

**MEETING:**

Trust Board 20 May 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

## **1. The Whittington Hospital one of the safest in the country**

The Whittington Hospital is the second best trust in the country for low mortality rates. The information, published on the NHS Choices website, is taken from the Hospital Standardised Mortality Ratios (HSMR), which is a statistical calculation that measures the overall rate of deaths within an NHS Trust, then comparing it with a national benchmark.

The average score is 100 and the Whittington rate has been below this figure for several years and has been steadily reducing. It is now 73.1 and is the second lowest nationally. This is further confirmation that the Whittington is a safe place to be a patient. This information comes as great news as we are in the process of implementing our Patient Safety First campaign, which is designed to help us further reduce deaths in hospital as well as helping to reduce complications.

*For further information contact Celia Ingham Clark Medical Director on 020 7288 3395*

## **2. The Whittington's response to the Healthcare for London Stroke Consultation**

The Whittington was unsuccessful in being designated as a potential Stroke Unit during the initial SHA led bidding process. In response to the consultation the Trust has submitted a case for the Whittington to be considered as a provider of stroke care in North Central London in partnership with UCLH. These institutions have a long history of successful collaboration in patient care and education. The partnership proposal from these organisations reflects a desire to continuously improve health outcomes and adhere to the standards outlined in the consultation document.

The Trust believes that in partnership with UCLH the Whittington is better placed than others to deliver the stroke strategy within the timeframes set out in the stroke plan. UCLH are happy to support a joint proposal with the Whittington were the decision made to establish a stroke unit at the Whittington. This is supported in the UCL Partners' response to the consultation.

The Whittington / UCLH partnership care model is not new and the Trusts are proposing to enhance this further to deliver stroke services through joint corporate and clinical governance, training and education of staff. Services provided by UCLH in partnership with the Whittington will offer a combined comprehensive service with one hyper acute stroke unit based at UCLH with repatriation to designated stroke beds at the Whittington. The Trust believes the partnership model is already in good shape and that by combining stroke services, the partnership will provide a world class standard of stroke care.

*To see the full consultation response or to make further enquiries about the Trust's response to the consultation please contact Fiona Elliott, Director of Planning and Performance on  
020 72883721*

## **3. The 2009/10 Annual Plan Risk Rating by NHS London**

The Provider Agency has completed its review of the Whittington's 2009/10 annual plan and calculated risk ratings, subject to approval by the Board of NHS London.

The Whittington NHS Trust has been risk rated as follows:

- Finance - 2
- Governance - Green
- Services Provided - Green
- Quality and Safety - Green

The financial risk rating reflects the Trust's breakeven position with no forecast surplus. The Cost Improvement Programme is 4.7 per cent of which, at the time of assessment by NHS London, £2.2 million was yet to be identified and was therefore considered to be high risk. As can be seen elsewhere in the finance report, the unidentified sum has been reduced to £710,000.

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

#### **4. Care Quality Commission core standards**

The trust's declaration against the CQC core standards was submitted on 30 April 2009. CQC have confirmed receipt of the submission; they are currently beginning their cross checking processes before deciding which trusts to inspect against selected standards. The declaration has been published on the Whittington website.

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

#### **5. Mr Chinh Nguyen**

Mr Chinh Nguyen was an orthopaedic consultant at the Whittington Hospital from 2005.

In April 2009 Mr Nguyen was sentenced to five years in prison for money laundering between 2003 and 2006. He has been dismissed from the hospital.

The Trust is organising alternative arrangements for its spinal surgery service, and in the short-term will be referring such patients elsewhere. However only a small proportion of patients with back pain require spinal surgery, and our back pain service continues to function.

We have written to all patients on Mr Nguyen's waiting lists informing them that he has left the Trust, and that we are in the process of arranging for them to be seen by another consultant. We will continue to communicate with individuals directly regarding their ongoing care arrangements.

*For further information contact Celia Ingham Clark Medical Director on 020 7288 3395*

#### **6. Single sex accommodation**

The government has confirmed that from March 2010 they expect all inpatients to be accommodated in wards that meet their standards for single sex accommodation. This expectation covers all patients, with no exception to any category, including those in critical care, paediatrics and medical/acute assessment units.

The Secretary of State announced an additional £100million nationally to enable trusts to achieve this objective. The Whittington submitted a bid for £850,000, and received notification in April that it had been awarded £425,000 as a contribution towards the buildings costs associated with ensuring all wards meet the requirements in terms of sleeping areas and toilets/bathrooms.

In summary, six wards in the Great Northern Building will each undergo a six week period of refurbishment, during which time conversions to facilities will be made to improve patient privacy and the provision of single sex accommodation. This includes enclosing the current bays with doors, and improving access to toilets/bathrooms. The wards involved are Meyrick, Cloudesley, Victoria, Thorogood, Coyle and Cavell.

In addition to the building works, changes to patient management will be introduced in the medical admissions unit (Mary Seacole Ward), with the option of expanding into the adjacent Montuschi Ward to give two single sex wards currently under consideration. Ifor Ward (paediatrics) is to work with facilities about providing sleeping accommodation for parents in the nurses' home, rather than by the beds on the ward, to improve compliance, although their two inpatient bays will remain age rather than gender separated. Older adolescents will be given the option of moving to a single sex adult ward if clinically appropriate.

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