Whittington Health NHS Trust

BGM Submission Document

Prepared March 2012

TFA Date: October 2012

Contents

Board context

Board context

This section should set the overall context for the Trust and should include a brief overview of the Trust, together with a summary of the Board's key strategic objectives and how the Trust is performing against them. This overview links into section 3.3 of the Board Memorandum under good practice point 5 which covers the Board's strategic focus. It provides the Board with an opportunity to summarise what is important to the organisation, how it performs against KPIs and what patients think of the services provided.

In this section please provide a brief overview of:

1. Your organisation in terms of income, staff and key services provided;
2. Your organisation's key strategic objectives;
3. Summary of the KPIs the Board uses to track performance against these objectives and how it is currently performing;
4. Summary of the Trust position with regards patient feedback

The Trust's draft Integrated Business Plan

Key Messages

- A relatively new integrated care organization, combining acute and community services, mainly in Islington and Haringey boroughs, but also in other neighbouring boroughs
- Core catchment population of 440,000 with a wide variety of levels of affluence and deprivation
- A wide range of DGH and community services provided – e.g. A&E, maternity, surgery, medicine
- Delivering excellent, joined up healthcare to local people in partnership with GPs, councils, voluntary sector and other local providers.
- Highly regarded educational role, teaching circa 200 undergraduate medical students, Y nursing students and providing a range of educational

packages for postgraduate doctors and other healthcare professionals.

- Turnover of circa £277m.
- Over 4,000 staff.
- Consistently good performance in achieving national standards

Corporate Objectives 2011/12

1. Meeting key national performance indicators and quality standards as set out in the *Operating Framework for the NHS in England 2011/12.*
2. Achieving statutory financial duties including national mandatory financial targets.
3. On trajectory to achieve top quartile performance on indicators set out in NHS London Healthcare Benchmarking tool : http://www.london.nhs.uk/your-nhs-in-london/publishing-nhs-data/the-london-healthcare-benchmarking-tool
4. Achieving the £20m cost improvement programme
5. Full implementation of service line management.
6. On trajectory to achieve top quartile performance on all NHS productivity indicators as set out in www.productivity.nhs.uk .
7. Operating a 7 day organization.
8. Adoption of improvement methodology e.g. productive ward, across the trust.
9. Implement an integrated ICT system that interface primary care, community and hospital by 2012, starting with an electronic contact directory of all staff and 100% electronic discharge letters to GPs.
10. On trajectory for Foundation Trust status with target date to enter NHS London process by May 2012.
11. Full implementation of e-learning options for staff mandatory training December 2011.
12. Agreement of a clinical service strategy by the Trust Board that has the support of commissioners and key stakeholders.
13. Deliver the post merger integration plan to create a truly integrated organization in practice.

14. Set an organizational culture that is open, caring, values staff, holds people to account and promotes excellence.
15. Work in partnership with local health and social care organizations to find innovative ways of achieving a sustainable local health economy.

Performance
The Trust's principal local performance indicators are:

- proportion of inpatient discharges occurring before 11am
- theatre utilization
- DNA rates (in both acute and community settings)
- community average waiting times
- drug and alcohol service metrics
- data quality
- community dentistry quality measures

The Trust measures has good performance on its national indicators – cancer, and 18 week pathways. It also has a low hospital standardized mortality rate. It is closely monitoring pressures on patient throughput in A&E.

It is also monitoring the rate of patient discharges and the rate of failed outpatients appointments.

Patient Experience
The Trust is overall, well regarded by its patients, mainly scoring between 7 and 8 out of 10 in CQC surveys. However, most figures are static.

Waiting times in outpatients and some aspects of communication in maternity services are the main concerns arising in the feedback.

