

**MEETING:**

Trust Board 20th January 2009

**TITLE:**

Report from the Executive Committee

**SUMMARY:**

The executive committee has met weekly since the last Trust Board meeting in November.

The report summarises the discussions and decisions from Executive Committee from 10<sup>th</sup> November to 12<sup>th</sup> January. It covers:-

- o key issues with regard to standing items
- o other issues
- o news to which the Board's attention is drawn

Overall it has continued to be very busy with discussions on strategy, alongside dealing with operational issues within the Trust.

This is the 3rd report and EC would welcome feedback on the format and usefulness of the content to the Board as this will be incorporated into the next report.

**REPORT FROM:** Rob Larkman – Chief Executive Officer

**ACTION:** For information

## **Executive Committee Report to the Trust Board January 2010**

The Executive Committee has met weekly since the last Board meeting, with the exception of the week between Christmas and New Year.

It is worth noting that the hospital has been coping well within a context of adverse winter weather and higher than usual admissions. This has led to the decision to open additional beds for a limited time; Bridges ward opened with an additional 20 beds on January 4<sup>th</sup>.

Performance against key indicators remains strong.

This report summarises the key topics discussed at the November, December and January meetings. This report does not include every item that was discussed at the meetings; the most significant are presented separately to Trust Board as substantive items.

On a weekly basis there are a core group of items discussed. The following summarises the work of the Committee over the last 8 weeks.

### **Finance**

The monthly position was reviewed and scrutinized in detail.

The key issue has been the agreement of the current contractual position with commissioning PCTs.

EC has focused on reviewing the performance of the Top 25 overspending areas in the Trust. CIP performance is also reviewed regularly.

The EC has discussed the CIP 2010/11 development programme in detail and planned the January Hospital Management Board to focus on the plans for next year.

### **HR flash**

A flash report is examined on a weekly basis reviewing people in post versus establishment and bank and agency usage. The report covers overall Trust information and then by our 4 key areas of the Emergency Department; Maternity; Theatres and ITU.

The issues that have been highlighted to be addressed through this process include:-

- High levels of maternity leave within Women's Services
- Continued use of medical agency within Emergency Department
- Review of annual leave planning to avoid high levels of leave at end of financial year

In addition a summary of key changes and the reasons for this is now included each week to enable more knowledgeable review of the weekly data.

### **Elective activity**

A report on actual activity against plan being delivered in the Day Treatment Centre and main theatres is reviewed. Key issues are:-

General surgery capacity – a locum General Surgeon has recently been appointed who will commence in February.

Ophthalmology – we are currently in negotiation with the Royal Free in relation to increasing ophthalmology lists in the DTC.

Current performance in the DTC is 6% below activity and financial plan. Mitigations are in place and under constant review.

### **Infection control**

During the period of the report there has been one case of MRSA bacteraemia in the Trust on November 27<sup>th</sup>. The root cause analysis has been completed and was reviewed by EC.

The number of cases of Clostridium Difficile acquired within the hospital in the last two months remains low.

There has been an outbreak of Norovirus on Cavell and Cloudsley wards. This did result in not admitting new patients to these wards for a period of time. All hygiene precautions were in place and the wards have now been reopened.

EC have also discussed the outbreak of MRSA colonization in NICU over the Christmas period which did not lead to bacteraemia and has now resolved.

### **Provider landscape**

The EC discusses the latest developments in the provider landscaper review work. This includes considering the work of the North Central London service organisation and review. The last two months have seen great public interest in the future of the Whittington and EC has been managing the communications on a weekly basis.

EC has also discussed the work with the Royal Free Hospital and now UCLH.

EC has planned and informed the work that has started with Islington & Haringey Community Services.

### **Pandemic flu**

Staff H1N1 vaccination is the second highest in London at 63% (average uptake in London is 39%).

The incidence of H1N1 nationally has been less than was initially predicted and numbers remain low at this time

## **2. Other items**

Discussion and decisions have been made in the following areas:-

Leading to success programme presentation to directors. Four multidisciplinary teams who have completed the Leading for Success King's Fund programme presented their improvement projects to the EC. The 4 teams were:-

A decontamination project

Improving paediatric outpatients

Improving patient experience in the Emergency Department

### **2.1 Strategy**

The following strategic items were discussed, considering the implications for the Trust:-

○ 2010-2015 From Good to Great was published in December.

The message to all organisations is to focus on prevention, being people-centred and productive.

This policy document lays out the five year plan for the NHS. It describes the context of the financial challenge ahead and talks of the development of more integrated care through integrated providers. It encourages organisations to consider models of vertical integration which EC considered helpful in relation to our discussions with Community services locally.

- Operating Framework 2010/11

This year the priorities are similar to last and the framework reinforces the need to continue to deliver high quality healthcare within the targets set despite the financial context. The priorities laid out are:

- Improving cleanliness and reducing healthcare associated infections
- Improving access – achieving 18 weeks
- Keeping adults and children well
- Improving patient experience, staff satisfaction
- Preparing to respond to state of emergency e.g. pandemic flu
- End poor performance and variation

The 'Operating Framework' highlights the Chancellor's pre budget report announcing that between 2011/12 and 2013/14, NHS frontline spending will rise with inflation. However, it will not carry on in this way. As set out in David Nicholson's 2008/09 Annual Report, the NHS needs to identify £15-20billion of efficiency savings by the end of 2013/14.

