

MEETING:

Trust Board 23rd June 2010

TITLE:

Report from the Executive Committee

SUMMARY:

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

The report summarises the discussions and decisions from Executive Committee from 21st April to 16th June. It covers:-

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

REPORT FROM: Rob Larkman – Chief Executive Officer

ACTION: For information

Executive Committee Report to the Trust Board June 2010

The Executive Committee has met weekly since the last Board meeting.

- ✓ The hospital has seen higher than average activity for the first two months of the financial year - non-elective, emergency department and ITU activity being especially high.
- ✓ Performance against key indicators remains strong.

Change of Government

Since the last Board meeting there has been the General Election and change in government. The new Secretary of State for Health, Andrew Lansley, has been shadow Secretary of State for six years and he and his health team have already made important announcements about the new government's policy. In particular, they have said that they will stop 'top down' reorganisations of the NHS. In future any proposals for significant service changes must have the support of GP commissioners and must be based on clear clinical evidence. In addition, arrangements for patient and public engagement, including local authorities, must be strengthened and any proposals must take into account the need to develop and support patient choice.

A new DH Operating Framework is expected to be published imminently and a White Paper laying out the new governments proposals with regard to the NHS.

Finance

The monthly position was reviewed on "Super Tuesday" and the key variances were considered along with the approach to understanding and managing any adverse positions on cost centres. Opportunities to improve the position were discussed along with the latest income/activity performance and performance metrics. The Annual Accounts report was presented and commented upon, along with an update on discussions with NHS Haringey about re-negotiating the 2010/11 SLA from an agreement based upon payment by results (Pbr) to one that is a fixed block irrespective of the activity.

Detailed performance review of overspending cost centres is also being undertaken at the Business Planning Group, which examines activity, income, CIP and expenditure variances along with the latest forecast and action plans for corrective measures.

Human Resources (HR)

An HR 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 the 4 high risk specialist nursing/midwifery areas - Emergency Department; Maternity; Theatres and ITU.

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

- Recruitment for middle grade doctors in the Emergency Department continues to be challenging, however services are being delivered.
- Rostering and rota management. Work is underway to assess how effectively nurse rostering is undertaken at the Trust, in preparation for an IT rostering system business case.
- Sickness management – continues to be below the Trust's target. In May the overall sickness rate was 3.26% and work continues to improve the reporting by managers.

Infection control

During the period of the report there has been one case of MRSA bacteraemia in the Trust. The root cause analysis is being completed. This is against our target of no more than 4 MRSA bacteraemias in 2010/11.

There has been a reported Clostridium Difficile on a death certificate. The investigation showed that the patient died with C.Diff rather than because of it but our appeal to deescalate this case at NHS London has been declined.

There has been one further outbreak of Norovirus on Eddington ward which 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. Over the last 2 months the local PCT processes to identify a preferred provider for community services was concluded. Islington and Haringey identified the Whittington as their preferred provider. EC has discussed the process that now needs to follow to complete the transaction over the next 9 months.

The Whittington came 2nd in the Camden process and has received detailed feedback on our proposal.

EC has also discussed the ongoing bi-partite work with the Royal Free and tripartite with UCLH and the Royal Free.

Capital Programme monitoring.

The executive committee received a monthly report on progress with the capital plan and has reviewed progress to May 2010. The executive reviewed the proposed changes to the plan being made to accommodate changes to the in-patient accommodation to meet the need to expand Mary Seacole Ward and relocate Montuschi and Betty Mansell wards. These changes were approved.

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:-

- Mid Staffordshire Report and draft action plan
- Urgent care and polysystem development including our proposed submission to North Islington.
- Updates on the pathology discussions and reconfiguration
- Clinical leadership development programme
- Talent management - The Whittington is participating in an NHS London project to build a common approach identifying potential for these senior talent pools and will be using the tools and talent consultant support, provided by NHS London, It is based on assessing performance through appraisal as well as the potential of individuals.

2.2 Operational policies and performance

Elective activity performance

The end of year (2009-10) elective activity and performance plan was signed off. The plan delivered a 1% financial surplus despite start of year concerns about underperformance.

