

ITEM: 10/044
DOC: 01

Meeting: Trust Board
Date: 21st April 2010

Title: **Minutes of the meeting held on 24th March (Part 1) and Action Notes**

Executive Summary: Attached are the minutes of the last meeting of the Trust Board held in public in the Postgraduate Centre at 1 pm on Wednesday 24th March 2010. Two members of the public attended (both governors) and two members of staff.

Also attached is a list of actions arising this meeting and previous meetings. They have been reviewed by the Executive Committee and progress since the March 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

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| <p>Compliance with statute, directions, policy, guidance</p> <p>Lead: All directors</p> | <p>Reference:</p> <p>Standing Orders</p> |
|--|---|

The minutes of the Whittington Hospital Trust Board meeting held on Wednesday 24th March 2010 in the Postgraduate 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 |
| | Jane Dacre | JD | Non-executive Director (UCL) |
| | Marisha Ray | MR | Specialist Adviser (non-voting) |
| | Rob Larkman | RL | Chief Executive Officer |
| | Richard Martin | RM | Director of Finance |
| | 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 |
| | Caroline Allum | CA | Associate Medical Director |
| | | | |
| Secretary | Susan Sorensen | SS | Trust Corporate Secretary |

10/020 Apologies for Absence **Action**
 Apologies for absence had been received from Celia Ingham Clark. (Caroline Allum was attending in her place)., and from Helena Kania (LINKs representative).

Declarations of Interests
 None relating to the current meeting.

10/021 Mid-Staffordshire Report
 21.1 SH gave a presentation which summarised the key findings of the inquiry and then focussed on the recommendations set out at the end of the Executive Summary of the report. She gave her assessment of the trust's performance in relation to each of the recommendations, with associated red, amber, and green risk ratings. It was noted that the trust did not yet have a written nursing strategy in place and that this should be developed as soon as possible. **New Dir of Nursing**

21.2 SH proposed that progress against the action plan should be reported to the May Trust Board seminar and a further substantive paper should be brought to the June Trust Board. **SH**

21.3 In discussion it was noted that:

- there was scope for improvement in the operation of the partnership with Middlesex University in relation to nurse education and professional development
- Investment was needed in developing leadership skills in band 6 **SH**

- and band 7 nurses
- directors should have a summary of complaints and compliments in preparation for walkabouts – to be prepared quarterly
- there should be greater involvement of non-executives and senior clinical staff in monitoring

SH

10/022 Minutes of the meeting held on 24th March 2010 (Doc 1) and Action Notes

22.1 The date of the meeting in the heading to be corrected. Otherwise the minutes were agreed as a correct record. It was requested that page numbers should be visible. It was noted that all actions from April to November 2009 had been completed. Progress against actions from the January meeting was noted, with only two actions outstanding (scheduled for June and July 2010).

22.2 Matters arising:
13.1 re Care Quality Commission. It was reported that five notifications of registration had been received from the CGC – one for each service.

5.3 re mandatory training. MB reported that the deadline of September for 100% completion of mandatory training was very challenging and could not realistically be brought forward. Accurate monitoring information was now available from Datix.

10/023 Report from the Chairman

23.1 It was noted that the new Director of Nursing and Clinical Development, Bronagh Scott, would start in June. Her experience in Northern Ireland included the integration of community and acute services and the development of a nursing strategy.

23.2 The Chairman referred to the recent media coverage of the Whittington consultants' statement. The trust's response covered the following six factors:

1. The role of the trust within the local community and the extent to which it was fulfilling that role;
2. The changing external environment and the consequent necessity for the trust to respond to this change;
3. The options available to the trust;
4. The need for any change to provide a service that was at least as good as, if not better than, the current position;
5. Decisions must be based on evidence, e.g. in relation to polysystems;
6. There was strong popular support for the Whittington within the local community.

In discussion the following points were made:

- There was a need to counter internal perceptions that were adversely affecting retention and recruitment
- The trust needed to engage with external groups in the community

JL

e.g. the Highgate Society, to ensure that accurate information was disseminated

- The chair and chief executive had actively engaged with staff in A&E
- There was strong clinical engagement by Whittington staff in the North Central London projects

10/024 Report from the Executive Committee (Doc 2)

24.1

RL reported that the deadline for signing service contracts with the Commissioning Agency was now 29th March, and the Whittington's position had improved. Barnet remained outstanding but RM confirmed that the baseline was good though not without risk.

24.2

It was noted that infection control performance had been maintained but next year's target of a maximum of four post-48 hour MRSA bacteraemia was challenging. SH reported that Root Cause Analysis was being taken seriously by staff. Of the three cases since January, two had been pre-48 hours. There would be no relaxation in the multi-pronged approach to minimising incidence. Work continued in addressing decontamination issues.

24.3

Congratulations were recorded for the infection control performance, good feedback on the paediatric ED, and the achievement of the Investors' in People award. It was agreed that good news stories should be made available to the appropriate media.

SH

24.4

In reviewing the new risks, concern was expressed about the difficulty in recruiting ward managers. It was agreed that the position in other trusts should be ascertained.

