

**ITEM: 12/003**  
**Doc: 01**

**Meeting:** Trust Board  
**Date:** 25 January 2012

**Title:** **Minutes of the meeting in public of the Trust Board and the Joint Meeting Trust Board meeting with the Board of Governors held on Wednesday 14 December 2011.**

**Executive Summary:** The attached is the record of attendance, presentations and discussion of the board meeting held in public on 14 December 2011.

**Action:** For amendment and approval

**Report from:** *Kate Green, Secretary to the Board*

**Financial Validation**

<b>Compliance with statute, directions, policy, guidance</b>	<b>Reference:</b> Standing Orders
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**The minutes of the meeting in public of the Trust Board of Whittington Health\* held at 2.00pm on Wednesday 14 December 2011 at 45 Middle Lane, Crouch End.**

Present: Joe Liddane Chairman  
Robert Aitken Deputy Chairman  
Peter Freedman Non-executive Director  
Celia Ingham Clark Medical Director  
Yi Mien Koh Chief Executive  
Richard Martin Director of Finance  
Greg Battle Medical Director (Integrated Care)  
Bronagh Scott Director of Nursing & Patient Experience  
Maria da Silva Chief Operating Officer

In attendance: Siobhan Harrington Director of Strategy / Deputy CE  
Fiona Smith Director of Planning & Programmes

Secretary: Kate Green Secretary to the Board.

11/158 Welcome and apologies

158.1 Apologies were received from Jane Dacre, Anita Charlesworth, Sue Rubenstein and Marisha Ray. The Chairman welcomed members of the public who had come to observe the meeting, also Danya Taylor, Transformation Officer (Management Training Scheme) with the Planning & Programmes Directorate.

11/159 Declaration of Interests

159.1 No board members declared any personal interests in any of the items scheduled for discussion.

11/160 Minutes of the meeting of 23 November 2011

160.1 The minutes of the board meeting held on 23 November were approved.

11/161 Action notes and matters arising

161.1 Greentrees: Haringey is revisiting its plans for a second consultation regarding the future provision of rehabilitation services provided from this site.

161.2 BAF: This was to be discussed later in the meeting.

161.3 Membership: An update would be given at the joint meeting with the governors scheduled for later that afternoon.

161.4 Induction: The Chairman and Marisha Ray had met with Margaret Boltwood, Director of People, to discuss Marisha's concerns around the induction process. The Chairman informed Board members that they had been assured that all staff undertook mandatory training prior to starting work, and whilst he could not say categorically there was no risk in this area he was satisfied that it was minimal.

161.5 Charitable Funds: It was agreed this item could be removed from the action log – all that was required was a significant injection of funds and some innovative ideas. It was agreed that Robert Aitken should be invited to a future meeting of the Medical Committee in order to speak to the consultants about charitable funds.

## 11/162 Chairman's Report

- 162.1 The Chairman had met with the Chairman of the Royal Free Hospital as part of their regular series of discussions. That organisation is in the final stage of its application for Foundation Trust (FT) status, having been through both the SHA and the Department of Health stages. Monitor representatives are now carrying out their assessment, which is both detailed and appropriately challenging. If all proceeds according to timetable their Board to Board meeting will take place in early March and they will become operational as an FT from 1<sup>st</sup> April. There were two particular areas of challenge:
- all senior staff are expected to be clear about the top three risks in their area, what is being done about them and where is the evidence. The Chairman commented that this reflects the WH senior management team's ongoing efforts to be clear about a small number of priorities at all levels in the organisation and to reflect these clearly in board papers and other similar documents.
  - how can they be assured that the organisation does proper triangulation of its data (i.e. that all is thoroughly cross-referenced).
- 162.2 The Chairman had also attended a one-day workshop run by the FT Network for aspirant FTs, covering all elements of the FT process, key issues and any recent changes made to the approach. Fiona Smith and Richard Martin had also attended this event and as a result of the workshop a number of adjustments and amendments have been made to the FT preparation and board development programmes.

## 11/163 Chief Executive's Report

- 163.1 Introducing her report, Yi Mien began by supporting what the Chairman had said about the 'three risks' approach, also that part of the process of becoming an FT was about making the organisation more business like. FT status was the ultimate prize, but the whole journey was of importance.
- 163.2 Yi Mien drew attention to the publication by the Department of 'Innovation, Health & Wealth, Accelerating Adoption and Diffusion in the NHS'. This had been commissioned by Sir David Nicholson and led by Sir Ian Carruthers following a review of innovation earlier in the year. A summary was attached to the Chief Executive's report. The actions listed therein are mandatory and will be built into 2012/13 operational plans.
- 163.3 The recent publication of reference costs showed Whittington Health as being 10% over over costs – there was a need to reduce cost of both hospital and community services.
- 163.4 The five-year strategy was key this month, and Yi Mien took Board members through the five strategic goals contained within it as listed in her report.
- 163.5 Yi Mien updated Board members on the position regarding the Barnet, Enfield & Haringey feasibility study. With the Chairman, she had met the project director working on behalf of NHS London and gone through the various options under consideration. The SHA was due to report to the Secretary of State on 16<sup>th</sup> December. It was noted that Enfield Council had called for a judicial review.
- 163.6 The Operating Framework for 2012/13 had been published in late November, and Yi Mien said that it presented a challenging programme. Costs were rising, but the financial envelope was reducing. The Trust had begun negotiations with North Central London over next year's contract.

## 11/164 Whittington Health Strategy

- 164.1 Siobhan Harrington described the process which had been undertaken to date in order to produce the five-year strategy for Whittington Health. She said that there was still some

outstanding work to be completed on performance indicators, also on the individual divisional strategies. Although there was a need to guard against having too many initiatives and a need to avoid working in silos, it was noted that the five-year strategy had been needed to provide a foundation for divisional work, and that it contained several initiatives which straddled divisions, for example enhanced recovery.

