

ITEM: 10/022
DOC: 01

Meeting: Trust Board
Date: 24th March 2010

Title: Minutes of the meeting held on 20th January – 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 20th January 2010. Four members of the public attended including two governors, a journalist from the Haringey Advertiser and a Haringey LINK member.

Also attached is a list of actions arising from the meeting which has been previously circulated. They have been reviewed by the Executive Committee and progress since the January meeting is indicated in red font.

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 18th November 2009 in the Trevor Clay Centre, Whittington Hospital

Present:	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 Clark	CIC	Medical Director
	Siobhan Harrington	DW	Interim Director of Nursing and Clinical Development, Director of Primary Care
In attendance:	Margaret Boltwood	MB	Director of Human Resources
	Kate Slemeck	KS	Director of Operations
	Fiona Smith	FS	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)
	Caroline Allum	CA	Associate Medical Director
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

- 10/001 Apologies for Absence **Action****
 Apologies for absence had been received from Jane Dacre (non-executive director). CIC had asked that Caroline Allum (CA) should attend as there was a possibility that she would be required elsewhere. The chairman welcomed CA to the meeting.
- 10/002 Declarations of Interests**
 It was noted that Marisha Ray's declaration of interests had been circulated with the minutes. There were no other interests declared.
- 10/003 Minutes of the meeting held on 16th September 2009 (Doc 1) and Action Notes**
- 3.1 The minutes were agreed as a correct record subject to the following amendments:
 144.3 should read CQC
 147.2 should read ..."a sample of 30 consultants..."
- 3.2 Progress against the five outstanding actions from the April to September meetings and the four actions from the November meeting was reported. Of these all but two had been completed, which were in hand. Outstanding actions are listed in the action notes attached to the minutes.

- 3.3 Action 909.6 re patient experience following refurbishment of Meyrick Ward: SH reported that 72 patients had provided feedback over a 3-month period. There was not a significant change in the results following the environmental improvements. 80% gave positive response on “dignity and respect”. It was noted that the automatic doors were very sensitive and kept opening. It was agreed that this would be investigated. **PI**
- 3.4 Action 911.4. RL reported that the NCL sector team was meeting with MPs and local politicians. He had received copies of briefings.
- 3.5 Marisha Ray’s interests were noted.

10/004 Report from the Chairman

- 4.1 The Council of Governors had held a productive meeting on the provider landscape, covering options for change, processes, consultation and timing. The lead governor had produced a report which would be summarised for members.
- 4.2 A chairman’s forum had been set up on the intranet. There had been 17 postings on the first topic on the trust’s carbon reduction strategy. The next subject was patient safety. A method of responding would be identified.
- 4.3 The chairman noted that Deborah Wheeler’s last meeting with the board had been at the December seminar, which was not minuted. He therefore proposed to include a summary of his speech at her leaving party in the minutes of this meeting as follows:

“On behalf of the board and the entire hospital I would like to record our gratitude for all that Deborah Wheeler has achieved during her 9 years as Director of Nursing at the Whittington. Her leadership and management have been exemplary and the progress she had caused the hospital to make in areas such as nursing practice, infection control and clinical risk management has been remarkable. She has always been a demanding but considerate leader whom staff have respected and learned from. Her senior management colleagues have benefitted greatly from Deborah’s advice, guidance and patience on a wide range of issues. It will be difficult to replace her experience and wisdom and the board would like to wish her well in the exciting challenge that she has taken on in her new role.”

10/005 Report from the Executive Committee (Doc 2)

- 5.1 RL introduced the report (this was the third) and invited comments as the format was still evolving. SH pointed out that the fourth improvement team, which had been omitted from the list under “2. Other items”, was looking at administrative processes in out-patients.

5.2 Highlights from the recent Department of Health publications of the five-year plan and operating framework included the focus on quality and productivity, a requirement for £15-20bn savings, the development of integrated providers, health improvement and patient experience.

5.3 Non-executive directors raised a number of points for clarification:

- Duration and financial impact of opening Bridges Ward in response to heavy demand

It was anticipated that the ward would close by end March/early April. Provided agency spend was contained, the extra cost should be covered by additional income. There were contingency plans for flexibility in capacity to maintain quality and minimise infection control risks. Performance on the A&E 4-hour target was one of the best in the sector.

- DTC activity 6% below financial target

It was confirmed that the financial plan had not been reduced, and financial performance had been maintained as a result of case-mix. There was a shortage of surgical capacity but a locum spinal surgeon had been recruited.

- Action plan in response backlog of plain film reporting

This was a temporary IT problem. Additional reporting capacity had been put in place.

- Level of risk arising from non-attendance at mandatory training.

There was an action plan in place to improve take-up and achieve full compliance by September 2010.

