

**ITEM: 10/115**  
**Doc: 02**

**Meeting:** Trust Board  
**Date:** 27 October 2010

**Title:** Trust Board minutes of part 1

**Executive Summary:** Minutes and action notes from previous meeting for presentation at the next Trust Board.

**Action:** To check minutes and update action notes

**Report from:** *Susan Sorensen, Corporate Secretary*

**The minutes of the Whittington Hospital Trust Board meeting held at 13.00 hours on  
Wednesday 22<sup>nd</sup> September 2010, in the Whittington Education Centre**

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<b>Present</b>	Joe Liddane	JL	Chairman
	Robert Aitken	RA	Senior independent Non-Executive Director
	Maria Duggan	MD	Non-executive Director
	Anna Merrick	AM	Non-Executive Director
	Jane Dacre	JD	Non-executive Director (UCL)
	Rob Larkman	RL	Chief Executive
	Richard Martin	RM	Director of Finance
	Celia Ingham Clark	CIC	Medical Director
	Bronagh Scott	BS	Director of Nursing and Clinical Development
<b>In attendance</b>	Margaret Boltwood	MB	Director of Human Resources
	Kate Slemeck	KS	Director of Operations
	Siobhan Harrington	SH	Director of Primary Care
	Philip Ient	PI	Director of Facilities
	Caroline Allum	CA	Deputy Medical Director
<b>Secretary</b>	Susan Sorensen	SS	Trust Corporate Secretary

**10/096 Apologies for Absence**

**Action**

Apologies had been received from Edward Lord, Marisha Ray, Helena Kania and Fiona Smith. The chairman welcomed two members of the Council of Governors and one member of the public. The chairman advised that Edward Lord had resigned from the board with effect from 30<sup>th</sup> September and that Maria Duggan's term of office would come to an end on 31<sup>st</sup> October. It was noted that the Appointments Commission would continue to supervise appointments to NHS boards until it was decommissioned. A vote of thanks to Edward Lord for his contribution to the work of the board and his role as Deputy Chairman was recorded.

**SS**

**10/097 Declarations of Interests**

There were no declarations of interest.

**10/098 Minutes of the meeting held on 28<sup>th</sup> July 2010 (Doc1)**

98.1 Amendments to the minutes were agreed as follows:

**SS**

78.1 delete "based in India"

78.2 Penultimate sentence "They were looking for risk-sharing agreements with providers and negotiation was continuing.

79.2 Delete "and was at 100%"

Subject to these change the minutes were agreed as a correct record.

**Action Notes and matters arising**

98.2 Of the 17 outstanding actions, 9 had been completed and the remainder had forward completion dates.

98.3 1003.3 re nursing strategy. BS reported that consultation on the process had taken place and a first draft would be brought to the board in January

	2011. There would be a verbal update each month. She advised that if the strategy were to incorporate the impact of an Integrated Care Organisation (ICO) there would be resource implications.	<b>BS</b>
98.4	1003.4 re summary of complaints and compliments. BS reported that the department was to be reorganised and a report would come to the October board. It was suggested that a small sample of complaints and responses should be reviewed by the Audit Committee and BS agreed to look at this and possibly involve patients.	<b>BS</b>
98.5	1007.2 re patient safety strategy. CIC advised that this would be brought to the board in January 2011.	<b>CIC</b>
98.6	1007.4 re transgender policy. KS said that there was not a trust policy but it would be considered in the context of the forthcoming review of the bed management policy. MD offered to advise.	<b>KS MD</b>
<b>10/099</b>	<b><u>Report from the chairman</u></b>	
99.1	JL reported that Professor Mike Spyer had been appointed chairman of NHS London and had held meetings with chairs across London and within NCL. Three key messages had been highlighted: <ol style="list-style-type: none"> <li>1. The financial position in NCL was going from bad to worse, with significant deficits in Barnet and Enfield and a deteriorating position in Haringey.</li> <li>2. There was still uncertainty in relation to the implementation of the DH strategic direction.</li> <li>3. "Overperformance" (activity above contract) would need to be controlled – for both GP and consultant-to-consultant referrals.</li> </ol> Foundation Trust (FT) applications in a struggling sector would require co-ordination with others. He reminded the board that a public meeting on 30 <sup>th</sup> September would discuss options for the way forward.	
99.2	In discussion, concern was expressed about controls on activity which would depend on clinically acceptable and practical agreements with PCTs e.g on low priority procedures, waiting lists and consultant referrals.	
<b>10/100</b>	<b><u>Report from the Executive Committee (Doc 2)</u></b>	
100.1	RL drew attention to the closure of ED for a two hour period in August owing to a dust cloud during work on the ventilation system. The trust had received external assurance that the incident had been well-handled.	
100.2	In response to questions from non-executive directors, the following clarifications and assurances were given: <ul style="list-style-type: none"> <li>o Provider landscape (p.4)– although the reporting timescale for the options appraisal was tight, regular feedback was being provided by KPMG</li> <li>o Missing controlled drugs (p.5) – Police and PCTs had been involved but there were no further repercussions. The action plan was being monitored by the Clinical Governance Committee</li> <li>o The trust's assessment for the CQC quality risk profile in October should counter the misleading article in the HSJ about metrics in the Quality Account</li> </ul>	
<b>10/101</b>	<b><u>Achieving Foundation Trust status (verbal)</u></b>	
	RL referred to the timeline derived from the government's White Paper which	

