

Trust Board Meeting**DATE:** 25 April 2012**TITLE:** Chief Executive's Report**SPONSOR:****REPORT FROM:***Dr Yi Mien Koh, Chief Executive***PURPOSE OF REPORT:** To set out the key issues, major risks and activities in the trust.**EXECUTIVE SUMMARY:**

This report summarises items to be brought to the Board's attention.

PROPOSED ACTION: For discussion**APPENDICES:****DECLARATION**

In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

Implications for the NHS Constitution, CQC registration

Financial, regulatory and legal implications of proposed action

Risk management, Annual Plan/IBP

Moving Ahead – how does this report support any of the Trust's 5 Strategic Goals

Supporting Information

WHITTINGTON HEALTH
CHIEF EXECUTIVE'S REPORT

Board meeting 25 April 2012

QUALITY

1. The trust was inspected by the Care Quality Commission (CQC) on four occasions in Quarter 4. While there were no significant concerns, they show the burden of regulation, which is expected to increase with the publication of the Francis report. The four inspections are as follows:
 - a) As part of a national thematic review, 1 Edwards Drive, a nurse-led residential unit for up to five adults with learning disabilities in Haringey was inspected on 16 January. The report published on 23 February confirmed that the trust met the essential standards of quality and safety but need to improve record keeping. An Action Plan was submitted to CQC on 22 March.
 - b) An Ionising Radiation (Medical Exposure) Regulation 2000, IR(ME)R inspection was conducted on 1 February of our radiology service. The inspection appeared to have been triggered by an initiative to explore the concept of exposures that are MGTI (much greater than intended) and the Whittington had a very low rate of reporting. The inspection identified appropriate exposure levels but weak record keeping and a need for keeping policies updated.
 - c) As part of a national review in response to concerns about terminations of pregnancy, the hospital had an unannounced visit by CQC on 20 March and was found to be fully compliant.
 - d) The Whittington Hospital was visited on 22 March to assess compliance with Mental Health Act (MHA). Preliminary feedback reported no significant concerns. A formal report is due shortly.
2. Whittington Health has been shortlisted for the national CHKS Quality of Care Award 2012. The trust is one of five acute trusts across the UK to have excelled in all of the CHKS quality of care indicators which include the length of time patients stay in hospital, the rate of emergency re-admissions and whether the care pathway proceeded as originally intended. Further information about the award is available from www.tophospitals.co.uk. The results are due on 1 May.
3. The national 2011 inpatient survey is due to be published by CQC on 24 April. The results for Whittington Health relate to the experiences of inpatients who stayed at least one night during May - July 2011. A number of the recommendations are already in existing action plans.

For example the CQC action plan developed in response to the CQC Review of Compliance (2011) sets out actions to address improving written information to patients. The survey report with associated action plan will be on the agenda of the May Trust Board.

4. The Electronic Prescribing and Medicines Administration (EPMA) programme will begin rolling out this April for inpatients at the hospital. The EPMA will replace the current paper drug chart with an electronic chart, which will simplify medicines management and in turn, help prevent the potential errors associated with the prescribing, administration and supply of medicines.

FINANCE

5. The provisional year end position shows a surplus position of £540k, which is £40k better than the planned position. The actual position was an in month deficit of £21k which was £200k worse than the original planned position. We are still working on the year end position in advance of the deadline for completion by next Monday (23rd), however as outlined above the forecast remains on track to achieve the £500k planned surplus, and we do not anticipate any material changes to this position.
6. Contract negotiations for 2012/13 have been completed and Heads of Terms were signed with NCL on 17 April.

STRATEGY

7. The Health and Social Care Act 2012 proposes structural changes that are already underway, namely: establishment of the National Commissioning Board that will be responsible for specialist and primary care commissioning as well as holding Clinical Commissioning Groups (CCGs) to account; PCTs and SHAs to be abolished in 2013 to be replaced by CCGs and Commissioning Support Services; all providers to be Foundation Trusts by 2016; public health to move into councils by 2013; and new roles for Monitor. The transitional period makes 2012/13 a risky year not only commissioners but also providers. The biggest challenge for all parties is to make 4% efficiency savings each year until 2015 and ensuring that local services stay safe and viable.
8. Our recent bid for £5m to procure a single shared Electronic Patient Record (EPR) across Whittington Health was approved by the Department of Health and NHS London on 26 March. This is a major cause for celebration as it would enable us to transform communication and information sharing across the organisation to facilitate integrated care. The system is expected to go live in April 2013.

9. At its Annual General Meeting on 20 February 2012, the board of NHS Innovations London passed a resolution to wind down the organisation with closure planned for the end of May. Arrangements are being made with UCL Business for alternative support for the commercialisation of new treatments and devices developed by Whittington Health.

JOURNEY TO FOUNDATION TRUST

10. Due to a two month delay in progressing the Historic Due Diligence 1 (HDD1) as a result of the late appointment of accountants by Monitor, and the tight timetable for SHA due diligence process, NHS London has advised that we put back our DH application date by three months. The Accountability Agreement has been amended accordingly.

Dr Yi Mien Koh

17 April 2012