Whittington Health NHS

ITEM: 06

Trust Board Meeting

DATE:	27 June 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

WHITTINGTON HEALTH

CHIEF EXECUTIVE'S REPORT

Board meeting 27 June 2012

QUALITY

Commissioning for Quality and Innovation (CQUIN)

1. The CQUIN framework enables commissioners to reward excellence, by linking a proportion of provider income to the achievement of local quality improvement goals. The agreed CQUIN targets for 2012/13 consists of :

    a) Venous thromboembolism (VTE) assessment on admission
    b) Patient experience -– adults and *new for children' services*
    c) Enhanced recovery pathways for surgical patients
    d) Chronic Obstructive Pulmonary Disease (COPD) discharge care bundle for patients admitted with acute exacerbations of COPD
    e) Safety thermometer – a template for measuring, monitoring and analysing patient harm and "harm free" care including recording pressure ulcers, falls, catheter care, and hospital acquired urinary tract infections and VTEs - *new*
    f) Alcohol screening and patients identified as being "at risk" following screening are referred to specialist services - *new*
    g) Stop smoking interventions in hospital and community services - *new*
    h) Dementia screening in >75 yrs for emergency admissions - *new*
    i) Neonatal Intensive Care Unit (NICU) inappropriate admissions and follow up care in community - *new*
    j) Cancer staging - *new*
    k) Long Term conditions transformation around COPD and diabetes - continuation of 2011/12 CQUIN

    The CQUIN values totalling £5m will be split between acute and community services. The detail of this is currently being worked through with commissioners. The Trust achieved approximately 82% of last year's CQUIN payments.

Integration in specialist care pathways

2. The inquest into the death of Agatha Nwosu (AN) on 12 June has highlighted issues with specialist care in relation to unclear roles and responsibilities for patients who receive care from a number of different clinicians and providers. The Whittington Hospital was one of three hospitals involved in AN's care. The concerns about how cases are discussed and decisions communicated to both the referring clinician and patient are being addressed and formalised.

Quality governance

3. A key part of achieving FT authorisation is the Board's self certification against the Monitor Quality Governance Framework (MQGF), its self assessment against the Board Governance Assurance Framework (BGAF) and a review of its Working Capital. To support aspiring FTs to meet this competency, the Department of Health has developed the Single Operating Model (SOM) that outlines the many processes that will ensure the organisation meets the requirements for board capability and capacity by Monitor, the FT regulator. The Trust Board has completed each of these three reviews. The self assessments have also been independently assessed by an independent auditor. The BGAF and MQGF reports from Ernst and Young and RMS Tenon respectively are presented to the Board under the FT application update item on this month's agenda.

Monitor: patient experience as an organising principle

I am drawing this to the board's attention as an emerging direction for quality regulation, therefore an important issue affecting our organisational development as well as strategy.

4. Under the 2012 Health Act, Monitor has a duty to "enable" integrated care. In order to fulfil that duty Monitor commissioned a consortium to review the literature and gather stakeholder views. The report "Enablers and barriers to integrated care and implications for Monitor" by Frontier Economics, published by Monitor on 11 June, provides a comprehensive review of the evidence for integrated care.

5. The report is also consulting (in Chapter 8) on a range of proposals ranging from recommendations around tariff design to suggestions for guidance which providers and commissioners might find helpful in understanding the relationship between integrated care and competition. The consultation closes on 13 July 2012.

6. The report defines integrated care as "the smoothness with which a patient or their representatives or carers can navigate the NHS and social care systems in order to meet their needs." (p15). It identifies integrated care as having two further characteristics: (1) deliver cost efficiency for the system; and (2) to improve clinical and wider quality outcomes. It concludes that there are three dimensions to what integrated care means (excerpt from p15 of report):

    - *Integrated care seeks to improve the quality and cost-effectiveness of care for people and populations by ensuring that services are well co-ordinated around their needs*

    - *It is by definition both 'patient-centred' and 'population-oriented'*

- *Integrated care is necessary for anyone for whom a lack of care co-ordination leads to an adverse impact on their care experiences and outcomes.*

The conclusion is that the patient or users perspective is the organising principle of service delivery.

FINANCE

Month 2 position

7. The Month 2 income and expenditure position is as follows:

   - The in month position is £468k worse than planned, and includes an actual surplus in month of £309k against a planned surplus of £777k.
   - The year to date position is £670k worse than planned with a £52k year to date deficit against a planned surplus of £618k. (The equivalent year to date position after excluding adjustments relating to IFRS is a small surplus of £14k).
   - In terms of the adverse performance against plan, the key area to note is in terms of Cost Improvement Programmes (CIPs). Achievement in the year to date is circa £800k below planned level.
   - Included within the month 2 position is a favourable movement on income of £349k, which relates to the 2011/12 income position, the final outturn for which was higher than originally forecast.

8. In order to mitigate the above financial risks the Executive Committee is focusing on improving the Trust's CIP and budget management performance.

PERFORMANCE

A&E 4 hour wait target

9. Trust performance on A&E 4 hour wait target, year to date, is 94.21%, which is below the national standard of 95% and NCL average of 96.14%. The national Emergency Care Intensive Support Team (ECIST) visited the Trust on 30 May to receive an update on progress since their last visit in September 2011. While the performance of ED was highlighted as having improved, there now needs to be a more intensive focus elsewhere in the hospital especially in relation to patient flow.

10. Performance deteriorated for two reasons:

    a) An unplanned 2.7% growth (1.5% above expected demographic growth) in attendances on the same period in the previous year. The growth was seen in minor injury and ailment patient group.

b) The planned closure of Cavell ward in early April. The closure was contingent on changes in operational and clinical practices, the most important of which is daily consultant ward rounds, 7 days a week, and this has not been fully delivered as yet. This put pressure on waiting times for admission adversely affecting the ED waiting times

11. The ECIST recommended four priority actions for the trust
    - Improving the admission procedures and flow of Medical Assessment Units
    - Improve flow management on speciality wards
    - Capacity management through senior decision making
    - Implementation of escalation procedures

    The changes are being led by senior doctors. The work programme is being overseen by a programme board chaired by the Medical Director.

Transforming patient experience

12. The Trust is working with Unipart Expert Practices to improve the existing administrative processes and to reduce unnecessary bureaucracy. The Board will be aware that analyses of complaints and patient satisfaction surveys have identified patient and staff dissatisfaction with the current administrative processes. The present arrangements not only affect internal communication but more importantly between the Trust, GPs and patients. Using service improvement methodology, LEAN sets out to streamline processes and reduce waste. Data is being collected now and the results will be shared with staff. It is too early to say what the impact will be in terms of job requirements. We hope to have the new administrative pathways agreed by August when the change proposals will be issued for consultation.

OPENING OF SENSORY GARDEN

13. The formal opening of the Whittington Sensory Garden took place on 14 June. Over 400 staff and members of the community attended the barbeque, which was held as a joint Diamond Jubilee celebration. The decision to have a sensory garden was taken following a staff survey on the best use of the old tennis court. We would like to thank Jason Whittaker for taking the lead in fundraising and green space charity, Groundwork London for their design support. All staff, patients and their families now have a beautiful garden to enjoy.

Dr Yi Mien Koh **18 June 2012**