



MINUTES OF THE BOARD MEETING HELD ON 22nd October 2013

Present: Christine Beasley
Tessa Blackstone
Cyril Chantler (Chair)
Liz Chidgey
Stephen Field
David Fish
Mike Foster
Simon Gaskell
Roger Jackling
Ajay Kakkar
Stephen O'Brien
Cliff Prior
David Sloman
John Tooke

In attendance: Julian Dixon
Andrew Whalley

Apologies for absence were received from Michael Arthur, Dominic Dodd, Dennis Gillings, Richard Murley and Richard Trembath.

1. The minutes of the meeting held on 2nd July 2013 were agreed as a correct record.
2. Matters arising from the minutes:
 - a) NOTED the importance of responding effectively to the Board's concern about Risk 9 (failure to engage with Primary Care, Clinical Commissioning Groups and Social care) ; a number of projects were now underway in this area, including work at Newham, Camden and Essex
 - b) NOTED that the dates of the Members and Stakeholders Council had been circulated
 - c) NOTED that the Board will discuss the issue of Wealth Creation at the January Board meeting
 - d) NOTED that not all Directors had signed the amendments to the Articles and Memorandum of Association within the specified timeframe. Consequently the proposed changes had lapsed and Directors were asked to re-sign the approval sheet. Directors not present at the meeting would be asked to sign as soon as possible afterwards.

ACTION: Andrew Whalley to coordinate the process and submit amendments

- e) NOTED the report on the Members and Stakeholders Meeting held on 23rd September 2013. A number of important issues were raised, notably the need for more multi-disciplinary training.
 - REPORTED that the Local Education and Training Board (LETB) budget will be increasingly constrained, with London likely to lose £160m over a period.

- There appears to be insufficient recognition by Health Education England that the country needs national centres for teaching excellence in the capital; trainees want to learn in the centres of academic excellence in London such as Queens Square
- The sector will increasingly need to review the time it takes to train, e.g. at present 7 years to fully train an obstetrician (but only 4 years in France).
- Difficult decisions will also need to be made on the viability of having so many Specialist centres in London; it is inevitable that there will be concentration to a smaller number of centres.
- This might prompt a review of workforce requirements, taking into account the need for more concentration of resource in the community. The North East/North Central London LETB is looking at long term workforce requirements. It was suggested that UCLPartners might develop their own perspective, analysing likely future models of care which will be driven by the change programmes led by the partnership to improve health outcomes.

3. Specialist Cancer and Cardiac programme

- NOTED that the aim was to create an academic medical centre for cancer and cardiac similar to the way in which Moorfields Eye Hospital Biomedical Research Centre/Institute of Ophthalmology and Great Ormond Street Hospital/Institute for Child Health currently function; but embedded in a whole system approach, based on prevention and early diagnosis.
- NOTED the relatively poor performance of London in respect of cancer treatment and outcomes, caused largely by late diagnosis.
- NOTED similar excess mortality in cardiovascular, in part due to poor prevention mechanisms.
- NOTED that David Fish had met with patient groups in Essex and had taken away the message that patients generally did not mind travelling further for better surgery; there was a much greater degree of public support for the proposed changes than anticipated. Patients expressed interest in having local access to services to manage chronic conditions or to prevent disease.
- The Oversight & Scrutiny committee next meet on November 20th when they will decide whether formal public consultation is necessary.
- NOTED that the business case is being further strengthened to inform the next stage of decision making.
- NOTED that the commissioners have made their £500k contribution towards the process. Stephen O'Brien confirmed that Barts and the London would likely agree their contribution the following day; and Mike Foster confirmed that UCLH's contribution would also be approved later that day.
- NOTED that the UCLPartners cancer and cardiac programmes had a good chance of creating the foundations for two Academic Medical Centres with potential to become international centres of excellence for quality of care and academic work; it will be critical to align with key funders such as Cancer Research UK and the British Heart Foundation if we are to achieve this goal.

4. Co-morbidities Programme

- RECEIVED a report on this programme from Mike Roberts and Jenny Shand
- NOTED the focus was on the frail and elderly (with initial projects on urgent care for frail older people in Barking, Havering and Redbridge University Hospitals (BHR)), the homeless and improving quality of care by adopting a Value Scorecard.

- NOTED the key challenge was better evaluation. Working with university colleagues, more creative research models are needed to better assess the degree – and effectiveness – of integrated care.
- NOTED the recent, highly successful conference on The Future of Health, produced on partnership between UCL Partners and NHS England, with 1093 attendees learning how to improve patient outcomes and experience with co-morbidities, including mental health.
- NOTED the complexity of the current patient pathway. Huge resources already deployed but not always effectively.
- The results of a detailed analysis of 500 patients attending A & E at BHR challenged many assumptions about the over-burden of A&E services, demonstrating that 98% of patients were British-born white; that Mondays were not the busiest day of the week and peak attendance was in the middle of the day. The 111 system was not shown to be a significant factor.
- A work shop brought together a wide range of healthcare providers and commissioners to review the results and to map the service provision which has built up over the years to create a complex range of services; the significant complexity means that both healthcare professionals and patients struggle to access the services needed.
- NOTED the Board considered a range of possible contributions to the improvement of service. These included a greater focus on training and empowering ambulance-workers to take more decisions without constraint; the introduction of a single point of referral for ambulance workers to consult with to decide on next steps; an analysis of Care Home protocols to reduce the number of cases where patients are sent to A&E by default; the alignment of primary care with social services networks so that lower-risk cases are dealt with in the community; and a greater focus on training for Care Home workers.
- NOTED that many clinicians see A&E as a ‘patient-created’ problem; this research shows that there are many structural and procedural issues that contribute to it.
- The Chairman thanked Professor Roberts and Ms Shand for their excellent presentation and paper.

5. Management Report

- NOTED that the AHSC submission focused on revealing the partnership’s capabilities in experimental medicine and how we will develop 6 academic centres of excellence based around the National Institute for Health Research investment in our BRC/BRUs. There was also a focus on industry and UCLPartners’ partnership credentials. A mock interview was due to take place the following day,
- NOTED various highlights from the AHSN, including the deteriorating patient programme (40% reduction in cardiac arrest in UCLPartners hospitals), the emergency care programme, now integrated into the Co-Morbidities Programme and the Child and Teenage Health programme.
- NOTED that the Clinical Research Network was performing well, the CLAHRC bid had been successful, and the Ludwig Guttman Centre was developing well.
- NOTED that the strategic risks are set out in the paper with deliberate bluntness to ensure clarity and appropriate mitigating actions.
- NOTED a reference to the proposed Institute of Ophthalmology/Moorfields Eye Hospital new building, in which the importance was stressed of configuring the building optimally for the close working of investigators and clinicians on translational research.

6. The next meeting would take place on **Tuesday 21st January 2014** at 4pm in the UCLPartners Boardroom.