Whittington Health NHS

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Whittington Health Executive Committee

24 October 2012

Title:	**Chief Executive's Report to the Board**		
Agenda item:	**6**	**Paper**	**B**
Action requested:	***For discussion***		
Executive Summary:	The report updates the Board with local, regional and national policy changes that will affect the organisation and key issues facing the Trust. Headlines for October: • UCLP Academic Health Science Network application • Financial position • Cost Improvement Programmes • National annual NHS staff survey • Progress with FT application • NHS London Productivity Programme		
Summary of recommendations:	The Board is recommended to discuss the report.		
Fit with WH strategy:	This report provides an update on key issues that could affect the achievement of WH strategy.		
Reference to related / other documents:	Month 6 Finance Report FT Application Progress Report		
Date paper completed:	15 October 2012		

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Date paper seen by EC		**Equality Impact Assessment complete?**		**Risk assessment undertaken?**		**Legal advice received?**	

Chief Executive's Report to the Board

24 October 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. UCL Partners Academic Health Science Network (AHSN) Application

Whittington Health is an executive member of UCL Partners (UCLP), an academic health science centre (AHSC) that was designated in 2009 to accelerate the translation of research into practice. Over the past year, UCLP has expanded its geographical coverage to East London and parts of Essex, Hertfordshire and Bedfordshire. It has applied to be an Academic Health Science Network (AHSN), in addition to its on-going role as an AHSC.

The proposal to create AHSNs came from the Department of Health's paper on *Innovation Health and Wealth* (December 2011). Recognising that innovation in the NHS is often slow to be adopted, AHSNs across the country will be responsible for delivering proven innovation into practice at scale, both to improve patient and population health outcomes, and to create wealth. A prospectus (please see Attachment 1 for executive summary) for the AHSN was submitted to the Department of Health on 1 October 2012. Designated AHSNs will be announced on 30 November

3. Financial position

The Month 6 position is £295k better than plan, with an actual deficit in month of £555k against a planned deficit of £850k (the planned deficit relates to a lower profile of activity for September). The cumulative position is £57k worse than plan, which includes a cumulative surplus of £734k against a planned surplus of £791k.

Included within the month 6 position outlined above are non recurrent adjustments to expenditure of approximately £2,110k. If this favourable movement had not happened, then the in month position would show a deficit of £1,376k. As reported in previous months, the key area to note in terms of adverse budget variances relates to slippage / non achievement of CIP. Achievement in the year to date is circa £905k below the planned level (which is an improvement on the month 5 position).

At the current time we are still forecasting a surplus position in line with the plan, but this is heavily dependent on a continued improvement in the run rate, and improvement in performance against CIP targets.

4. Cost Improvement Programmes

Feedback from NHS London on our Cost Improvement Programmes (CIPs) rated the overall quality of the Project Initiation Documents (PIDs) to be reasonable for this stage. However further details in the PIDs were required:

- Predicted CIP/investment required/timescale for start of benefits realisation.
- Detailed plans showing the reduction in reference costs converting to reduction in posts
- Mapping of interdependencies showing links to other PIDs and relationships and how they link back to the workforce strategy
- Potential duplication between schemes that identify skill mix reviews and NHSL Sustainable and Financially Effective (SaFE) references, with reference costs improvements, for example:
    - ICAM - Bed reconfiguration programme - £3,445k
    - ICAM - Productivity improvements to improve reference costs - £3,011k
    - ICAM - Skill mix review – Long Term Conditions - £1,535k
    - SCD - Reference costs improvements - £4,870k
    - WCF - Reference costs improvements - £5,070k
- Overall redundancy provision
- Clarifying the relationship between risk (RAG) ratings and level of planned savings attributed to each scheme
- Benefits of the integration with the community services.

5. Progress with FT application

We are making steady progress with our FT application. Key milestones in October:

- SHA Quality Gateway took place on 2 October – PASSED
- SHA Readiness Review meeting took place on 11 October – PASSED
- The second Historic Due Diligence (HDD2) by Deloitte is due to start on 22 October and will last for three weeks.

The next GATEWAY will be the SHA Board to Board scheduled for 23 November. Commissioners' convergence letter must have signed off by NCL Board before this can take place. A mock panel has been arranged for 6 November.

