The Whittington Hospital NHS
NHS Trust

ITEM 10/132
Doc 01

Meeting:	Trust Board
Date:	24 November 2010

Title:	**Minutes and action notes of the Trust board meeting on 27 October (part 1)**

Executive Summary:	Attached are the minutes of the last meeting of the Trust Board held in public in the Whittington Education Centre at 1 pm on Wednesday 27th October 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

The minutes of the Whittington Hospital Trust Board meeting held at 13.00 hours on Wednesday 27th October 2010, in the Whittington Education Centre

Present	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
In attendance	Margaret Boltwood	MB	Director of Human Resources
	Siobhan Harrington	SH	Director of Primary Care
	Fiona Smith	FS	Director of Planning and Performance
	Philip Ient	PI	Director of Facilities
	Matthew Boazman	MB	Assistant Director of Operations (for Kate Slemeck)
Secretary	Susan Sorensen	SS	Trust Corporate Secretary

10/ 112 **Apologies for Absence** **Action**

Apologies had been received from Kate Slemeck and Caroline Allum. Jane Dacre had indicated that she would be late. The chairman welcomed Fiona Smith, who had returned from a period of sickness absence, Matthew Boazman who was attending for Kate Slemeck and two members of the Council of Governors who were there as observers. The chairman reminded the board that this was Maria Duggan's last meeting as her term of office would come to an end on 31st October. He thanked her most warmly for the ten years' service she had given as a member of the board, and said there would be an opportunity later to say more about her immensely valuable contribution to the trust. **SS**

10/113 **Presentation of Child Protection Annual Report (Doc 1)**

This item was deferred as the lead nurse for child protection was unable to attend.

10/114 **Declarations of Interests**

There were no declarations of interest.

10/115 **Minutes of the meeting held on 22nd September 2010 (Doc2)**

115.1 An amendment to the minutes was agreed as follows: **SS**

98.5 re patient safety strategy. Add "It was agreed that there would be a patient safety update as the first item on the agenda of every board meeting".

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

Action Notes and matters arising

115.2 Of the 15 outstanding actions, 10 had been completed and the remainder had forward completion dates.

115.3 1007.2 re the target reduction in falls, it was reported that the equipment requirement related to ultra-low entry beds and alarms.

10/116 Report from the chairman

116.1 JL reported back on the successful AGM in September, when the attendance and the audience participation had been good. The choice of the overall winner of the staff achievement awards, Shareefah La'Force, was very well-received.

116.2 A public engagement meeting to discuss the future of the Whittington with governors, directors and managers had been held in the N19 restaurant on 30th September. It had been well run and although the attendance was not huge it was sufficient to provide a useful range of high quality contributions.

116.3 JL had recently met with Paula Kahn and Steve Hitchins about the ICO and with the chair and directors of the RFH on the question of clinical and non-clinical collaboration.

116.4 Further staff briefing sessions had been held which had indicated realistic views of the future and support for both the ICO concept and collaboration with other providers.

116.5 Following discussion with the lead governor, JL had invited the two unsuccessful candidates with the highest number of votes in the 2008 governor elections fill vacancies on Council of Governors. He had also received nominations from both Islington and Haringey boroughs to become appointed governors. These are Cllr Janet Burgess (Islington) and Cllr Dilek Dogus (Haringey).

10/117 Report from the Executive Committee (Doc 3)

117.1 Introducing the report, RL advised the board that the NCL sector financial position was still very much adrift from plan. The trust needed to ensure that targets were met in the face of heavy emergency demand, the financial environment and strategic uncertainty.

117.2 In response to a question on the steering group on end of life care and its link with the Clinical Ethics Committee, CIC reported that the lead consultant, Anna Kurowska planned to present a paper to the trust board in January 2011, and Daphne Preece, chaplain, sat on both groups.

