

ITEM 10/098
Doc 01

Meeting: Trust Board
Date: 22 September

Title: **Minutes of the Trust Board meeting held on 28th July (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 28th July 2010. One member of staff and three members of the public (including two governors) were present.

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 28th
July 2010 in the Postgraduate Centre, Whittington Hospital**

Present:	Joe Liddane	JL	Chairman
	Anna Merrick	AM	Non-executive Director
	Jane Dacre	JD	Non-executive Director (UCL nominee)
	Maria Duggan	MD	Non-executive Director
	Rob Larkman	RL	Chief Executive Officer
	Richard Martin	RM	Director of Finance
	Celia Ingham Clark	CIC	Medical Director
	Bronagh Scott	BS	Director of Nursing and Clinical Development
In attendance:	Kate Slemeck	KS	Director of Operations
	Margaret Boltwood	MB	Director of HR
	Philip Ient	PI	Director of Facilities
	Siobhan Harrington	SH	Director of Primary Care
	Caroline Allum	CA	Deputy Medical Director
	Helena Kania	HK	Haringey LINK
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

- 10/074 Apologies for Absence **Action****
 Apologies for absence had been received from Edward Lord, Robert Aitken, Marisha Ray and Fiona Smith. Jane Dacre advised that she would have to leave the meeting early. The chairman welcomed Jim Davies, the new Deputy Director of Finance and three observers.
- 10/075 Declarations of Interests**
 There were no new declarations of interest nor any declarations relating to the current agenda.
- 10/076 Minutes of the meeting held on 23rd June 2010 (Doc 1) and Action Notes**
- 76.1 The minutes were agreed as a correct record.
- 76.2 The actions arising out of previous meetings were reviewed. It was noted that of the 29 actions from March 2010 to June 2010, 23 had been completed, four had follow-up dates in September and two others were work in progress.
- 10/077 Report from the Chairman (verbal)**
- 77.1 The chairman reported that the first meeting of the Integrated Care Organisation Programme Board had taken place and a programme manager was to start next week. The meeting had reviewed deadlines and objectives and would meet monthly from September. The aim was for boards to reach decisions in October/November.
- 77.2 In response to a question about the availability of minutes, RL said he would check at the next programme board meeting. JL reported that the meeting had discussed community engagement and **RL**

communication.

- 77.3 JL had attended the bi-annual meeting of UCL Partners with CIC. The latest data on stroke care had been presented which indicated good results for the hyper-acute stroke unit (HASU):
- Improvement in 30 day mortality rate
 - Increase in number of patients receiving clot-busters
 - Highest global rate of thrombolysis
 - Ambulance arriving within time limits
 - Good feedback from pan-London stroke meeting e.g. on primary angioplasty
- 77.4 It was agreed that the longer term element of the stroke pathway was also important and should feed into outcome measures. KS reported that the acute stroke service had finished only very recently at the Whittington and they would now be instituting a new monitoring system.
- 77.5 CIC reported that future topics to be covered by UCLP would include infection, immunology and transport services. They had introduced a quality programme to share good practice e.g. in drug charts and the transfer of patients..
- 77.6 JL reported the recent meeting of the Council of Governors which had been convened to develop a plan for community engagement starting in September.

10/078 Report from the Executive Committee (Doc 2)

- 78.1 RL introduced the report and invited questions. It was noted that IM&T were working on electronic transmission to GPs to speed up even more the process of getting discharge letters to them following the implementation of Anglia ICE based in India.
- 78.2 Concern was expressed about the continued delay in reaching agreement with Haringey on the 2010-11 SLA. Haringey wanted to move to a block contract and were assuming a 25% reduction in out-patient activity at the Hornsey health centre. They were looking for risk-sharing agreements with providers, but the trust had no room for manoeuvre. Haringey's deficit was likely to increase as a result.

10/079 Update on patient safety strategy (Doc 3)

- 79.1 CIC presented the update and invited questions. The extension of patient safety walkabouts to include non-executive directors, clinical directors and general managers was welcomed. There was some surprise that the National Patient Safety Agency (NPSA) was being wound up. However, the intention was that patient safety should be mainstreamed with the embedding of CQUIN and quality account targets. Patient Safety reports would be fed through clinical division boards and certificated patient safety awareness was to be included in the undergraduate training programme.