- Appointment of locum consultant surgeon

This was an additional post to reflect CIC's secondment and to meet the heavy activity demand.

The chairman welcomed the report and the level of debate it had prompted.

10/006 Patient Safety Strategy (Doc 3)

6.1 CIC introduced the document, and said that although the trust last year had the second lowest SMR, the aim was to achieve zero avoidable deaths or harm to patients. The key focus at this stage was to identify a comprehensive set of metrics to enable a systematic approach to monitoring. Some metrics were already reported elsewhere and needed to be consolidated.

6.2 In discussion, the following comments were made:

- Importance of leadership and communication
- Effectiveness of director walkabouts
- New Datix database would facilitate analysis of incidents and near misses, complaints and litigation

- Appendix A (Patient Safety First Campaign Metrics) was very much a draft and comments would be welcomed.

6.3 The Chairman noted that this was work in progress, with no formal action plan as yet but a good start. He requested a progress report to a future board meeting (date to be determined).

CIC

10/007 Provider Landscape (verbal report)

7.1 RL updated the board on processes in train within the sector and NHS London. NCL would present the identified options to NHS London in their Commissioning Strategy Plan on 25th January. He believed that there were no formal proposals but an analysis of the nature of hospitals required within the sector, without being site-specific. The implications for the ED at the Whittington were not yet determined in the context of the Darzi model.

7.2 It was reported that talks with RFH (bilateral) and with UCLH (tripartite) continued and discussions with PCTs on vertical integration had also been initiated. These would feed into the NCL's work. There would be no firm proposals before the general election and consultation would be in the autumn. The discussions did not include any consideration of organisational restructuring.

7.3 It was agreed that the provider landscape should be a standing item on the agenda.

SS

10/008 Stroke Decommissioning (Doc 4)

8.1 FS introduced the paper and stressed the need to maintain the quality of service in the interim period to 31 March when the 10-bedded unit would be decommissioned. It was noted that although the Whittington was in the top-quartile nationally for the quality of stroke services, it had been in competition with UCLH and RFH. The chairman saw it as a microcosm of the wider debate, with the loss of the service from one unit being offset by a potentially better service for patients overall.

8.2 The incorporation of the cost pressure of £538k in the CIP was noted.

10/009 Dashboard Report (Doc 5)

9.1 FS drew attention to key changes:

- Introduction of “avoidable deaths” within the hospital to replace avoidable mortality
- The December red-rated waiting time for symptomatic breast referrals. An improvement was reported in January when official monitoring starts.
- Adverse step-change in DNAs for first appointments

9.2 KS reported concern about DNAs and described actions being taken, including plans to consolidate the booking function within the structure, improving access and flexibility for patients seeking to change appointments. It was agreed that KS should plan to achieve a target reduction within six months.

KS

9.3 A number of queries and comments were raised by board members:

- Feedback on single sex visitation
Funding had been successfully achieved. The trust was negotiating a trajectory with PCT
- Disappointing results in patient survey on cleanliness and patient involvement
Sample surveys were problematic. The net promoter score is showing improvement with increasing responses.
- Health promotion and prevention
A proposal was made for increased publicity (e.g. use of volunteers) to get messages across
- Predominance of red-rated finance indicators
Performance was based on NHS London targets rather than internal targets

10/010 Finance Report - Position at Month 9: December 2009 (Doc 6)

10.1 RM presented the report and pointed out that the shortfall in December was worse than planned. A recent settlement with the PCT had been a contributory factor. The position was subject to the finalisation of emergency activity. 76% of the CIP had been achieved to date and the forecast year end position was a surplus of £115k (against a control target surplus of £2.1m). Agreement had been reached with the SHA on a revised EFL and year end cash target. It was anticipated that a risk rating of 3 would be achieved for Q3 which would enable the trust to move out of the “under review” category.

10.2 Concern was expressed on the continued use of agency staff particularly with the recent increased activity. It was noted that the increased agency spend also reflected price increases, and the way that agencies operate, and there was a risk that costs would not be covered by additional income. Efforts were being made to get more staff to sign on to the bank.

10.3 In response to a question about the plan for 2010-11, RM said that the requirement for a CIP of £14m had been calculated. Good progress was being made on developing schemes. The first cut would come to the February board seminar.

RM

10/011 Safeguarding Children declaration (Doc 7)

The board noted that a more detailed declaration had been placed on the trust’s website in response to revised guidance from NHS London.

10/012 Care Quality Commission (CQC) Inspection Report (Doc 8)

12.1 The board received the CQC's formal report on the inspection visit on 25 November 2009 relating to the prevention and control of infections. The team found no breach of any regulations and found areas of improvement in decontamination and cleaning of mattresses and commodes.

