

ITEM: 09/104
DOC: 1

Meeting: Trust Board
Date: 18th November 2009

Title: Minutes of the meeting held on 16th September 2009 – 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 2 pm on Wednesday 16th September 2009. One governor attended as an observer.

Also attached is a list of actions arising from the meeting which has been previously circulated. They were reviewed by the Executive Committee at its meeting on 3rd November and progress since September is indicated in red font.

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 on Wednesday 16th September, 2009 in the Trevor Clay Centre, Whittington Hospital

Present	Joe Liddane	JL	Chairman
	Edward Lord	EL	Deputy Chairman
	Anna Merrick	AM	Non-executive Director
	Robert Aitken	RA	Non-executive Director
	Jane Dacre	JD	Non-executive Director
	Maria Duggan	MD	Non-executive Director
	Marisha Ray	MR	Specialist Advisor to the Board (from item 09/122)
	Rob Larkman	RL	Chief Executive Officer
	Richard Martin	RM	Director of Finance
	Celia Ingham Clark	CIC	Medical Director
	Deborah Wheeler	DW	Director of Nursing and Clinical Development
In attendance	Kate Slemeck	KS	Director of Operations
	Siobhan Harrington	SH	Director of Primary Care
	Philip Ient	PI	Director of Facilities
	Julie Andrews	JA	Director of Infection Prevention & Control
	Tim Jaggard	TJ	Deputy Director of Finance
	David Grant	DG	Associate Medical Director: Service Line Management
	Helena Kania	HK	Representing Haringey Local Involvement Network (LINK)
Secretary	Mary Field	MF	PA to Directors (for Susan Sorensen)

09/117 Apologies for Absence

Action

117.1 Apologies for absence had been received from Fiona Elliott (Director of Planning and Performance), Margaret Boltwood (Director of Human Resources) and Susan Sorensen (Corporate Secretary).

09/118 Declarations of Interests

118.1 Edward Lord declared that he knew Marisha Ray but was not aware of her candidacy and the process of her appointment as specialist advisor to the Board

118.2 Jane Dacre declared that she was a member of the Workforce Advisory Forum NHS London group and was on the Financial Challenge Panel for the reconfiguration of medical and dental education

118.3 Helena Kania declared that she was a non-voting representative on the Haringey Overview & Scrutiny Committee

09/119 Minutes of the meeting held on 15th July 2009 (Doc 1) and matters arising

119.1 The following amendments were agreed:

- 105.10 The chairman requested that a report from the Executive Committee should come to every Board meeting
- 09/108 Finance Report – amend to Quarter 1 (Doc 5)
- 107.2 The aim was to achieve 10% coverage in line with SHA guidelines

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

RL

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- 119.2 Progress against the 28 actions identified at the April, May, June and July meetings was reported. Outstanding actions are listed in the Action Notes attached to the minutes. There were no matters arising.
- 09/120 Report from the Chairman**
- 120.1 The Chairman welcomed Rob Larkman to the meeting. The Chairman reported that during the summer the Executive Board had been working on the four strategic options for the future provider landscape, particularly option two, relating to collaboration with the Royal Free Hospital.
- 09/121 Appointment of Specialist Advisor (Doc 2)**
- 121.1 The Board noted the recruitment process undertaken by the Appointments Commission on its behalf.
- 121.2 The Board ratified the appointment of Marisha Ray as Specialist Advisor to the Board.
- 121.3 The Board agreed that further discussion should take place to establish MR's role across the full range of Trust activity and its position within the local community. **JL/RL**
- 09/122 Report from the Executive Committee (Doc 3)**
- 122.1 DW introduced the report and drew attention to the letter dated 10 August 2009 from David Nicholson, Chief Executive of the NHS, on Implementing the Next Stage Review visions: the quality and productivity challenge. This will be on the agenda of the October 2009 Board Seminar. Engaging with staff, partners and the public will be an important part of this. LINK expressed an interest in getting involved **DW**
- 122.2 Concern was raised by non executive directors about the implementation of the Communications Review. It was noted that a decision needed to be made about the level of investment required to deliver the recommendations in the report. **EC**
- 122.3 Concern was raised by a non executive director about the relocation of the Postgraduate Centre to the Trevor Clay/Whittington Education Centre building, particularly in the light of the opening of UCH's new Education Centre and its potential impact on the demand for education and training at the Whittington. It was recommended that attention should be paid to wide communication of the relocation as an investment in improved training and education facilities, in order to minimise reputational risk to the Whittington. **SH/CIC**
- 122.4 A question was asked on whether there would be structured patient feedback on the refurbishment of Meyrick ward. DW reported that the Trust was working with nursing staff on new ways of working in the redesigned space. The frosting on the doors will be reduced to two thirds to improve visibility in the bays. It was agreed that formal feedback on patient experience would be given to the Board. **DW/SH**
- 122.5 JL asked for future reports to reflect the full breadth of the work of the Executive Committee. **RL**

