

ITEM: 11/003
Doc: 01

Meeting: Trust Board
Date: 26th January 2011

Title: Trust Board minutes of part 1

Executive Summary: Minutes and action notes from the meeting held on Wednesday 15th December 2010 .

Action: Draft minutes for amendment or agreement by Board. Action notes to be reviewed.

Report from: *Susan Sorensen, Corporate Secretary*

**The minutes of the Whittington Hospital Trust Board meeting held at 13.00 hours on
Wednesday 15th December 2010, in the Whittington Education Centre**

Members

Present	Joe Liddane	JL	Chairman
	Robert Aitken	RA	Senior independent 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	Marisha Ray	MR	Non-executive Specialist Adviser
	Kate Slemeck	KS	Director of Operations
	Margaret Boltwood	MB	Director of Human Resources
	Fiona Smith	FS	Director of Planning and Performance
	Philip Ient	PI	Director of Facilities
	Caroline Allum	CA	Deputy Medical Director
	Richard Jennings	RJ	Deputy Medical Director

Secretary	Susan Sorensen	SS	Trust Corporate Secretary
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10/142 Apologies for Absence **Action**

Apologies had been received from Anna Merrick and Siobhan Harrington. The chairman welcomed two governors attending as observers and also introduced Nick Mansfield, NCL Account Manager for the ICO transaction.

10/143 Declarations of Interests

There were no declarations of interests.

10/144 Minutes of the meeting held on 24 November 2010 (Doc1)

144.1 It was noted that the attendance of Marisha Ray and Kate Slemeck had been omitted and would be corrected. **SS**

144.2 There was some discussion on the level of detail contained in minute 10/134 relating to the Integrated Care Organisation (ICO) business case. Concern was expressed that it did not fully reflect the rigorous scrutiny on the part of the non-executive directors. It was agreed that SS would discuss appropriate amendments with the chairman and executive team, taking account of notes submitted by MR. **SS**

Action Notes and matters arising

144.3 All actions had been dealt with, were on today's agenda or scheduled for a future meeting.

144.4 On the question of Islington PCT's reduction in the commissioning of speech and language therapy services it was noted that there was also a risk to the service commissioned by Haringey. It was reported that both PCTs were seeking 10% savings out of community services in total. There was also the potential withdrawal of hospital-based social services.

10/145 Report from the chairman (verbal)

- 145.1 The board was informed that:
- Recruitment to the two NED vacancies was in train
 - David Sloman had been formally appointed as CEO at the Royal Free Hampstead, and so there was now a vacancy for the substantive CEO post at the Whittington. This would be advertised in January.
- 145.2 It was noted that responsibility for taking forward the implementation of the ICO would pass to the Whittington once decisions had been made by the three boards to go ahead with the service transfer.
- 145.3 At the recent NCL chairs and CEOs meeting (for trusts and PCTs) there had been growing concern about the sector-wide finances, the implications for foundation trust applications and possible contributions from component organisations to alleviate the overall position. RL commented that NCL saw the opportunities for efficiencies in the Whittington ICO to be a potential part of the sector solution.
- 145.4 The second public engagement meeting on 30th November, attended by fifteen members of the public, had generated good quality debate and valuable feedback. The internal staff engagement meetings were also continuing with a typical attendance of 6-8 members of staff.
- 145.5 NHS Haringey was putting their children's community health services contract out to tender following the withdrawal of GOS, and the trust was likely to submit an expression of interest.
- 145.6 The recent Leslie Garrett charity concert in aid of the Care of Older people's Appeal and been a sell-out and a splendid evening. £17.5k had been raised and congratulations were due to the fund-raising department and to Eve Dewhurst, a Whittington governor, through whom Leslie Garrett had been engaged.

10/146 Report from the Executive Committee (Doc 2)

- 146.1 In summarising the report RL drew attention to three key themes:
1. Improving quality: the expansion of Mary Seacole Ward
 2. Financial vigilance and the projected achievement of financial targets
 3. Strategic planning and the path towards FT status
- 146.2 In response to a question about the priority given to the annual staff survey, MB reported that the low response rate had been discussed at EC, the survey had been advertised via payslips, managers had been asked to encourage completion and there was regular feedback on management action. The response rate was in the pack for acute trusts and there was no flexibility to vary the questions. The formal report was expected in March 2011, but early informal feedback was expected soon.
- 146.3 In clarifying the position on the community-acquired MRSA bacteraemia, it was reported that although the trust was participating in the PCT's Root Cause Analysis, it would not count towards the trust's assessment against the target maximum.

