

ITEM: 12/003
Doc 01.1

Meeting: Trust Board
Date: 25 January 2012

Title: **Minutes of the joint meeting of the Trust Board with the Council of Governors held on Wednesday 14 December 2011**

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

Action: For amendment and approval

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

Financial Validation	
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Compliance with statute, directions, policy, guidance	Reference: Standing Orders
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The minutes of the joint meeting of the Trust Board of Whittington Health* with the Council of Governors held at 2.00pm on Wednesday 14 December 2011 at 45 Middle Lane.

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
	Siobhan Harrington	Director of Strategy / Deputy CE
	Fiona Smith	Director of Planning & Programmes
	Kate Green	Secretary to the Board
	Jeremy Hargreaves	
	Valerie Lang	
	Margot Dunn	
	Ron Jacob	
	Graham Laurie	
	Barry Hoffbrand	
	Mary Slow	
	Patricia Harrington	
	Recep Suleyman	

Apologies: Dan Tonor

The Chairman began by thanking governors for their valuable input over the year. He said that within 18 months there would be elections to formally constitute the FT Council of Governors. He also noted that dates were required for CoG meetings for the following year.

Next steps for the ICO

Yi Mien Koh introduced this item by describing the development of the Business Strategy for the ICO, which she said had been to both Islington & Haringey Health & Wellbeing Boards as well as to NHS London. She informed governors that the Trust was developing a new currency, a bundled tariff, which would enable it to make changes without incurring financial penalties. A proposal to this effect had been sent to NC London, and a meeting with that organisation would take place soon. NHS London has supported this approach, which if successful would lead to the Trust's being the first pilot organisation to have a bundled tariff for long term conditions. In addition, NHS London has supported funding being on a capitation basis rather than being disease-focused. The model would be worked through in the next few weeks, then the Trust would become one of the two demonstrator sites in London.

Yi Mien had written to Monitor, the FT Regulator, offering help with the way Whittington Health might be assessed as an ICO. She had received a reply from David Bennett, Executive Chair, in which he invited representatives of the Trust to join some working groups. Yi Mien stressed that this was an opportunity to be as innovative as possible.

There was a need to support GPs and to ensure their support for the ICO's direction of travel. CCGs have already expressed their support and willingness to work with us.

This also gives the Trust the opportunity to improve the health of the population. The ICO is the main provider of health advice and support, so improving health has to be a key part of what it does. Every opportunity, every contact, should be used to promote health.

Question & Answer Session

In terms of improving the health of the population, where does the responsibility lie?

With local leads, with the ICO as the system lead. At the heart will be the district nursing and health visiting services. The model is not yet fully defined – not yet known whether the teams will be co-ordinators of care or actual deliverers as well. If the latter, there would need to be investment in community services. Ron Jacob welcomed this approach, saying it would be far easier for carers to call just one number and know they would be directed to the right person.

What difference has all the changes to the organisation made to improving care and making it more integrated?

The Trust's becoming an ICO should reduce unnecessary duplication, ensure there is one single point of contact, be far more clear about who is involved in someone's care, what the expected outcomes should be, and involve the patient more. In some services this has already been achieved, others have begun but are not there yet. Since the Trust became an ICO and also established the three new divisions, diseases such as diabetes, which would previously been divided into acute and community treatment, and now all managed under a single structure, inevitably improving communication.

If considering the use of community based premises, the ICO was urged to remember the needs of disabled people.

The Director of Facilities is currently writing an estates strategy, and a core part of this was adherence to the terms of the Disability Discrimination Act. The point was of equal relevance to the commissioners in terms of their being clear about the way in which services they commission were delivered.

FT Membership

Fiona Smith circulated a document which showed the breakdown of FT membership to date. She thanked governors for their help with the recruitment exercise and the way they had worked to support Marjorie Isabelle, Membership Manager. Ron Jacob said that a schedule of events had been circulated which had not included timings, and requested it be amended and re-circulated. Considering the large amount of people using the restaurant, Graham Laurie suggested a notice might be displayed there encouraging people to join, and on occasion have staffed a membership table. Celia Ingham Clark wondered whether the Arsenal might be used, given it is within the ICO's catchment area. She also mentioned PROBUS clubs, which meet on a weekly basis.

Patsy Harrington said that she had experienced people using a conversation about membership to discuss other things, notably their experience of the service. Although governors had some knowledge of the complaints procedure and were aware of the need to refer formal complaints to PALS, it was suggested Cassie Williams, the ICO's new complaints manager, might be invited to speak at a future meeting. Where complaints were more general than personal, however, there was sometimes an opportunity to address the issue direct, and the example was given of the introduction of seating in the pharmacy.

Having signed two people up on the bus on her way here, Margot Dunn urged people to carry membership forms with them!

The meeting discussed the recent meeting of the Defend The Whittington Coalition, at which some members had been present. It had been clear they had not engaged with the message about FT status, but rather had been intent on planning a campaign against it. Fiona Smith said that it would be important how the ICO responded to the campaign, as this could affect the recruitment of members. There had been no other adverse responses during the public

consultation so far. It was agreed that it was important to refute serious inaccuracies broadcast by the group, however the Trust should not be drawn into a protracted media debate.

Private Patients – exploring the future

Introducing this item, Siobhan Harrington said that whatever was decided upon needed to be consistent with the strategic goals of the organisation. She then gave a brief presentation on the opportunities and options around the provision of private practice within the ICO. In answer to a question from the Chairman about the Any Qualified Provider directive, Siobhan Harrington said that from April the market would be open in certain areas to any provider meeting the laid-down criteria. Locally, these were children's wheelchair services in Islington, and musculo-skeletal services in Haringey.

Report from Council of Governors

Ron Jacob began his report by setting out which of the ICO's committees and working groups governors were represented on; these included:

- organ donation
- clinical governance
- patient experience
- research management
- end of life care
- carbon reduction

He asked board members to let him know if there were any other committees which might benefit from governor representation.

Governors had been active in a number of fund-raising initiatives, including a very successful concert slightly under a year ago.

Governors had been proactive in helping to recruit FT members during the current consultation and recruitment exercise.

In addition, Ron said that governors had assisted with marshalling the Highgate run and helping with the patient experience mapping project (interviewing women who have recently had babies at the hospital).