117.3 Other questions raised were answered as follows:

- The change in car parking fees would affect staff and not patients/visitors.
- The new risks relating to decontamination of instruments had been identified from incidents reported from the monitoring of the contract
- Although the incidence of MRSA and c-diff were within the trajectory there was a risk going into the winter period with high absence rates in the infection control team

10/118 Achieving Foundation Trust Status (verbal)

118.1 RL reminded the board that the DH deadline for achieving FT status was April 2014. The trust had indicated to NHS London that it aimed to be an FT by April 2013. The Secretary of State had written to the chairman to ask if FT status could be achieved sooner than that. A response had been requested by the end of November.

118.2 The risks associated with the current trajectory were:

- Commissioners' financial positions and commissioning intentions
- Commissioners' support
- Delivery of CIP
- Managing change while maintaining quality

118.3 In response to a question RL stated that the ICO and merger options were not necessarily mutually exclusive.

118.4 On the ICO business case, JL said that the trust was still waiting for information from the provider alliance e.g. on costs and property, the PCTs' position on price and scope of service and the two reports from KPMG on the standalone and merger options. It was noted that the PCTs were hoping for significant savings on the community service contracts which might necessitate the decommissioning of services. JL was keen that the Board make the right decision even if this meant delay by a month.

118.5 In response to a question on the development of GP commissioning consortia, it was reported that there were discussions ongoing at the present time considering the benefits of being larger than Borough, e.g. Camden and Islington, possibly with West Haringey, Enfield and/ Barnet.

118.6 It was noted that discussions would continue at the board away-day on 2nd November, when it was hoped that more information would be available.

10/119 Carbon Reduction Strategy and Annual Report (Doc 4)

119.1 PI explained that the Carbon Reduction Strategy was refreshed annually, including a review of the capital investment plan, the objectives and the operation of the Carbon Reduction Strategy Group. The Annual Report considered progress against the objectives.

119.2 PI was congratulated on the quality of the report.
In response to discussion and questions from the board, the following points were made:

- The target for staff cycling to work (10% by 2006) was historic and would be reviewed and rebased. Cyclists are not charged. **PI**
- Teleconferencing facilities were being used by cancer services, imaging and urology and the capacity was adequate at the moment. The facility would be advertised in the Link. **SH**
- It might be beneficial to link up with the "Transition Towns Initiative" which had been adopted in Kentish Town and Highgate **PI**
- The trust's policy was to encourage the most practical and cost effective means of transport to suit different circumstances
- The objective of the new parking charge regime was to encourage a

change in behaviour towards the use of cars with lower carbon emissions

- The green travel plan would be revisited and the trust was working with other hospitals to lobby transport organisations. An assessment of achievement would be carried out **PI**
- There was an annual review of best value sourcing of electricity in a dynamic market

119.3 JL observed that there were penalties for non-achievement of carbon reduction targets. There was a potential £120k pa cost pressure

10/120 Patient Experience Report (Doc 5)

120.1 BS introduced the report which was in a new format, focussing on relationships between elements and trends in feedback. There were no surprises on complaints – the main reasons continued to be communication, information and staff attitudes. Response time is still an issue. A review of the department has resulted in the decision to recruit a new manager. BS wanted to establish a complaints review board including NEDS and lay representatives, and involving patients. **BS**

120.2 The work of PALS was commended as it indicated that concerns were frequently being dealt with immediately and not escalating into formal complaints.

120.3 On the internal feedback, the scores for ED and certain out-patient clinics were disappointing. It was suggested that the ED feedback was influenced by the poor environment of the waiting area where responses are gathered. SH would obtain comparative data from Whipps Cross Hospital. The target for patient satisfaction in the planned Urgent Care Centre was 85%. **SH**

120.4 Clinic 4A had poor feedback in terms of both response rate and opinions. The clinics were noted to be general surgery, acute pain and the breast service. CIC was encouraging the obtaining of feedback by individual clinical teams rather than whole clinic areas. JD (having arrived during this discussion) described the detailed questionnaire used in the annual patient satisfaction week in rheumatology. The extended use of hand-held devices was being progressed by SH. MBo reported that a visible leadership programme for senior managers was being developed for clinics.