6. Review of governance structure

In the past month, the Board of Directors have reviewed the Trust's committee structure and a new organogram was approved by the Board at the board seminar on 10 October. The review also clarified the reporting lines of associate directors to voting executive directors (see attachment 2). The committee structure will be reviewed continuously to ensure they remain fit for purpose.

7. Together to Improve Value

Together to Improve Value is the NHS London sponsored Trusts Productivity Improvement Programme for aspirant acute FTs. Each Trust is asked to put forward five teams, each one consisting of up to five people who will deliver a value improvement project (VIP) (one on Service Line Management and four operational VIPs) over the nine month period.

The benefits of participating for individuals and the Trust include:

- opportunity to work with others as part of the McKinsey Hospital institute (MHI), a national network focused on improvement, learning and development
- an annual study tour for service and organisational level leads to meet international counterparts
- equipping over 20 people in Whittington Health with the skills, tools and confidence to be effective change leaders and improve their performance in the day jobs
- developing sustainable improvement through embedding our culture and values

The kick off meeting for Whittington Health is taking place on 17 October, and the programme will launch on 20 November. Further details are provided in Attachment 3.

8. National NHS Staff Survey 2012

The annual national NHS staff survey has been launched and will run until 29 November. The survey is being conducted by Picker Institute Europe on behalf of the Trust and the Department of Health. All full-time and part-time staff directly employed by the trust on 1 September will be able to complete their questionnaire online, although only the responses from a sample of 850 staff will be used to make national comparisons. The results will be made available to the Trust in February 2013 and published in March 2013.

The progress report on the action plan arising out of the 2011 Staff Survey is on this month's agenda for discussion.

Yi Mien Koh **15 October 2012**

UCLPartners
Academic Health Science Partnership

Executive Summary

UCLPartners was designated as an Academic Health Science Centre (AHSC) in 2009 – a partnership between universities and healthcare providers to ensure that medical research breakthroughs lead to direct clinical benefits, at speed and pace, for patients and populations. We have already achieved significant successes which include the following:

- UCLPartners facilitated horizontal integration to fast track delivery of the **unified stroke service** across North Central London as part of a "top down" London initiative, including a single-point-of-entry Hyper Acute Stroke Unit (HASU) to which all ambulances bring all patients with suspected acute stroke, 24/7. Early evaluation shows delivery of thrombolysis at 14-18%, compared to UK average of 9% (NICE guidance TA264). There has also been a reduction in mortality of 30% (double the national average improvement), and significant cost reduction.
- A method for growing transparent tissue, developed by academics at University College London (UCL), was licensed to The Automation Partnership. Collaboration with the NIHR Biomedical Research Centre (BRC) at Moorfields Eye Hospital brought therapeutic applications to **cure some forms of blindness** through the proposed generation of a complete ocular surface. We celebrate and share the entrepreneurial learning of such successes across the partnership.

We have progressively welcomed new organisations to the partnership, expanding our population focus and enhancing our academic strengths. In the next stage of our evolution, UCLPartners is bidding to become an Academic Health Science Network (AHSN), with our AHSC embedded within the Network, this document summarises our bid.

1. Vision, goals and approach

We have a bold **vision** for UCLPartners AHSN:

> *We will translate cutting edge research and innovation into measurable health gain for our local population of six million, and help achieve a step change in adoption both nationally and internationally.*

This vision will be underpinned by an unrelenting focus on setting global standards of **excellence** in education, research and clinical practice. And it will rest on a deep commitment to building **collaboration** between patients, academia, the local NHS, local government and industry – thinking and acting in partnership to serve communities across a major health economy.

The principal **strategic goals** of UCLPartners AHSN, driven through all our work on service improvement, education and research, will be to:

- **Improve health:** support and facilitate measurable improvements at scale and pace in the health, healthcare and wellbeing of our population, while significantly reducing health inequalities.
- **Create wealth:** enhance economic gain for our population through improved health, innovation and implementation, while improving the return on research and healthcare investment.

Our approach to uptake will build on UCLPartners' track record of using collaborative approaches to **implement NICE guidance at scale** – for example, supporting 188 primary care practices in outer North East London to translate NICE guidance into a package of interventions to improve COPD care, thus improving outcomes and patient experience and reducing cost. We will work collaboratively across the AHSN, with our industry partners and NICE to co-create interventions that systematically address the individual, organisational, and system-level barriers to implementation.