Summary results

Overview of BGM sections 1 to 3 inclusive

1. Board composition and commitment			
Ref	**Area**	**Self-Assessment rating**	**Any additional notes**
1.1	Board positions and size	Green	7. We are aware of a series of NED appointments renewing in 2015; governors will be made aware of this
1.2	Balance and calibre of Board members	Green	4. There is an action plan to complete EA10 assessment once the final NED appointment is filled
1.3	Board member commitment	Green	
2. Board evaluation, development and learning			
2.1	Effective Board-level evaluation	Amber-green	GP2 and RF2: The Trust plans to engage an external evaluation one year after authorisation 3. The new Trust Secretary has completed a board observation and internal audit have completed a review of governance with substantial assurance
2.2	Whole Board development programme	Amber-Green	6. The board has yet to review development needs post-authorisation
2.3	Board induction, succession and contingency planning	Amber-Green	5. There is an action plan to resume succession planning
2.4	Board member appraisal and personal development	Amber-Green	4 Board members do not currently have PDPs

3. Board insight and foresight			
3.1	Board performance reporting	Green	The dashboard was re-shaped following the integration of community services and the Trust is working towards service line management
3.2	Efficiency and Productivity	Amber Green	Ensure that the process for planning, assessing, delivering, overseeing and reviewing CIPs is documented
3.3	Environmental and strategic focus	Green	The IBP is work in progress
3.4	Quality of Board papers and timeliness of information	Green	Introduce regular reporting to the board and quality committee via the performance report

Summary results

Overview of BGM sections 4 to 5 inclusive

4. Board engagement and involvement			
Ref	**Area**	**Self-Assessment rating**	**Any additional notes**
4.1	External stakeholders	Amber- green	1 The engagement plan is for completion in April 3 & 4 The IBP is a work in progress and the public engagement is planned
4.2	Internal stakeholders	Amber-green	2 The engagement plan is for completion in April
4.3	Board profile and visibility	Amber-red	RF1 applies and there is an action plan to formalise practices around GP 1-4
4.4	Future engagement with FT Governors	Amber-green	The Trust has a shadow Council of Governors

5. Board impact case studies		
Key points to highlight		
5.1	Performance issues in the areas of quality	Maternity Deep Dive
5.2	Performance issues in the areas of finance	Haringey Children's Services
5.3	Organisational culture change	Implementation of Divisional Medical Directors
5.4	Organisational strategy	Development of 5 Year Strategy

1. Board composition and commitment

Section RAG rating:

Green

1. Board composition and commitment

Section RAG rating:

Green

1.1 Board positions and size

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1. the size of the Board is determined by the Trust's Establishment Order and is considered to offer an appropriate range of specialisms, experience and challenge 2. It is confirmed that all voting positions are substantively filled; the Trust is recruiting to a vacant NED position in spring 2012 3. The Board has a Senior Independent Director (minutes of 25 January/22 February 2012 board meeting; GPE 5 Role Profile for S.I.D.) 4. The Trust has had an interim Company Secretary since January 2012 and has since appointed a substantive role 5. Voting rights for board members are detailed in every agenda from March 2012 6. None of the NEDs has any past or current substantive connection with the Trust and are therefore all considered to be impendent 7. The Trust is aware that the terms of office of all the NEDs except one are of due to expire on various dates through 2015		5 Directors have changed since March 2010 NEDS' termination dates are set by the Appointments Commission; start and end dates will be discussed with the Council of Governors and a programme of steady transition/refresh will be agreed.

1. Board composition and commitment

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments
1. The Chair and CEO roles are substantively filled 2. The Trust was created in its current form in April 2011; some Executive Directors were with predecessor organizations. (GPE 1 – Board minutes – March 2010) (GPE 2 – Directors' Biographies on Trust website) 3. Two Associate Directors regularly attend the board meeting, which is considered to be reasonable		