Operational decisions and approvals

- CQC Inpatients national survey 2009
- Managing organisational change paper
- Trajectory regarding ED 4 hour waits to year end
- Pharmacy CIP 'A' schemes
- Staff utilisation and efficiency projects
- CQUIN delivery plans
- Dissolution of lease for parts of F and G block
- Paperless results service
- Delayed transfer of care - charging for assessment delays
- North central full electronic booking programme
- Acute Admissions Unit expansion planning

Business cases approved

- 360 degree feedback validation tool for medical appraisal
- Resuscitation service business case
- Replacement of automation for testing of blood samples
- Endoscopy business case
- Clinical portal software enhancements

Key policies

The following were agreed:-
SUI report approval procedure

2.3 Governance, risk management and assurance

EC discussed the following:-

- The Trust Statement of Purpose for the CQC registration was agreed
- The Risk register was reviewed
- Mandatory training update was received
- CQC requirements for infection control in 2010/2011 were received

Safeguarding

Islington safeguarding service improvement team visit was discussed. This took place at the end of May.

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	Shortfalls in diabetic retinal screening programme presenting a clinical risk to patients	5x5=25	<ul style="list-style-type: none">• PCT have commissioned a programme & implementation team to lead on recovery of the programme. This meets weekly .
Trust-wide	Poor management of long term storage, referral & destruction of records & records kept in a range of areas.	4x4=16	<ul style="list-style-type: none">• Steering group set up to review options.

Submissions agreed

- Statement on internal control 09/10
- STEIS reports (formal SUI reporting to NHS London)

Information received

- Electronic Staff Record demonstration
- Mergers and acquisitions in provider transformation
- Annual review proposal
- Haringey & Islington Community Services portfolio
- London enhanced recovery project
- DH : service reconfiguration

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

MBE for John Farrell, Director of Pharmaceutical Services

John Farrell has received an MBE for his services to healthcare. John is the director of pharmaceutical services at The Whittington Hospital NHS Trust and the Royal Free NHS Trust, and the clinical lead for pharmacy at University College London Hospitals.

John was born at The Whittington and even spent a year in the hospital as an inpatient when he was four years old. He has worked at The Whittington since 1982 and as well as having been chairman of The Whittington's research ethics committee for twenty years, he is the founder of The Whittington's marathon runners which has raised over £100,000 since it was formed in 2000.

Healthcare 100

We have been accredited as a Healthcare 100 member. This is a scheme that identifies the 100 top places to work in the health service based on staff opinions. We're delighted that staff hold The Whittington in high esteem and have placed us in the top 100. The top 20 and overall winner will be announced in July.

First birthday for birthing centre

Tuesday 8 June saw The Whittington's state of the art birthing centre celebrate its first birthday. This year has seen The Whittington receive the highest number of positive ratings for care of pregnant women from an Islington primary care trust survey, with one hundred per cent of mothers surveyed stating the treatment they received as good. In its first year 640 babies were born in the birth centre – 15 per cent of the total number of Whittington births. The centre also provided initial care to 280 more women, before they transferred to other delivery wards.

Venous Thromboembolism (VTE)

Extensive new NICE guidelines were published in January 2010 to reduce the risk of venous thrombo-embolism (VTE). The implementation of this is important to improve patient safety by reducing adverse events including avoidable risk of death. We are now mandated to risk assess all adult admissions for risk of VTE and to provide appropriate prophylaxis for our patients. This is a national CQUIN for 2010/11 and is subject to mandatory monthly data collection and submission to the Department of Health from 1 June 2010.

The Whittington Hospital still one of the safest in London

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

Highgate Fair in the Square Saturday 12 June from 12.30pm

The Fair in the Square in Highgate is an annual street party took place on Saturday 12 June in Pond Square over 6,000 people attended.

The Whittington Hospital is represented on the organising committee, being in the heart of the community, and the Whittington Hospital Charitable Funds had a stall raising funds for the Care of Older People appeal. Governors attended and recruited 30 new members.