09/123 Provider Landscape (Doc 4)

123.1 Tim Jaggard (TJ) introduced a paper from the North Central London Service and Organisation Review Group to update boards on progress with delivering the Healthcare for London strategy and addressing the funding gap.

123.2 TJ updated the Board on progress made by the trust on the four options agreed by the Board for evaluation in terms of the trust's future strategic direction.

123.4 Among points that emerged in discussion from non executive directors was the desirability for the local population to be involved in discussions at an early stage. Legal restrictions on sharing confidential information from outside organisations provided a constraint on this. The Board agreed that the local community should be involved but timing was critical.

FE

09/124 Patient Safety Campaign progress report (Doc5)

124.1 CIC reported on progress, referring in particular to:

- patient safety walkabouts
- the use of the Global Trigger Tool to audit patient deaths
- the introduction of surgical safety checklists
- a new drug chart for safer prescribing.

The demands of swine flu planning had impacted on the number of patient safety walkabouts that had taken place. CIC was of the view that additional resources would be needed to build on the pilots.

124.2 The Board asked for feedback from patient safety walkabouts to be more widely circulated. It was agreed that LINK members should be invited to participate in walkabouts.

**CIC
DW**

124.3 The Board agreed to support the review of the post of Director of Audit and Effectiveness with a view to converting it to a Director of Patient Safety.

DW/CIC

124.4 The Board agreed to support the consideration of a designation of a post of Clinical Patient Safety Manager to support the Patient Safety Campaign

DW/CIC

09/125 Dashboard Report (Doc 6)

125.1 KS reported that there had been no MRSA bacteraemia cases since 22 April 2009, which meant that the Trust was below the 12 month trajectory for the first time. Performance in the Emergency Department is back on track. The new birthing unit is proving popular. DNAs were high in August but this may have been affected by the postal strike. Evening bookings had started, but this has yet to be reflected in improved attendance figures.

125.2 In response to a question about the reduction in length of stay when beds were closed for refurbishment, KS responded that the LOS working party were reviewing what changes in behaviours occurred as a result of bed pressures that impacted positively on LOS. KS also mentioned that the requirement to maintain compliance meant it had been necessary to open more beds as capacity was less flexible.

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125.3	The Chairman asked for the Trust Board to be updated on activity and performance in the Day Treatment Centre at future Board meetings. KS agreed to consider how best to do this.	KS
09/126	<u>Finance Report – Month 5 (Doc 7)</u>	
126.1	RM referred the Board to the Executive Summary which indicated a surplus in August of £232k, giving a year-to-date deficit of £716k.	
126.2	Payment from PCTs totalling £2.7m was received in August and enabled the trust to settle supplier payments which had previously been delayed.	
126.3	Changes to the accounting treatment of PFIs under IFRS have brought a financial benefit to the trust of £950k. Impairment due to revaluation of fixed assets is now £1.05m but this will not impact upon the trust's break-even duty.	
126.4	The projected deficit for 2009/10 is £1.2m but there is an opportunity to achieve this year's target surplus of £200k because of the potential change in the treatment of PFI costs .	
126.5	The key to improving performance is to limit expenditure in the top 25 areas. Budgetholders are required to present plans for review by the Business Planning Group, find solutions and present revised forecasts to Executive Committee. Progress in recruitment to reduce agency costs is a key objective.	
09/127	<u>Pandemic Influenza Planning (Doc 8)</u>	
127.1	DW reported that the trust had reviewed capacity plans and business continuity plans for every service to enable comprehensive assurance to be presented to the Board. The report has been submitted to NHS London who have requested further assurance on the overall business continuity strategy and 24/7 access to mental health services.	
127.2	A vaccination programme for staff is due to start in October 2009 when vaccine becomes available. An internal planning exercise is scheduled for 2 October, following a London exercise on 22 September 2009. CIC raised concern about maintaining cover in the Emergency Department, in maternity and among junior doctors. However, there were plans for junior doctors to be signed out of EWTD requirements so that they would be available to work longer hours during the period of the pandemic.	
127.3	The Board ratified the report on pandemic flu and winter resilience plans, subject to incorporating the changes required by NHS London, and agreed that JL could take chairman's action to sign this off.	JL
09/128	<u>Q1 NHS London Corporate Governance Assessment Return (Doc 9)</u>	
128.1	Deborah Wheeler introduced the trust's Quarter 1 Governance Assessment report. NHS London have identified the need for a Staff Engagement Policy approved through partnership working arrangements.	MB
128.2	The Board ratified the Q1 Governance Assessment Return	