Our approach to the **diffusion of innovation** will focus largely on creating a system that is predisposed to the accelerated adoption and adaption of already-known healthcare innovations and then delivered through a series of clinically led programmes addressing major health needs. This builds on our existing work e.g. UCLPartners led "After the Light Bulb", an initiative funded through NHS London's Regional Innovation Fund to enable the NHS to diffuse innovations at greater scale and pace. This approach starts through "co-design" of new initiatives to build diffusion mechanisms from the outset, inclusive of strategic alliances with patient networks and organisations to increase "patient pull" through into practice.

Increasing the health of our population will deliver a direct economic return by increasing workforce productivity. In addition, UCLPartners AHSN will create a **culture that celebrates wealth creation** – made manifest through promotion of entrepreneurship, industry collaboration, and inward investment into the UK. Two new job exchange programmes have already been created with industry partners (GSK and Novartis), with at least five more to follow.

2. Geographic footprint, partners and population covered

UCLPartners AHSN will serve a contiguous, direct population of six million people across North Central London, and North East London, South and West Hertfordshire, South Bedfordshire and South West and Mid Essex, mapping to 19 Clinical Commissioning Groups (CCGs). New members from Hertfordshire and Anglia Ruskin Health Partnership will join as equal partners bringing complementary clinical and academic expertise and enhanced scale.

This UCLPartners AHSN bid includes support from a wide range of partners across the proposed geographic footprint, including patients; CCGs; acute, community and mental healthcare providers; industry; local government, independent and third sector providers of NHS care; and international academic and clinical partners. Partnerships with local authorities and linkages with local health and wellbeing boards will play a fundamental role, given the importance of primary prevention in realising the ASHN's vision. The AHSN also creates the opportunity for further partnerships, including progressive alignment of Clinical Networks, Clinical Research Networks, Local Education and Training Boards and CLAHRC bids.

Close partnership between UCLPartners, CCGs and Commissioning Support Units is a critical success factor for our AHSN. CCGs will transform the commissioning landscape, supported by commissioning support units and are a key partner for us. Our AHSN will deliver innovation into practice which will enable them to deliver their obligations and clinical priorities. We have co-created this prospectus with commissioners to align priorities, and commissioners will be key partners in creating programmes. We start in a good place, UCLPartners has already been commissioned to deliver projects, both large and small, and CCGs have highlighted the role they can play in aligning the Commissioning for Quality and Innovation (CQUIN) payment framework for AHSN programmes to reward excellence.

Priority programmes

UCLPartners AHSN will drive a series of major, collaborative "Integration Programmes". These programmes will be the central vehicle to create, search for and apply innovation at a system level, and to put into practice the approach outlined above. They will integrate prevention, service improvement, research and education strategies at scale across the network – creating seamless pathways from prevention through to treatment, and through to rehabilitation.

Informed by dialogue with our partners and population, we have identified five priority programmes for the AHSN, which together account for over 80% of both amenable premature mortality and current healthcare spend:

1. **Integrated cancer.** Many of the 6,000 cancer deaths across our network per year are avoidable through earlier diagnosis and treatment. UCLPartners has recently built a *London Cancer* Integrated Cancer System, working to drive a step change in improvements to outcomes and patient experience. The AHSN provides an opportunity to partner across a broader geography.

2. **Integrated cardiovascular health.** Across our network, there are around 12,000 cardiovascular deaths per year. We will design and deliver an Integrated Cardiovascular System (ICVS) that maintains health, prolongs event free survival, and provides world class treatment for those with manifest disease. The ICVS will be a strong marker of collaborative, cross boundary working.

3. **Integrated mental health.** Mental Health Disease represents a quarter of the nation's overall burden of disease. The programme will focus on prevention, early identification and intervention, addressing social determinants and consequences of mental disorder, and promotion and integration of mental and physical health. The programme partners are recognised world leaders in the field.

4. **Integrated co-morbidities.** The programme will build on existing work to integrate the management of patients with multiple health issues, and diffuse it across the network. For example, Essex County Council has an innovative programme to manage complex and frail patients across health and social care, including occupational therapy, assistive technology, and home care.