1.2 Balance and calibre of Board members

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1 An assessment of board skills in relation to foundation trust status was carried out in September 2011 2 The Trust has job descriptions in place for board roles; the Feb '12 job spec refers to individual skills required of a new NED appointment 3. The NEDs are drawn from a variety of business, charity and public sector backgrounds (Evidence: Directors' Biographies on Trust website) 4 Equality Act 2010 - assessment 5. Professor Jane Dacre, a NED, has a clinical background 6 The Trust was created in its current form in April 2011; there is a variety of new and pre-existing appointments on the board (Directors' Biographies on Trust website) 7 Backgrounds indicate that all board members can be considered to be experienced 8 and 9 The Trust chair has a background in financial services; he became chair in 2007	Conduct an evaluation of protected characteristics	

10 All Audit committee members are drawn from a business background		

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments
1. Anita Charleswoth has a relevant financial background 2 All of the NEDs have extensive commercial experience 3. All board members have previous board level experience 4 The majority of directors have been with the Trust or its predecessors for over 18 months		

Section RAG rating:
Green

1. Board composition and commitment

1.3 Board member commitment

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1. Attendance at board meetings is consistently good 2. Board members have considered the time commitment for achieving foundation trust status 3 A Code of Conduct is set out in the Constitution		

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments
1. There is no recent instance of the board being inquorate 2 and 3 Attendance at board and committee meetings is consistent 4. It is felt that board		

members are compliant with the expected behaviours		

2. Board evaluation, development and learning

Board evaluation, development and learning

Section RAG rating:
Amber green

2.1 Effective Board level evaluation

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1. The Trust commissioned a review of governance from internal audit in November 2011, reported to the Audit Committee in April 2012. 2. See action plan/explanation 3. Ditto 4 Ditto	2 The Trust is planning a further independently led effectiveness review after its authorisation	The board has commissioned a review by internal audit and the new company secretary has conducted a board evaluation. It did not conduct this in 2011 because of the reorganisation to ICO. It is felt that the in the authorisation process in 2012 there will be several board evaluations.

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments
1 internal audit have conducted a board evaluation in December 2011 2-4 This is dealt with above		

Section RAG rating:
Amber green

Board evaluation, development and learning

2.2 Whole Board Development Programme

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1. and 4 The board development is not planned far in advance 2 Board members understand the differences in the regulatory framework for FTs 3 There have been a series of seminars on the development of the IBP 5. There is a fortnightly seminar programme which is well supported 6. An assessment of future skills has been undertaken	4 Produce an advance programme of board development activity	
Red Flags	**Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)**	**Notes/ comments**

1 the Trust operates a fortnightly programme of board development 2. Emphasis is placed in the seminar activity on the knowledge required for FT status		

Board evaluation, development and learning

Section RAG rating:

Amber green

2.3 Board induction, succession and contingency planning

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1-3 A process, led by HR and the CEO is in place to induct new board members; this is underpinned by mandatory training requirements 4 There is a deputy chair and deputy CEO	5 The Trust is re-starting its succession planning process in 2012, following its reorganization in 2011	
Red Flags	**Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)**	**Notes/ comments**

2 There is a deputy chair and deputy CEO 3 A number of NED appointments are due to expire in 2015 – the Trust is aware of this	**3**. The Council of Governors will assess the individual performance and take into account previous length of service in formulating a succession plan which is expected to renew some appointments;	

Board composition and commitment

Section RAG rating:

Amber-Green

2.4 Board member appraisal and personal development

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	**Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)**	**Explanation if not complying with good practice**
1. Appraisal arrangements are in place for all board members 2. The SID appraises the Chair 3. There is evidence of a cycle of objective-setting and review 6. 7. A process for the involvement of Governors in the Chair's appraisal has been described; in 2009 an appraisal was conducted	4-6 Board members do not consistently have Personal Development Plans	
Red Flags	**Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)**	**Notes/ comments**

1 An appraisal process is in place 2 The Trust does not have a systematic approach to professional development for board members		

3. Board insight and foresight

Section RAG rating:

Green

Board insight and foresight

3.1 Board Performance Reporting

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1 The Board has agreed a set of local performance and quality indicators relevant to the integrated range of services 2 The Performance report offers a RAG rated dashboard overall and by division and more detailed exception reports offer commentary on the position and improvement/recovery plans 3 Each committee submits a written report (and supporting information) of its meetings which is discussed by the Board 4 Key risks are summarized in the Board Assurance Framework regularly discussed by the Board		

5 A board action log is maintained and is reviewed at each board meeting		
Red Flags	**Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)**	**Notes/ comments**
1 The Trust's performance is generally stable 2 & 3 There is not considered to be evidence of this 5. The Board considers a full account of committee proceedings 6. An up to date action log is in place 7 The Board Assurance Framework and Corporate Risk register convey the top risks	4. The Trust's practices will be amended via the Board or a new Finance Committee	

Section RAG rating:

Green

Board insight and foresight

3.2 Efficiency and Productivity

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1 Prospective significant CIP schemes are risk rated, reviewed and signed off by the Director of Nursing & Patient Care and Medical Director 2 Some schemes have been found to be unviable as they progress and the decision has been made to terminate 3 QIPP is monitored in detail by the QIPP Board. The Board receives updates via the finance report on CIP schemes 4 The Trust's quality management processes address the need to ensure quality of service has been maintained		

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments

1 CIP is monitored by the Trust board via the Finance Committee and the QIPP Board 2. The evidence does not support this		

Section RAG rating: green

Board insight and foresight

3.3 Environmental and strategic focus

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1. The board receives a written report from the CEO on this basis 2. The Board has reviewed lessons learned from Mid Staffordshire and and Six Lives 3, 4 and 6 This has been conducted via seminars on the IBP 5 Milestones and KPIs are included in the IBP and will be reflected in strengthened annual planning arrangements 6 A seminar has discussed downside risks in March 2012 7 A BAF is in place and is kept under regular review		

Red Flags	**Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)**	**Notes/ comments**
1. This is considered in the CEO's report 2 Consideration of downside risks will be explicitly defined in the development programme 3. There is no regular process to monitor progress towards delivering the Trust's strategy	A quarterly update on the achievement of the Trust's 2012/13 Strategic Goals will be introduced	

Board insight and foresight

3.4 Quality of Boards papers and timeliness of information

Section RAG rating:

green

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1. The Board believes its programme of monthly meetings, supported by its committee meetings, ensures decision-making is timely. 2. A timetable for the production of items for the Board agenda is published and adhered to 3 the format of the agenda items seeks clarity about the purpose of the report 4 There are no arrangements for access to in-month flash reports 5 Board papers are structured so as to require an evaluation of the options in appropriate cases 6 The Board receives updates on progress with information governance (e.g. the IG Toolkit) 7. The Audit Committee and Quality committee have both enquired into existing and prospective information sources and tested the veracity of these		

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments
1. Tabled reports at board are the exception and normally are presentations and supplementary information 2 The evidence does not support this in board meetings 3 There are risks and concerns associated with data quality	An action plan is being commissioned	This is considered to be working within acceptable limits

4. Board engagement and involvement

Section RAG rating:
Amber-Green

Board engagement and involvement

4.1 External Stakeholders

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1. A stakeholder Engagement Plan is due to be completed in April '12 (draft is in the evidence file) 2 Details of the methods to be used are set out in the stakeholder engagement plan 3 The Trust's IBP has not yet reached the stage where it has been the subject of extensive public consultation. 4. The Trust's IBP is in development at the time of the self-assessment 5 The trust considers that it has a healthy relationship with its main commissioners and it is actively engaging in the changes of configuration	1-4 Finalise Stakeholder Engagement Plan	

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments

1. At present, engagement in the development of the LTFM and the IBP has largely been within the Trust with feedback from the SHA 2 The Trust believes there are good relationships with existing and future commissioners 3. 2011 average scores for patient satisfaction with care, dignity, involvement, cleanliness are 75-80% and are improving on previous years 4. There continues to be media interest in children's services in Haringey around the Baby Peter case and health visitor workloads. There has recently been a piece in the Islington Tribune concerning an inquest into a patient death.		

