE introduced the report, drawing attention to red-rated items. The indicator for avoidable deaths had changed to red as a result of 11 such deaths during the period. However, the review of notes by CIC, FE and SH had not revealed any patient safety issues. CIC felt the apparent high rate resulted from the definition, which was more relevant to PCTs as a population related indicator.

107.2 The impact of the roll-out of the electronic patient experience survey was noted. A review of the domain would be reported to the board in September. The aim was to achieve 10% coverage in line with the SHA target.

SH

- 107.3 In the strategy domain, it was noted that the Whittington had increased its market share of a reduced non-elective demand from Haringey, with a neutral impact on activity and income. The number of births in June had increased, which was partially attributed to the opening of the new birthing unit.
- 107.4 The increase in the vacancy rate had been affected by an increase in establishment in nursing (ITU), junior doctors and midwives.
- 107.5 There was a reporting anomaly in the sickness absence rate which was now close to target.
- 107.6 In discussion, it was suggested that the avoidable deaths indicator should be removed. However, as avoidable deaths are monitored by PCT Public Health, they would continue to be scrutinised by the Director of Audit and Effectiveness as part of the review of all deaths. It was proposed that deaths of patients over 75 should be monitored separately and CIC agreed to consider this. **CIC**
- 107.7 The strategy domain was being reviewed and it was proposed that the indicator relating to progress on redevelopment programmes should be deleted. Instead the impact of the investment in paediatric ED and maternity facilities on activity levels should be monitored. In response to a question on whether the monitoring of the day case rate should remain in this section it was agreed that it should. **FE**
- 107.8 In clarifying the reason for the increase in the vacancy rate, DS confirmed that redundant posts were removed from the establishment but there had been a net uplift arising from the impact of the working time directive and increased demand.

09/108 Finance Report – Month 1 (Doc 5)

- 108.1 RM referred to the executive summary which indicated a £1.4m deficit in the year to date. Recovery plans were experiencing mixed success. Income for May was below plan in critical care (seasonal effect), out-patients (recovered in June) and elective care (£250k shortfall mainly in spinal orthopaedics following the departure of a consultant surgeon). The CIP had been 62% validated with the areas of shortfall listed in the report.
- 108.2 The cash balance was above plan. If payment for quarter 4 of 2008-09 was received in August it would allow the settling of a sufficient backlog of invoices to be back on track against the target creditor payment performance.
- 108.3 The forecast before the implementation of new mitigations was a year end deficit of £1.1m. The transformation methodology used in 2006-07 was being reintroduced, led by FE, focusing on the 15 top and bottom areas of variance from plan. Measures identified so far included:
 - o Bid for the provision of breast screening services
 - o Recycling income from stroke services into other areas

- New CIP replacement schemes
- Ban on bank and agency usage in corporate areas
- Reduction in the rate of overspend

It was noted that to achieve the full recovery through headcount reduction alone would require the loss of 64 posts in the second half of the year.

108.4 DS gave the view that, while challenging, breakeven was still achievable and reported that NHS London was satisfied with the position, which was better than many other trusts. There was a concern about income from elective surgery but this was largely due to the loss of a surgeon. Headcount plans would be drawn up in two weeks.

108.5 In discussion, the following points were raised by non-executive directors:

- Financial support should be sought for the additional costs arising from swine flu
- Local and agency costs were still high
- Concern was expressed about the shortage of registrars in obstetrics and gynaecology (CIC cited EWTD, low entry and maternity leave as factors)
- There was an urgent need to draw up contingency plans
- Headcount reduction should focus on redeployment

The chairman stressed the need for continuous scrutiny of the numbers and DS advised that a finance and dashboard report would be produced each month and posted on the website in months when there was no Board meeting. The need for contingency planning would be addressed.

09/109 2008 Staff Survey progress report (Doc 6)

109.1 MB summarised the report and said that the focus groups had just started meeting. A query was raised on the definition of bullying and harassment and the reason for the apparent increase in violence. It was agreed that a report would come back to a future meeting of the board (timing to be determined) on the findings relating to the key issues that had emerged.

MB

09/110 Single equality scheme: annual review (Doc 7)

110.1 MB introduced the report and summarised the progress against the action plans. It was agreed that a further report should come back to the Board within a year and should include the following:

- Evidence that Equality Impact Assessments were being done and were fit for purpose, particularly in the light of potential service changes
- Adaptation in the light of the current Quality Bill (if it is passed)
- Areas of weakness or concern to be addressed and monitored
- Reference to LINKs in the monitoring system and assurance that this is implemented

110.2 It was noted that the appointment of a specialist adviser would provide valuable expertise in taking this work forward.

09/111 Report from the Audit Committee (Doc 8)

111.1 RA reported on behalf of AM who had sent apologies. He drew attention to the committee’s discussion on the Clinical Audit Annual Report. While the account of audit activity had impressed the committee, there had been some areas where assurance was sought on the follow-up to clinical audit findings. CIC answered points that had been made and said that in the case of doctors audit activity would be linked to revalidation.

111.2 It was agreed that DW should review the presentation of the next annual report in consultation with the clinical audit consultant and nurse leads.

DW

09/112 Clinical Governance Annual Report (Doc 9)

112.1 DW presented the report which had been prepared by Veronica Shaw, Assistant Director of Nursing and Clinical Development. It was noted that Dr Martin Kuper, consultant anaesthetist, had been appointed as the new Director of Research and Innovation, and a date for the launch of the new virtual research centre would shortly be set.

112.2 The chairman congratulated the author on the quality of the report and asked that it should be publicised.

DW

09/113 Board Assurance Framework (Doc 10)

113.1 The chairman asked whether the BAF was thought to be a useful document. DS considered that the process was now embedded as a management tool. The chairman proposed that there should be a half hour review of the BAF at the Board seminar in October.

FE/SS

113.2 In response to a query about deleting the green-rated risks, it was proposed that they should be reviewed for stability before archiving. It was further agreed that detailed comments on the BAF should be submitted by the end of the following week and that proposed deletions should be actioned.

FE/SS

09/114 There was no other urgent business

09/115 Questions from the floor

A member of the Council of Governors asked why shortlisted trainee doctors had not attended for interview. KS agreed to look into this.

KS

09/101 Date of next trust board meeting

Wednesday, 16th September 2009.

SIGNED..... (Chairman)

DATE.....