12.2 The report and action plan had been reviewed by the Audit Committee. It was noted that CQC may make an unannounced return visit to review progress.

12.3 The chairman congratulated the staff involved on a good result.

10/013 CQC Registration (Doc 9)

13.1 SH reported that the previous core standards had been restated as outcome standards under the new registration process. The CQC would continue to triangulate with other sources of information e.g. PCTs. On reviewing the list of outcomes, it was noted that a statement of purpose was required. Declarations were due to be submitted electronically between 4th and 29th January. The trust's submission was work in progress but would be completed by the deadline.

SH

13.2 It was agreed that the board would delegate authority to the EC and CEO to finalise the declaration. RL would consult with the chairman to confirm their approval of the declaration.

RL

10/014 Report from the Audit Committee (Doc 10)

14.1 The Board noted the Audit Commission's assurance checklist and agreed that the executive's view would need to be ratified by the non-executive directors. It was suggested that it might be discussed at the February seminar, but the final version would be agreed at the March board meeting.

FS/SS

14.2 The Charitable Funds and Annual Report and Accounts were adopted by the Board acting as corporate trustee. It was noted that they would be submitted to the charity Commission by the deadline of 31st January.

RM

10/015 Board Assurance Framework (Doc 11)

It was noted that the BAF would be revised for 2010/11 to take account of updated corporate and strategic objectives. Progress was noted on the summarising of changes and high rated risks. The Board agreed the changes and noted progress on action plans.

10/016 NHS London Quarter 3 Governance return (Doc 12)

The chairman reported that he had gone through the self assessment in detail with RM and FS and had signed it off for submission. The Board ratified the document.

10/017 Any Other Urgent Business

None

10/018 Questions from the floor on matters considered by the Board

18.1 A member of the Council of Governors asked if the trust was now in a position to apply to become foundation trust. RL reported that the deadline for achieving FT status had been extended to 2014. In the current environment the Whittington would not qualify without collaborating with another entity.

18.2 Another member of the Council of Governors asked for information on the position of St Mary's Paddington in the Imperial Academic Health Science Centre. No information was available from the board.

10/019 Date of next Board seminar

17th February 2010

Date of next trust board meeting

24th March 2010

SIGNED..... (Chairman)

DATE.....

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

January 2010

This paper provides an update on progress on actions outstanding from April to November 2009 and identifies actions arising from the latest meeting on 20th January 2010, for early circulation. The detailed account of discussion and decision is provided in the formal minutes for approval at the next board meeting on 24th March 2010.

All actions April to June 2009 complete.

Actions outstanding from July to November 2009 (original lists: 22 in July, 18 in September, 4 in November). Progress since January in red font.

Ref*	Outstanding Action	Position as at 20 th January 2010
907.13	Single Equality Scheme - Report back within a year (from July 2009), including an assessment of fitness-for-purpose of Equality Impact Assessments (EIA). MB	Will be reviewed as part of developing the equality dashboard. Report to March board meeting. Item 10/028 Doc 5
911.3	Dashboard Report: Patient Experience. Consider inclusion of question on nurses in out-patient feedback when appropriate SH	Nurse question added to outpatient survey

Actions arising from Trust Board 20th January 2010

Ref*	Decision/Action	Timescale	Lead and support
	Action notes		
1001.1	Investigate frequent opening of automatic doors on Meyrick Ward and mitigate if possible	Asap Faulty motors have been replaced	Philip Ient
	Patient Safety Strategy (Doc 3)		
1001.2	Bring progress report back to Board	May trust board	Celia Ingham Clark
	Provider Landscape		
1001.3	To be standing agenda item	March trust board onwards - In hand	Susan Sorensen
	Dashboard Report (Doc 5)		
1001.4	Set target for reduction in DNAs on first appointments, to report in six months	July trust board	Kate Siemeck

Ref*	Decision/Action	Timescale	Lead and support
	Finance Report (Doc 6)		
1001.6	Progress report on 2010-11 CIP	February seminar Completed	Richard Martin Fiona Smith
	CQC Registration (Doc 9)		
1001.7	Review text of statement of purpose (Outcome 15)	March Board	Siobhan Harrington
1001.8	Consult with chairman and deputy chairman prior to submission of registration application	By 29 th January 2010 Completed	Rob Larkman
	Report from the Audit Committee (Doc 10)		
1001.9	Audit Commission assurance checklist to be completed as far as possible by executive team and reviewed by NEDs	March board Item 10/033 Doc 10	Susan Sorensen to co-ordinate

*The unique reference number indicates the year (9,10) and month (01- 11) for the purpose of future tracking.

Susan Sorensen
Corporate Secretary
16th March 2010