

WHITTINGTON HEALTH TRUST BOARD

26 September 2012

Title:	Chief Executive's Report to the Board						
Agenda item:	6		Paper			B	
Action requested:	<i>For discussion</i>						
Executive Summary:	<p>The report updates the Board with local, regional and national policy changes that will affect the organisation and key issues facing the Trust.</p> <p>Headlines:</p> <ul style="list-style-type: none"> • Changes in ministerial team • Appointments to the NHS Trust Development Authority • Appointments to Clinical Commissioning Groups • Transitional arrangements in commissioning <p>Key issues facing the Trust:</p> <ul style="list-style-type: none"> • Cancer patient survey results • London emergency care standards • Financial position • Cost Improvement Programmes • Staff engagement • Progress with FT application • Medical director succession 						
Summary of recommendations:	The Board is recommended to discuss the report.						
Fit with WH strategy:	This provides an update on key issues that could affect the achievement of WH strategy.						
Reference to related / other documents:	Month 5 Finance Report Board Assurance Framework 2012/13 FT Application Progress Report and Single Operating Model						
Date paper completed:	17 September 2012						
Author name and title:		Dr Yi Mien Koh Chief Executive		Director name and title:		Dr Yi Mien Koh Chief Executive	
Date paper seen by EC	18/9/12	Equality Impact Assessment complete?	yes	Risk assessment undertaken?	yes	Legal advice received?	n/a



Chief Executive's Report to the Board

26 September 2012

1. Introduction

The purpose of this report is to update the board on local, regional and national policy changes that will affect the organisation and set out the key issues facing the Trust.

2. Changes in ministerial team

The ministerial reshuffle on 4 September produced a new Health team:

Secretary of State for Health	Jeremy Hunt
Minister of State (care services)	Norman Lamb
Parliamentary Under-Secretary of State for Quality	Lord Howe
Parliamentary Under-Secretary of State (health services)	Dr Daniel Poulter
Parliamentary Under-Secretary of State	Anna Soubry

3. Appointments to new NHS organisations

Appointments continue to be made to key leadership roles at new NHS organisations.

3.1 NHS Commissioning Board (NHS CB)

The NHS CB will commission specialised services and primary care services; authorise and hold Clinical Commissioning Groups (CCGs) to account for commissioning of secondary care, community and mental health services; set quality standards; develop policies and commissioning guidance; champion patients' interests; and emergency planning.

Chair	Professor Malcolm Grant CBE
Chief Executive	Sir David Nicholson
National Medical Director	Professor Sir Bruce Keogh
Chief Nursing Officer	Jane Cumming
Chief Operating Officer/Deputy CE	Ian Dalton CBE
Chief Financial Officer	Paul Baumann
National Director: Commissioning Development	Dame Barbara Hakin
National Director: Policy	Bill McCarthy
National Director: Transformation	Jim Easton
National Director for Patients and Information	Dr Tim Kelsey
Regional Director: London	Dr Anne Rainsberry

3.2 NHS Trust Development Authority (NHS TDA)

The NHS TDA will be responsible for performance management of NHS Trusts, management of the Foundation Trust (FT) pipeline, assurance of clinical quality, governance and risk in NHS Trusts, appointment of non executive directors to NHS Trusts.

Chief Executive	David Flory CBE
Medical Director	Dr Kathy McLean
Director of Nursing	Peter Blythin
Director of Finance	Bob Alexander
Director of Strategy	Ralph Coulbeck
Director of Development and Delivery (London)	Alwen Williams CBE
Director of Development and Delivery	Dr Stephen Dunn
Director of Development and Delivery	Dale Bywater

3.3 Local Clinical Commissioning Groups (CCGs)

Islington CCG (wave 1. Expected authorisation date: October 2012)

Clinical Chair and Accountable Officer	Dr Gillian Greenhough
Chief Officer	Alison Blair
Chief Finance Officer	Ahmed Koray

Haringey CCG (wave 3. Expected authorisation date: December 2012)

Clinical Chair and Accountable Officer	Dr Helen Pelendrides
Chief Officer	Sarah Price
Chief Finance Officer	David Maloney

CCGs will obtain their commissioning support from North Central and North East London Commissioning Support Services led by Andrew Ridley as Managing Director.

4. Transitional arrangements

According to the timetable issued by DH, all new organisations including the NHS CB, NHS TDA, **Health Education England (HEE)**, **Local Education and Training Boards (LETBs)** and **Public Health England (PHE)** will lead on work relating to their future functions including planning for 2013/14, from 1 October 2012 to 1 April 2013. SHAs and PCTs retain their statutory functions and governance arrangements until April 2013.

The Single Operating Model (SOM) which combines the Tripartite Formal Agreement with DH performance management, has been introduced to ensure continuity during transition.

5. National Cancer Patient Experience Survey 2011/12

The National Cancer Patient Experience Survey 2011/12 national report was published by Department of Health on 16 August 2012. The survey covers patients who were treated between 1 September and 30 November 2011. Trust level reports can be downloaded from the Quality Health website (<http://www.quality-health.co.uk/2012cancerreports.html>). The Whittington Hospital has improved from its bottom third position the previous year to around 40th percentile, making us the best performing hospital within *London Cancer* (brand name of North Central and north East London Cancer Network led by UCLP). This is a tribute to our staff who continues to strive to provide outstanding experience to our cancer patients.

