

## Whittington Health Trust Board

22 May 2013

<b>Title:</b>	<b>Chief Executive's Report to the Board</b>						
<b>Agenda item:</b>	<b>13/070</b>		<b>Paper</b>			<b>2</b>	
<b>Action requested:</b>	<b><i>For discussion</i></b>						
<b>Executive Summary:</b>	<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 for May:</p> <ul style="list-style-type: none"> <li>• CHKS Top Hospitals 2013 Patient Safety Award Winner</li> <li>• A&amp;E 4 hour target pressures</li> <li>• 2012 Inpatient survey results</li> <li>• Maternity EPR</li> <li>• Executives moves</li> </ul>						
<b>Summary of recommendations:</b>	The Board is recommended to discuss the report.						
<b>Fit with WH strategy:</b>	This report provides an update on key issues that could affect the achievement of WH strategy.						
<b>Reference to related / other documents:</b>							
<b>Date paper completed:</b>	13 May 2013						
<b>Author name and title:</b>	<b>Dr Yi Mien Koh Chief Executive</b>			<b>Director name and title:</b>		<b>Dr Yi Mien Koh Chief Executive</b>	
<b>Date paper seen by EC</b>	<b>14/5/13</b>	<b>Equality Impact Assessment complete?</b>	<b>n/a</b>	<b>Risk assessment undertaken?</b>	<b>n/a</b>	<b>Legal advice received?</b>	<b>No</b>



# Chief Executive's Report to the Board

22 May 2013

## 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. CHKS Top Hospitals 2013 Patient Safety Award Winner

On 1 May, the Trust won a national award for outstanding performance in providing a safe hospital environment for patients. The CHKS Top Hospitals 2013 Patient Safety Award is based on a range of indicators, as set out below

- Emergency readmission within 28 days of discharge following hip fracture
- Summary Hospital-level Mortality Index (SHMI)
- Risk adjusted mortality index
- Readmission rate within seven days of delivery
- Infection rate following caesarean section
- Rate of deaths in hospital within 30 days of non-elective surgery
- Rate of deaths in hospital within 30 days of elective surgery
- Rates of deaths in hospital within 30 days of emergency admission for hip fractures
- Rate of deaths in hospital within 30 days of emergency admission with a heart attack (MI: aged 35 to 74)
- Rate of deaths in hospital within 30 days of emergency admission for a stroke
- Rate of deaths in low mortality HRGs (HRG3.5)
- Rate of pressure ulcer (for patients with length of stay over four days)
- Post-operative wound infection
- Complications of anaesthesia
- Foreign body left in during procedure
- Post-operative pulmonary embolism or deep vein thrombosis
- Post-operative sepsis
- Rate of accidental puncture or laceration during surgery
- Birth trauma - injury to neonate

I would like to congratulate and thank all of our staff for their hard work and commitment to a patient safety culture that leads to excellent clinical outcomes.

## 3. Finance Report

The Trust is entering the second year of a block contract, which reduces the financial risks associated with activity variation. Changes in the commissioner landscape with newly formed organisations including the Clinical Commissioning Groups (CCGs) and NHS England is adding complexity to this year's negotiations, causing delay in agreeing contract values nationally.

The budgeted 2013/14 financial position is dependent on delivery of a £15m Cost Improvement Programme (CIP). Across the Trust, 62% of the year to date profiled CIP has been delivered, which represents a £368k shortfall against plan.

A number of community properties are transferring to the Trust due to PCTs ceasing to exist at the end of March 2013. There are unresolved disputes with commissioners regarding the funding of associated costs which are currently under negotiation and the Trust would hope to have resolved in the near future.

#### **4. A&E 4 hour target**

In recent months, there has been a national focus on A&E performance due to many Trusts failing to meet the 4 hour waiting time target. The Trust achieved the A&E target in 2012/13 but since 1 April, our performance has been 92.85%. A high level analysis of two years' data (2011/12 and 2012/13) was presented by the North and East London Commissioning Support Unit (CSU) to the UCLP executives on 13 May. They found, overall, rising trends in A&E activity and emergency and non emergency admissions, and reducing trends in bed numbers and bed occupancy. Lengths of stay appear to be stable. The Trust experienced a 11.5% increase in attendance in April compared to the same month last year, however, our own analysis has found the number of emergency admissions has remained steady. Of the breaches, 70 percent are patients waiting for assessment. The Emergency Department has developed an Action Plan as part of the Together to Improve Value programme which is expected to improve performance.

#### **5. 2012 Inpatient survey results**

On 16 April 2013, the Care Quality Commission ([www.cqc.org.uk](http://www.cqc.org.uk)) published the results of the tenth national survey of people who were admitted to an NHS hospital in 2012. The results, which had a 51 percent response rate, show improvements in several areas compared with 2011. The areas are waiting to be admitted, experience on the ward, experiences with doctors and nurses, information provision and involvement in care. There has, however, been a decline in the results for waiting to get to a bed on a ward, availability of staff and pain control.

The Whittington Hospital was found to be performing at about the same as other participating trusts. Compared to 2011, the Trust improved in the following areas:

- On leaving hospital, patients being told how to take their medication in a way they could understand
- Patients having to use the same bathroom or shower area as the opposite sex
- When patients had important questions to ask a nurse, they receive answers that they could understand
- Patients believe there were enough nurses on duty to care for patients in hospital

- After the call button was used, patients did not have to wait long before help arrived.

## 6. Maternity EPR

The new electronic patient record (EPR) in maternity was launched on 7 May. The system will be used by approximately 200 midwives across maternity both at the hospital and in the community, including children's centres, health centres and HMP Holloway within Islington and Haringey. Community midwives are trialling iPads to help with this new system, which has received positive feedbacks. Over the coming months a patient portal will be introduced to make booking appointments and viewing records easier for patients.

The implementation of the Maternity EPR forms the first part of a wider IT project to introduce the full EPR patient administration system (PAS) throughout the hospital and in Haringey and Islington health centres over the next two years. A key strategic objective is to have fully electronic patient records by 2015.

## 7. New medical imaging systems

The Trust recently awarded a contract to Sectra to supply medical imaging IT systems. This will facilitate more efficient radiology services, thereby enabling the hospital to improve patient care. The contract was signed on Thursday 25 April with the go-live scheduled for end of October 2013. This is another positive step in achieving a fully integrated IT system.

## 8. Executives moves

There have been some changes in the executive team as follows:

- **Maria da Silva** has resigned from her post as Chief Operating Officer. She stepped down from this role from 25 April and until she leaves in June will be focusing on community services improvements, especially physiotherapy.
- **Lee Martin**, Deputy COO, is acting as interim COO whilst we recruit Maria's replacement.
- **Caroline Thomsett** has been appointed as Interim Director of Communications. The permanent post, which is being recruited to, will add capacity to the current communications team.
- **Fiona Smith**, Director of Planning is leaving at the end of May to become the new deputy CEO and COO at Barnet and Chase Farm Hospitals NHS Trust. Fiona will be replaced by a new Business Development Director and a (fixed term) FT Programme Manager.
- We are also recruiting to the post of Chief Financial Officer, to lead our FT application, as well as having strategic oversight of all financial functions.

I would like to thank Maria and Fiona for all their hard work and commitment to Whittington Health and welcome Lee and Caroline to the team.

**Yi Mien Koh**

**13 May 2013**