

**MEETING:**

Trust Board 24<sup>th</sup> March 2010

**TITLE:**

Report from the Executive Committee

**SUMMARY:**

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

The report summarises the discussions and decisions from Executive Committee from 19<sup>th</sup> January to 23<sup>rd</sup> March. It covers:-

- o key issues arising from to standing items
- o other issues discussed
- o news to which the Board's attention is drawn

Overall it has been a busy period with discussions on strategy taken alongside dealing with operational issues within the Trust.

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

**ACTION:** For information

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

- The Executive Committee has met weekly since the last Board meeting.
- The hospital has continued to be busy with additional beds still open.
- Performance against key indicators remains strong.

This report summarises the key topics discussed at the January, February and March 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.

### **1. Core Items**

#### **Finance**

The monthly position has been reviewed and scrutinised in detail.

There have been on going discussions with the PCTs regarding in year performance and agreement reached on some outstanding disputes.

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 also discussed the strategy and plan for our CIP 2010/11 programme.

This is also the time of year of contract negotiations with the PCTs in relation to agreeing the contract for 2010/11. The negotiations, which are now fully underway, have been discussed at EC and there has been agreement on the position the Trust will take. Any outstanding issues have been reviewed and we have aimed to 'sign' our contract by the 22<sup>nd</sup> March deadline with NCL Acute Commissioning Agency.

#### **HR flash report**

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 and sick leave within Women's Services
- Continued use of medical agency within Emergency Department
- Both surgical and medical ward spend are now included

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 achievements are:-

- Expanding general surgical capacity to meet activity demand
- Improving ENT list utilisation
- Pecommencing the spinal service

- Improving financial performance which is now only 1% below the activity and financial plan agreed at the start of the year

### **Infection control**

During the period of the report there have been three cases of MRSA bacteraemia in the Trust. The root cause analyses have been completed and were reviewed by EC. In total there have been eight MRSA bacteraemia cases in 2009/10, five pre 48 hour and three post 48 hour.

There was a Clostridium Difficile outbreak in January on Coyle ward with 6 cases identified; this was dealt with rapidly by ward staff and the infection control team. Year to date there have been 46 cases against a target maximum of 89.

There has been one further outbreak of Norovirus on Eddington ward which again was dealt with rapidly by ward staff and the infection control team.

### **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 increasing 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. There have been a series of workshops with Community services locally to explore how we could work more efficiently together. The local PCTs have started the process to identify preferred providers to work with their provider arm services. EC has discussed and agreed the trust approach to these opportunities.

### **Pandemic flu**

The Trust response to pandemic flu has now been stepped down. A paper is presented on the formal debrief.

## **2. Other items**

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

### **2.1 Strategy**

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

- Communications strategy
- Mid Staffordshire Report
- Update on Trust annual business plan 2010/2011
- Urgent care and polysystem development and agreement on the expression of interest to NHS Islington
- Equality and Diversity report; and dashboard
- Directors objectives and corporate objectives
- Quality Accounts

### **2.2 Operational policies and performance**

#### **Operational decisions**

- Productive Theatres programme proposal
- Staff attitude survey

- o Education Action plan progress report
- o CQC Outpatients national survey 2009
- o Sites Security arrangements – Saturday, 27<sup>th</sup> February 2010
- o Agreement of Project Initiation document for Urgent Care development
- o Interventional radiology service

**Business cases approved**

- o Automated worklists for Imaging reporting
- o E-rostering business case
- o Facilities Business Case
- o ESR business case
- o Fundraising for staff, visitor and patient garden

**Key policies**

The following were agreed:-

- o Updated Bed mattress and cleaning policy
- o Change management policy
- o Sickness absence management incentives

**2.3 Governance, risk management and assurance**

EC discussed the following:-

- o CQC registration process 2010/11
- o CQC update regarding performance November to end of March 2010.
- o CQC Trust quality and risk profile
- o CQC Trust performance targets - progress reviewed
- o Single-sex accommodation
- o MRSA bacteraemia root cause analyses
- o Audit Commission checklist on board assurance: “Taking it on Trust
- o Resuscitation equipment action plan progress report
- o Mandatory training update
- o Incident report from incident in January
- o Legal claims outstanding

**Safeguarding**

Serious case reviews update

**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
Nursing & Clinical Development	Inability to recruit band 7 ward managers to medical wards	4x5=20	<ul style="list-style-type: none"> <li>• Proposal to run a recruitment day in Ireland agreed in principal by EC</li> <li>• Proposal to introduce</li> </ul>

			enhancements to band 7 WMs based on their performance against indicators
Operations	Risk to patient safety of not having 24/7 interventional radiology service.	4x5=20	<ul style="list-style-type: none"> <li>Discussions in progress with an existing 24/7 provider about sharing service. Work being led by Caroline Allum.</li> </ul>
Facilities	Poor management of internal and external bleep and on call rotas. Risk to patients if delay occurs in contacting on call staff	5x3=15	<ul style="list-style-type: none"> <li>Bleep management policy drafted and awaiting ratification.</li> </ul>
IM&T	Failure to replace obsolete IT infrastructure when warranty period expires. Risk to operational efficiency and patient safety.	3x4=12	<ul style="list-style-type: none"> <li>Commitment to invest in a rolling replacement programme embedded in annual capital programme.</li> </ul>

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

### Submissions agreed

CQC submission

### Information received

- Service Line reporting months 1-6
- Procurement report
- Capital Programme monitoring Report
- London Network Radio
- London wide and local PCT commissioning intentions
- Health and Safety and Fire inspection: progress report
- Complaints report
- Patient Safety walk about report
- Trust education centre

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

#### Investors in People Award

The Trust was awarded Investors in People in January 2010.

### **Director of Nursing and Clinical Development**

The recruitment process has been completed and the successful applicant is likely to start in June 2010.

### **Co-creating health – supporting self-management for people with long term conditions**

The Co-creating Health event held on Tuesday 23 February at the Postgraduate Centre was a chance for the local team (a partnership between The Whittington Hospital NHS Trust, NHS Islington and NHS Haringey) to showcase the work on the national initiative funded by The Health Foundation. Co-creating Health is an innovative collaboration between primary and secondary care and between clinicians and patients with a focus on type 2 diabetes.

Over 80 patients, clinicians, managers, commissioners and visitors from The Health Foundation participated in an interesting and varied programme including hearing the patient stories about how the programme has made a difference to their lives and viewing a short film highlighting the traditional versus collaborative consultation starring our own local actors! It was also a chance to showcase the innovative work that is going on around service improvements to support self management in both primary and secondary care.

### **100% endorsement of paediatric ED**

A questionnaire completed by one to 16 year olds, or their representative, at The Whittington's paediatric emergency department in January 2010 saw 100 per cent of patients say they would recommend The Whittington to a friend, with a third of them stating that the staff and services were the best things about their visit.

### **BMJ award night**

Wednesday 10 March saw the second annual British Medical Journal awards, held at the London Hilton on Park Lane. In a wonderful night that celebrated all aspects of excellence across healthcare, The Whittington was extremely proud to have Julie Andrews nominated for the BMJ's clinical leadership award.