

**MINUTES OF THE SCRUTINY REVIEW - WHITTINGTON HOSPITAL/APPLICATION FOR FOUNDATION TRUST STATUS
THURSDAY, 4 OCTOBER 2007**

Councillors Egan and Winskill

Apologies Councillor Bull and Newton

LC10. APOLOGIES FOR ABSENCE

Cllr Bull, Cllr Newton

LC11. URGENT BUSINESS

None.

LC12. DECLARATIONS OF INTEREST

None.

LC13. MINUTES OF THE PREVIOUS MEETING (11/9/07)

That the minutes of the meeting held on 11th September be approved.

LC14. TO RECEIVE WRITTEN EVIDENCE

Two written submissions were received by the panel. Haringey Teaching Primary Care Trust and Whittington Hospital Patient & Public Involvement Forum both provided written responses to the Whittington Foundation Trust status application. Both reports are attached for information.

LC15. FEEDBACK FROM PANEL VISIT

Members of the panel were invited to visit the Whittington Hospital on 1st October 2007. Members were provided with a tour of the hospital site by Fiona Elliot (Acting Deputy Director of Strategy & Performance) and Siobhan Harrington (Director of Primary Care). Members were also able to meet and present questions to David Sloman (Chief Executive).

- Members agreed that the tour was very useful as it provided further insight in to the developments taking place at the hospital. Members were also appreciative of the time given by staff that conducted the tour and with whom they spoke to whilst at the visit.
- The tour highlighted to members that the hospital is in a process of transition, where a stark contrast in level of facilities was observed between the new development and the old building.
- Members found the new building in excellent order; clean, bright, easy to navigate, patient centred design and a good place to work for staff.
- Conversely, the old building was generally felt to be in a poor state of repair with inadequate maintenance of facilities:

MINUTES OF THE SCRUTINY REVIEW - WHITTINGTON HOSPITAL/APPLICATION FOR FOUNDATION TRUST STATUS THURSDAY, 4 OCTOBER 2007

- It was noted that staff were friendly, enthusiastic and helpful. There was a perception among panel members that good customer care is beginning to percolate down throughout the hospital.

LC16. EVIDENCE FROM INDEPENDENT ADVISER

Joy Tweed was asked to collect comparative case study data from three other Foundation Trusts. This would help the committee to compare models of governance and financial operation which would help to inform decisions concerning the Whittington Hospitals proposals. A summary of the main points arising from panel discussions of this data is presented below.

- Foundation Trusts had only been operating since 2004 therefore there is a general paucity of evaluative data relating to these institutions.
- An outline of case study data was presented to members of the panel which related to the size of the membership, the number of governors and the relationship between the Board of Governors and the Board of Directors. This is summarised in the Table 1 below:

Table 1 - Summary of case study Foundation Trusts			
	Case Study 1	Case Study 2	Case Study 3
Membership	14,800	12,300	100,000
Members Council (Board of Governors)	37 (7 staff, 10 public, 10 patients, 10 stakeholders)	33 (5 staff, 3 public, 14 patient, 11 stakeholders)	33 (5 staff, 17 public, 2 patient, 9 stakeholder)
Relationship between Board of Directors and Members Council	<ul style="list-style-type: none"> ▪ Board meetings attended by Council Members: report on progress & activities. ▪ Board Members invited to all Council Meetings: report on progress & activities. ▪ All Member Council sub committees attended by an Exec and Non Exec. 	<ul style="list-style-type: none"> ▪ Board has 4 general meetings a year. ▪ There is one joint Board and Council meeting per year. 	<ul style="list-style-type: none"> ▪ Governors do not attend Board of Directors meetings. ▪ Members Council meeting attended by at least 2 Execs, Non Execs are always invited.

- Obtaining specific financial data from Foundation Trusts proved problematic, particularly those costs relating to recruitment and maintenance of trust Membership (as such data was not detailed in annual accounts). However, data was presented from a Foundation Trust which was not one of the three case studies. This Foundation Trust had a budget of £150,000 set aside for costs associated with the Membership of which £25,000 was used to fund the election of governors. Approximate spend per Member at this Trust equated to £30 per annum.