Board engagement and involvement

Section RAG rating:

Amber-Green

4.2 Internal Stakeholders

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1 **Delivered engagement 2011** • Large scale workshops "Big conversation" during the launch of the ICO • CEO briefings • Launch of Whittington e briefing • Departmental or directorate team meetings and awaydays • Staff survey • Chairman's forum • CEO blog and "Ask the Chief Executive" 2 Work on staff engagement is planned when the IBP reaches the appropriate stage of development 3. **staff awareness of own contribution** • regular staff appraisals • 121 meetings with line manager • CEO acknowledgement in Whittington Bulletin and her staff briefings • Clinical audit awards 4 There are four monthly prizes presented by the	Complete plan for engagement on the final draft of the IBP	The Trust has not scheduled yet to complete its IBP.

Chief Executive: Clinician, Employee, Clinical team, Team of Regular CEO awards to Employee or team of the month 5. The Trust is developing a set of values in consultation with its staff during March '12. 6 Staff informed of major risks and understand their role: -"message of the week" in maternity -Cats Eyes Risk Management newsletter -Main WH newsletter -CEO briefing to Medical Committee -Staff induction and mandatory training -Quality dashboards and monitoring of incidents by each Division -Visible Leadership audits and feedback through ward dashboards -Patient Safety quiz for Foundation doctors 7 Clinicians involved in management and decision-making: -MD and Primary Care MD on EC -Divisional Directors and Divisional Boards each with multi-professional senior clinicians -Clinician chairs of many committees e.g. Drug and Therapeutic, Medical Devices (e.g. decision on replacing ventilators), Patient Safety, Clinical Ethics. Clinical lead on managed equipment service -Chief Information Officer (clinician) leads on clinical IT strategy development -QIPP Board has wide clinical involvement	The Current Whittington Employment Promise will be reviewed with staff to re-define it during April 2012	

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments
1 The staff survey results are considered to be reasonable 2 The evidence does not support this; there is a constructive relationship via the Partnership Board 3 The Trust is addressing some concerns about the patient experience of some of its outpatient clinics		GP 1 Intranet page http://whittnet/default.asp?c=16960 GP 4 Intranet page http://whittnet/default.asp?c=16753

Section RAG rating:

Amber-red

Board engagement and involvement

4.3 Board profile and visibility

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice

1. Details of quality walkrounds, actions and follow-through are in 2010 and 2011 are in the evidence folder; examples of informal visits are also detailed. 2.-4. There is a range of activity taking place, but this is not structured. NEDs take part in safety walkrounds, the CEO presents staff awards 5. The Trust Board meets in public and its past papers are available on the Trust's website. Board meetings are well attended.	1 The programme/process for quality walk rounds is being strengthened for delivery in April.	
Red Flags	**Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)**	**Notes/ comments**
1 & 2 The board cannot evidence a set of formal processes to raise its profile in the Trust and be more visible	An action will be presented to raise the profile/visibility of the board and promote attendance at principal events attended by staff	

Section RAG rating:

green

Board composition and commitment

4.4 Future engagement with FT Governors

Evidence of compliance with good practice (Please reference any supporting documentation below and attach with your submission)	Action Plans to achieve good practice (Please reference Actions Plans below and attach with your submission)	Explanation if not complying with good practice
1 As detailed in the Governance Rationale, the Council of Governors is considered to be workable and representative 2. The Governors Code of Conduct and the Governance Rationale set out the Trust's position on this 3. & 4 The trust has had a shadow council of Governors in place since 2008 5 & 6. A Membership Development Strategy is in place	A plan around inductions and interactions with the board will be developed in July 2012	The Trust has experience of establishing and working with a Council of Governors

Red Flags	Action plans to remove the Red Flag(s) or mitigate the risk presented by the Red Flag(s)	Notes/ comments
1-3 these have been considered over the period of shadow operation of the Council of Governors		

5.0 Case Studies