164.2 It was noted that all projects with a cost implication are scrutinised and monitored by the CIP Board. There is a standard set of criteria for all projects, which includes:

- fit with the organisation's strategic goals
- improvement of quality
- if possible, to save money.

Some of these projects would come to the Quality Committee for discussion in the New Year.

164.3 Given the quantity of projects and initiatives planned, the Chairman asked whether any were planned but subsequently rejected; it was confirmed this did indeed happen. Fiona Smith also acknowledged the large quantity, but said that many were so inter-related that it was impossible to remove one without having an impact on others. Maria da Silva added that she had noted that taking forward this agenda was already bringing about cultural change and improved team working.

164.4 There would be an internal communications plan for the strategy, as well as its being included within the external FT consultation process. External stakeholders also consulted included the Royal Free, UCLH, Local Authorities and NHS London.

164.5 The Board formally approved the strategy, and thanked Siobhan for her considerable work on its development.

#### 11/165 Board Assurance Framework

165.1 Bronagh Scott presented the Board Assurance Framework and advised that it had been discussed and approved at the Audit Committee the previous week. BS advised that the BAF would be brought to the Trust Board quarterly, to every Audit Committee, and to Executive Committee once a month. She also advised that given the further work completed in relation to the Trust strategy and agreed at this Board meeting further amendments to the BAF would be discussed at the January 2012 Audit Committee. It remains in line with the Trust's strategic goals.

165.2 Peter Freedman expressed his thanks, on behalf of the Audit Committee, to Bronagh Scott for her work on the Framework. He reported that the Audit Committee was now assured that the Trust has a robust framework for recording and monitoring the risks facing the organisation, and that there is a rigorous process in place to assure thew Audit Committee and Trust Board that executive directors wee actively managing risks or which they are accountable. He further noted that in the coming months the Audit Committee will concentrate its efforts on understanding the assurances and plans in place to manage the risks outlined.

165.3 Noting that the purpose of the BAF was to identify issues with a potentially destabilising impact on the organisation, the Chairman asked how it might be possible to include on the Register those issues which were pertinent but over which the Trust had no control. He cited two examples:

- financial difficulties within the local health economy
- the abolition of the Strategic Health Authority.

It was agreed that the Audit Committee would give further consideration to this at its meeting in January 2012.

165.4 The Board formally approved the Framework as presented, noting that external risks such as those described in note 165.3 above would of necessity be addressed through the Audit Committee.

#### 11/166 Risk Management Strategy

166.1 Introducing this item, Bronagh Scott advised that the Risk Management Strategy formed part of the NHSLA assessment, had been discussed at the Executive Committee, and had been fairly widely consulted upon.

166.2 It was noted that whilst this strategy was comprehensive and designed to encompass all points Monitor would wish to see included, a simpler working document would also be available for staff.

#### 11/167 Quality Committee

167.1 Bronagh Scott presented the report of the Quality Committee meeting held on 18<sup>th</sup> November. The Women, Children & Families Division had attended and presented their quality report to the committee. The following reports had also been received and discussed in detail:

- Child Protection quarterly report
- Serious Incident Quarter 2 report
- Monthly Quality & Safety Dashboard.

#### 11/168 Financial Report

168.1 Due to the timing of the meeting no written report was available, however Richard Martin informed Board members that the Trust held a £360k surplus at Month 8, some £150k more than had previously been expected. CIP achievement stood at some 98%, though Richard warned that not all schemes were meeting their targets and this achievement would not have been possible had it not been for the vacancy scrutiny process.

#### 11/169 Performance Board

169.1 Maria da Silva gave a brief report of the Performance Board, which had now met twice. The Trust was performing well against national targets although there remained some margin for improvement on some of the local target areas. Where performance was deemed less than optimum project plans were being developed to address this.

169.2 In answer to a question from the Chairman about specific areas of concern, Maria said that she did have some concerns about readmissions, which carried with them financial penalties. Celia Ingham Clark said that there were plans for a senior appointment who would be responsible for assessment in future and this would avert some readmissions.

#### 11/170 CIP

170.1 Richard Martin assured Board members there was a strong chance of achieving this year's CIP target by the year end, but he acknowledged that colleagues were finding it difficult to find solutions for next year. Yi Mien thanked all the staff who had worked to achieve so much over the previous year.

## 11/171 Questions from the floor

171.1 The Chairman invited those in attendance to ask questions or make comments on any part of the meeting. The following points were raised:

- were staff at the Royal Free broadly in favour of that Trust's FT application
- on readmissions – was there a possibility that some people were returning to hospital because they had been given insufficient information at discharge
- on the strategy – would it be possible to ensure governors received the executive summary / simple version of these documents
- it was important to have contingency plans in place to cover all eventualities – and to rehearse them
- reference costs – is the fact that Whittington Health provides services in a high cost area reflected
- will there be a loss of comparative data when NHS London ceases to exist
- How should we be supporting GPs in the wake of comments such as those made in the recent King's Fund report.

171.2 Executive Directors answered as follows:

- Royal Free staff appeared to support achievement of FT status
- the type of information given at discharge – and the method of its delivery – would be reviewed
- executive summaries of documents and other relevant information would be sent regularly to governors
- reference costs – the fact that services are provided in a high cost area is recognised through reference costs
- Although access to some data may be lost post NHS London, a great deal of benchmarking data is published elsewhere, such as by Dr Foster, The NHS Institute, Information Centre etc, and commissioning boards would also be expected to publish their data
- support for GPs – it is possible to support GP colleagues through efficiency, good discharge information, Choose & Book, and generally through good communication.