

MEETING:

Trust Board 18 February 2009

TITLE:

Chief Executive's Report

SUMMARY:

The CEO report updates the Board on key issues that do not warrant at this stage a full board paper.

ACTION:

Information

REPORT FROM:

David Sloman, Chief Executive

SPONSORED BY:

Not applicable

Financial Validation

Lead: Director of Finance

Not applicable

Compliance with statute, directions, policy, guidance

Lead: All directors

Not applicable

Compliance with Healthcare Commission Core/Developmental Standards

Lead: Director of Nursing & Clinical Development

Reference: Not applicable

Compliance with Auditors' Local Evaluation standards (ALE)

Lead: Director of Finance

Reference: Not applicable

Compliance with requirements of FT application and monitoring regime

Lead: Director of Strategy & Performance

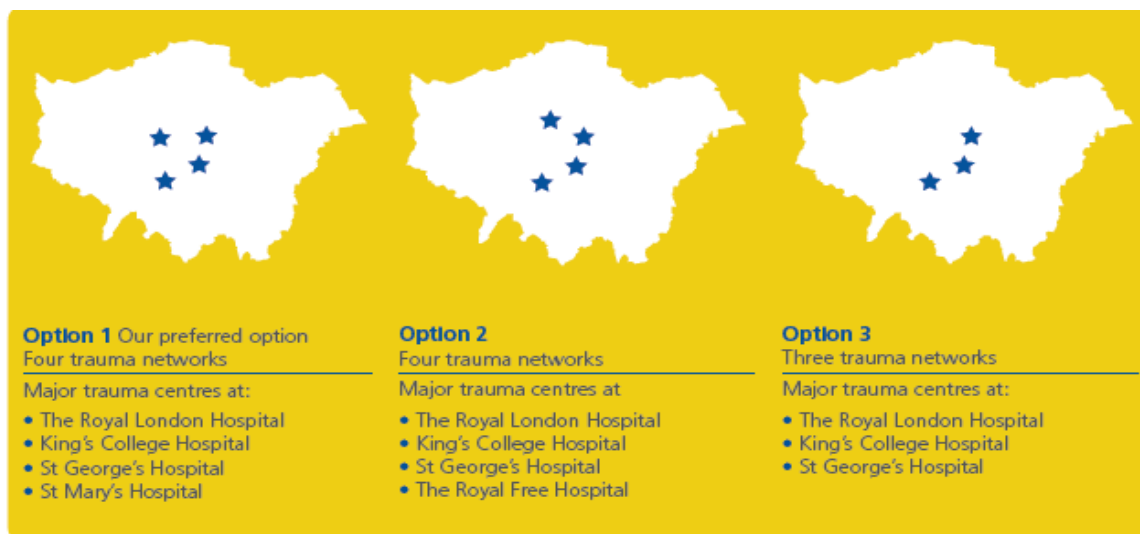
Reference: Not applicable

1. Healthcare for London implementation update

Trauma care

Healthcare for London (HfL) launched their stroke and trauma services on 30 January 2009. The document outlines the considerations given to the development of both speciality care models and these are consistent with the previous presentation to the Board.

In relation to trauma care HfL have indicated that their recommended model is a four-network trauma system which would provide each major trauma centre with enough patients to become truly world-class, whilst also being able to cope with the anticipated number of patients, respond to a major incident and effectively manage networked trauma centres across London. HfL's assessment is supported by the National Clinical Advisory Team which indicates this would provide the best solution. In addition to the Royal London Hospital, King's College Hospital and St George's Hospital already designated as major trauma centres, the fourth centre will either be St Mary's Hospital or The Royal Free Hospital. Should neither hospital be able to demonstrate that they can fully comply with the clinical care standards by 2012, HfL will revert to a three centre model. HfL have developed three options which are detailed below:



The consultation document indicates that Whittington Hospital will be aligned to the Royal London Hospital in each of these three options.