determined a three year programme to July 2013. The trust was simultaneously assessing the ICO and 'tripartite' options. The decision on the choice between a standalone application or a merger with an FT or non-FT would be made in October/November. There was a general assumption that the ICO was the best route but it would have to be carefully evaluated. SH advised that community services had to transfer to another provider by April 2011.

## **102/2 Dashboard report (Doc 3)**

- 102.1 KS referred to the executive summary which highlighted the key features and changes. In response to questions and observations, the following points were made:
- The underlying financial position was rated amber because receipt of significant non-recurrent income masked a potential longer-term problem
  - The trust should continue to aim for 98% ED patients discharged or admitted within 4hrs. With more senior staff available there was an internal target of 2hrs.
  - The net promoter score (NPS) was amber because of out-patient and ED feedback. There was to be a question for out-patients on what would improve their experience.
  - Work to improve the DNA rate continued. The August figure was up but was better than the previous year
  - Single sex accommodation had benefited from the expansion of MAU. It was noted that there could be a conflict between compliance and patient moves and/or length of stay

- 102.2 There was discussion on proposals in Part 2 of the paper for changes to the dashboard. It was agreed that these should be implemented from October, including a new domain to cover CQUINs. Targets and thresholds would also be reviewed.

**KS/FS**

## **10/103 Financial Position – Month 5 (Doc 4)**

RM introduced the finance report which indicated a year-to-date surplus which was over a £1m better than the plan. In response to questions, it was noted that:

- Although the August activity was below plan, this was an estimate and it was expected that the plan would be achieved
- The CIP plan was subsumed in budgets, with £2m held centrally, but there remained a balance of £0.9m to be identified in order to meet the year-end breakeven target on the basis of the projected income and expenditure forecast.

## **10/104 Introduction of MRI scans for coroners' post-mortems (Doc 5)**

- 104.1 CA introduced the proposal and described the way the service would operate if approved.

- 104.2 Following discussion, the introduction of the service was approved by the board. It was agreed that a communication should be prepared to accentuate the positive benefits of the service. SH was in discussion with DG

**DG**

## **10/105 Independent Inquiry into Mid Staffs NHS FT: The Whittington's position (Doc 6)**

- 105.1 BS introduced the report and drew attention to the proposed establishment

of a Patient Experience Steering Group (PESG) which would provide regular report to the trust board. The board welcomed the report and action plan and were keen that it should be pulled together with other initiatives on patient experience and patient safety.

- 105.2 The board approved the action plan and supported the establishment of the PESG. It was suggested that LINKs and PALs should also be represented.

BS

#### **10/106 Report from the Audit Committee (Doc 7)**

- 106.1 AM introduced the report and drew attention to the two actions arising from the committee's private meeting with the auditors. These related to contingency planning and audit involvement around the ICO appraisal. RL responded that the tripartite exercise incorporated an external review of the ICO due diligence process.

- 106.2 The board approved the revised Terms of Reference of the Audit Committee and noted the Audit Committee's annual report to the board and the positive annual audit letter from the district Auditor.

#### **10/107 Medical Revalidation and responsible officer (Doc 8)**

- 107.1 The board discussed the proposal from the Chief Executive that Celia Ingham Clark should be nominated as the responsible officer for the purposes of medical revalidation. It was noted that she had been appointed as medical director in open competition and was therefore eligible for appointment without a separate formal process. CIC advised the board that she chaired the revalidation group at NHS London and declared this as a potential conflict of interest.

