

**ITEM: 11/035**  
**Doc: 01**

**Meeting:** Trust Board  
**Date:** 23<sup>rd</sup> March 2011

**Title:** **Minutes of Part 1 of the Trust Board meeting held on Wednesday 23<sup>rd</sup> February 2011**

**Executive Summary:** The attached is the record of attendance, presentations and discussion at the most recent board meeting held in public.

There were four governors and one other member of the public attending as observers.

**Action:** Draft for agreement or amendment by the Trust Board.

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

**The minutes of the Whittington Hospital Trust Board meeting held at 15.00 hours on  
Wednesday 23<sup>rd</sup> February 2011, in the Whittington Education Centre**

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<b>Present</b>	Joe Liddane	JL	Chairman
	Robert Aitken	RA	Senior independent Non-Executive Director
	Anna Merrick	AM	Non-Executive Director
	Jane Dacre	JD	Non-executive Director (UCL)
	Siobhan Harrington	SH	Acting Chief Executive
	Richard Martin	RM	Director of Finance
 <b>In attendance</b>	 Marisha Ray	 MR	 Non-executive Specialist Adviser
	Margaret Boltwood	MB	Director of Human Resources
	Siobhan Harrington	SH	Director of Primary Care
	Philip Ient	PI	Director of Facilities
	Matthew Boazman	MBz	Acting Director of Operations
	Senga Steel	SSt	Assistant Director of Nursing and CD
	Caroline Allum	CA	Deputy Medical Director
	Sarah Timms	ST	Deputy Chief Operating Officer, Haringey and Islington Provider Alliance
	Helena Kania	HK	Haringey LINK
 <b>Secretary</b>	 Susan Sorensen	 SS	 Trust Corporate Secretary

**11/025 Apologies for Absence**

**Action**

25.1 The chairman apologised for the delay in the start of the meeting, owing to the need to complete the business in the earlier board seminar. It was explained that this was an additional Part 1 Trust Board meeting in order to debate in public the proposed transfer of Haringey Children's services into the ICO.

25.2 Apologies for absence had been received from Anna Merrick, Bronagh Scott and Richard Jennings. Celia Ingham Clark and Fiona Smith had given advance warning of late arrival. The chairman introduced Matthew Boazman at his first meeting as Acting Director of Operations and Sarah Timms, Deputy Chief Operating Officer of the Haringey and Islington Community Services Provider Alliance. He also welcomed four governors and a journalist from BBC London who were attending as observers.

**11/026 Declarations of Interests**

There were no interests relating to items on the agenda and no new interests to declare.

**11/027 Minutes of the meeting held on Wednesday 26<sup>th</sup> January 2011 (Doc1)**

27.1 The minutes of the meeting were agreed as a correct record.

**Action Notes and matters arising**

27.2 1007.7 Re Board Development Programme. This was originally scheduled for discussion at the February Board seminar. It was agreed that it should be deferred until the new board was in place in May 2011. All other

actions had either been completed or had a forward completion date.

- 27.3 Referring to the discussion at the last meeting on UCLP's sponsorship of the project to merge back office functions, JL said he had written to UCLP to express the trust's support for the project. However, there was so much currently on the trust's agenda that the board was not minded to enter into formal membership within the next three months and would not be making the requested £80k contribution at this stage. The position would be reviewed at a later date. SH said that Whittington staff would continue to participate in the relevant workstreams.
- 27.4 Following up on the data quality presentation at the Board seminar, SH reported that the trust's performance was generally good, but there needed to be continuous close monitoring to ensure its maintenance during the transformation to Whittington Health. Rather than have it as a standing item at the Board, it was proposed it should be monitored by the Audit Committee.

#### **11/028 Report from the chairman (verbal)**

- 28.1 JL reported that the selection panel for the CEO appointment had interviewed four excellent candidates on 4<sup>th</sup> February. Dr Yi-Mien Koh had been appointed and would take up the post on 28<sup>th</sup> March. JL recognised Rob Larkman's achievements as a CEO both at Camden PCT and in his secondment to the Whittington. He would move into a role within the NHS London network. Siobhan Harrington would be Acting CEO prior to Yi-Mien Koh's arrival.
- 28.2 There were currently potentially four NED vacancies of which two were in the advanced stage of recruitment. A shortlist of 8, out of 54 applicants, had been selected and 6 had been able to attend for interview. The panel had recommended two candidates to the Appointments Commission. An announcement would be made following their board meeting on 2<sup>nd</sup> March.
- 28.3 Some of the candidates would be carried forward to the next round of recruitment, which included the chair of the Audit Committee following AM's resignation. The fourth vacancy was dependent on DH approval for an additional non-executive director which was expected to be obtained within the next two weeks. The recruitment process would take approximately two months.