**MINUTES OF THE SCRUTINY REVIEW - WHITTINGTON HOSPITAL/APPLICATION FOR FOUNDATION TRUST STATUS
THURSDAY, 4 OCTOBER 2007**

- The Members Council was noted to have different functions in each of the case study Foundation Trusts, with some having more progressive roles than others. Thus, whilst one Member Council was involved in strategic planning, the work of another appeared to focus on the “patient experience”. In one case study, the members Council had played a significant role in the takeover of a failing NHS Trust.
- The relationship between the members Council and the Board of Directors would also appear to vary across the case studies. In one case study, the Council and the Board met regularly and the relationship would outwardly appear to be transparent. In other Foundation Trusts, the Council and the Board only met once per year.
- The ultimate sanction that the Board of Governors may have with the Board of Directors is the dismissal of the Chair and Directors. Evidence suggests that Governors are reluctant to use this sanction; indeed, just one instance of its use was identified.

LC17. REVIEW FINDINGS AND RECOMMENDATIONS

Application Process

Agreed:

- 1. That the outcomes and issues arising from the Equalities Impact Assessment be addressed in the strategic planning of the Trust.**

Accountability and governance

Membership

Agreed:

- 2. The Trust regularly audits and publishes Membership data to ensure that it is fully representative of the community which it serves.**
- 3. That Trust Membership is refreshed and renewed on a periodic basis.**
- 4. That a dedicated and ongoing programme of engagement, awareness raising and member recruitment amongst hard to reach communities is established.**
- 5. That the Trust makes explicit reference to the ongoing costs of recruiting and maintaining the Membership within its annual accounts.**
- 6. That the Trust promotes the active participation of the Membership, and should develop methods through which to monitor the participation levels of the Membership.**

Members Council

Agreed:

- 7. That as a priority the Members Council should develop the constitution for the Trust in collaboration with the Board of Directors.**
- 8. The Trust consults with other Foundation Trusts on developing a model of governance which is both open and transparent.**

**MINUTES OF THE SCRUTINY REVIEW - WHITTINGTON HOSPITAL/APPLICATION FOR FOUNDATION TRUST STATUS
THURSDAY, 4 OCTOBER 2007**

- 9. A full programme of training should be prepared for Governors once they are elected/ appointed to ensure that they have the necessary skills and expertise to undertake their responsibilities.**

Relationship between Board of Directors and Members Council

- 10. There should be regular joint meetings of the Members Council and the Board of Directors to ensure that the views and representations of the wider membership are translated in to executive action.**

Equality of access, local partnerships and the local health economy.

Agreed:

- 11. That the Trust should continue to ensure that service information or other data essential for effective local commissioning is accessible and provided in a timely fashion.**
- 12. That the Trust should be an active and committed partner within the Local Strategic Partnership (LAA).**
- 13. That the current level of financial transparency be maintained.**

Impact on local people.

- 14. That disposal of non protected capital assets held by the Trust should be done so under lease and covenanted for ongoing medical / healthcare usage.**

LC18. NEW ITEMS OF URGENT BUSINESS

None.

LC19. REVIEW EVALUATION

Cllr Gideon Bull

Chair

Haringey TPCT submission to Haringey Overview and Screening Committee on Whittington NHS Trust Foundation Trust Application

1. Introduction

The Whittington Hospital has been invited to submit an application to become one of the seventh wave of Foundation Trusts.

As a major commissioner of services provided by the Whittington, this will have implications for Haringey and this paper sets out the context and some of the considerations that will need to be taken into account by the TPCT. This paper reflects discussions with and the response of Islington PCT, the lead commissioner for the Whittington and this information will be reflected the formal response submitted to the Whittington for the PCTs.

2. Background: What is a Foundation Trust

NHS foundation trust hospitals are a new type of organisation, the ethos behind them was that they should be accountable to their local community rather than to central government and more responsive to the needs and wishes of their local people. However, they firmly remain part of the NHS and provide healthcare services consistent with NHS standards and principles.

A NHS foundation trust hospital is governed by a members' council, which is elected by its members. Patients, the public, staff and local organisations can all become members. The members' council works with the hospital's board of directors to agree its strategic direction. The thinking behind this is that local people can have a say in how the hospital's services are run and developed.

NHS foundation trust hospitals have greater financial freedom. They can seek new sources of income, retain any surplus and decide, in partnership with the members' council, how best to spend their money to meet the needs of their patients and local communities.