- 107.2 In response to a question about resources for undertaking this additional work, CIC reminded the board that a deputy medical director had been appointed to supervise the appraisal process and 27 super-appraisers had been trained. In addition, funding had been secured for a medical staffing revalidation support officer, initially for a 2 year period. JL queried whether this could be resourced internally, and MB said that internal candidates including staff at risk could apply, but that the business case for an additional post had been accepted by the Business Planning Group and EC. RL agreed that options for flexibility would be reviewed.

RL

- 107.3 The Board agreed the nomination of CIC as Responsible Officer for medical revalidation.

#### **10/108 Board and seminar dates for 2011 (Doc 9)**

The board noted that the meetings would be on the fourth Wednesday each month except August. The date for December would be reviewed.

#### **10/109 Any other urgent business**

#### **10/110 Questions from the floor on matters considered by the board**

A governor asked for information on the handling of the NCL £100m deficit and for advice on what the discussion at the meeting on 30<sup>th</sup> September would cover. In response, it was noted that the NCL deficit would be absorbed within an expected balanced position across the whole of London. JL advised that the public meeting should provide an opportunity to describe the trust's position and to discuss priorities for dealing with the challenges.

A member of the public had been given to understand that £40m capital had been allocated to NCL including £2m for NHS Islington to commission an Urgent Care Centre. RL said that he was not aware that this was available.

**10/111 Dates of next meetings**

Wednesday 27<sup>th</sup> October 2010

Wednesday 24<sup>th</sup> November 2010

SIGNED..... (Chairman)

DATE.....

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

**October 2010**

This paper provides an update on progress on actions outstanding from March to July 2010 and identifies actions arising from the latest meeting on 22 September 2010.

**All actions April 2009 to January 2010 complete.**

**Actions outstanding from March 2010 (original list: 16), April 2010 (original list: 5), June 2010 (original list: 8) and July 2010 (original list 11)**

<b>Ref*</b>	<b>Outstanding Action</b>	<b>Position as at 22<sup>nd</sup> September</b>
1003.4	Produce quarterly summary of complaints and compliments to inform director walkabouts <b>BS</b>	Original aim was for report in September 2010. Delayed by reorganisation of department and reporting arrangements. On target to produce summary for October.
1004.4	Review content of intranet and internet and update areas for improvement <b>AI/GW</b>	“Look and feel” updating by September – now going live. Content review and sign off by December
1006.3	Patient experience survey results to be further analysed and action plan drawn up. <b>SH</b>	To be channelled through HMB and CGC. Outcome to feed into cultural change programme and nursing strategy.
1007.1	ICO Programme Board: Check whether minutes can be publicly available <b>RL</b>	Next meeting 23 <sup>rd</sup> September
1007.2	Patient Safety Strategy: target rate for reduction in falls <b>CIC/BS</b>	Discussions have taken place and a target of 20% reduction is to be piloted in Care of the Elderly wards. A requirement for equipment had been identified. Next patient safety update January 2011.
1007.5	Reducing DNAs in out-patients: monitor progress against 12% target <b>KS</b>	Update for January 2011 TB
1007.7	Follow up on Audit Commission’s Board Assurance checklist <b>JL/RL/SS</b>	Following discussion with facilitator of TB Away Day 2nd November, decided to take to Board seminar in February 2011
1007.10	Corporate Objectives: develop metrics for monitoring <b>SS/Exec Committee</b>	October TB

## Actions arising from Trust Board 22<sup>nd</sup> September 2010

Ref*	Decision/Action	Timescale	Lead and support
<b>Minutes and Action notes (Doc 1)</b>			
1009.1	Consider reporting on a small sample of complaints and responses to the Audit Committee, possibly with patient involvement.	December TB	<b>BS</b>
1009.2	Development of nursing strategy – resource implications including impact of ICO to be identified.	Update on progress at each board meeting and first draft document to January 2011 TB	<b>BS</b>
1009.3	Single sex accommodation: Review need for a transgender policy in the context of the current update of the bed management policy.	November TB	<b>KS (MD to advise)</b>
<b>Dashboard Report (Doc 3)</b>			
1009.4	Implement changes set out in Part 2 of the report	October TB where possible	<b>FS</b>
<b>MRI for Coroners' Post-Mortems (Doc 5)</b>			
1009.5	Prepare communications accentuating the positive benefits	asap	<b>SH/DG</b>
<b>Report on Mid-Staffs: Whittington position (Doc 6)</b>			
1009.6	Arrange involvement of LINKs and PALs in Patient Experience Steering Group	asap	<b>BS</b>
<b>Responsible Officer for Revalidation (Doc 8)</b>			
1009.7	Review options for flexibility in appointment of Medical Staffing Revalidation Support Officer	asap	<b>RL</b>