MB

- 146.4 The receipt of PCT commissioning intentions was noted and KS reported that she would bring a paper to the January Trust Board.

10/147 Patient Safety Update Report (verbal)

- 147.1 RJ advised that next month's report would be a paper with an executive summary.
- 147.2 The Dr Foster guide published on 28th November had indicated that the trust had the 4th lowest Standardised Mortality Ratio (SMR) in London, after RFH, UCLH and Imperial.
- 147.3 The investigation of clinical incidents had indicated the need for improved access to certain technically specialised and rare interventional radiology procedures. External specialists would be called in if a patient could not be moved, and a life had been recently saved as a result.
- 147.4 There had been 17 patient safety walkabouts in the last two months in which the following areas of potential improvement had been highlighted:
 - Access to drug cupboards
 - Prevention of falls
 - Lavatory doors
 - Clinical staff handover procedures
The benefit of the Mary Seacole Ward extension in terms of streamlining the patient pathway and reducing pressure on the ITU been noted and welcomed.
- 147.5 The Patient Safety Committee had discussed a process for responding to high risk incidents, involving the devolution of responsibility for closing the loop to the individual divisions in which incidents have occurred. It was anticipated that this would encourage a change in culture.
- 147.6 In response to a question about whether the term should be "safety and quality", RJ suggested that in Venn Diagram terms these were two distinct but overlapping concepts.

10/148 The productive operating theatre

It was agreed that this would be covered in a future discussion.

10/149 Achieving foundation trust status (verbal)

- 149.1 RL reported that the trust had submitted a timetable and trajectory to the Secretary of State for Health which had been accepted as a credible programme. In terms of readiness, the Department of Health had rated the trust as 2 on a scale of 1 – 5. The completion of the ICO transaction would be the first step in the process after which the trust should be rated 1 and into the detailed FT planning stage. The key milestones were:
April 2011 – ICO established
Early 2012 – SHA assessment
Late 2012 – Monitor application and assessment
April 2013 – Authorisation as FT
- 149.2 It was noted that a number of expectations needed to be met simultaneously including service transformation for achieving patient benefits, efficiencies and the realisation of the vision of the ICO. The chairman pointed out that this was a tight timetable and the board would need to consider whether the

current capacity and range of skills were sufficient for the task ahead.

10/150 Draft Trust Capital Plan for 2011-12 (Doc 3)

- 150.1 PI tabled a detailed schedule of schemes covering the 12 month period. There had been some changes from the 2010-11 programme but the core was essentially the same.
- 150.2 The following points were raised in discussion in response to comments and questions from non-executive directors:
- The document did not address capital issues arising from the ICO as the intention was not to take ownership of any of the community assets
 - Provision for the maternity scheme was not included at this stage but would be flagged up for the future
 - There was an allocation for improvements to the mortuary and Dr Kurowska (consultant in palliative care) was providing clinical input (and was planning to address the board on end-of-life care)
 - In terms of capital investment in educational facilities, it was noted that £800k had been spent on the WEC in 2009-10, the undergraduate centre and seminar rooms in clinical areas had been renewed as part of the PFI, and the planned Cearn's Ward scheme would include teaching space.
- 150.3 It was recognised that the trust's commitment to education and training needed to be made much more explicit in documentation in order to maintain the trust's reputation for good quality clinical placements and postgraduate training. PI agreed to take this on board in presenting the programme. It was noted that the pan-London reduction in core junior doctor training posts was not likely to affect the Whittington and UCL medical school had expressed interest in the education and training implications of the ICO. These factors needed to be borne in mind in developing plans for the future. **PI**
- 150.4 In order to ensure that the high priority given to patient safety was recognised in the record of board meetings it was proposed that in future the relevant capital schemes should be highlighted in the executive summary. The detailed schedule should be included in the set of board papers on file. **SS**
PI also agreed to cross-reference capital schemes to the BAF. **PI**
- 150.5 The Draft capital plan for 2011-12 was ratified by the trust board.

