

**Joint Provider Services Board:**

**NOTES FROM JOINT PROVIDER SERVICES BOARD MEETING 12/01/11**

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**RECOMMENDATIONS/ACTIONS REQUESTED**

The Board is asked to **NOTE** and **APPROVE** the Joint Provider Board minutes from 16 March 2011



## NOTES FROM JOINT PROVIDER SERVICES BOARD MEETING 12/01/11

### Present:

Steve Hitchins	<b>SH</b>	Chair of The Alliance
Cathy Herman	<b>CH</b>	Non Executive Director – NHS Haringey
Anne Weyman	<b>AW</b>	Non Executive Director – NHS Islington
Sorrel Brookes	<b>SB</b>	Non Executive Director – NHS Islington
Jon Ota	<b>JO</b>	Joint Chief Operating Officer – The Alliance
Sarah Timms	<b>STi</b>	Deputy COO and Director of Clinical Practice – The Alliance

### Co-opted:

Lisa Redfern	<b>LR</b>	Assistant Director Adult Services, attending for Mun Thong Phung, Director of Adult, Culture and Community Services – Haringey Council
Sean McLaughlin	<b>SMc</b>	Service Director, Adult Social Care - Islington Council

### In attendance:

Maggie Buckell	<b>MB</b>	Joint Service Director, Children's Health – NHS Islington
Maria da Silva	<b>MdS</b>	Director of Provider Services – NHS Islington
Ian Fuller	<b>IF</b>	Director of HR and OD – The Alliance
John O'Reilly	<b>JoR</b>	Head of Provider Services Finance – The Alliance
Ian Tritschler	<b>IT</b>	Associate Director of Business development and ICT – NHS Islington
Susan Tokley	<b>STo</b>	Associate Director of Quality Assurance - The Alliance

### Apologies:

Eleanor Schooling	<b>ES</b>	Corporate Director, Children's Services
Carol Gillen	<b>CG</b>	Associate Director of Operations – NHS Haringey
Sue Rubenstein	<b>SRu</b>	Non Executive Director – NHS Haringey

<b>Item 1:</b>	<b>Welcome and Introductions and Apologies</b>	
1.1	SH welcomed everybody to the last Joint Provider Board meeting.	
<b>Item 2:</b>	<b>New and Relevant Declarations of Interest</b>	
2.1	There were none noted.	
<b>Item 3:</b>	<b>Minutes of the Last Meeting and Matters Arising</b>	
3.1	The minutes from the Joint Provider Board meeting on 12 <sup>th</sup> January 2011 were agreed as a true and accurate record.	
<b>Item 4</b>	<b>Joint Chief Operating Officers Report</b>	
4.1	JO noted that this was SH's last Joint Provider Board meeting as Chair. JO thanked SH for the huge amount of work he has done for the Alliance and Islington PCT. JO added that this would be STi's last Board as she will be retiring as of March 31 2011. It was also noted that this would be JO's last Board. The Board acknowledged JO and STi's extensive contributions.	
4.2	<b>Whittington Health</b>	
4.2.1	Professor Yi Mien Koh (YMK) has been appointed as the new Chief Executive for Whittington Health. YMK attended the community senior leader's forum on March 8.	
4.2.2	The staff consultation has been completed. JO noted that at the Joint Staff committee all the unions were positive. JO added The Whittington's union representatives highlighted some concerns about the TUPE in the current economic climate. They are however supportive of this transfer and agree it is the best financial and clinical option.	
4.2.3	There has been a lot of detailed work completed for the business transfer agreement. The solicitors are now involved but there have been some concerns about nature of the 'pass through' costs. All sides are working towards a form of words that all agree with. JO noted that he was confident the agreement would be signed off at the end of the week. The TUPE would begin early the following week ready for transfer on 1 <sup>st</sup> April.	
4.2.4	JO noted that the final contract values for Haringey and Islington Community Services have been agreed.	
4.2.5	YMK would immediately be looking at the director structure and would have a structure developed for consultation within the first two weeks of April.	
4.3	<b>Florence Nightingale Scholarship</b>	
	JO noted that Haringey and Islington has been successful in	

