

**ITEM: 10/003**  
**DOC: 01**

**Meeting:** Trust Board  
**Date:** 20<sup>th</sup> January 2010

**Title:** **Minutes of the meeting held on 18<sup>th</sup> November 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 pm on Wednesday 18<sup>th</sup> November 2009. Four governors and two members of staff attended as observers.

Also attached is a list of actions arising from the meeting which has been previously circulated. They were reviewed by the Executive Committee at its meeting on 12<sup>th</sup> January 2010 and progress since the November meeting is indicated in red font.

It was agreed under the item of declaration of interests that Marisha Ray's interests should be circulated with the minutes. These are also attached for information.

**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><b>Compliance with statute, directions, policy, guidance</b></p> <p>Lead: All directors</p>	<p><b>Reference:</b></p> <p>Standing Orders</p>
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**The minutes of the Whittington Hospital Trust Board meeting held on Wednesday 18<sup>th</sup> November 2009 in the Trevor Clay Centre, Whittington Hospital**

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<b>Present</b>	Joe Liddane	JL	Chairman
	Edward Lord	EL	Deputy Chairman
	Robert Aitken	RA	Non-executive Director
	Anna Merrick	AM	Non-executive Director
	Maria Duggan	MD	Non-executive Director
	Marisha Ray	MR	Specialist Adviser (non-voting)
	Rob Larkman	RL	Chief Executive Officer
	Richard Martin	RM	Director of Finance
	Celia Ingham	CIC	Medical Director
	Clark		
	Deborah Wheeler	DW	Director of Nursing and Clinical Development
<b>In attendance</b>	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)
<b>Secretary</b>	Susan Sorensen	SS	Trust Corporate Secretary

**09/135 Apologies for Absence **Action****

Apologies for absence had been received from Jane Dacre (non-executive director). Siobhan Harrington had given notice that she would be late.

**09/136 Declarations of Interests**

It was noted that Marisha Ray's declaration of interests had been received by the board secretary and would be circulated with the minutes.

**09/137 Minutes of the meeting held on 16<sup>th</sup> September 2009 (Doc 1) and Action Notes**

137.1 The minutes were agreed as a correct record.

137.2 Progress against the 7 outstanding actions from the April, May and June meetings and the 15 actions identified at the September meeting was reported. Of these all but six had been completed. Outstanding actions are listed in the Action Notes attached to the minutes.

**09/138 Report from the Chairman**

138.1 The chairman briefed the board on recent discussions with the Royal Free Hampstead and referred to the press and media interest that had been generated. It was agreed that this should be dealt with under Any Other Business.

138.2 The chairman outlined his intention to set up a blog or forum for staff to debate current issues, which had been supported by the Executive Committee. Immediate topics would be the future of the Whittington, patient satisfaction and the NHS Constitution.

**09/139 Report from the Executive Committee (Doc 2)**

139.1 RL commented on the broad range of issues reported under the headings in the paper. The chairman pointed out that the EC met for approximately 12 hours per month.

139.2 The following comments and feedback were offered by members of the board:

- The format was helpful but the outcomes needed to be clearer and cross-referenced where appropriate to other items on the agenda
- There needed to be more detail on the operational decisions
- There should be non-executive involvement in the appointment of an interim Director of Nursing (standing orders to be checked)
- The report should indicate the exact period covered

139.3 It was agreed that getting the right balance between length and detail was an iterative process.

**09/140 Trust Capital Plan 2010-11 (Doc 3)**

140.1 PI introduced the report and made the following points in response to questions from the board:

- The plans were cross-referenced to the risk register, although the column was not shown in this report
- The process was robust and nothing had been omitted as far as was known
- The requirement for backlog maintenance of wiring did not represent a significant risk
- LINKs' involvement in planning the work on the mortuary would be welcomed

140.2 The draft capital plan was approved for implementation.

**PI**

**09/141 Staff engagement (Doc 4)**

141.1 MB referred to the executive summary and indicated that the policy would be discussed with staff representatives prior to wider dissemination. In discussion it was noted that the last staff survey had suggested that some staff felt they were not listened to and

this needed to be followed-up. It was agreed that this should be covered in the appraisal process, and in-year appraisal would continue to be encouraged.

- 141.2 It was suggested that there should be a link with the equality and diversity action plan and that the focus on staff health and well-being should cover mental health, with possible partnership working with other authorities.

**MB**

**09/142 Dashboard Report (Doc 5)**

- 142.1 FE introduced the report. It was considered that the trust could move to a CQC rating of excellent for Quality of Service on the basis of more recent performance.