10/151 Dashboard Report (Doc 4)

- 151.1 FS presented the report and invited questions. It was noted that the current amber rating for CQIN was a prudent assessment as some of the elements were not measured until quarter 4.
- 151.2 It was suggested that the content of the dashboard should be continually reviewed and will need to take on board the Monitor quality checklist. In the case of inadequate performance NEDs needed to understand the detail and what actions had been taken. As previously agreed, this will be managed through detailed exception reports presented in a similar way to the Emergency Department performance exception report to this Board. It was noted that the drill-down to the next level of detail is available through directorate dashboards. Examples of where other dashboards are in use in the Trust are the Infection Control Committee , Patient Safety Committees

and Women's Health Directorate . Ward level quality and nursing indicators were also available and there is an intention to pull these into ward level dashboards. It was agreed that the board should continue to receive exception reports rather than blanket drilling down. The Chief Executive advised that IM&T are developing an Executive Information System (EIS) which would help to establish the appropriate level of detail for reporting to the board in the future.

GW

151.3 The continued red-rated DNA rate was noted and KS reported that it was moving in the right direction but not yet on the target trajectory. In out-patients, problem specialties and areas of good practice (e.g. orthopaedics) had been identified. CIC reported that a recent audit had indicated a range of different reasons for DNAs indicating the need for a multi-faceted approach.

KS

151.4 It was observed that the % compliance with the ED 4-hour wait target had dropped from 98.6% to 97% (against the national target of 95% and NHS London target of 98%). KS reported that she held daily breach meetings with the ED senior team and there is an ED transformation working group chaired by the CEO with a focus on getting back to target. It was felt that the opening of the UCC would help especially with reducing the median waiting time. ED clinical leadership is being strengthened by the recruitment of two more consultants along with more permanent middle grade staff to reduce dependency on agency medical staff.

151.5 In response to a question about data quality and reliability, it was noted that internal audit reviewed data quality as part of their audit programme. It was agreed that a presentation on data quality would be given at a future board meeting.

GW

151.6 Reference was made to a recent Age UK report on hospital nutrition and there was discussion on how the Whittington was addressing the issue. It was proposed that nutritional assessment should be included in the ward dashboards under development. It was noted that assessment needed to be followed up with a plan and a monitoring system. Good practice on Meyrick Ward had been noted on a recent visit.

BS

10/152 Finance Report – Month 8 November 2010 (Doc 5)

152.1 RM presented the report and in response to a question confirmed that the trust had agreed to contribute £4m to the sector deficit in terms of a cap on income from NCL. This was taken into account in the year-to-date and forecast income and expenditure position.

152.2 Discussion focussed on performance against the CIP target of £12.5m. The year to date achievement was 73% of target, with a forecast out-turn of 83%. It was explained that a significant proportion of the achievement was a result of productivity gains arising from increased activity and was identified through analysis of marginal cost compared with additional income. The impact of this was back-loaded into the final quarter which accounted for the forecast improvement in performance at year end. The overall under-performance on identified CIP schemes represented the net effect of under- and over-achievement on original schemes together with the effect of new schemes. A detailed audit trail was being maintained. It was agreed that there would be a presentation of the CIP at a future board meeting.

