

ITEM: 10/076
Doc: 01

Meeting: Trust Board
Date: 28th July 2010

Title: **Minutes of the meeting held on 23rd June (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 23rd June 2010. One member of staff and three members of the public were present, including the chairman of the Islington-Haringey Provider-side Alliance and two governors.

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

<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 23rd
June 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
Marisha Ray	MR	Specialist Adviser (non-voting)
Rob Larkman	RL	Chief Executive Officer
Richard Martin	RM	Director of Finance
Bronagh Scott	BS	Director of Nursing and Clinical Development

In attendance:

Kate Slemeck	KS	Director of Operations
David Grant	DG	Associate Clinical Director (for Celia Ingham Clark)
Helena Kania	HK	Haringey LINK

Secretary Susan Sorensen SS Trust Corporate Secretary

10/057 Apologies for Absence

Action

Apologies for absence had been received from Jane Dacre, Siobhan Harrington, Celia Ingham Clark, Philip Ient, Margaret Boltwood and Fiona Smith. The chairman welcomed Bronagh Scott, the new Director of Nursing and Clinical Development, to her first meeting. BS described experience in Northern Ireland which included integrated acute and community services and the development of a nursing strategy. The chairman also welcomed David Grant, who was attending for Celia Ingham Clark, and four observers.

10/058 Declarations of Interests

It was noted that Marisha Ray had submitted a revised declaration of interests which did not include any new interests.

10/059 Minutes of the meeting held on 21st April 2010 (Doc 1) and Action Notes

59.1 A request was made that minute 49.3 should be amended to read: "NEDs expressed strong concerns about some of the assumptions underlying the plan and the risks to deliverability". Subject to this amendment, the minutes were agreed as a correct record.

SS

59.2 The action notes from January to April 2010 were reviewed. Of the 30 actions originally listed, 21 had been completed and the remaining 9 had forward completion dates.

59.3 It was agreed that the action to develop a nursing strategy should aim for a six month completion period but with an interim progress report in September 2010.

BS

10/060 Report from the Chairman (verbal)

60.1 JL reported that he had held the first of his fortnightly meetings with small groups of staff, which 7 had attended. He had sought feedback on good and bad aspects of the Whittington and views on the trust's strategy. He had also met with the Council of Governors and held a follow-up meeting on membership engagement. A plan was being developed with a probable start date in September.

JL/SS

60.2 It was noted that there had been positive media coverage of the midwife-led birthing unit.

60.3 JL reminded the Board of their agreement that executive directors should assume that all members had read the reports to the board, and need not summarise them. Any new information since the paper had been submitted should be given, but otherwise the item should move straight into discussion.

10/061 Report from the Executive Committee (Doc 2)

61.1 RL reported that the revised Operating Framework had now been issued, and indicated that some performance targets would be dropped or relaxed – although it was noted that some were embedded in SLAs and the NHS Constitution. There would be a shift in emphasis to quality outcomes and hospitals would be required to provide 30 days post-discharge support.

61.2 There was discussion on the retinal screening programme where quality standards were not being met. It was noted that the Whittington provided the administrative support for a clinical service which was provided by a network of local Providers. It was reported that the programme had been suspended in November 2009 pending the outcome of a SUI review led by the commissioner, Islington PCT, working through an external quality assurance organisation. A 3-year "lookback" was being undertaken involving thousands of patients across the network. The Board would be kept informed of the results of the review.

KS

61.3 In response to a question on MRSA bacteraemia, BS reported that there had been one case (against the target maximum of four for the year) which appeared to be a one-off. The Root Cause Analysis was nearly complete.

10/062 Provider Landscape (verbal update)

62.1 RL reported that the target "go-live" date for the planned Integrated Care Organisation (ICO) was April 2011. The project structure had been established and a full-time programme director appointed. The PCT would lead on the business case, and following approval and due diligence, the trust would lead on the implementation stage. The "acid test" would be whether the ICO could become a foundation trust.

62.2 As far as the bilateral and tripartite discussions with RFH/UCLH were concerned, opportunities for clinical collaboration were being

explored. Projects on joint back office functions were progressing, including payroll, some HR functions and procurement.

62.3 NHS London and the NCL Sector are reviewing strategy in the light of government policy.

10/063 Dashboard Report (Doc 3)

63.1 RM explained that the red finance risk rating was based on the old regime and would improve when the target surplus was adjusted.