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09/129 Report from the Audit Committee including Annual Report and Annual Audit Letter (Doc 10)

129.1 Anna Merrick advised the Board that the Annual Audit Letter had identified one outstanding issue relating to the audit trail for the validation of HR information transmitted to the payroll system. Following discussion with the directors of Finance and HR it was agreed that a robust system of storing email confirmation of payroll input data was now in place. This matter was the only subject of audit recommendations in an otherwise positive annual audit letter.

RM/MB

129.2 Anna Merrick introduced the Annual Report from the Audit Committee to the Trust Board on key matters discussed during the past year. The Board noted that the Audit Committee had reviewed and recommended to the Trust Board the draft Statement on Internal Control. The Board noted that the Audit Committee believes that the overall risk management systems are at least adequate for the effective governance of the Trust.

129.3 Anna Merrick advised that the Audit Committee had expressed concern about the high number of recommendations from Internal Audit follow-up, which had either not been implemented or for which adequate evidence of implementation had not been received by the auditors. It has been agreed that the outstanding items will be discussed at Executive Committee and followed up by the Audit Committee.

RM

09/130 Safeguarding Children Review (Doc 11)

130.1 DW introduced the trust's progress report against the recommendations in the Care Quality Commission (CQC) review of safeguarding children and the subsequent letter from David Nicholson, NHS Chief Executive. There are two key areas of action required against the recommendations:

- Introduction of universal checks of the lists of children subject to a child protection plan for every child attending the hospital
- Creation of protected PAs (programmed activities) for the named doctor for child protection

130.2 Regarding the first recommendation DW reminded the Board that the Board Assurance Framework includes a risk (in section 1.2) about standards for safeguarding children which is listed as having substantial assurance and is currently risk rated as 9 (green). The trust also declared full compliance with standard C2 (child protection) and recent information from CQC has rated the risk of undeclared non-compliance as low.

130.3 Protected PAs for the named doctor for child protection will be resolved in the next job planning round.

KS

130.4 The Board agreed the Board Assurance Statement on Safeguarding Children and noted that it should be signed off by the Chief Executive.

RL

09/131 Infection, Prevention and Control Report (Doc 12)

131.1 Julie Andrews presented highlights of the report to the Board. She reported that there had not been an MRSA bacteraemia episode since 22 April so the trust is below trajectory for MRSA bacteraemia as well as *C. difficile*. Surgical site infection rates for repairs of fractured neck of femur have reduced to below the national benchmark.

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- 131.2 It was noted that MRSA screening of elective and emergency patients was down and there had been a decline in compliance with antimicrobial prescribing policies. Non compliance is being drawn to the attention of relevant consultants, junior doctors and pharmacists.
- 131.3 In response to a question from a non executive director about tracking staff who have not been trained, CIC responded that it was not possible to do this yet on the OLM system because of a national IT problem which is taking time to resolve. The trust is working with the IM&T department to find a local solution that will allow tracking and is hoping to have this in place by November 2009.

09/132 There was no other urgent business

09/133 Questions from the floor

- 133.1 A trust governor asked whether other trusts had a Director of Patient Safety. CIC responded that the trust's planned model was a good one.
- 133.2 The same governor asked that telephone information on patients' appointment cards should be checked for accuracy . It was agreed that this would be followed up.

SH

09/134 Date of next trust board meeting

- 134.1 Wednesday, 18th November 2009.

SIGNED..... (Chairman)

DATE.....