NHS foundation trusts are organised and governed in a different way to existing NHS Trusts and have three main components:

- *The membership* made up of patients, staff local people and partner organisations, such as PCTs, GP practices, local authorities and voluntary organisations
- *A members' council* of about 30 members that includes individuals elected from the membership and people appointed from partner organisations. The Whittington are proposing that this includes four members of staff
- *A board of directors* made up non-executive and executive directors, the chairman and chief executive

3. Implications for Haringey TPCT

The Whittington is not in the first wave of trusts to seek Foundation status. UCLH, Moorfields and the Homerton were among the first wave of trusts to move to FT status some three years ago. Barts & The London and the Royal Free are in earlier waves of working up bids. Camden & Islington Mental Health and Social Care Trust are in the final stages of moving to FT status and Barnet, Enfield and Haringey Mental Health Trust are preparing to apply for FT status.

Once trusts move to become an FT they gain greater flexibilities and freedoms and crucially move out of the performance-monitoring framework of the Strategic Health Authority. Their formal performance monitoring relationship moves to Monitor, and greater responsibilities are placed on their lead PCT (in this case Islington) to negotiate their legally binding contract and to oversee their performance monitoring on a day-to-

day basis. The contractual responsibilities therefore become more formal and defined as the contract takes on a different status.

4. Activity Assumptions

As part of their FT application trusts need to submit a detailed activity business case. The local health community and London as a whole are in the middle of a number of important pieces of strategic work that will shape models of care for the next decade – the consultations on the Primary Care Strategy and the Healthcare for London report, PCT Commissioning Strategy Plans and Collaborative Commissioning Intentions for each sector – these make it almost impossible for either Islington or Haringey to provide the Whittington with detailed longer-term modelling assumptions before completion of these consultations and planning processes. However, they do indicate a shift in the boundaries between primary and secondary care, many elements of care currently provided in secondary care moving to primary care. In addition specialised care may be at a smaller number of acute trusts the potential for some work to shift to more specialist providers where appropriate.

The Whittington have therefore had to make their own assumptions about the shape of care, and range of services, that they want to deliver in the future. However, there will need to a level of flexibility and adoption of these plans as the PCTs develop their commissioning plans and Islington PCT has already highlighted this to the Whittington. PCTs will be looking for a commitment from the Whittington, as an FT, to engage constructively in these discussions and to work with both its local PCTs to implement agreed changes.

5. Partnership Working

Partnership working

Good progress has been made in recent years around partnership working with, for example, some specific joint projects around long term conditions. Islington and Haringey PCTs would like to see the joint working and partnership relationships developed further, to underpin their new status. We trust that both Islington and Haringey PCTs will have an equal and valued place at the table and clear voice in helping to shape how the hospital develops in the future.

In order to do this we would like a visible demonstration to both Islington and Haringey PCTs about the value placed by the trust on partnership working. Real and active engagement and joint working with its key partners – the public, patients, GPs, the local authorities and both its local PCT – need to be explicitly set out clearly within its governance framework as an FT.

Best care pathways for local people

One of Haringey TPCT's strategic objectives is:

to improve quality and access to services, ensuring better access to the right care at the right place at the right time; providing more integrated care in the local community.

We would like to see at the centre of its ethos as an FT the vision of the Whittington Hospital as a high quality choice for local people, at the heart of the community, and a part of integrated community based care pathways.

In working to deliver the best care for local people, the Whittington as a Foundation Trust will put our PCT aspiration into practice, seeking to deliver care in the best interests of patients regardless of its physical setting.

Over the next few months the health economy in London will be consulting on the models set out in Healthcare for London the report by Prof Sir Ara Darzi, and developing services in line with our PCT specific Commissioning Strategy Plans and sector-wide Collaborative Commissioning Intentions. We are looking for assurances that the Whittington to be an equal partner and cooperative partner.

In particular the PCT is looking to focus on a number of areas, and is looking for a commitment from the Whittington for active collaboration and engagement. Three in particular stand out:

- A commitment from the trust to engage with health prevention and promotion strategies; to see their role as to improve health and not just treat illness;
- A priority for Haringey TPCT is the finalisation and delivery of our primary care strategy, following the completion of the consultation. In the short-term existing solutions – such as Right Care: Right Place – will need to be rolled out and strengthened. Again the trusts active engagement in this process is sought.
- Delivering the 18-week target is the biggest waiting time target that the NHS has had to deliver. As part of the move towards becoming a Foundation Trust, we are looking for a commitment that the trust will deliver the targets, and that there is a commitment to achieve the targets as part of a fundamental remodelling of the way that care is delivered, through redesigning care pathways. Any increases in capacity need to be negotiated and agreed and the target delivered within the agreed activity envelope.