- 142.2 The patient experience result was based on digital responses from 684 patients in the month. This was the first report on this basis so trend data was not yet available. An additional question on in-patients' confidence in nurses had been included.

- 142.3 In discussion the following points were raised:
- Cancellations on the day were reviewed each day
  - Case-mix in the DTC was more complex so income was not down as much as activity
  - Patient experience feedback on out-patients' activity would be reviewed
  - DNA data was available by specialty but not age/sex.
  - DNA rate might be influenced by shorter waiting times, and possibly issues around informed consent
  - Suggestions for reducing the DNA rate would be welcomed

**09/142B Maternity and Birth Centre activity report (Doc 5.1)**

- 142.4 KS gave an update on progress since the opening in June 2009. This indicated increased demand consistent with plans and evidence of increased market share. In discussion, the following points were noted:
- Any problems with community after-care would be picked up in focus groups and resolved with the relevant providers
  - There was a further financial risk to Haringey PCT in the increased demand, although some of it represented transfers from other units
  - Population growth projections may have been over-optimistic but this was offset by the increase in market share
  - Growth of demand within the sector was anticipated over the next 10 years

**09/143 Finance Report - Position at Month 7: October 2009 (Doc 6)**

- 143.1 RM summarised the report on the financial position. October had been a relatively good month, and potential additional income was expected to increase the cumulative surplus to £300k. The

principal risk was Haringey's interpretation of a directive from NHS London on income from additional activity.

143.2 Although the adjusted year-end forecast surplus of £615k was below the NHS London control target of £2.1m, there was no pressure as yet from the health authority.

143.3 In response to questions on details of income and expenditure variances, the following explanations were given:

- Income under-performance was partly due to estimates based on uncoded activity data
- There was a time-lag in securing agency cost reductions following successful recruitment as there were double-running costs in some areas during an induction period e.g. ITU and maternity.

**09/144 Care Quality Commission core standards declaration (Doc 7)**

144.1 DW explained that the detail was provided for the board's information. The documents presented contained a summary of the evidence (all of which is stored electronically) and a summary of the declaration. Attention was drawn to the one area of non-compliance relating to the checking of doctors' registration status. There had been a gap in a period of high turnover in the medical staffing office, which had now been rectified. The declaration was due to be submitted on 6 December 2009.

144.2 In response to a question on the view of the Overview and Scrutiny Committee (OSC), DW explained that under the new process of registration, OSCs were not directly involved at this stage. Once approved, the declaration would be shared with stakeholders and posted on the website.

144.3 The board approved the declaration for submission to the CGC.

**DW**

**09/145 Pandemic influenza planning (Doc 8)**

145.1 DW provided an update on the current position. The number of diagnosed swine flu cases had risen but was still below forecast. There were currently 12 in-patients including one in intensive care. Approximately 750 staff had been vaccinated. The rate was high in ITU but less so in ED. There was reasonable confidence in the resilience of the critical care plans and additional ventilators would be leased if required.

145.2 The team was congratulated on the high vaccination rate. DW attributed it to the communications "myth buster" campaign, publicity via the Vanessa Feltz broadcast and clinical leadership. The importance of authoritative supporting evidence was stressed.

**09/146 Employer-based Clinical Excellence Awards (Doc 9)**

146.1 CIC advised the board that the trust was required to comply with Department of Health guidance in administering the process for the local CEAs at levels 1-9. The trust had historically awarded the minimum number of awards, which was the basis of the proposed cost estimate of £88,710.

146.2 The board noted the timescales and approved the proposal for 30 clinical excellence awards for 2010.

**CIC**

**09/147 Consultant appraisal report 2009 (Doc 10)**

147.1 CIC introduced the report and drew attention to the resource implications of strengthening the process to comply with the requirements for the revalidation of doctors. It was noted that a business case was already under development to identify the necessary funding.

**CIC**

147.2 In response to a question about the involvement of patients in 360 degree appraisal, CIC reported that a sample of 30 patients would be invited to participate in the next year's process.

**CIC**

**09/148 Infection Prevention and Control Annual Report (Doc 11).**

148.1 JA outlined the contents of the report and appendices. 210 days had passed since the last incidence of MRSA bacteraemia. Focus on suppression therapy, training and prevention of surgical site infections had contributed to this result.

148.2 There was a discussion on progress against the action plan for 2008-09 including the need to determine time targets and report outcomes. These were included in the current year's plan.

