

ITEM: 11/133
Doc: 03

Meeting: Trust Board
Date: 23 November 2011

Title: **Chief Executive's Report**

Executive Summary: This report summarises the topical issues for the Board's interest.

Action: For information

Report from: *Dr Yi Mien Koh, Chief Executive*



WHITTINGTON HEALTH

CHIEF EXECUTIVE'S REPORT

Board meeting 23 November 2011

QUALITY

1. The Department of Health (DH) published its first report of the summary hospital-level mortality indicator (SHMI) for 2010/11, on 27 October 2011. The SHMI is a quality marker for patient safety and gives an indication of whether mortality (death rates) within a trust is 'as expected' (SHMI value = 100), 'lower than expected' (SHMI value less than 100) or 'higher than expected' (SHMI value greater than 100). Whittington Hospital tops the SHMI table with the lowest value of 67, making the hospital one of the safest in England.
2. Whittington Health's Child and Adolescent Mental Health Service (CAMHS) unit Simmons House has just been accredited by the Royal College of Psychiatrists' Quality Network for Inpatient CAMHS (QNIC). The accreditation, which is valid for three years, is only one of four in the country, out of 100 units in QNIC. The accreditation status should satisfy commissioners and Care Quality Commission that we meet the highest care quality standards.

FINANCE

3. Month 7 income and expenditure show an in-month surplus of £63,000 which is £65,000 better than plan. This is due to a release of £617,000 of provision. The clinical income position is £165,000 below plan. The year to date (YTD) surplus is £483,000 which is £126,000 worse than plan. To date unavoidable cost pressures of £476,000 have been agreed, with a full year effect of £1.039m. Taking a risk based approach to year end forecasting, the worst case position shows a deficit of £2.075m, a best case surplus position of £1.48m, with the most likely case consistent with current planning assumptions of a £500,000 surplus. At month 7, 98% of the Cost Improvement Programme (CIP) has been achieved against plan, accounting for 50% of YTD savings.
4. To achieve the forecast position, attention will need to focus on delivering the CIP, robust budgetary control, the restraint around the agreement of new cost pressures, and identification of opportunities to reduce the unidentified savings target. Financial performance will be monitored closely both within the divisions and by the Executive Committee and Trust Board.

STRATEGY

5. A key paper in this month's board agenda is our strategy for integrated care. The strategy adopts a whole system approach to deliver high quality care to all of our patients, with a special focus on frail older people and those with long term conditions. The strategy has three objectives: adding value for patients (defined as quality outcome per £ spent); supporting GPs as providers and commissioners, and improving population health. The strategy responds to

feedback from GPs about what they would like from Whittington Health. It redefines the business around individuals and populations as well as GPs, hereby contributing to a sustainable health economy

Journey to Foundation Trust

6. NHS London held a series of board to board meetings in September to discuss each trust's plans for achieving a sustainable and financially effective (SAFE) strategy as a Foundation Trust (FT). Ours was held on 26 September. Four themes with associated actions have emerged from those SAFE meetings:
 - a) *Productivity*: The SHA has initiated a programme to support, monitor and drive delivery of £1.2bn improvements in NHS acute trust activity. This includes a pan London benchmarking exercise on back office functions and three clinical productivity programmes for doctors, nurses and other clinical staff.
 - b) *Integration*: There are significant benefits to the health economy through taking integrated care approaches. Based on modelling, the SHA believes there to be a 20-30% productivity opportunity in community health services. Further analysis will be carried out to understand the impact of integrated care on acute providers' net surpluses.
 - c) *Board capability*: DH is introducing an Aspiring Foundation Trusts Assurance Framework (AFTAF) to provide an independent assessment of board capability as part of the due diligence process for FT application. The AFTAF will produce a report on board memorandum of capability following a self certification and two day assurance visit. The Whittington will be one of the first trusts to undergo the AFTAF process in London.
 - d) *Unsustainable provider regime*: this does not apply to the trust.
7. Each aspiring FT has to sign an annual Accountability Agreement with the cluster and SHA to underpin the Tripartite Formal Agreement (TFA) based on:
 - a) delivery of productivity opportunity (as identified from the productivity diagnostic);
 - b) board capability and well governed trust (actions from AFTAF process)
 - c) implementation of acute medicine and surgery 7/7 with senior medical coverage
 - d) meeting minimum standards of care in emergency services and maternity
 - e) actions on organisational or service change where required over and above productivity improvements

The Accountability Agreement will be formally reviewed quarterly.