	<p>achieving 2 out of 15 places on the Florence Nightingale Scholarship. The Board noted the achievement of STo and Sarah Jordan. Fiona Yung was also acknowledged for completing the course last year and encouraging others to do so. STo added that it would be good to think about whom to encourage to apply for opportunity next year as it will be the last year with generous funding.</p> <p><b>4.4 Children's Services</b></p> <p>SH noted the achievement of the team who put together the winning tender to provide Haringey Children's Community Health Services.</p> <p><b>4.5 Islington Adult Services</b></p> <p>MdS informed the Board that Pentonville Prison had a visit from the Inspectors of Prison Health Care and achieved good feedback. The governor had said that the report had noted that the health care at Pentonville Prison was impressive and that there had been remarkable improvement. The recommendations will be welcomed. The Board noted the impressive achievements at Pentonville and agreed formal thanks to be sent.</p> <p><b>4.6 Haringey Adult Services</b></p> <p>There was then discussion about the decommissioning in Haringey. Concerns were raised about the re-commissioning of the rehabilitation services currently based on Chestnut Ward in Greentrees. JO noted that the Alliance have not been opposed to the strategic decision to re-commission but have raised concerns about the lead in time and maintaining the level of quality. SH agreed that is a challenging issue. STi added that CG had done enormous amounts of work, with a very detailed approach with the commissioners.</p>	
<p><b>Item 5</b></p> <p><b>5.1</b></p> <p><b>5.1.1</b></p>	<p><b>Quality and Clinical Governance</b></p> <p><b>BAF</b></p> <p>STo noted that there were three high level risks the Board should be made aware of. Firstly the risk of major disruption to the delivery of clinical and administrative services due to the failure of IT services provided by the BEH HIS or network connectivity being either unavailable or running at unacceptably poor speeds. A risk that the financial targets for 2011/12, including a forecast surplus will not be achieved. It was suggested that the transformational and efficiency savings identified prior to joining the new organisation will also form a risk. Finally that detrimental impact on service delivery, partnership working and staff morale due to the overwhelming impact of the change management programme as a result of financial pressures and the work associated with creating an integrated Care Organisation (ICO) was also a risk.</p>	

5.1.2	It was noted that the risks on the current BAF would transfer to Whittington Health's risk register.	
5.1.3	STo also noted that some risks have been de-escalated from red to amber, the risk of not implementing the HMP Pentonville quality improvement programme, the risk that provider services will not meet the new infection control registration requirements and the risk NHS Islington will not achieve compliance in statutory and mandatory training by January 2011. In response to a query from AWe, IF noted that Islington Audit Committee have changed the compliance view and now agree adequate process has been made.	
5.1.4	CH noted that staff should be recognised for their extraordinary achievements, noting that during this time of huge change they have not only held things together, but have greatly improved some.	
5.1.5	The Board <b>DISCUSSED</b> the Alliance Assurance Framework, and <b>NOTED</b> the key risks identified and under further development and review. The Board <b>AGREED</b> the revised Board Assurance Framework based on the strategic objectives and priorities.	
5.2	<b>Quality Innovation Productivity and Prevention</b>	
5.2.1	There was lengthy discussion about QIPP. STi noted the difficulty in trying to embed QIPP within a service as by doing that you loose some control. STi also noted the difficulty in capturing centrally the data against targets. A decision would need to be made as to how to view the programme to prove results in the short term. STi added that the productive series idea was to release time to care, not to have a money target against it.	
5.2.2	CH noted that this was interesting and agreed that quality would be measured in the long term and productivity in the short term, finding the balance would be difficult.	
5.2.3	JO added that the QIPP programme was developed in a time where budgets were not shrinking. SMc noted that this interesting discussion was not just about making savings but not spending more.	
5.3	<b>Care Quality Commission</b>	
5.3.1	STo noted that the Alliance has been registered since April 2010.	
5.3.2	STo added that there was further review of evidence in February and March 2011 in preparation for integration with the Whittington Hospital. A final review of evidence will be completed in March 2011 and an exception report to the respective, Alliance Board, and the ICO Governance work stream for onward reporting to the Whittington Board.	
5.4	<b>Serious Incident Tracker</b>	