148.3 The chairman commented on the low non-pay budget for the infection control team. JA said that the trust used an inexpensive (but not very quick) screening process, but a business case was being developed for PCR screening for a limited number of cases. The team relied heavily on training and the trust's fostering of positive ethos.

148.4 Although it was acknowledged that there were pockets of inadequate performance giving rise to reputational risk (ref. the ward IPC dashboard October 2009), DW considered that this resulted from particular clinical leadership issues which had been addressed. SH thought the patient feedback was generally positive, and JA felt the performance bar had been deliberately set high.

**09/149 Quarter 2 Governance self-assessment (Doc 12)**

149.1 FE explained the changes in information requirements from quarter 2 and the chairman's wish to discuss the return with the board before ratifying its content.

- 149.2 The board noted NHS London's revised assessment from amber to green on the basis of discussions with the trust. The board ratified the quarter 2 return. **JL**
- 09/150 Freedom of Information Act model publication scheme (Doc 13)**  
 SS explained that this was the model publication scheme approved by the Information Commissioner and recommended its adoption to replace the trust's previous version. The board agreed the scheme as presented. **SS**
- 09/151 Report from the Audit Committee (Doc 14)**  
 151.1 The board received the action notes from the Audit Committee held on 5<sup>th</sup> November 2009 and noted the items that had been highlighted. The verbal update on the recent MHRA inspection indicated that it had gone well and there were no critical findings, which was an unusual outcome for such inspections. There were two major and six routine findings which would be incorporated in the action plan. **DW**
- 151.2 It was noted that the risk register and BAF needed to meet auditors' requirements, and the Audit Commission checklist on board assurance would inform their assessment.
- 09/152 The NHS Constitution- Trust preparedness (Doc 15)**  
 152.1 SH presented the report which had been requested by NHS London to ensure that the constitution is embedded at local level. The board noted the requirement to appoint a champion and endorsed the recommendation of the Executive that this should be the Director of Primary Care working alongside a governor to be appointed in consultation with the lead governor.
- 152.2 It was noted that there would be further consultation on additional patients' rights under the constitution and the role of the champion(s). There was a significant body of material on the NHS website including a 42-page staff leaflet. It was agreed that the trust should respond to the new consultation and any views should be forwarded to SH who would also set up a focus group. Equality impact assessments of the trust's implementation plans should be undertaken. **SH**
- 152.3 The board reconfirmed its commitment to the NHS constitution, and noted and agreed the proposed approach to implementation. **SH**
- 09/153 Board dates 2010 (Doc 16)**  
 These were noted. The March meeting has since been changed to 24<sup>th</sup> March 2010. **SS**

**09/154 Any Other Urgent Business combined with**

**09/155 Questions from the floor**

- 155.1 As agreed earlier in the meeting, the chairman invited a general discussion, including observers, on recent media attention on the plans for the future of healthcare facilities in the North Central London sector.
- 155.2 RL summarised the state of discussions at local and sector level on options for the future. Discussions with the Royal Free Hospital (RFH) were at the stage of drawing up options. No firm proposals had been made. There was momentum developing with local PCT providers and workshops had been established. At the sector level, options for the designation of hospitals were being developed.
- 155.3 The chairman summarised the sequence of media coverage, which had been precipitated by an article on a possible merger of the Whittington with the RFH, which was inaccurate. It had been picked up by the BBC who had interviewed RL, resulting in two television appearances on Sunday 15<sup>th</sup> November including the local 10 o'clock news.
- 155.4 Rumours about the possible withdrawal of emergency and ITU services at the Whittington had been fuelled by a letter from the Chief Executive of NHS Islington who is the lead PCT Chief Executive for North Central London. This had been subsequently rescinded and reissued, however the original letter had caused considerable concern among the local population and political representatives. It was noted that a pre-consultation event was being held on Saturday 21<sup>st</sup> November, with a randomly selected sample of 100 local residents (i.e. not open to the public).
- 155.4 In discussion the following points were raised:
- The statutory requirements for consultation would be followed by NCL
  - Concerns were expressed about communications especially with local councils and MPs
  - It was noted that NCL were leading the planning process and the consultation exercise – not the local providers
  - It was unlikely that the sector options would be published before Christmas, but preferred models of care would be known some time in January
  - It was requested that concerns about the consultation process should be taken back to the sector and that the board should confirm its commitment to seeking community views before any local recommendations were made.

**09/101 Date of next trust board meeting**

Wednesday, 20<sup>th</sup> January 2010.



Part 1 of the meeting concluded at 15.25.

SIGNED..... (Chairman)

DATE.....