

ITEM: 09/038
Doc: 2

MEETING:

Trust Board 18 March 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. Information Governance Steering Group

The inaugural Information Governance Steering Group (IGSG) met on 2 March 2009. The IGSG noted the progress made to date with the unified action plan and approved the annual information governance toolkit assessment rating of 71 per cent (green rating) on behalf of the Trust Board.

The IGSG will meet quarterly to oversee the development and implementation of the Information Governance improvement plan for 2009-10. This will include the management of all IG issues on the risk register; mapping all bulk data flows; review\approval of Trust IG policies; ensuring the delivery of staff training, and monitoring compliance with IG standards through regular audit.

The IGSG will report to the Trust Board every six months on progress.

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

2. Joint working between staff side representatives and the Whittington

The Whittington has set up a joint working partnership with staff side representatives to begin to work together within the new NHS partnership principles of:

- building trust and a mutual respect for each other's roles and responsibilities
- openness, honesty and transparency in communications
- top level commitment
- a positive and constructive approach
- commitment to work with and learn from each other
- early discussion of emerging issues and maintaining dialogue on policy and priorities
- commitment to ensuring high quality outcomes
- where appropriate, confidentiality and agreed external positions
- making the best use of resources
- ensuring a no surprises culture

This will be formally launched on Friday 27 March 2008 from 11.30am - 2.30pm with a Partnership Market Place on Level 1 of the main building. Representatives of all the unions and human resources department will have stalls with information and advice for all staff.

For further information contact Margaret Boltwood, Director of Human Resources on 020 7288 5285

3. Risk reporting

In line with the risk management strategy, the Trust Board is notified of any new risks that have been added to the trust risk register, through the Chief Executive's report.

The Board is asked to note that five new risks have been added to the risk register, as follows:

Risk ref no	Directorate	Risk	Raw rating
09/01	Trust-wide	Increase in reported incidents of violence to staff	4x3=12
09/02	Facilities	Failure to ensure the suitability of drivers undertaking driving duties	4x3=12
09/03	Facilities	Failure of nurse call systems on wards	4x4=16
09/04	Facilities	Slips, trips & falls on ungritted pavements and roadways	3x4=12
09/05	Facilities	Storage and availability of adequate medical consumables in event of pandemic or major incident	4x3=12

Residual risk rating of these newly identified risks will be assessed against mitigations and will be reported to the Audit Committee in June

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