

ITEM: 10/059
Doc: 01

Meeting: Trust Board
Date: 23rd June 2010

Title: **Minutes of the meeting held on 21st April (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 21st April 2010.

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

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
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**The minutes of the Whittington Hospital Trust Board meeting held on Wednesday 21st
April 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
	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
	Philip Ient	PI	Director of Facilities
	Glenn Winteringham	GW	IM&T Consultant – for item 048
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

- 10/042 Apologies for Absence **Action****
 Apologies for absence had been received from Maria Duggan and Fiona Smith.
- 10/043 Declarations of Interests**
 EL reported that Local Partnerships LLP, of which he is chairman, was advising Camden PCT in relation to the tendering of their community services.
- 10/044 Minutes of the meeting held on 24th March 2010 (Doc 1) and Action Notes**
 Subject to the correction of a typographical error the minutes were agreed as an accurate record. The action notes from January and March 2010 were reviewed. Of the 25 actions originally listed, 10 remained outstanding, all of which had forward completion dates.
- 10/045 Report from the Chairman (verbal)**
 JL described his recent participation in the Visible Leadership Programme, which he had found encouraging and reassuring. He hoped that other members of the board would get involved, particularly non-executive directors, and also consultants. It was agreed that a means of extending engagement would be discussed outside the meeting. **CIC/SH**
- 10/046 Report from the Executive Committee (Doc 2)**
 46.1 RL introduced the report and drew attention to the Whittington's role in the GP-led health centre run by Angel Medical Services at the Ritchie Street group practice. The significant investment in same sex accommodation was also noted and it was suggested that this investment should be publicised amongst the local communities.

46.2 JL commented on the high level of activity and the pressures on managers as well as front line staff. Although the 4-hour ED target was being met, the hospital remained very busy. It was felt that if vital management priorities were to be met, (e.g. CIP target) there might be a need for some additional support below director level.

10/047 Provider Landscape (verbal update)

47.1 RL briefed the board on the sector led development of integrated care pathways in which the Whittington had been actively involved. Consultation on proposals was expected to take place after the election. Bilateral discussions with RFH and tripartite discussions including UCLH would continue, with a view to agreeing next steps at board meetings in May/June.

47.2 The transfer of Islington community services to the Whittington had been agreed in principle at board level and a due diligence exercise would now take be undertaken. There was a competitive process in Haringey, at which the Whittington had presented the previous day. The result would be known on 22nd April.

47.3 The Whittington had also given a presentation to Camden staff and if shortlisted would present their bid to the selection panel on 23rd April.

47.4 It was noted that NHS London supported the Whittington's strategy and no other acute trusts had won tenders within the sector so far.

10/048 IM&T Report (Doc 3)

48.1 (i) Workplan out-turn 2009-10
(ii) Development Plan 2010-11

GW introduced the reports and highlighted a number of achievements in 2009-10. Looking ahead to priorities for 2011-12, he drew attention to the significant impact on efficient discharge resulting from TTA drug dispensing on the ward. (4-5 hour saving on length of stay).

48.2 In response to questions from the board on the development plan for 2010-11, the following points were made:

- The risk of inadequate mobile coverage in the event of a power cut would be addressed through the planned use of radio systems
- The theatre management system was work in progress and on plan
- Email security would be improved through the migration to NHSmail. Security of portable data would be completed with the impending encryption of memory sticks
- A proposal for integration with NHS Islington's systems was being drawn up
- Some of the patient safety protocols had not been carried forward into 2010-11 because of lack of resources.
- Performance against information governance (IG) standards was monitored via the IG Toolkit which contains 65 indicators. This is reported to the Audit Committee from the IG Steering Group.
- Although the proposed new vital signs monitoring system was

- unfunded, the current manual system is considered to be safe.
- The e-document management system was the subject of a business case

48.3 The Board noted the 2009-10 out-turn and accepted the development plan for 2010-11.

48.4 It was proposed that:

- In future reports, more emphasis should be placed on the high priority given to patient confidentiality – possibly with an opening statement;
- The intranet and internet content should be reviewed, updated and improved.

GW

GW

10/049 Finance Report - Provisional position at Month 12: March 2010 (Doc 4)

49.1 RM reported a provisional year-end surplus of £141k, subject to possible further adjustments. This was net of impairments and the impact of IFRS, which do not count towards the breakeven duty. Activity was high in March and resulted in a favourable income variance. The high level of activity had led to a significant increase in agency costs and a pay overspend. Non-pay clinical overspends were offset by year end adjustments relating to annual leave accruals and capital charge savings from the revaluation of assets. The trust had met all its financial duties and had a year end cash balance of £1.1m in line with the previous forecast.

49.2 The financial plan for 2010-11 submitted to NHS London was to break even. This was contingent on achieving a £14.5m CIP of which so far £10m had been identified. The executive team were working on a four-point plan to bridge the remaining gap:

1. Further development of CIP schemes that have not yet been maximised
2. Review of Business Cases that have been approved in principle but not yet implemented
3. Scrutiny of unfunded cost pressures in directorate budgets
4. Review of potential to increase the planned achievement of CQUIN targets.