5. **Life course for women and children.** The life course approach recognises that "ordinary" events in women's lives, such as pregnancy and childbirth, have far-reaching impacts on the health and disease of both mother and child. This programme will build on the established UCLPartners Women's health programme, and focus on subsequent teenage support through work with schools and HEIs.

We will encourage new integration programmes to form in subsequent years, aligned with the AHSN's objectives. We will continue to deliver pull through of discovery and innovation into practice at a population level from all of our established AHSC programmes embedded in the network (Neurosciences, GI and Hepatology, ENT, Immunology and Transplantation, infection and population health). These leverage specific areas of academic expertise to translate innovation into practice. For example, Moorfields and its associated UCL Institute of Ophthalmology provide substantially the largest clinical practice, and have the greatest academic contribution to eyes and vision in the world. Underpinned by the breadth and excellence of HEIs across the AHSN such world class capabilities exist, or are being collaboratively developed in many other clinical fields.

UCLPartners
Academic Health Science Partnership

3. Strategy for key functions – research, education and informatics

The programmes outlined above will be underpinned by clear, cross-cutting strategies to foster excellence and collaboration in research, education and informatics, across the network.

Our **research strategy** will focus on working across the whole research translational pathway, and championing broad participation in research and entry into clinical trials. We will invigorate the research-led capacity for "health and wealth" from within the network and enhance collaboration and partnership with the biomedical industry, small and medium sized enterprises and big pharma (for biomedical and clinical research). This will build on our experience of simplifying access and improving performance to attract new partners and investment. For example, Anglia Ruskin Health Partnership have piloted a single point of entry for companies seeking to work with partnership members on medical innovations, resulting in new contracts worth £4.7million being signed in the first six month period.

The UCLPartners Research Board will ensure an efficient infrastructure is in place for research, and will support delivery by helping ensure that each programme exploits the steps in the translational pathway:

- **Discovery science.** We will ensure that the world-leading biomedical research capability within the AHSC is pulled through into the development and robust evaluation of new therapeutics and diagnostics, and ultimately delivered to improve the outcomes for our patients.

- **Proof of concept**. UCLPartners is already working with the Biomedical Research Centres (BRCs) and Biomedical Research Units (BRUs) to cultivate a mutually supportive culture of enterprise and entrepreneurship in research; for example, process improvements at UK Biobank by a UCLPartners-associated team reduced a patient examination process from 1.5 hours down to 11 minutes. Metrics will include new business partnerships created, the volume of first-in-man research, patents, and inward investment.

- **Clinical trials.** A synthesis of our clinical trials capacity within the network will create the largest and most comprehensive set of capacities in the UK. The AHSN will enable all willing patients to become research subjects, helping to redefine optimal management of their condition: our target is to double participation in research in each of our priority programmes.

- **Population research.** We will drive real-world studies which create evidence to demonstrate the value of new technologies in a service setting. Implementation

will be in concert with Improvement Science London; a collaborative by the three London AHSCs to develop Improvement Science capacity.

- **Reverse translation.** We recognise that the assessment of actual benefit of proven interventions at a population level will in turn identify health needs still requiring new therapies; we will ensure that such population-based observations and patient voice are fed back into the scientific discovery pathway.

Excellent **education** across the AHSN will be driven by a commitment to instill the fundamental values and behaviours required to enable high quality patient experience and outcomes. This will build on our track record e.g. UCLPartners already holds a contract with NHS London as Lead Provider for several core and specialty postgraduate medical and dental training programmes, and recently launched an accelerated postgraduate nursing and midwifery training scheme to ensure similar opportunities and wider multi-professional development. This will be applied to other health professions. Educational delivery will be integrated with the AHSN's core programmes, so ensuring that training is closely aligned to innovation in clinical service and research. For example, UCLPartners education programme is already integrated with *London Cancer*, so that innovations such as better early diagnosis and improved multi-disciplinary team working are rapidly incorporated into the training of our current and future clinicians.

We will work creatively and in partnership with key stakeholders to develop fair, responsive and distinctive education, training and development systems, spanning:

- **System level education.** Working with the relevant Local Education and Training Boards (LETBs), we will articulate and guide the delivery of learning opportunities across the network so that we align staff development with the vision and long-term objectives of the AHSN set out in this prospectus. Effective leadership is critical to our programme delivery - our front line staff deserve our best leaders, individuals of character and competence who act to achieve excellence. More than 250 staff from across the partnership (from diverse professions in primary and secondary care) have already progressed through the innovative UCLPartners Staff College – with >95% positive delegate feedback to our approach.