Stroke care

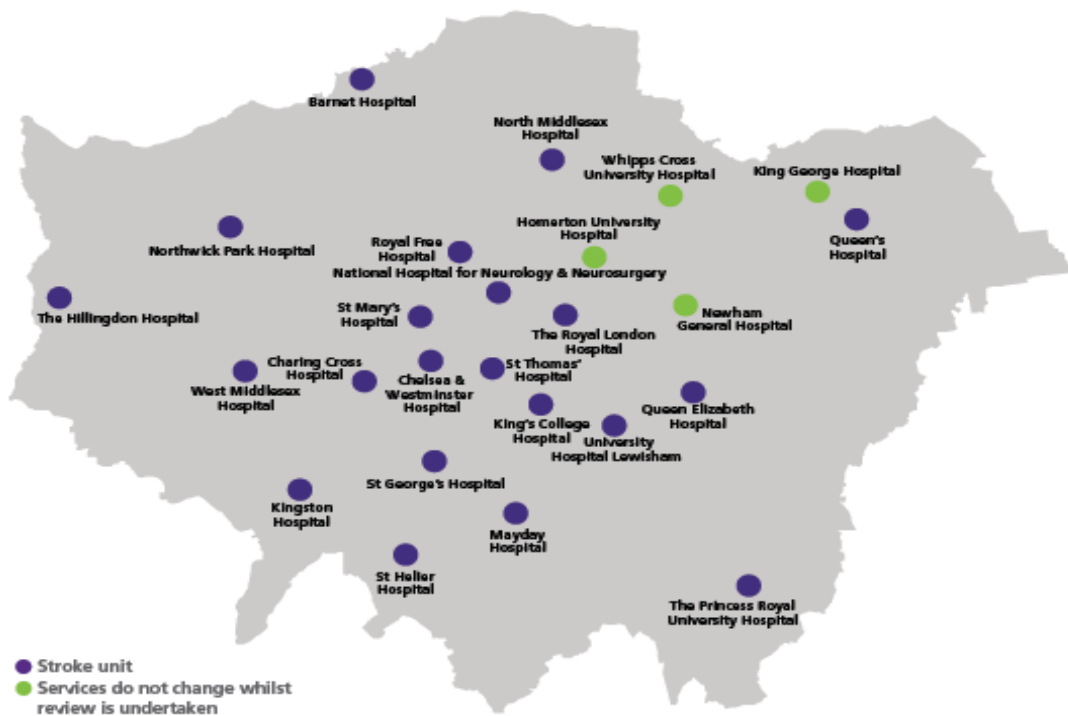
The following excerpt from the consultation outlines the organisations designated to provide stroke units:

- Barnet Hospital, Barnet
- Charing Cross Hospital, Hammersmith
- Chelsea and Westminster Hospital, London
- King's College Hospital, Denmark Hill
- Kingston Hospital, Kingston upon Thames
- Mayday University Hospital, Croydon
- National Hospital for Neurology & Neurosurgery, Bloomsbury (part of University College Hospital)
- North Middlesex Hospital, Edmonton
- Northwick Park Hospital, Harrow
- Queen Elizabeth Hospital, Woolwich
- Queen's Hospital, Romford
- St George's Hospital, Tooting
- St Helier Hospital, Carshalton
- St Mary's Hospital, Paddington
- St Thomas' Hospital, Waterloo
- The Hillingdon Hospital, Uxbridge
- The Princess Royal University Hospital, Orpington
- The Royal Free Hospital, Hampstead
- The Royal London Hospital, Whitechapel
- University Hospital Lewisham, Lewisham
- West Middlesex Hospital, Isleworth

All of the hospitals were independently assessed on their ability to provide future services for stroke patients and all will need to meet challenging new standards.

HfL have recognised in the consultation that the above list does not include sufficient capacity for stroke care in north east London. Whilst there is clarity that (under the preferred option) hyper-acute stroke units, stroke units and TIA services will be provided at The Royal London and Queen's Hospital (Romford), the proposed locations of other stroke and TIA services at north east London hospitals will not be clear until a review by PCTs in the sector is complete. Stroke services at Whipps Cross University Hospital, Homerton University Hospital, Newham General Hospital and King George Hospital will continue to be provided whilst the review is undertaken. HfL states that these hospitals are potential providers of stroke unit and TIA services in the future. Specific proposals for local stroke services will be made following the review in April 2009 and these will be submitted to the Joint Committee of PCTs for consideration and, if appropriate, approval in July 2009. HfL suggest that stroke units in London may be located as follows:

Recommended configuration for stroke units



HfL continue in the consultation to propose that the following hospitals which are currently providing acute stroke services do not provide these services in the future:

- The Whittington Hospital, London*
- Ealing Hospital, Southall*
- Queen Mary's Hospital, Sidcup*
- Central Middlesex Hospital, Park Royal**
- Chase Farm Hospital, Enfield**

Citing:

*" *These sites would need significant support to meet future standards, and extra capacity is not required in this area.*

*** Did not submit a bid to provide stroke services."*

HfL suggest that rehabilitation and other stroke services could be provided at these sites and others.