RM

- 152.3 The chairman asked for further detail on non-clinical income. RM said this comprised mainly educational income and accounting adjustments and would be elaborated in the next report. **RM**
- 152.4 It was agreed that a detailed review of the position at Q3 would be undertaken in January and reported back to the Board. **RM**
- 10/153 2009-10 Care Quality Commission Annual Health Check Assessment and 2010-11 Quality and Risk profile (Doc 6)**
 BS introduced the report and explained the use of the CQC benchmark tool to assess performance in 2009-10. This indicated an excellent/excellent rating. The annual health check had been replaced by the Quality and Risk Profile for which monthly analysis was being produced. It was planned that a quarterly report would be brought to the board although it was noted that a proportion of the data was based on annual surveys.
- The RAG-rated quality and safety ratings were reviewed and BS reported that the amber ratings were in line with expectations. There were some anomalies which needed interpretation (e.g. relating to infection control) and these were being discussed with the CQC.
- It was agreed that the QRP indicated acceptable performance and would be a positive contribution to the Early Indicator Assessment for foundation trust readiness. It was agreed that a quarterly report to the board was appropriate. **BS**
- 10/154 NHS London risk ratings Q2 (Doc 7)**
 The board noted the ratings of green/green for finance and governance. FS reported that the trust still awaited details of the new monitoring process from Q3.
- 10/155 Board Dates 2011 (Doc 8)**
 The dates of the eight board meetings and three seminars in 2011 were noted.
- 10/156 Questions from the floor on matters considered by the board**
 In response to a question from one of the governors on the number of bodies inspecting the NHS and the accuracy of their conclusions, it was noted that although the number continues to be high they would largely be replaced by Monitor as the key regulator on becoming a foundation trust. The board was also reminded that the "Health Watch" would also shortly come into being.
- Another governor asked about the provision for feeding assistance for disabled patients and alcoholics. CIC referred to the red tray system at mealtimes which would apply to disabled patients, but it was acknowledged that alcoholics would not necessarily be covered by this. There was some support from Liaison Psychiatry but it was probably an area for further consideration. RJ said there was a pathway on admission for such patients but there was a problem on discharge.
- 10/157 Any other urgent business**
 There was no other business

10/158 Dates of next meetings

Trust Board 26th January 2011 (WEC Rm 10)

Board seminar 23rd February 2011 (WEC Rm 6)

SIGNED..... (Chairman)

DATE.....

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

January 2011

This paper provides an update on progress on actions outstanding from April to November 2010 and identifies actions arising from the latest meeting on 15th December 2010.

All actions to June 2010 complete

Actions outstanding from July (original list 11), September (original list 7) and November (original list 8)

Ref*	Outstanding Action	Position as at January 2011
1007.5	Reducing DNAs in out-patients: monitor progress against 12% target KS	Update for January 2011 Trust Board.
1007.7	Follow up on Audit Commission's Board Assurance checklist re Board Development Programme JL/RL/MB	For Board Seminar February 2011
1009.2	Development of nursing strategy BS	Update on progress January 2011 Trust Board
1011.2	Chairman and Chief Executive to take action on behalf of the board in finalising the ICO business case for submission to NHS London JL/RL	To be completed at next Programme Board to meet January deadline
1011.5	Develop the BAF to incorporate new risks associated with the ICO, taking account of revised corporate objectives FS	From December 2010, reporting progress to January Trust Board
1011.8	Complete cross-referencing of the 2009-10 approved BAF with the risk register and the Annual Plan and ensure action plans updated FS/BS	January Trust Board

Actions arising from Trust Board 15th December 2010

Ref*	Decision/Action	Timescale	Lead and support
1012.1	Comments from MR on minutes relating to item 10/134 had been circulated to non-executive directors and these were to be discussed with the chairman	For agreement at January Trust Board	JL/SS
Chairman's report			
1012.2	Send congratulations to fundraising team and Eve Dewhurst (governor) for organisation of the Leslie Garrett concert	immediate	JL
10/146	Report from the Executive Committee		
1012.3	Commissioning intentions briefing paper to be prepared	January Trust Board	KS
Draft Trust capital plan			
1012.4	Make explicit reference to capital investment in training and education – discuss with Director of Postgraduate Medical Education	asap	PI
1012.5	Include patient safety implications in executive summary	asap	PI
Dashboard Report			
1012.6	Refresh to take on board Monitor's quality checklist following close of consultation	March Trust Board meeting	FS
1012.7	Consider level of detail required for Board monitoring in the development of an Executive Information System (EIS)	April Trust Board	GW
1012.8	Demonstrate data reliability e.g by commissioning internal audit study.	Presentation to February seminar	FS
Finance Report			
1012.9	Prepare presentation on CIP	February Trust Board seminar	RM
1012.10	Include in next finance report: Composition of non-clinical income Review of Q2 and Q3	January Trust Board	RM