79.2 The chairman asked about numerical targets for the Quality Account priorities. CIC said that VTE risk assessment was being monitored and was at 100%. It was proposed that falls risk assessment should apply to all adults and would reduce the risk of falls by 30% - 50%. A target would be discussed and agreed at EC for future monitoring. **CIC/BS**

10/080 Achieving Foundation Trust status (verbal)

80.1 RL reported that the deadline for applying for FT status was now June 2013 according to the White Paper. The legislation establishing NHS trusts would be repealed and all trusts would become FTs either in their own right or through a "transaction". The FT project team had been recreated and workstreams had been established using the Monitor methodology. Two scenarios being developed were

1. Standalone Integrated Care Organisation (ICO)
2. Option appraisal on organisational form with RFH and/or UCLH

KPMG were undertaking the due diligence exercise and would report at the end of September so the boards could take a decision on the preferred model in October/November.

80.2 In discussion, MD referred to lessons to be learned from her experience with the establishment of new organisational forms in the field of mental health in the north west. It was important to ensure that form was not put before function and too much was not attempted at once. MD agreed to send relevant material from the north west project. SH reported that the trust was developing a transformation plan. **MD**

10/081 Dashboard Report (Doc 4)

81.1 In discussion on the clinical quality indicators the following points were made:

- o There was a natural variation in SMR which was not shown in the benchmarking chart.
- o It was important to look at trend data.
- o Major adverse indicators requiring a response were severe sepsis, rapid deterioration and deaths in low risk conditions.
- o JL asked if there was a correlation between "never events" and avoidable deaths and CIC indicated that this was being looked at.

81.2 On workforce and efficiency, an increase in the vacancy rate was noted. MB advised that vacancies were being deliberately held in some areas as a contribution to the CIP.

81.3 On patient experience it was noted that Net Promoter Scores were not always consistent with the patient survey results and discrepancies would be analysed. Progress on single sex accommodation was noted, but some breaches had occurred where there a conflict of interest between single sex and moving patients. KS was asked to check whether the trust had a transgender policy. **KS**

10/082 Finance Report - M3: June 2010 (Doc 5)

RM introduced the report and invited questions:

- NEDs asked for further clarification on movements in income between last year and the current year.
- An update on CIP performance was requested

RM projected that the trust would achieve within £1m of the CIP target by year end. Of the £3.9m (out of total target of £12.5m) not yet identified, only £2m was now needed. CIP phasing had been prudent, as were the income assumptions and the need for provisions.

10/083 Staff Attitude Survey 2009 (Doc 6)

MB introduced the report and drew attention to the request by the Board for an action plan on areas of low scores. The board noted and agreed the action plan.

10/084 Reducing DNAs in Outpatients (Doc 7)

84.1 KS presented the report and in response to questions said that local comparisons were most relevant. It was agreed that trusts with relatively low rates should be approached and it was recognised that there were variations in the measurement of DNAs.

84.2 It was noted that consultants were responsible for checking the notes and completing the outcome forms. But there was still variation in compliance.

10/085 Equality and Diversity update (Doc 8)

85.1 MB introduced the report. It was suggested that the context was changing and that socio-economic disadvantage should be included.

85.2 It was agreed that there should be reference in the action plan to the trust's opposition to bullying related to sexual orientation, gender and race.

85.3 It was agreed that an equality impact assessment would be undertaken for the ICO.

10/086 Policy Development: (Doc 9)

1. Operating Framework Revision

2. White Paper – “Liberating the NHS”: implications for the trust

86.1 RL referred to the link between the White paper and the DH Operating Framework. The NHS Confederation briefing was recommended as a useful document. RL advised the board that the trust was geared up for GP commissioning, including the implications of the ICO and the possibility of competition through the “Any Willing Provider” regime. He drew attention to the extension of patient choice to selection of consultant and the introduction of new outcome measures and quality standards.

86.2 A number of questions and observations were raised in discussion:

- GP reaction not yet clear. Practices were working through the implications

- The new commissioning process created potential risks for the ICO
- It was not clear how many GP Commissioners there would be but it was suggested that the minimum population would be 100,000
- There would be an impact on the viability of single-handed practices
- There were likely be increased transactional costs

86.3 It was agreed that the following action should be taken to mitigate risks:

- Bring GPs into own processes through the existing fora
- Negotiate a minimum three year contract with PCTs on community service transfer
- Undertake a risk assessment on the level of competition

10/087 Six Lives: The provision of public services to people with learning difficulties (Doc 10)

87.1 The trust's response to the document, including an action plan, was introduced by BS. It was felt that the development of the necessary expertise and skills to meet best practice was challenging but the Clinical Governance Committee would monitor progress against the standards. It was noted that the verbal agreements for funding support from both Islington and Haringey had not yet materialised.

87.2 In response to a question on the identification of patients with learning difficulties, it was noted that GPs would include a reference in their referrals and emergency patients would have an initial assessment.

