

ITEM: 09/122
Doc: 03

MEETING:

Trust Board 16 September 2009

TITLE:

Executive committee Report

SUMMARY:

The executive committee has met weekly since the last Trust Board meeting in July. The report updates the Trust Board on discussions that have taken place.

ACTION:

For information

REPORT FROM: Executive Committee

SPONSORED BY: Deborah Wheeler

1. New chief executive for the Whittington

Rob Larkman takes up his post as chief executive on 14 September, 2009. He is the chief executive of Camden Primary Care Trust and prior to this was chief executive of Camden and Islington Community Health Services NHS Trust. Rob has an excellent track record working in health services and improving healthcare in North London. He has a strong financial background and worked in advertising and management consultancy before joining the NHS.

2. Communications review

Following the communications strategy presented to the Trust Board in January 2009 it was decided to undertake an external review of communications within the Trust.

In summary the report agrees that the customer focused marketing strategy is appropriate and is 'the right strategy for improving patient experience reflecting the evolving landscape of service delivery and the marketplace'. The report then highlights some strengths and weaknesses in our current communications.

The strengths or good practice are seen in terms of reactive communications, particularly responses to press enquiries, and high-profile products that go through a corporate commissioning process. However, the report cites examples of other communications that, while they may contain good information, are not delivering the quality. They say that these areas often highlight a lack of resources or investment – either within the communications team or within the function across The Whittington.

At its meeting on 28 July the executive committee noted the report and agreed that work should continue on the five quick wins that the The Team recommended. The table below summarises these and shows actions progress since January

Quick win	Action since January
1. Identify and segment your audiences	This was segmented in the communications strategy and customer focussed marketing and work continues around this.
2. Undertake an initial systematic pilot of customer-focused service redesign	There are key opportunities to ensure this approach is built on through the 'redesign work' and also our transformation of ED
3. Review your signage, wayfinding and navigation	This part of the report and will support the wayfinding work that is underway.
4. Formalise your communications processes – both proactive and reactive, enabling others to identify how to better engage with communications, act as advocates and tell your story	The head of communications will look to formalise the processes and publicise the role of communications within the hospital.
5. Develop your internal communications strategy.	This is part of the implementation plan for CFM. Engaging staff in the real time patient experience feedback.

The full report has been circulated to all colleagues who took part.

3. Education review

Following discussions and audit findings during 2008, in January 2009 the Chief Executive commissioned a review of the education and development infrastructure, focusing on but not limited to the services provided from the Postgraduate Centre. Its over-arching objective was “to assess the extent to which the management, staffing, financial and operational procedures of the education and development services are appropriate to deliver the trust’s education and development strategy.” The review was undertaken by Susan Sorensen, Trust Corporate Secretary, and involved a desktop analysis of reports, financial information and documents relating to the education and development service plus interviews with senior managers, a sample of postgraduate centre staff and key users.

The overarching conclusion of the review is that the Whittington’s education and training function can significantly improve its effectiveness with relatively modest changes to the organisational structure. Proposed changes are designed to clarify accountability in the short term and move towards the creation of a distinction between commissioning and delivery functions in order to improve performance management. The success of the education and development service could also be enhanced by relocation and investment in facilities on the Whittington site.

At its meeting on 7 July 2009, the Executive committee agreed the following:

The implementation of an interim structure which would involve separating the management of income-generating commercial courses from the junior doctors’ training programme and other medical staff training covered by the Director of Medical Education.

The Assistant Director of HR (Education and Development) will continue to have responsibility for commissioning and organising the delivery of non-medical education, training and development.

Responsibility for the facilities management function in both the Postgraduate Centre and the Trevor Clay Centre will transfer to the Director of Facilities.

Director of HR Margaret Boltwood is leading on the implementation.

4. Postgraduate centre relocation

The executive committee has agreed to accept a recommendation to relocate the Postgraduate Centre from its current accommodation on the Archway Campus to the Trevor Clay Centre on the main Whittington Hospital site.

The reason for the relocation is to reduce the overheads associated with running post graduate education, and to improve the utilisation of the existing hospital estate by sharing under utilised accommodation used by Middlesex University to provide nurse training. The move should reduce operating costs by £180k.