RM

63.2 On the question of targets, KS proposed that the trust should continue to meet the 18-week access target, and the 98% ED 4-hour target. The 2 week target for urgent breast referrals had been breached because of Monday bank holidays. The answer was to increase clinic capacity but this needed to link in with imaging capacity and patient choice factors.

63.3 In response to a question about Commissioner non-payment for emergency admissions over-performance, RM said that they are obliged to pay a 30% marginal rate which should provide a contribution to overheads.

63.4 Concern was expressed about the reduction in patients feeling involved in decisions and the increase in the DNA rate. KS would bring a report on DNAs to the board detailing the action that was being taken including telephone booking, clinic reviews and strict application of the access policy. She thought the underlying rate was 2-3 % points lower than currently showing in the report (15%-16%). DG would take back the issue of patient involvement for discussion within the clinical divisions.

63.5 Discussion on Length of Stay covered the following points:

- Strong correlation between LOS and bed numbers
- The plan was to expand the admissions unit into Montuschi to ensure all emergency patients pass through the MAU
- There was a tension between LOS targets and penalties for readmissions, which required appropriate risk taking and management
- There were no particular specialties with high readmission rates
- Improved community interface would assist LOS

10/064 Finance Report - Provisional position at M2: May 2010 (Doc 4)

64.1 RM said he expected the currently forecast year-end deficit of £3.2m to reduce as the unidentified CIP had already improved to £2.2m. Activity had been high in April which was reflected in the pay overspend. ED staffing and agency spend were being closely monitored. Agency costs had reduced in both of the last two months. The Trust was anticipating achievement of the CIP and of all statutory financial duties.

64.2 In conclusion, the chairman summarised the forecast as being prudent as the initial high activity had not been projected forward. The trend in agency spend was in the right direction, and RM felt that if these trends continued there would be a significant improvement in the final position.

10/065 Audit Commission Review of day case and short stay surgery (presentation)

65.1 KS presented the trust's recent performance which indicated that the trust was in the top quartile nationally for day case rates and in the top three in London. There had been an improvement from the previous year in 2009-10 with the introduction of new day case procedures and strong performance in urology and breast surgery. There was scope for further improvement, particularly in gynaecology, which would yield savings, and work was underway to facilitate this.

65.2 JL said that this was good news and asked about how it impacted on service line contributions. RM said that overall a 60% occupancy in the Day Treatment Centre would be sufficient to break even. Contributions varied between specialties. In response to a question from JL, KS said that it should be possible to achieve day case rates in the top decile.

65.3 KS reported that approaches from other potential users had been received, including the RFH ophthalmology service.

10/066 Patient Experience results and strategy (Doc 5)

66.1 SH had sent apologies as she was speaking at the NHS Confederation conference. An additional executive summary was tabled highlighting the key points from the two CQC surveys that were reported (in-patient and out-patient) and the local surveys conducted internally in the same time period. There was a reasonable degree of consistency, and some causes for concern. The out-patient results were important because of the volume of patients involved. It was recognised that more analysis needed to be done and it was agreed that this analysis together with an action plan should come back to the July trust board for further consideration.

SH

66.2 In discussion the following points were made in response to questions and issues raised:

- SH and RL were pro-active in developing relations with GPs but there might be a need for a more systematic approach
- Patient perceptions in ED would be affected by their level of stress and so good communications were particularly important
- Executive Committee was aware of the problem areas, e.g. breast clinic and public toilets
- There was a need to set clear expectations in areas requiring improvement in communications
- Patient feedback in the DTC was disappointing - mainly issues of customer care. A new matron/theatre manager has been appointed (after a 3 month gap)

- Information needed to be summarised and key points highlighted

66.3 It was agreed that papers did not need to be recirculated for the next meeting, but members should be reminded to bring them. **SS**

10/067 Report from the Audit Committee (Doc 6)

67.1 In reporting back from the Audit Committee held on 12th May, AM drew attention to the committee's concern about the shortfall against the target for the completion of mandatory training. They had requested that MB should attend the next meeting. RL stressed the executive's concern that the target should be reached by November 2010 in order that performance was good for the onset of measurement commencing November 2011. There would be further discussion at EC in July. **MB**
RL

67.2 JL endorsed the thanks conveyed to SH as Interim Director of Nursing, and noted the continued pressure on directors with the extended absence of FS.