- Elections Communications proposal agreed in line with neighbouring Trusts.
- Annual Plan format and responsibilities agreed, with a submission date to NHS London of the 15<sup>th</sup> January. This will be discussed at a future Board seminar.

## **2.2 Operational policies and performance**

### **Operational decisions**

- Operations Directorate Organisational Change process approved
- ED and bed pressures monitored, and actions agreed
- Resuscitation Action plan monitored
- The opening of the Simulation Centre was agreed to enable a Dr Jayaweera memorial to be created.
- Daily Consultant ward rounds have been discussed and a plan agreed in relation to implementing across the Trust. A mapping of current practice has been completed and Clinical leads and Clinical Directors will be developing their local implementation plans.

### **Business cases approved**

- Recruitment of Rheumatology Consultant
- Trust resuscitation equipment - ratification of procurement decision
- Automated worklists for imaging reporting

### **Key policies**

The following were agreed:-

- Bed escalation policy
- Data quality policy
- Policy of referral to the Independent Safeguarding Authority
- Policy for dealing with concerns about doctors performance
- Authority for direct access to solicitors

## 2.3 Governance, risk management and assurance

EC discussed the following:-

Report from CQC hygiene code inspection and approved the action plan

Updated outstanding audit recommendations were reviewed

The process for CQC registration (Paper 013) and agreement on responsibilities

PFI governance framework

SHA visit to single/mixed sex accommodation and the SHA feedback following that visit

The Trust committee structure

The Trust assurance framework

### Safeguarding

The safeguarding children assurance statement was agreed (Paper 011).

EC has been updated on the Safeguarding agenda in Haringey and any SCRs that are in progress.

### New risks identified

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 Executive Committee report.

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

Directorate	Risk	Raw rating	actions
Operations/IM&T	Lack of antivirus protection for imaging equipment	4x3=12	<ul style="list-style-type: none"> <li>Investment in virus protection.</li> <li>Business case to introduce virus intrusion detection</li> </ul>
Finance	Risk of non payment of invoices due to delayed reimbursement by NHS Haringey	3x5=15	<ul style="list-style-type: none"> <li>Currently in arbitration</li> </ul>
Finance	Risk of overpayment of staff that have left the trust	4x5=20	<ul style="list-style-type: none"> <li>Automated termination date on ESR</li> <li>Starter &amp; leaver schedules given to GMs by medical staffing</li> </ul>
Operations/IM&T	Backlog of film reporting due to deterioration in image speed and increased save time	4x3=12	<ul style="list-style-type: none"> <li>IM&amp;T liaising with vendors to resolve the issue.</li> <li>Consideration given to temporarily</li> </ul>

			outsourcing.
Human Resources	Risk of staff not attending mandatory training and being unaware of correct policies & procedures.	3x4=12	<ul style="list-style-type: none"> <li>• Directors agreed to priorities staff attendance</li> <li>• HR &amp; Facilities Director have prioritised additional provision of relevant training for staff</li> </ul>

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

### Submissions agreed

Q3 NHSL Governance Return

### Information received

Q2 performance framework

Procurement committee bi-monthly report

Capital programme monitoring report

Going further on cancer waits, Pan London access and referral guidelines

## 3. News items to bring to the attention of the Trust Board

### Interim Director of Nursing and Clinical Development

Siobhan Harrington has been appointed as the interim Director of Nursing & Clinical Development. Her 2 day secondment to NCL service & organisation review team has come to an end. She will continue with responsibilities for Primary Care. The recruitment process for the substantive post is underway.

### John Farrell

Director of pharmaceutical services John Farrell has been appointed a fellow of the Royal Pharmaceutical Society. He has worked at The Whittington since 1982.

John received his fellowship for services to hospital pharmacy services particularly medication errors and homecare services for vulnerable people. He will formally receive the fellowship at a ceremony in May 2010.

As well as working at the Whittington John is director of pharmaceutical services at the Royal Free Hospital and clinical pharmacy lead of University College Hospitals Foundation Trust and Camden and Islington Provider Community Health Services Trust.

### The Simulation Centre has opened

On 15 December, Dr Patricia Hamilton, Director of Medical Education for England, was a guest of honour at the opening of The Whittington Hospital's brand new simulation centre. Funded by the London Deanery, this hi-tech training and assessment facility will

collaborate with nine other simulation centres across the capital to meet the growing demand for scenario-based training. Fully AV enabled, the centre comprises a simulated operating theatre with the capacity to train students on adult and infant patient simulators, a ward setting that includes a neonatal area and emergency department environment, a control room and a large conference/debrief room.

**Clinical Excellence Awards (CEAs)**

23 Consultants were successful in being awarded CEAs. The list of those who have been successful is attached as Appendix 1. The panel were impressed by the standard of applications.