10/088 Report from the Audit Committee (Doc 11)

AM presented the report and drew attention to the final post-audit version of the BAF and the action plan arising from the Board's self-assessment against the Audit Commission's board assurance checklist. It was agreed that JL, RL and SS would meet to discuss this further as a basis for a further board review at the planned away day in November.

10/089 Integrated governance (Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions) (Doc 12)

It was noted that the updated integrated governance document had been scrutinised and amended by the Audit Committee. The Board noted the changes and approved the revised document.

10/090 Corporate Objectives 2010-11 (Doc 13)

90.1 It was recognised that the objectives would need to be reviewed further depending on the outcome of the current work on the ICO and organisational forms. It was also felt that the Whittington Promise should be reviewed.

The objectives were approved in principle subject to the following modifications:

- There should be explicit references to improving health and

- reducing health inequalities
- There should be a reference to the LINKs in the objective relating to community accountability
- Metrics for monitoring should be developed in detail

10/091 Quarterly governance assessment to NHS London (Doc 14)

It was noted that the Chairman and Chief Executive had been fully briefed and signed off the return to NHS London. The board ratified the governance assessment for quarter 1.

10/092 Risk Management Strategy update (Doc 15)

The Board received the document that had been last updated in December 2009. A number of amendments were identified:

- Substitute Care Quality Commission for Healthcare Commission
- Replace Clinical Risk Committee with Patient Safety Committee
- Include decontamination responsibilities of the Director of Facilities
- Include litigation reports, patient survey results and incident reports in the performance management section
- Include Clinical Ethics and Organ Donation Committees in the risk management structure chart

10/093 Any other urgent business

CIC reported that in the light of her four session commitment to NHS London, the following appointments had been made:

- ❖ Caroline Allum and Richard Jefferies were Joint Deputy Medical Directors
- ❖ David Grant was Associate Medical Director focussing on digital technology and acting as chief knowledge officer

10/094 Questions from the floor on matters considered by the Board

A member of the Council of Governors asked a number of questions to which directors responded as follows:

- There had been occasions of staff-on-staff violence which had been dealt with appropriately
- Work on a new FT application had commenced
- The local accountability of the new GP commissioning consortia was not yet clear

10/095 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**

July 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 28th July 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 22nd September 2010.

All actions April 2009 to January 2010 complete.

Actions outstanding from March 2010 (original list: 16), April 2010 (original list: 5) and June 2010 (original list: 8)

Ref*	Outstanding Action	Position as at 23rd June
1003.2	Follow-up written report re Mid-Staffs recommendations BS	Deferred to September Trust Board
1003.3	Development of nursing strategy BS	At least six month development period but with verbal progress report to September 2010 TB.
1003.4	Produce quarterly summary of complaints and compliments to inform director walkabouts BS	Aim for report in September 2010.
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
1006.2	EC to review policy on targets which have been moderated in new Operating Framework KS	To be finalised for incorporation in dashboard.
1006.3	Patient experience survey results to be further analysed and action plan drawn up. SH	To be channelled through HMB and CGC.

Actions arising from Trust Board 28th July 2010

Ref*	Decision/Action	Timescale	Lead and support
	Chairman's Report on ICO development (verbal)		
1007.1	Check whether minutes of the Programme Board can be publicly available (HK)	Next meeting of programme board	RL
	Patient Safety Strategy (Doc 3)		
1007.2	EC to discuss and propose target rate for reduction in falls	Next update of strategy	CIC/BS

Ref*	Decision/Action	Timescale	Lead and support
Achieving Foundation Trust status (verbal)			
1007.3	Obtain material from mental health reorganisation project in the North West	asap	MD to send to RL
Dashboard Report (Doc 4)			
1007.4	Re single sex accommodation: check if the trust has a transgender policy	September TB	KS
Reducing DNAs in Out-patients (Doc 6)			
1007.5	Monitor progress against 12% target	January 2011 TB	KS
Equality and Diversity (Doc 8)			
1007.6	Include a reference in the action plan to the trust's commitment to zero tolerance of bullying relating to sexual orientation, gender or race	asap	MB
Report from the Audit Committee (Doc 11)			
1007.7	Follow up on Audit Commission's Board Assurance checklist action plan	Report to TB away day 2 nd November	JL/RL/SS
Corporate Objectives (Doc 13)			
1007.8	Incorporate reference to improving health and reducing inequalities	immediate	SS
1007.9	Include reference to LINKs in objective relating to community accountability	immediate	SS
1007.10	Develop metrics for monitoring	October TB	Exec Committee
Risk Management Strategy (Doc 15)			
1007.11	Update for changes in names of bodies/committees and additional performance monitoring sources	Asap	SS

Susan Sorensen
Corporate Secretary
September 2010