

**WHITTINGTON HEALTH**  
**CHIEF EXECUTIVE'S REPORT**  
**Board meeting 27 April 2011**

**STRATEGY**

**1. Establishment of Whittington Health**

The Business Transfer Agreement for integration of Haringey and Islington Community Services Alliance with The Whittington Hospital NHS Trust was signed on 31 March 2011. The new organization will retain the existing legal title but will trade as Whittington Health, an integrated care organization (ICO) with an annual turnover of £260m. The community services contract is valued at £82.9m, made up of Haringey £20.6m (excluding children's services), Islington £37.9m and others £24.4m. The establishment order for The Whittington Hospital NHS Trust is being amended accordingly.

**2. Becoming a Foundation Trust**

The trust now has to develop its strategy on which will be based the Integrated Business Plan and Long Term Financial Plan. While the ICO provides significant opportunities to streamline care, the trust still has to decide on its service portfolio. A plan for the strategy development process will be presented to the May board seminar.

The trust also has to start urgent work on improving operational efficiency. The draft Tripartite Formal Agreement between the trust, NHS London and Department of Health (DH) requires evidence of top quartile performance in efficiency as well as financial sustainability at the time of FT application.

**3. North Central London Commissioning Strategy Plan**

NHS North Central London (NCL) published its Commissioning Strategy Plan (CSP) "Health and Health Services in North Central London: now and into the future: evidence pack 2011/12 – 2014/15 (final version)" (available on <http://www.ncl.nhs.uk/>) on 31 March. While the CSP has ruled out major service reconfigurations, the plan is to focus, in 2011/12, on service specific reconfigurations that do not significantly impact on other services, these being cancer, paediatrics, maternity, cardiovascular, acute mental health and long term conditions. Stakeholder engagement will take place between now and autumn when a revised Case for Change will be finalised. Whittington Health has to be ready by then with our own strategy.

**FINANCE**

**4. Month 12 financial position**

The month 12 Finance Report shows an in month surplus of £345k and a provisional year end surplus position of £580k for 2010/11 (see item 9).

## **5. 2011/12 acute contract with NHS NCL**

The Heads of Terms were agreed on 8 April and the contract is being drafted by NHS NCL. The proposed contract will have a baseline of £140.75m, with excess activity above this value to be paid for at 30% of tariff up to a maximum of £142.5m. The trust will not be paid for any over performance above £142.5m. Similarly activity below the baseline position is to be reimbursed to commissioners at 30% to a 'floor' of £139m. The Trust will not have to reimburse any under performance below £139m.

## **6. Quality, Innovation, Productivity and Prevention (QIPP) programme**

When inflationary costs and tariff deflation are added to last year's projected outturn position of £144.3m, the required cost improvement programme (CIP) for 2011/12 is £19.6m (7.5% of total revenue). The Executive Committee agreed on 12 April an internal system of controls for recruitment, agency use and vacancy management.

With the need to achieve top quartile performance in efficiency, it is proposed that a Quality, Innovation, Productivity and Prevention (QIPP) programme be set up to oversee both the CIP and improvement activities across the trust. Programme management from a central office led by the Director of Planning will report to the Executive Committee, with a quarterly report to the board.

## **7. Haringey Children's Services**

The service is on track to transfer from Great Ormond Street Hospital NHS Trust on 1 May subject to The Whittington Hospital NHS Trust being fully indemnified for legacy issues and satisfactory reconciliation of contract value.

## **8. Organizational Restructure**

Implementation of the post merger integration plan (set out in Chapter 4, p63-68 of ICO full business case) has started with the building of a single organisation with a single governance structure. Phase 1 which involves appointment of Executive Directors and the senior management team was launched on 11 April and is due to be completed by end of May/early June. Phase 2 will start in June and Phase 3 in September. The expected outcomes are more streamlined care, improved operational efficiency and reduced management costs.

## **QUALITY**

### **9. Bowel Cancer Mortality Rates**

An audit of colorectal cancer surgery that took place between 2003 to 2006 and reported in the medical journal GUT on 12 April named The Whittington Hospital as having the second highest death rates within 30 days in England at 13.1% (national average was 5.8%). We have checked our own data and found the audited datasets to be incomplete and the actual rates for that period were 8.1%. The trust treats up to 100 patients with colorectal cancer annually. A 10 year trend analysis shows our outcomes in the last three years to have improved considerably with survival rates within one month exceeding 90% and there were no deaths in 2010.

## **10. Urgent Care Centre**

The Urgent Care Centre (UCC) opened on 31 March to provide improved access to urgent care for ambulatory (walk in) patients. It is a joint venture between the Trust and WISH (a local GP provider company) and is commissioned on a block basis. Early feedbacks from patients and staff have been positive.

## **11. Patient Safety**

The trust has achieved the national target of 90% for Venous Thromboembolism (VTE) risk assessment last month. Congratulations and thanks go to Dr Farrukh Shah, the Thrombosis Committee and the VTE Working Group as well as all clinical staff who worked hard to implement this effective preventive measure.

## **12. Bedford report on unscheduled care pathway**

As part of continuing progress improvement the Trust commissioned an external review of emergency care pathway in the hospital. The Bedford report made the following recommendations:

- a) implement rigorous operational systems
- b) set "rules" or agreed guidance to reduce variations in performance
- c) support staff with good ideas to achieve improvements
- d) seek cross divisional agreements on common purpose and processes

An action plan is being developed as part of the QIPP programme.

## **13. Health Visitor Early Implementers**

Our health visiting services in Islington and Haringey had been selected by DH to be one of only 20 in England, and one of only two in London, to be an early implementer site for the new health visiting strategy for England. Early implementer sites are intended to showcase best practice and share expertise to spearhead recruitment drive for the profession.

**Yi Mien Koh**

**18 April 2011**