120.5 In terms of process, it was noted that an individual record was created for each complaint and that there were some complainants who were dissatisfied with the trust's response and were followed-up. Advocacy support was provided for complainants for whom English was a second language.

120.6 JL requested that any feedback on the report format should be provided to BS **All**

10/121 Dashboard Report (Doc 6)

121.1 FS introduced the report and invited comments and/or questions. Responses under the domain headings were as follows:

Clinical Quality

- The amber rating for CQUIN was partly due to insufficient data

- The MRSA screening level for elective cases was not 100% because some procedures under local anaesthetic were not pre-assessed: this was being investigated **KS**
- An additional 10-12 items were to be added to the "never events" e.g. cardiac arrest not in a critical care area
- Low SMR was a London phenomenon

Access and targets

- The 98% ED target continued to operate. The volume of activity was making it difficult, along with the refurbishment of Mary Seacole Ward
- There had been no significant reduction in emergency demand in June
- The red-rated performance on the 62 day cancer treatment target reflected the relatively low numbers and volatility of this measure (and was mostly in urology)
- The performance on hospital cancellations had been affected in September by the cancellation and rebooking of 400 urology patients
- Targets for OP follow-up should be set for specific conditions in SLA negotiations
- The shortfall in performance on the availability of the NHS number was to be investigated **FS**

Workforce and Efficiency

The downward trend in average length of stay partly reflected the capacity affecting decisions on discharge, but also resulted from specific productivity initiatives. Delayed discharges had reduced for both long-stay and short-stay patients but local authority financial constraints might reverse this trend **FS**

121.2 It was agreed that target arrows should be inserted wherever appropriate and the identification of good or bad performance should be clarified in the graphs. **FS**

10/122 Financial Position Month 6 (September 2010) (Doc 7)

122.1 It was noted that this report represented the half year position. Although questions would be taken at this meeting, the chairman proposed a formal in-depth review to be reported back to a future board meeting. **RL/RM**

122.2 Some concern was expressed about the level of unidentified savings. RM explained that the CIP was subsumed within the financial plan and that the level of unidentified savings was reducing.

10/123 Infection prevention and control quarterly report (Doc 8)

123.1 BS reported that there had been only one MRSA case since April and that this was well below the trajectory. There were 20 cases of c-difficile compared with a target maximum of 31 at this point in the year.

123.2 Areas for improvement were identified as the availability of isolation facilities, MRSA screening rates and incidence of surgical site infection (SSI). In the case of the latter, a business case for additional resource was being developed. It had previously been agreed that SSI should be reported separately and it was proposed that this should be extended to other sources of infections. **BS**

123.3 It was noted that the dashboard indicated some areas of relatively poor in hand hygiene and the Audit Committee would closely monitor this. BS

reported that the team was re-auditing areas of non-compliance and the audit process was being extended to out-patient departments. **BS**

10/124 NHS London quarterly governance self-assessment 2010-11 Q2 return (Doc 9)

124.1 It was noted that the assessment was for the three months to 30th September. The revised deadline for submission now enabled the board to consider the return prior to it being signed off by the chairman and chief executive.

124.2 A table indicating the sources of board assurance on each question in the self-assessment return had been prepared. It was proposed that service line reporting should be added to (4b) relating to clinical productivity, and that QIPP should be added to (5h) relating to patient safety. **SS**

124.3 The board approved the self-assessment and it was agreed that JL should meet with FS to go through the assurances **FS**

10/125 Corporate Objectives 2010-11 (Doc 10)

125.1 It was noted that this latest version incorporated amendments proposed in the board discussion at its July meeting, in particular references to health improvement and the reduction in health inequalities. It also identified more specific metrics for monitoring performance against the objectives.