<p><b>5.4.1</b></p> <p><b>5.4.2</b></p> <p><b>5.4.3</b></p> <p><b>5.4.4</b></p> <p><b>5.5</b></p> <p><b>5.5.1</b></p> <p><b>5.5.2</b></p>	<p>STo noted that the report was an update on what was seen at the January Board. There would be RCA investigation for the Islington pressure ulcer SI's. STo also noted that there is a complicated Islington SI that relates to the potential theft of controlled drugs from a patients home, in which there were over 20 nurses involved in the care of one patient. There is also a complicated record keeping procedure which is also being reviewed. Police involvement is being considered.</p> <p>MB noted that the murder of two children in Southwark would need to be recorded on the SI tracker as it meets the criteria for a serious case review. JO agreed and noted that there should be a separate tab on the tracker for SCR's.</p> <p>After discussion about it was agreed that a target for investigating the number of SI which identify poor practice should be set and this would translate into the performance report.</p> <p>The Board <b>NOTED</b> the serious incidents declared and the state of progress.</p> <p><b>Quality and Workforce Committee notes</b></p> <p>It was noted that the Quality and Workforce committee would continue for a short time and report into Whittington Health's Clinical Quality Assurance and Governance Board.</p> <p>The Board <b>NOTED</b> the minutes.</p>	
<p><b>Item 6</b></p> <p><b>6.1</b></p> <p><b>6.2</b></p>	<p><b>Finance and Business Development Report</b></p> <p>JoR noted that Haringey and Islington PCTs have both requested that their respective Provider Services work towards an adjusted control total for 2010/11. Within the previous finance and business development report these control totals were set at a £2.2million surplus for Islington and £1.25million surplus for Haringey. Islington Provider Services is still on target to achieve this surplus. JoR added that Haringey Provider Services have adjusted the forecast downwards to an outturn of an £746k surplus. The causes of this reduction in the in year savings are: reduction in staff turnover probably caused by the period of structural change in the local NHS, delays in the termination of the Smoking Cessation contract and subsequent redundancy costs, additional IT costs for the implementation of information systems. The combined surplus for Haringey and Islington Provider Services is £1,684k at month 10 (January) 2010/11. This is an increased surplus from the £1,167k reported in month 8 (November).</p> <p>JoR asked that all services in Islington are reminded to order enough stock for April as with the integration of finance systems it may not be possible to order for April. Haringey will continue to use BEH for approximately 6 months.</p>	

6.3	In response to a query from SB, IT gave assurance that 9 out of 10 beds have been block booked and the income for Simmons House was now more certain.	
6.4	The Board <b>NOTED</b> the financial position and associated risks for 2010/11 and <b>AGREED</b> the proposed actions to mitigate risk.	
<b>Item 7</b>	<b>Performance Report</b>	
7.1.1	IT noted that mandatory training for both Haringey and Islington continues as amber. Haringey and Islington are at 72.97% and 69.95% respectively and the NHS London Quarter 2 average is 68.20%. IT added that considering the significant increase in compliance between Quarter 2 and Quarter 3 we are confident that we will be able to report 85% compliance by end of Quarter 4.	
7.1.2	IT informed the Board that work is ongoing to improve on ethnicity recording performance. Services have been identified and action plans implemented to improve performance. This target has been discussed and prioritised again by the three Directorate Management Teams. Currently Haringey and Islington are 68.00% and 80.81% respectively against a NHS London Quarter 2 average of 79.90%.	
7.1.3	IT also noted that Islington new birth visits are still red for January. An achievement of 79.84% being seen within the required time scale is an increase on the percentage achieved for Quarter 3 which had dipped to 70.64%. The London average for Quarter 2 was 79.61%. Starting in February, for local monitoring purposes new birth visits over 14 days are being reported as an incident and incident forms are starting to come in. The analysis from the forms will be used to improve performance.	
7.1.4	IT added that no red score has been reported in the finance section of the scorecard. Islington is on track to return a surplus. The surplus stated for Haringey is as agreed by the Chief Operating Officer at the PMO meetings.	
7.2	In response to a query from CH, there was discussion regarding the type and numbers of complaints in the District Nursing service. STi asked that complaints are looked at in relation to number of contacts. MdS noted that the complaints generally related to nurses being late or not showing.	
7.3	The Provider Board <b>NOTED</b> the performance against targets and actions being taken, which are identified in the report	
<b>Item 8</b>	<b>Governance</b>	
8.1	<b>Statement of Internal Control</b>  The Board recognised the SIC as a way of operating delegated from the PCTs, the Board <b>NOTED</b> the statement.	

<b>Item 9</b>	<b>AOB</b>	
<b>10.1</b>	SH thanked JO, CH, AW and SB for their contribution and wished them well for their futures. SH also thanked LR and SMC for their attendance on what has been a difficult journey but always with clear destination.	

**Action Log**

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