

Trust Board Seminar 20 December 2006 – Brief Notes

1. The National Context

Nigel Edwards from the NHS Confederation gave an overview of what the future may hold for the NHS taking the service from a national perspective. He also highlighted the areas where he believed specific problems still existed. He noted the likely increase in influence of Monitor as not just a financial regulator, the increase in ISIPs and the likely convergence of services. Additionally he touched on financial problems, particularly in areas where both the PCT and Acute trust are in deficit, the importance of the tariff and the coding issues related to this, noting that the tariff is unlikely to be unbundled further and that much may have to be achieved by local negotiation and the effects of Demand management, whose main aim is improving clinical improvement rather than financial cuts.

He also gave a personal view that the measurement of quality was not just about the patient care and clinical excellence it was also about the wider patient experience, and that as a consequence customer care and the ability to effectively deliver it would be key to organisational success.

2. The London Strategy

The Chief Executive presented the board with a presentation given by the SHA on their Health Strategy for London and the newly formed Provider Management Scheme. He also circulated a document explaining the rationale of the new agency and the regime being put in place to monitor and regulate all trusts through to FT status.

3. Whittington Strategic Service Plan “Our Future Direction”

The Director of Strategy and Performance presented an overview of the Trust’s strategic service plan for discussion. She ran through each part of the plan noting the areas that might be required for debate. She also explained the reason for the debate looking back over the time period since the plan was last signed off and the future requirements considered in the light of any FT application.

4. Structured Debate

The Chief Executive and Director of Strategy and Performance led the board on debating both the service plan and what should be considered important for the future development of the Trust. It was generally considered that the vision and general tenor of the document were correct. However it was considered inappropriate to describe our desire to display excellence in particular areas as this implied that we were less than excellent in other areas. It was also felt that the term ambulatory care should be removed as this is considered a confusing and poorly understood term. What was also felt very strongly was the importance that had to be placed on customer service and more importantly the customer experience. It was felt by the chair that

we needed to shift from being producer focused to consumer focused. The CEO also noted that the drivers for what we do should be centred around our core business and this should be closely regulated.

The final exercise that the board conducted was a vote on the Trust's ten critical success factors (now converted into corporate objectives, marking each on a score of 1-4 on its importance to the Trust's success and how good the Trust is at achieving them. The CEO thanked the board for their support whilst noting that this was the first in a number of stages in refreshing the strategy and that the discussion would be cascaded through the organisation, including wide clinical engagement.

Table 1: Board Results – Performance against the Critical Success Factors

Evaluation of the importance of and the Trust's performance against the 10 critical success factors now adopted as corporate objectives.

Scoring importance: 1 = not important, 4 = crucially important

Scoring performance:

- 1 Sub-standard
- 2 Meeting the standard
- 3 Good
- 4 Excellent

Corporate Objective	Importance	Performance
1) Exhibiting high standards of customer care	4	2
2) Delivering high standards of clinical care	3.75	2.75
3) Undertaking education and research		
Education	3.3	2.7
Research	2.5	1.8
4) Employing competent, motivated staff	4	2.7
5) Being operationally excellent	3.8	2.8
6) An integral part of the local health community's health resource	3.8	2.5
7) Reducing hospitalisation	3.5	1.8
8) Providing a suitable environment for care	3.5	2.7
9) Financially robust	4	2.8
10) Collaborating with other agencies	3	2.5