The Trust is meeting with David Sissling, Programme Director for Healthcare for London on 11 February, to discuss its concerns in relation to the evaluation of its bid to become a stroke unit. The Board will be updated on the outcome of the meeting and next steps.

The Trust is preparing its response to the consultation, which closes on 8 May 2009, and will be presented to the Board at a future meeting.

For further information contact Fiona Elliott, Director of Planning and Performance 020 7288 3721

2. Whittington Facilities Limited settlement deed agreed

On 29 January 2009, a settlement deed between the Whittington Facilities Limited (WFL) and the Whittington Hospital was signed as agreement was reached on a number of long outstanding contractual issues. The signing of the agreement brings to a close a number of matters that have been outstanding since practical completion was reached in October of 2006. The trust now looks forward to a period of consolidation and strengthening relations with our private sector partners.

For further information contact Philip Ient, Director of Estates and Facilities 020 7288 5560

3. Hygiene code visit

The Healthcare Commission made an unannounced visit to the hospital on 14 and 15 January, to inspect against our compliance with the Hygiene Code.

In the main the visit went well. Wards were clean and tidy, commodes and toilets were clean, and the visiting team observed good compliance with hand hygiene and the 'bare below the elbows' policy. Helpfully the team also identified some work that needed to be done to bring the mop room and bed store up to standard, this work has now been completed. We are expecting to receive the report on the visit by the end of March.

For further information contact Deborah Wheeler, Director of Nursing and Clinical Development 020 7288 3588

4. Care Quality Commission registration

All trusts are legally required to be registered with the Care Quality Commission from April 2009 in order to be licensed to deliver healthcare.

The Whittington's declaration of compliance with the Hygiene Code from 1 April 2009 was submitted to the Care Quality Commission on 3 February. Confirmation of our registration is awaited.

For further information contact Deborah Wheeler, Director of Nursing and Clinical Development 020 7288 3588

5. Cerner Care Record Solution (CRS)

In November 2008, all future implementations of the Cerner Care Record Solution (CRS) in London Acute Trusts were suspended, following the highly publicised clinical and financial risks experienced at both the Royal Free and Barts and London NHS Trusts.

Last week, the London SHA Acute Programme Board agreed to re-start the CRS deployment programme and invited all Trusts to propose a future implementation slot. The Whittington Hospital has re-confirmed its intention not to implement the CRS solution and to continue implementing the vision set out in the recently approved IM&T Strategy 2008-13.

For further information contact Glenn Winteringham IM&T Consultant 020 7288 5313

6. Changes in Clinical Directors

Dr David Grant has been seconded into the role of Associate Medical Director, Service Line Management. The secondment is for an initial period of two years. To fill Dr Grant's current Clinical Director role, Dr Caroline Allum has been seconded into the role of Clinical Director for Outpatients and Diagnostic Services, again for an initial two year period.

For further information contact David Sloman, Chief Executive 020 7288 3939

7. Back to the floor day

In December executive and non-executive directors took part in a 'back to the floor' day, spending time working alongside facilities staff. Feedback from those that took part has been reviewed and quotes from those that took part are included in italics below. At a trust level recommendations are:

i) To recognise the contribution all staff make to successful outcomes

"I could also see that whilst I felt a bit invisible to staff in my domestics uniform (in the main the doctors for e.g., didn't even make eye contact!) clearly the domestics and what they are doing is very visible to patients and I had the sense that a chat with the cleaner and a cup of tea was a definite bright spot in an otherwise fairly boring morning for some patients."

"There was a very good team spirit in the office and I went on a couple of jobs with Timothy, a young porter. His dealing with the public and staff was first class, very positive, engaging and caring - a real asset to the Trust."

Deborah Wheeler and Philip Ient hosted a tea party for ward FSAs and Clinical Staff to celebrate the success of achieving 90 per cent plus on ward audits over a

sustained period. Further cross collaborative initiatives are planned to build on this and to extend it to cover other support areas.

