

Meeting: Trust Board
Date: 25 January 2012

Title: Chief Executive's Report

Executive Summary: This report summarises the key issues the Board needs to focus on in 2012.

Action: For discussion

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



WHITTINGTON HEALTH

CHIEF EXECUTIVE'S REPORT

Board meeting 25 January 2012

This paper sets out the strategic priorities, key issues and major risks that the board needs to focus on in the next 12 months.

PRIORITIES FOR 2012

1. **Meeting service and financial performance targets** – Achieving the targets also fulfils Monitor's Compliance Framework. As a rule, trusts must meet waiting times and healthcare infection targets. Performance is reviewed by the Trust Board through the monthly performance and finance reports.
2. **Delivering Cost Improvement Programmes (CIPs)** – This is central to financial stability. CIP targets are monitored by the CIPs Board, which is chaired by the Chief Operating Officer. Progress is reported monthly to the Trust Board.
3. **Making substantial progress with integrated care** – Success will transform the trust into an integrated care vehicle that provides real continuity of care for patients across care settings. As one of two NHS London integrated care pilots, the trust is taking a lead role in care coordination across Islington and Haringey, working in partnership with GPs, NHS Trusts and Social Care.
4. **Service transformation** – So far, 38 transformational change projects are monitored by the **Quality, Innovation, Productivity and Prevention (QIPP)** Board chaired by the chief executive. QIPP projects must deliver better quality care and improved efficiency. The programme is underpinned by four enabling strategies – workforce, IT, estates, and nursing and allied health professions strategies are coming to the board in February and March.
5. **Achieving FT status** – In addition to meeting the Tripartite Formal Agreement milestones, the Trust Board, both individually and collectively, need to prepare for the board challenge sessions with the SHA (scheduled for 3 September) and Monitor (March 2013).
6. **Building relationship with external stakeholders** – To win stakeholder support not only for our FT application but also for the trust strategy, we need to engage especially with local GPs, Islington and Haringey councils, NCL, SHA, neighbouring trusts, UCLP and Monitor as well as shadow governors.
7. **Staff engagement and communication** – None of the above can be delivered without staff engagement. Visible leadership by managers and clinicians working together will be essential. We will implement a staff communication plan and an organisational development plan. We must set clear objectives, hold people accountable, celebrate success and foster an open and quality-focused culture.

KEY ISSUES

8. **Maintaining service performance** – Ensuring required healthcare standards including national targets and other key performance metrics are achieved using fewer resources.
9. **Improving quality of patient care** – Driving continuous improvement in patient safety and patient experience by improving processes and promoting a quality-focused culture. The Francis Inquiry's report is likely to contain wide ranging recommendations designed to prevent failure in quality of care.
10. **Delivering the Tripartite Formal Agreement (TFA)** – The TFA milestones must be met if the trust is to achieve Foundation Trust status by April 2013.
11. **Achieving Cost Improvement Programmes (CIPs)** – Reference cost indices and external benchmarking point to scope for efficiency improvement.
12. **Building on the momentum of external stakeholder support** – Engaging GPs, councils and NHS partners; working with transitory bodies while forging new relationships with clinical commissioners.

MAJOR RISKS

13. **Inability to maintain executive and workforce alignment and support for the transformation and CIPs** – The challenging pace and scale of the change are testing individual capacity and capability at a time when staff may be concerned about professional regulation, job security and pensions.
14. **Data quality** – Data quality, external benchmarking and the capacity to analyse information at a very detailed operational level are needed to change long-standing working practice.
15. **Income downsides** – Loss of contracts including education, inability to agree an appropriate budget for integrated care, further top-down funding cuts, and failure to meet commissioners' productivity targets can reduce income.
16. **Long term financial viability** – In the absence of an independent London-wide oversight body, powerful players can undermine Whittington Health's case for long term viability. Inability to access affordable capital impedes growing priority service lines and investing in enabling strategies.
17. **Extreme CIPs affecting performance and quality** – The need to deliver efficiency savings can potentially impact on quality and performance.

TRACKING PROGRESS

18. It is proposed that a brief quarterly review on progress be included in the CEO report to the Board.