SH

10/025 Provider Landscape (verbal update)

25.1

It was reported that there remained seven scenarios within the North Central London sector review which were to be evaluated. The option appraisal would be carried out after the election and it was expected that more than one option would be the subject of consultation.

25.2

The Whittington was well-represented on the various clinical pathway workstreams and on the NCL working groups.

25.3

Joint work with the local PCTs, the Royal Free and UCLH would continue over the next month.

10/026 Quality Account (Doc 3)

26.1

SH presented the report on behalf of CIC. It was emphasised that this was an early draft for consultation and comments were invited to feed into the draft that would be produced by the end of April for circulation to PCTs, LINKs and OSCs. The final document is to be published in June.

26.2

Directors made the following comments for possible inclusion:

- Reference to the role of the trust as a corporate citizen with social responsibilities, e.g. in procurement and employment
- Reference to the quality of clinical education at the Whittington

CIC

10/027 Dashboard Report (Doc 4)

27.1 FS presented the report and highlighted the level of patient feedback using electronic devices – over 4,000 since September. The mismatch between the lower results from the national survey and the positive Net Promoter Score was observed.

27.2 It was noted that performance against the breast referral target had improved since February, and had recently demonstrated 100% achievement of the 2-week target.

27.3 FS estimated that the CQC rating of excellent was still achievable depending on the finalisation of thresholds on some key targets.

27.4 KS gave an update on actions taken to reduce the DNA rate for first appointments, in order to achieve the planned improvement by July. This work included clinician review at the end of each clinic in areas of poor performance. The correlation of DNA rates with deprivation and certain mental health conditions was noted and would be taken into account.

27.5 In response to the observation that all clinical quality indicators were green-rated, FS reported that targets were under review.

FS

10/028 Equality and Diversity Dashboard (Doc 5)

28.1 MB introduced the report which had been produced in consultation with MR and reviewed by the Equality and Diversity Steering Group. MB highlighted indicators where there appeared to be outliers.

28.2 In discussion, the following comments were made:

- The low level of recording of religion/belief, sexual orientation, and disability status was queried. It was reported that new staff were being encouraged to record the data and a survey had been issued to existing staff, explaining the purpose of collecting this information
- The importance of collecting the sexual orientation of patients was stressed by some NEDs. JD expressed concern about the practical difficulties for staff in many circumstances.
- It was thought that attempts should be made to collect data on socio-economic status and mental health status and there was some discussion on how this could be achieved.

28.3 JL asked about the usefulness of the data. MB proposed that it should inform the review of progress against the action plan relating to the Single Equality Scheme, which would come to the board in June. It was agreed that the data should be updated on a six monthly basis .

MB

- 10/029 Finance Report - Position at Month 9: December 2009 (Doc 6)**
 RM summarised the report which indicated strong performance on income, an improvement in pay expenditure but overspending on non-pay. The trust was on target to deliver the planned and notified surplus of £115k. CIP performance was unchanged. The board noted the financial position for 2009-10 which was considered satisfactory.
- 10/030 Single Sex Accommodation Declaration (Doc 7)**
 30.1 FS introduced the report and explained that the self-declaration was a new requirement from the Department of Health. There were penalties attached to non-compliance. The trust policy was compliant, although there were concerns about Bridges Ward (due to be closed in April). The Board supported the signing of the declaration. JD proposed that the declaration should include a statement that any breach would be rectified as quickly as possible. **FS**
- 30.2 In response to a question about patients' gowns it was reported that a new kimono-style gown had been introduced.
- 10/031 Report form the Audit Committee (Doc 8)**
 31.1 The Board noted the Audit Committee's report.
- 32.1 There was discussion on the accountability of budget holders and participation of clinical staff in the management of budgets. The Board agreed that the Audit Committee was not the appropriate vehicle for holding budget holders or clinicians to account. It was suggested that this should take place at the existing meetings between directors and budget holders, and at CIP monitoring meetings to which clinical staff should be invited when appropriate. **FS**
- 10/032 Board Assurance Framework update (Doc 9)**
 32.1 FS presented the final version of the 2009-10 BAF which was approved by the Board. This would now go to the auditors who should be advised that the link between with BAF and the risk register had been reviewed and updated. It was noted that a new BAF for 2010-11 would be based on the updated corporate and strategic objectives.
- 32.2 JD advised that risk relating to the medical school (currently green) should not be removed. **SS**
- 10/033 Audit Commission: Board Assurance Checklist (Doc 10)**
 33.1 The Board reviewed the draft responses to the checklist and agreed to submit comments by Thursday 1st April for incorporation into the final version for the auditors. This would be signed off by the chairman. **NEDs**
- 10/034 Register of directors' interests (Doc 11)**

The annual review and update of the register had been completed and the revised record of interests was noted. MR added a further interest: Chair of the Farringdon Community Liaison Forum.

SS

10/035 CQC provider registration update (Doc 12)

35.1 The Board received the documentation required for registration and noted that the chairman had reviewed it before its submission.