Behaviours

The move to become an FT requires a different and more mature contracting relationship between the trust and its significant commissioners, underpinned by a legally binding contract.

As PCTs – Islington and Haringey – are committed to putting in the effort and resources to make this work effectively. We will seek assurances that the trust is also committed to making this different and more mature relationship work. This has implications for all partners and the way we work, built on trust.

Historically both PCTs have expressed frustration about access to information, as part of a more mature, contractual relationship, we will be looking for a more open approach to data sharing between primary and secondary care.

6. Conclusion

In conclusion, Haringey TPCT welcomes the Whittington's application to become a Foundation Trust.

There are two key considerations and areas where assurances will be sought that need to form the basis of our response to their formal consultation working with our colleagues at Islington PCT as the lead commissioners:

- Given the current commissioning context – the consultations on our Primary Care Strategy and Healthcare for London report, the PCT Commissioning Strategy Plans and Collaborative Commissioning Intentions for each sector – the TPCT is not in a position to sign up to any detailed modelling assumptions, the Whittington need to note and manage this risk;
- We will also seek assurances about the ethos and behaviours of the new organisation.

4th October 2007

This page is intentionally left blank

Patient and Public Involvement Forum Whittington Hospital

Evidence to the Overview and Scrutiny Review on the Whittington Hospital application for Foundation Status

Meeting of 4th October 2007

As a Patient and Public Involvement Forum our remit is to monitor how well the Trust is meeting its duty to involve and consult with the public and therefore have primarily addressed the area of 'Process'.

Key staff from the Whittington Hospital came to the Forum business meeting on 17th July to give the presentation on the Hospital's application to become a Foundation Trust and to gain feedback from the Forum on the effectiveness of this presentation. The Forum gave some positive feedback and also suggested some changes to make it more accessible for people eg. Font size, colour and background; slide order and on the general ease of understanding of the content.

Employees then came to a second meeting of the Forum, a public meeting, on the 18th September 2007 to give the presentation again in front of the members of the public present. Four members of staff were on hand to address any questions which arose.

Forum members have been given the leaflets "New Horizons for the Whittington" and "New Horizons, public consultation document supporting our application to become an NHS Foundation Trust". We have also been told that the Trust has distributed these leaflets to local groups by attending their meetings. The leaflet "New Horizons for the Whittington" also states "we will be sending a leaflet like this to households...in the areas of Islington, Haringey, Camden, Hackney and Barnet" however we are to understand that this street drop was not made because of the cost involved. We are not clear how the Trust planned to reach the average person in their home who may not belong to one of the community groups the Trust has presented the consultation to.

The Forum is not entirely clear what the Whittington is consulting on. We feel there are 2 main questions underlying the consultation. These are:

1. Should the status of the hospital be changed to that of a Foundation Trust?
2. Who will the members be and how should the council be made up if (or when) the hospital becomes a Foundation Trust?

Is the Trust consulting on whether the community thinks they should become a Foundation Trust or on how Foundation Trust status should look at the Whittington when it becomes a Foundation Trust?

It seems to us that the hospital feels it must become a Foundation Trust and understand that it's the government's policy to encourage hospitals to become Foundation Trusts as many hospitals have already done so. The Whittington is in the next wave of hospitals applying for Foundation Trust status. The hospital has also made proposals in its leaflets and presentation as to who the members of the council will be and how it will be made up.

Will any objections or comments on these two questions be put in the Trust's application to the Department of Health and subsequently Monitor? We feel that in consulting with the public the Whittington have not necessarily provided people with all of the facts, that is, the negatives as well as the positives. However, in saying this, the Trust has said they will address any concerns that people have raised throughout the consultation process and have been active in taking down the Forum's comments at meetings.

We do wonder whether the distinction between the two questions has become rather blurred in the Whittington's consultation. The consultation seems rather to presuppose that the hospital will become a Foundation Trust