67.3 There was some discussion on the Audit Committee's request for a more detailed section on finance in the EC report to the Board. This related to the question of accountability and it was agreed that there was an opportunity for further scrutiny at board seminars. **RM**

10/068 Annual Accounts for the year ended 31 March 2010 (Doc 7)

68.1 The Board noted that the accounts had been considered in detail by the Audit Committee at its meeting on 7th June, along with the Annual Governance report from the District Auditor, the draft letter of representation from the Trust to the Auditor, the proposed action plan and the final version of the Statement on Internal Control. JL commented on the auditor's congratulations to the finance department on the quality of their work. In response to a question on the material error that had been identified, RM explained that it was a balance sheet item that did not affect the I&E performance and had been spotted by the trust before the audit was completed.

68.2 The Board ratified the decision made by the Audit Committee to approve the accounts for the year ended 31 March 2010 and the associated documentation.

68.3 EL requested that Audit Committee papers should be accessible to members who were unable to attend the meeting. It was noted that a copy of papers was held in the Executive Offices. Agendas and minutes would be circulated to all members. **SS**

10/069 Audit Commission Board Assurance checklist (Doc 8)

The Board noted the final version of the Board Assurance checklist incorporating the comments of non-executive directors. It was agreed that the Audit Committee would monitor the action plan which the auditor had recommended should be drawn up. **SS**

10/070 Draft Annual Review (Doc 9)

70.1 RL introduced the document which was intended to be eye-catching and readable, while still containing all the information required for the Annual Report and Accounts. In response to a question on the cost, it was noted that this was approx. £3,500 which was considered acceptable.

70.2 The board approved the draft for publication, subject to a minor drafting amendment in the chairman's editorial.

SH

70.3 It was requested that organ donation literature should be included in the circulation of the report.

SH/DG

10/071 Any other urgent business

HK reported that the Haringey Overview and Scrutiny Committee were intending to appoint someone to review the NCL strategy. RL undertook to brief the OSC on the ICO project.

RL

10/072 Questions from the floor on matters considered by the Board

The Deputy Lead Governor asked for information on the plans for A&E as the governors needed to be able to feed back in response to inquiries. This would be covered at the next governors' meeting. She also conveyed favourable comments on the Whittington's clinical service and discharge arrangements.

RL

Another governor referred to the patient experience data and areas of potential improvement, e.g. Day Treatment Centre. She emphasised the need to deal with the mismatch of expectations and reality. RL agreed to look at this in the further analysis.

RL

A comment was made on the use of colour-on-colour for text in the Annual Review which could be difficult for readers with visual impairment.

SH

10/073 Date of next Trust Board meetings

Wednesday 22nd September 2010

Wednesday 27th October 2010

Date of next Board seminar

Wednesday 24th November 2010

SIGNED..... (Chairman)

DATE.....

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

June 2010

This paper provides an update on progress on actions outstanding from January to April 2010 and identifies actions arising from the latest meeting on 23rd June 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 28th July 2010.

All actions April to November 2009 complete.

Actions outstanding from January 2010 (original list:9) March 2010 (original list:16) and April 2010 (original list 5)

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 BS	July Trust Board
1003.3	Development of nursing strategy BS	At least six month development period but with progress report to September 2010.
1003.4	Produce quarterly summary of complaints and compliments to inform director walkabouts BS	Aim for report in July 2010.
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	July Trust Board and six-monthly thereafter
1004.4	Review content of intranet and internet and update areas for improvement AII/GW	"Look and feel" updating by September Content review and sign off by December
1004.5	Re staff survey: develop additional action plan for areas that continue to require improvement MB	July Trust Board

Actions arising from Trust Board 23rd June 2010

Ref*	Decision/Action	Timescale	Lead and support
	Minutes (Doc 1)		
1006.1	Minute 49.3 to make stronger reference to NED concerns	End June	SS
	Dashboard Report (Doc 3)		
1006.2	Trust to review policy on targets which have been moderated in new Operating Framework	July board	KS/EC
	Patient experience results and strategy (Doc5)		
1006.3	Further analysis to be undertaken and summarised. Action plan to be drawn up.	July board	SH
	Report from the Audit Committee (Doc 6)		
1006.4	Performance on mandatory training to be discussed further at EC. MB to attend Audit Committee	Early July 14 th July	All MB
1006.5	Ensure that Audit Committee members who are unable to attend meetings have access to papers	Next AC	SS
	Audit Commission: Board Assurance checklist (Doc 8)		
1006.6	AC members to feed into production of action plan	July AC	SS
	Draft Annual Review (Doc 9)		
1006.7	Chairman's editorial: change reference to "partner" to "preferred provider"	immed	SS/DG
	AOB		
1006.8	RL to brief OSC on provider landscape work	asap	RL

Susan Sorensen
Corporate Secretary
9th July 2010