- ii) To recognise that front line staff frequently have identified the problem and an answer, but are not empowered to deliver the solution**
 - a. *“Efficient organisation by Jason with an attention to detail and has shown initiative in makings savings for the trust through bulk ordering and keeping a range of stock items separately.*
 - b. *Developed a feel for what is a reasonable level of ordering by wards and is not afraid to challenge*
 - c. *Wards can order separately and by-pass Jason's function”*
- o *“The team to determine what their annual plan of work should be - they know what needs doing and when in order to make efficient use of their time - eg they all wanted to do the heating in the summer but I got the feeling that they were over ridden”*

We will achieve this by the Director, and his deputy and assistants attending team meetings to discuss operational issues and to fast track solutions through the Facilities Management Board. Suggestions to fit ‘frosted discs’ to the revolving doors to reduce the risk of public and staff walking in to them have been acted upon and these are in place.

iii) Staff appreciate recognition and communication from senior management:

“they appreciate feedback from anyone - kept note from David on the wall (have sent thank you card)”

At an operational level managers are acting on the issues raised by feedback:

iv) To improve trust Wayfinding - signs and written communications need to tell the same story.

We have launched a Wayfinding group with staff and governor representation to look at both physical signage and written communications. Suggestions to improve No Smoking signs and to remove misleading parking signs have been enacted on. This Wayfinding Group reports to The Executive Team six-monthly.

v) To improve communication between the trust and switchboard staff

- o *“switchboard team seem too distant from operations - get information through informal networks rather than officially*
- o *big issue re being kept up to date re staffing changes especially medical staffing eg dates of doctors changeover; names of SHOs and registrars; details when people leave or are new*
- o *no link with internal intranet system in terms of info”*

A joint ops/facilities team will review information flows to the switchboard to address these issues raised. This will review will be completed by April 2009 and reviewed six-monthly thereafter.

vi) To improve service delivery in key areas by learning lessons from observations:

a. *“no standardised messages or phrases used (? what training do they have to work on the switchboard) - but they all answered calls really well and very professionally*

The use of scripts will be discussed with the Director of Primary Care, and a training needs analysis carried out with staff as part of the appraisal process.

b. *no performance data looked at ie missed calls or time to answer calls or number of calls”*

Performance data is routinely gathered and will be presented to the HMB six monthly and switchboard staff monthly.

c. *“Computerised system for the management of the jobs that they do - unclear how they prioritised and allocate the correct skill to the job - also get fractured info so they end up going to job twice in some instances first to determine what needs doing then to get on and do”*

The department is undergoing a performance review to look at whether the way they are currently organised is best placed to deliver efficient working.

d. *“A staff meeting with you once a quarter so that they feel 'loved' - they think that your newsletter is for the porters and housekeeping staff!”*

The Director is arranging to meet staff groups on a quarterly basis

Back to the floor is a concept that was warmly received by both staff and executive and non-executive directors and the aim is now to make this an annual event. The next one is planned for December of this year.

For further information contact Philip lent, Director of Estates and Facilities 020 7288 5560

8. International Nurses Day

International Nurses Day is marked every year on 12 May (Florence Nightingale's birthday). Board members are once again invited to spend the day working alongside a nurse in the hospital, which will be planned for Monday 11 May.

Board members are asked to confirm their availability and preferences for any clinical area with Deborah Wheeler, Director of Nursing and Clinical Development by Monday 27 April.

For further information contact Deborah Wheeler, Director of Nursing and Clinical Development 020 7288 3588

9. Smoke-Free Policy

In July 2005 the trust implemented a ban on smoking anywhere on trust premises. There is an awareness that staff, patients and visitors are continuing to smoke on and around the premises. After consideration of various strategies employed by other Trusts, it has been agreed that we will continue to enforce our smoke-free policy and plan a renewed campaign to reintroduce regular patrols by senior managers over a sustained period to challenge smokers on the site, and also to ensure regular patrols are carried out by smoke-free volunteers.

For further information contact Siobhan Harrington, Director of Primary Care 020 7288 5854

10. Health and Social Care Awards

The annual Health and Social Care Awards are designed to celebrate excellence and innovation in health services and to reward the hard work of our staff who provide care and support to patients every day of the year.

The Health and Social Care awards is in its eighth year and the London winners will be announced at a special celebration in May before a high profile awards ceremony hosted by the Secretary of State in July. Full details of the awards and how to nominate are at www.healthandsocialcareawards.org.uk. The deadline is 6 March.

For further information contact Deborah Goodhart, Head of Communications 020 7288 5983