49.3 In response to NED challenge on the assumptions and deliverability of the plan, it was noted that:

- Income assumptions were robust
- The trust had a track record for closing initial budget gaps
- There was confidence that the four-point focus would yield the required result within the next few weeks

RM

10/050 Quality Account (Doc 5)

50.1 CIC introduced the document which had been circulated separately. She explained that the format of the report was prescribed and that the trust had to select at least three priorities under each of the

headings: patient safety, clinical effectiveness and patient experience.

CIC wished to check the board's agreement to the priorities.

- 50.2 Under patient safety, it was noted that other potential priorities (infection control, interventional radiology, resuscitation) already had action plans in place. The three selected – DVT risk assessment, use of the Global Trigger Tool and reduction in falls had been selected because of the need for improvement in these areas. The board agreed these as priorities.
- 50.3 Under clinical effectiveness, the three priorities of written communications with GPs, the fast track post-operative recovery programme, and electronic transmission of imaging results were agreed. There were suggestions that there should be a reference to readmission rates and that electronic transmission of results should extend to pathology. These would be looked into. **CIC**
- 50.4 Under patient experience, it was proposed that the priorities would be patient involvement in decision-making, the dementia care pathway and better use of patient feedback from a range of sources. There was some discussion on the desirability of including the Net Promoter Score and it was agreed that this would be covered as an additional factor under the third priority. **CIC**
- 50.5 CIC requested that executive colleagues should check the accuracy of the statements included in the account. **EC**
- 50.6 The Board agreed that subject to the amendments above the draft quality account should be circulated to local stakeholders (PCTs, LINks, governors) for comment in time for publication on the website in June. **CIC**
- 10/051 Staff Survey 2009: results and action plan (Doc 6)**
- 51.1 MB introduced the report which was generally received as a positive result. The chairman was particularly pleased that the trust had scored in the highest 20% as a place which staff would recommend to others to work in or receive treatment. The key findings were highlighted and the action plan relating to the four areas requiring improvement was noted. These were:
- Reporting of errors or near misses
 - Staff working extra hours
 - Staff experiencing discrimination
 - Impact of health and well-being on ability to perform
- 51.2 It was proposed that an action plan should also be developed for areas in which the trust's performance had remained at the lower end of the range. It was agreed that an update should be brought to a future meeting. **MB**
- 10/052 Q4 Governance Assessment report to NHS London (Doc 7)**
- The Board noted the Q4 return which had been adjusted from Q3 to reflect the conclusion of agreements with commissioners and the implementation of an action plan to decommission stroke services.

10/053 Register of seals (Doc 8)

Entries on the register for the period 1 April 2009 to 31 March 2010 were noted.

10/054 Any other urgent business

None

10/055 Questions from the floor on matters considered by the Board

None

10/056 Date of next Board seminar

Wednesday 26th May 2010

Date of next Trust Board meeting

Wednesday 23rd June 2010

SIGNED..... (Chairman)

DATE.....

**The Whittington Hospital NHS Trust
Trust Board Action Notes 2009-10 and 2010-11**

April 2010

This paper provides an update on progress on actions outstanding from April 2009 to March 2010 and identifies actions arising from the latest meeting on 21st April 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 23rd June 2010.

All actions April to November 2009 complete.

Actions outstanding from January 2010 (original list:9) and March 2010 (original list:16)

Ref*	Outstanding Action	Position as at 23rd June
1001.2	Bring progress report on Patient Safety Strategy back to Board CIC	For July Trust Board
1001.4	Set target for reduction in DNAs on first appointments, to report in six months KS	For July Trust Board
1003.2	Follow-up written report re Mid-Staffs recommendations SH	July Trust Board
1003.3	Development of nursing strategy New Director of Nursing	Timing to be confirmed. New director commences 1 st June
1003.4	Produce quarterly summary of complaints and compliments to inform director walkabouts SH	To be co-ordinated with an internal review of the complaints process. Aim for report in July 2010.
1003.5	Initiate communication with external community groups on the NCL SOR, e.g. Highgate Society JL/SH	Met with SH,DG to discuss draft plan for engagement with staff, members, governors and external stakeholders. Implementation after the election. Meetings to be arranged.
1003.6	Feed good news stories into appropriate media SH	Coverage re paediatric ED and birthing unit. Should also be sent to Haringey patient panels. HK to provide details.
1003.10	Use equality performance dashboard data in review of Single Equality Scheme action plan MB	July Trust Board
1003.11	Update equality dashboard on a six monthly basis MB	September Trust Board and six-monthly thereafter

Actions arising from Trust Board 21st April 2010

Ref*	Decision/Action	Timescale	Lead and support
Chairman's Report			
1004.1	Directors (particularly NEDs) encouraged to participate in Visible Leadership walkabouts	asap	BS to review
1004.2	Discuss link between Visible Leadership Scheme and Patient Safety walkabouts	asap	BS/CIC
IM&T Service Development Plan 2010-11 (Doc 3.2)			
1004.3	Future document to highlight importance of patient confidentiality through prominent statement	2011-12 plan	GW
1004.4	Review content of intranet and internet and update areas for improvement	"Look and feel" updating by September Content review and sign off by December	All directors GW to action
Staff Survey 2009: results and action plan (Doc 6)			
1004.10	Develop additional action plan for areas that continue to require improvement	July Trust Board	MB

Susan Sorensen
Corporate Secretary
May 2010