6. London adult emergency care standards audit

The London Quality and Safety Programme, set up by the SHA after a review found at least 500 lives could be saved annually if the mortality rate for patients admitted at the weekend was the same as for those admitted on a weekday, visited the Whittington Hospital on 3 July to audit our compliance against the new quality standards for adult acute medicine and emergency general surgery. The draft report, received on 30 August, gave the hospital an AMBER rating (not met but with plans in place). The Trust has invested £1.5m to meet with new standards which includes 7 day working by consultants and therapists.

7. Financial position

The Month 5 position is £43k better than plan, due to an actual surplus in month of £145k against a planned surplus of £102k. The YTD position is £352k worse than plan, which includes a cumulative surplus of £1,289k against a planned surplus of £1,641k.

Included within the above position are non recurrent adjustments to expenditure of approximately £1,653k. If this favourable movement had not happened, then the in month position would show a deficit of £2,055k. Of this, £1,072k is attributed to slippage of Cost Improvement Programmes (CIPs) with the rest due to increased expenditure. At the current time we are still forecasting a surplus position in line with the plan.

8. Cost Improvement Programmes (CIPs)

The main areas accounting for CIPs slippage are nursing agency spend, delayed implementation of organisational change programme and delayed planned ward closure. In hindsight, management has underestimated the amount of work required to implement those changes. Actions are underway to catch up on delivering the planned and developing new CIPs to make up the shortfall. Further details are provided in the Finance Report.

9. Staff engagement

Consultants and other staff have expressed concerns about not being consulted sufficiently on organisational changes. An extraordinary meeting of the Medical Committee was held on 23 August to update consultants on our FT application and why changes are needed. The same message was given out at the monthly CEO staff briefing and podcasted on the intranet. We will be holding the first Whittington Health Staff Conference on 19 October.

10. Progress with FT application

10.1 The Historic Due Dilligence (HDD) stage 1 report by Deloitte on the Trust's financial reporting procedure and monitoring identified the following areas for development:

- Board procedures to ensure effective management and control

- assessment of risks to the achievement of the strategic objectives and management of the full range of risks, including fraud and manipulation
- ability to articulate the main risks facing the Trust and mitigating actions
- board assurance of the accuracy of performance reporting
- risk assessment of failure to hit targets and links to risk management processes

The Board Assurance Framework (BAF) 2012/13 paper (Item 14) provides further details on the mitigation of these concerns.

- 10.2 The SHA feedback on our Quality and Safety Assurance Review recognises Whittington Health as a well performing organisation with an open culture. The following areas will be explored at the SHA Gateway Review planned for 2 October:
- Governance arrangements around the quality strategy
 - Managing risks and safety in relation to CIPs
 - Challenges of partnership working as an integrated care organisation
 - Board assurance of alert cascade and learning from Serious Incidents
 - Staff engagement and development, including meeting mandatory training targets
- 10.3 The new Single Operating Model (SOM) is based on the FT governance model whereby NHS Trust Boards declare their compliance against CQC essential standards and targets, financial targets and TFA milestones, using a self certification template. The Trust is then RAG-rated for governance risks, financial risks and contractual risks. Core to the process is the board governance declarations (Item 12) which will be coming to the Trust Board every month.
- 10.4 We are working closely with Islington and Haringey CCGs to agree the amount of business growth that could be included in the Integrated Business Plan. The oversight of achieving an exit contractual value of £212m through transformation by the end of 2013/14 is being led by the NCL Whittington Health Transformation Board, which is chaired by Dr Gillian Greenhough, chair of Islington CCG.

11. Community property acquisition

Under the Transforming Community Services Business Transfer Agreement, the Trust must confirm to DH the list of properties that will transfer to it by 14 September 2012. The Trust Board took the decision on 12 September to acquire the properties. I wrote to Caroline Taylor, NCL chief executive, on 14 September to confirm the intention.

12. Olympics review

NHS London reported that the detailed planning undertaken by every organisation in London enabled the health system to cope very well during the Olympic Games with no significant Olympic-related service delivery issues. Interim data (not yet verified) suggests that there had been fewer than 50 admissions of Games Family members in the three designated hospitals and around 400 attendances across the system.

13. Medical director succession

Dr Martin Kuper, Divisional Director for Surgery, Cancer and Diagnostics is Whittington Health's new Medical Director, a post shared with Dr Greg Battle. Martin will succeed Mrs Celia Ingham Clark, who is stepping down on 30 September to become London Lead for Medical Revalidation. Martin is being succeeded by Dr Nick Harper, consultant anaesthetist and Clinical Director for Surgery.

I would like to thank Celia for her enormous contribution to the Trust, especially as Medical Director for the past seven years. The Whittington Hospital's standing as one of the safest in the country is a tribute to her leadership and dedication to improving patient safety.

**YI MIEN KOH
CHIEF EXECUTIVE**