35.2 It was agreed that the review of the trust's performance against the core standards for the period November 2009 to March 2010 would come to the April meeting of the trust board.

SH

10/036 Safeguarding Services in the London Borough of Haringey (Doc 13)

36.1 The report from Ofsted, CQC and HMIC on inspections carried out in January 2010 was received by the board. It was noted that a system was now in place to ensure the trust's attendance at case conferences.

36.2 The Board received assurances on child protection training in the paediatric ED, timely communication, awareness of domestic violence issues and response to mental health issues amongst carers.

10/037 Pandemic flu debrief (Doc 14)

The trust's draft response to NHS London' template was received and discussed. It was noted that the trust's response had been generally good, while recognising lessons to be learned from best practice. The board approved the draft response for submission.

10/038 Employer based clinical excellence awards for consultants (Doc 15)

The Board noted the awards made for implementation in April 2010.

10/039 Any Other Urgent Business

SH reminded the board about the Mayors' Walk from the Whittington to the Mansion House on 11th April.

10/040 Questions from the floor on matters considered by the Board

A governor made reference to a statement made by Baroness Young. He also thanked that chairman for his tribute to Deborah Wheeler at the January meeting, and pointed out how popular she had been. He asked KS if she could provide calendar-style appointment cards for patients.

10/041 Date of next Board Meeting

Wednesday 21st April 2010

Date of next trust board Seminar

Wednesday 26th May 2010

SIGNED..... (Chairman)

DATE.....

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

March 2010

This paper provides an update on progress on actions outstanding from April 2009 to January 2010 and identifies actions arising from the latest meeting on 24th March 2010. The detailed account of discussion and decision is provided in the formal minutes for approval at the next board meeting on 21st April 2010

All actions April to November 2009 complete.

Actions outstanding from January 2009 (original list:9).

| Ref* | Outstanding Action | Position as at 24 th March 2010 |
|--------|--|--|
| 1001.2 | Bring progress report on Patient Safety Strategy back to Board CIC | For June Trust Board |
| 1001.4 | Set target for reduction in DNAs on first appointments, to report in six months KS | For July Trust Board |

Actions arising from Trust Board 24th March 2010

| Ref* | Decision/Action | Timescale | Lead and support |
|---|--|----------------------------------|---|
| Presentation: Mid-Staffordshire Report | | | |
| 1003.1 | Further review of recommendations and assurances on Whittington performance – with NED involvement | May Seminar (position statement) | Siobhan Harrington Veronica Shaw |
| 1003.2 | Follow-up written report | June Trust Board | Siobhan Harrington |
| 1003.3 | Development of nursing strategy | tbc | Siobhan Harrington New Director of Nursing |
| 1003.4 | Produce quarterly summary of complaints and compliments to inform director walkabouts | tbc | Siobhan Harrington |
| Chairman's Report | | | |
| 1003.5 | Initiate communication with external community groups on the NCL SOR, e.g. Highgate Society | asap | Chairman/ Rob Larkman |
| Exec Committee Report (Doc 2) | | | |
| 1003.6 | Feed good news stories into appropriate media | ongoing | Siobhan Harrington |
| 1003.7 | Ascertain whether other providers have difficulty recruiting to ward | Report back to April Trust Board | Siobhan Harrington |

| Ref* | Decision/Action | Timescale | Lead and support |
|---|--|--|-------------------------------------|
| | manager posts | | |
| Quality Account (Doc 3) | | | |
| 1003.8 | Include reference to the role of the trust as a corporate citizen with social responsibility | Next draft to April Trust Board | Celia Ingham Clark |
| 1003.9 | Include reference to the quality of clinical education | Next draft to April Trust Board | Celia Ingham Clark |
| Equality Performance Dashboard Report (Doc 5) | | | |
| 1003.10 | Use dashboard data in review of Single Equality Scheme action plan | June Trust Board | Margaret Boltwood |
| 1003.11 | Update dashboard on a six monthly basis | September Trust Board and six-monthly thereafter | Margaret Boltwood |
| Single Sex Accommodation declaration (Doc 7) | | | |
| 1003.12 | Include statement in the declaration that any breaches will be rectified as quickly as possible actioned | Prior to publication on the website by 31 March | Fiona Smith |
| Report from the Audit Committee (Doc 8) | | | |
| 1003.13 | Arrange senior clinician involvement in budget/CIP monitoring with directors | ongoing | Fiona Smith Kate Slemeck |
| Board Assurance Framework (Doc 9) | | | |
| 1003.14 | Ensure link between BAF and risk register is drawn to auditors' attention actioned | As part of submission | Susan Sorensen actioned |
| Audit Commission: Board Assurance checklist (Doc 10) | | | |
| 1003.15 | Non-executive director comments to be sent in after the meeting Responses received from 3 | By Thursday 1 st April to Fiona Smith or Susan Sorensen | NEDs |
| CQC provider registration update (Doc 11) | | | |
| 1003.16 | Undertake review of core standards November 2009 to March 2010 April agenda item | April Trust Board | Siobhan Harrington |

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

Susan Sorensen
Corporate Secretary
16th April 2010