- **Programmes education.** Education will be a core focus of the programmes outlined above. Education and training initiatives will form part of programme implementation plans and programme leads will be supported to co-design bespoke education and training packages.

- **Education research.** We will embed awareness, skill and ambition in improvement science and quality improvement as well as traditional biomedical

and medical technology research, through associated modular Masters programmes, accessible to all professions. Our recent designation by the General Medical Council (GMC) to enable more rapid approval of overseas trainees across UCLPartners will support global reach to the most able students and facilitate international engagement.

As a world-leading AHSN, we will also ensure that we are supported by a world leading **informatics** network, sharing information securely between multiple complex organisations to support improvement in direct patient care, population health, value, research and provide a platform that will act as a catalyst for change. We will share the expertise we develop in this area both regionally and nationally so that the full potential of the NHS can be leveraged for the benefit of population health and wealth. For example, we are already working with developers to provide a "stroke pad" tablet device that will enable clinicians to collect data at the point of care that can subsequently be used to provide clinical care and provide information to the national data sets.

4. Measuring and assuring performance

We will use **measurement** to ensure we deliver our core purpose as an AHSN. Measures will be co-created by those accountable for delivery and will drive continuous improvement in quality. Health and wealth improvements will be rigorously evaluated, specifically:

- Measures will be used to establish a **results-orientated system**, focusing energy on delivering the AHSN's strategic priorities and on continuous improvement.
- Measures will play an important role in directing attention on areas which will have the **most health and wealth impact** (taking account of patient, population, clinical and health service perspectives, and contribution to GDP).
- We will link measurement where possible to relevant internal and external **benchmarks** and focus on **trends over time** (e.g. variation within UCLPartners, comparison to national data and relevant leading international comparators).

To be of greatest benefit to patients and to have traction with clinicians, we will measure and improve a small number of **quality metrics** (the "vital few") which capture what matters most to patients, at the level of each major disease state or pathway. UCLPartners has pioneered a three-part approach to measuring quality at system level spanning clinical outcomes, Patient Reported Outcome Measures and Patient Reported Experience Measures across whole pathways. They highlight opportunities for systems not only to improve performance at each stage, but also to reduce disease progression.

By pairing health improvement outcomes with resource use measurements, we will track **value** in care delivery and develop whole pathway "value scorecards" for each of our five

priority programmes – so helping to maximise the outcomes delivered for patients per pound spent.

We will also apply this measurement approach to ensure **excellence in education** in terms of both quality and value for money. Our goal is for 80% of organisations in the AHSN to perform in the top 10% across key indicators in the Education Outcomes Framework within five years.

Finally, we have developed rigorous methods to produce rapid yet comprehensive **evaluations** which stand up to academic peer review. We will draw upon the considerable methodological expertise that exists within our HEI partners.

5. Governance and leadership

The designated AHSN and AHSC functions will be overseen and delivered through one legal entity, UCLPartners – a social enterprise set up in 2009 as an incorporated body limited by guarantee. The governance and leadership approach will be as follows:

- UCLPartners will be led by an **accountable officer** (The Managing Director, post holder Professor David Fish).
- An independent **UCLPartners Board** will provide oversight of strategy and delivery, ensure good governance, and act as custodian of values (Independent Chair, post holder Sir Cyril Chantler).
- The **UCLPartners Executive** will define and approve strategy, provide leadership, allocate resources and ensure that the strategic goals are delivered.
- **Executive groups** will lead delivery on education, research and our portfolio of programmes.
- An **Advisory Council** will represent the views of the full range of stakeholders and members of the AHSN, and a **UK plc Group** will help drive the wealth creation agenda.

6. Financial plan

It is our partners, not UCLPartners directly, who hold the major budgets which, across the geography are in excess of £10 billion p.a.; the AHSN core budget will represent substantially less than 0.1 % of the total budget deployed by the NHS in our geography. Clinical commissioners, providers, the LETB and the HEIs hold the major resources. UCLPartners will enable these organisations to increase return on the investments they make and to generate more value from the system.

Executive Team