#### **11/029 Haringey Children's Community Health Services (HCCHS) (Doc 2)**

- 29.1 SH introduced the discussion, setting the context of the proposed transfer of services from Great Ormond Street Hospital to the Whittington ICO. It was consistent with both the trust's strategic direction and NHS London policy on transforming community services. Following the Whittington's selection as the preferred provider, a due diligence exercise was initiated which was still in progress.
- 29.2 There were some outstanding issues to be ironed out in the three-way negotiations with NHS Haringey and GOSH. These were referred to in the paper and were considered resolvable. SH advised that the end result was of paramount importance and the target transfer date of 1<sup>st</sup> April 2011 was challenging. It would be necessary to mitigate any risks within the Business Transfer Agreement.

In discussion, there was concern about the risks associated with taking over the service and a question about the implications if the trust did not go ahead with the transfer. SH said that the service could conceivably stay with GOSH, but there was a will to make it work to reach the common goal. JL felt it was the right model and the Whittington was best placed to provide the service. CA advised the board that the Whittington paediatricians were supportive and that the hospital had a good reputation within the community. SH was satisfied that the list of staff transferring under TUPE was appropriate.

It was agreed that the due diligence exercise needed to be completed to the trust's satisfaction, including the negotiation of adequate funding provision. There was a view that the 1<sup>st</sup> April deadline might have to slip and it was agreed that SH would discuss the implications with NHS Haringey and GOSH.

RM

SH

### **11/030 Financial Position – Month 10: January 2011 (Doc 3)**

RM highlighted the key messages from the executive summary:

- January had been a busy month but activity was below plan
- The year to date surplus was higher than planned
- Pay was overspent in January but non-pay underspent
- CIP performance was 75% of target which was expected to increase to 85% by year end
- The cash position was healthy
- A small surplus at year end was anticipated

RM warned that the position on SLAs for 2011-12 was very difficult with London trusts in particular facing reduced offers from commissioners.

In response to a question on the commissioning process, it was reported that PCT commissioners were consulting GPs, some of whom participated in meetings. They also provided input on CQUIN and CQC indicators.

In discussion on particular elements of the position, including the CIP, the following points were noted:

- Although the savings target was challenging, staff saw opportunities for efficiencies in the ICO transformation project
- The executive was looking at maintaining underspends as well as reducing overspends (para 5.7) in discussions with budget holders
- Budget-setting was a bottom-up approach
- Income over-performance was concentrated in emergency and high dependency services where there was natural variability (Fig 5)
- The significant sum attributed to "other income" (Fig 6) related mainly to one-off allocations for single sex accommodation and breast-screening facilities (accounted for as revenue)
- The increase in pay expenditure reflected the successful recruitment of permanent staff, but also resulted from high demand for specialist nursing, ED doctors and maternity leave cover in midwifery (Fig 10)
- Activity related pay pressures were reflected in budgets by allocating the additional income to cover marginal costs only. The balance of additional income was attributed to CIP and represented productivity gain (para 9.6)

- o Unallocated CIP held centrally should be devolved to budgets where possible

**11/031 Questions from the floor**

HK reported back from patient panels in Haringey that it was felt that a lot of workers in the community were not well-trained. There was a perception that nurses were more concerned with degrees than with nursing. SH gave an assurance that Whittington Health will give access to training for community health staff, maintain records and provide feedback to the patient panels. When asked for specific examples, HK mentioned hoists used in home nursing.

Valerie Lang, a governor, said that she was likely to be asked to address 1<sup>st</sup> year nursing students and invited any topics that members of the board might wish to raise.

**11/032 Any other urgent business**

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**11/033 Dates of next meetings**

Trust Board: 23 March, 2011 WEC room 6  
Board Seminar: 25 May 2011 WEC room 10

SIGNED..... (Chairman)

DATE.....