The current lease with University College London provides either party with a break clause on 12 months notice of intention to quit. This clause will be enacted on 7 September 2009 and a project will be launched to start a phased improvement to the

Trevor Clay Centre with the aim of completing the relocation at the start of the autumn term in 2010.

5. Decontamination project update

The executive committee received an update on the North West London (NWL) Decontamination Project. The project is intended to provide a decontamination service for reusable surgical instruments from a modern and compliant processing unit based in Park Royal.

The Trust was due to transfer its service on 17 August 2009. However, it was decided to postpone service transition because issues that had become apparent during earlier service transfers remained unresolved.

It has been agreed that a new date of 12 October 2009 be set for transition. The outstanding issues will be kept under constant review, both locally and by representation at the NWL project board.

In the meantime, the service continues to be operated from the facilities at the Whittington Hospital where contingency plans were put into place to retain staff and remodel service delivery. These plans are sustainable and do not impact on the quality or cost of the service.

6. Stroke services at the Whittington

The London Joint Committee of PCTs (JCPCTs) met on 20 July to review the outcome of the Healthcare for London Trauma and Stroke consultation and to review the proposals for the designation and location of Hyper Acute Stroke Units and Stroke Units in London. At the meeting the JCPCTs designated eight Hyper Acute Stroke and 24 stroke units. The Whittington was not successful in being designated as a Stroke Unit.

The Trust has discussed the decommissioning of its stroke service with NHS Islington and the Stroke network. It is keen to ensure that its decommissioning dovetails with the expansion of capacity at the designated units within the North Central London Sector so that local people who suffer a stroke do not experience a deterioration in services during the transition stage. The Whittington has begun a programme of work to decommission its stroke service led by Fiona Elliott, the Director of Planning and Performance, by the end of this financial year. Designated Hyper Acute Stroke Units and Stroke Units are required to bring additional capacity online from October which includes recruiting more specialist stroke trained staff. Should this impinge on the Whittington's ability to continue to deliver safe quality stroke care to our patients the time frame for decommissioning may be shorter.

7. Consultants' Clinical Excellence Awards (England and Wales) 2009 National levels bronze, silver, gold and platinum

Dr Norman Parker consultant haematologist has been awarded a gold award, cardiologist Dr Susanna Hardman and Professor Hugh Montgomery have received bronze awards.

8. Refurbishment programme

Both Meyrick and Cloudesley wards have had their full refurbishment and have been in operation for some months. Thorogood ward re-opened at the end of August with the works to improve patient privacy and dignity completed and the ward refurbishment to take place sometime next year in line with surgical activity.

Old Reckitt Ward was refurbished over the summer to allow for Coyle Ward to be decanted whilst their refurbishment is undertaken. This will then open as Bridges Ward for winter bed pressures in mid-October once the works are completed and Coyle has moved back to its existing location. Victoria Ward will be moving back to its location on the 14 September leaving Cavell and Dorothy Warren Day Hospital to be decanted and fully refurbished by the end of October.

The public corridors will also be completed by Christmas once the ward refurbishments have been completed.

9. Letter from CEO of NHS, 10 August 2009

Implementing the Next Stage Review visions: the quality and productivity challenge

Attached is a letter to all Trust, FT Trust and PCT Chief Executives asking the Board to contribute to the thinking on the role of quality, innovation, productivity and prevention in delivering a shared goal of high quality care for all. This was discussed at the executive committee meeting on 8 September 2009. It was agreed to bring the full letter to the Board as the focus on quality, innovation, productivity and prevention is going to be key to the future strategy of the Trust. It is proposed to use this as part of the content for a future Board seminar.

10. Schedule of Trust Board meetings

16 September 2009	1300 Trevor Clay Centre, Room 2
18 November 2009	1300 Trevor Clay Centre, Room 2
20 January 2010	1300 Trevor Clay Centre, Room 2
17 March 2010	1300 Trevor Clay Centre, Room 2
20 May 2010	1300 Trevor Clay Centre, Room 2
21 July 2010	1300 Trevor Clay Centre, Room 2
15 September 2010	1300 Trevor Clay Centre, Room 2
17 November 2010	1300 Trevor Clay Centre, Room 2