125.2 It was acknowledged that health improvement and health inequalities were difficult to measure and that PCTs were assigned the lead in public health. Relevant metrics were included in their annual reports. It was proposed that the trust's objectives should therefore focus more on health promotion both in the context of hospital services and in the development of models of integrated care.

125.3 It was agreed that objective 3 could be shortened to "Pursue a successful application for Foundation Trust status" **SS**

125.4 It was agreed that the trust's commitment to education and training should be reflected in objective 4 relating to the development of the workforce. The associated metrics should include the SIFT accountability statement, the outcome of educational visitations, and implementation of medical revalidation. **SS**

125.5 Subject to the agreed modifications, the Board accepted the revised corporate objectives.

10/126 Board Programme 2010-11 (Doc 11)

The Board programme was accepted. It was noted that the format enabled the board to monitor the rescheduling of any items that were deferred.

10/127 Questions from the floor

In response to questions, the following information was given:

- The Thalassaemia Unit had always been known as such
- There were now finite dates for determining the future configuration of services in the local health economy

10/128 **Any Other Business**

- ✓ SH reported that the "Co-Creating Health" project had moved into the second phase. The Board asked for a presentation of CCH at a future meeting **SH**

- ✓ It was reported that CIC had been shortlisted for a national leadership award as an NHS Quality Champion (to be announced on 8th December)

10/129 **Dates of future meetings**

24th November 2010 – Board seminar followed by Part 1 Trust Board
15th December 2010 – Trust Board

SIGNED…… (Chairman)

DATE……..

The Whittington Hospital NHS Trust
Trust Board Action Notes 2010-11

November 2010

This paper provides an update on progress on actions outstanding from April to September 2010 and identifies actions arising from the latest meeting on 27 October 2010.

All actions to June 2010 complete
Actions outstanding from June 2010 (original list: 8), July 2010 (original list 11) and September (original list 7)

Ref*	Outstanding Action	Position as at 27th October
1007.5	Reducing DNAs in out-patients: monitor progress against 12% target **KS**	Update for January 2011 TB. Project team working on 3-4 strands. System now more robust.
1007.7	Follow up on Audit Commission's Board Assurance checklist **JL/RL/SS**	Following discussion with facilitator of TB Away Day 2nd November, decided to take to Board seminar in February 2011
1009.1	Consider reporting on a small sample of complaints and responses to the Audit Committee, possibly with patient involvement. **BS**	For Board Seminar
1009.2	Development of nursing strategy – resource implications including impact of ICO to be identified. **BS**	Update on progress at each board meeting and first draft document to January 2011 TB
1009.6	Mid-Staffs report: arrange involvement of LINks and PALs in Patient Experience Steering Group (PESG) **BS**	Preliminary meeting has looked at terms of reference. Will meet every 6 weeks starting in 6 weeks time. Seeking governor involvement

Actions arising from Trust Board 27th October

Ref*	Decision/Action	Timescale	Lead and support
	Minutes/matters arising		
1010.1	Regular patient safety updates to be provided at every board meeting as first item in strategy section	From November TB	**CIC/Richard Jennings**
	Achieving FT status		
1010.2	Respond to Secretary of State on FT trajectory	End November	**RL**
	Patient Experience Report		
1010.6	Compare patient feedback on ED with Whipps Cross	asap	**SH**
	Dashboard Report		
1010.7	Insert target arrows wherever appropriate	December TB	**FS**
1010.8	Revise dashboard and ensure fit with current strategy and performance requirements.	December TB	**FS**
	Finance Report		
1010.9	6 Monthly finance review to be arranged off-line focussing on income and CIP to be reported back to trust board	November TB	**RM**
	Quarterly governance report to NHS London		
1010.10	In "Source of Assurance" table, add SLR to 4(b) and QIPP to 5(h)	asap	**SS**
1010.11	Meeting to sign off Q2 report For submission 12 November	Early November	**JL/FS/RL**
	Corporate Objectives		
1010.12	Objective 4: Add education and training ahead of development and add SIFT accountability, visitations and revalidation to metrics	asap	**SS**