

Whittington Health Trust Board
26 June 2013

Title:		Chief Executive's Report to the Board					
Agenda item:		13/085		Paper		2	
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 for June:</p> <ul style="list-style-type: none"> • Report back from Transformation Board • Key messages from listening exercise • Health and social care integration pioneers • Responding to the Francis Report: Patients First and Foremost • NHS England consults on new e-referral system to replace "Choose and Book" • NHS England consults on new models of urgent and emergency care • CQC consults on new inspection and rating regime • HSJ Top 100 Clinical Leader Dr Kim Holt • Queen's birthday honours for Celia Ingham-Clark MBE, Joan Myers OBE and Lorraine Lawton OBE 					
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:							
Date paper completed:		17 June 2013					
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	18/6/13	Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	No

Chief Executive's Report to the Board

26 June 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. Finance Report

The month 2 position is £182k worse than the planned position in month and £720k worse than planned cumulative year to date. The key contributors for the adverse budget variances relate to slippage / non achievement of Cost Improvement Programmes (CIPs), which is, year to date, circa £699k (36%) below the planned level and additional cost pressures arising in year of £191k.

At present we are still forecasting a breakeven position in line with the plan, but this is dependent on effective management against key risks identified, which require full delivery of the CIP plans, containment of cost pressures and maintaining income levels at or above the planned position.

3. Report back from Transformation Board

The Islington and Haringey CCGs and Whittington Health Transformation Board meets monthly to assure achievement of the £212m exit run rate (cost to the commissioner of patient activity) by the end of 2013/14. It was set up in August 2012 to manage economy wide risk. In its first six months, the Board focused on WH's FT application.

At its last two meetings, the agenda covered setting up a workforce group, deep dives into community transformation projects on podiatry, physiotherapy and district nursing, a comparison of Haringey and Islington service development impact, community data sets, contracts overview and FT progress.

4. Key messages from listening exercise

The three month listening exercise following the publication of our estates strategy ended on 31 May. The events and meetings held to capture stakeholder views included: six public discussion meetings (attended by 170 people), 10 staff briefings, three open days in April and May (attended by 200 people) and many meetings by the Board with MPs, councils, the London Assembly, our commissioners and other interested parties. During the period, Trust Board members also attended two public meetings organised by the Defend the Whittington Hospital Coalition (DWHC) and Lynne Featherstone MP. I would like to thank everyone who contributed to the discussions and gave us feedback either verbally and in writing.

While there was some support for improving care coordination and moving services closer to home, many had concerns which fell into three categories: disquiet over the sale of buildings/land which the majority felt the trust may need in the future, worries over the viability of moving more services closer to people's homes and whether the same high quality care and support would be available, and the impact of ward closures/reduction in staff on the running of The Whittington Hospital both now and in the future. The response has shown that everyone is passionate about our services and we have taken this opportunity to reconsider our proposals. We will be publishing our revised plans and clinical strategy in July.

5. Integrated care pioneers – call for expressions of interest

A call for expressions of interest in becoming an Integration Pioneer was launched by Norman Lamb MP Minister of State for Care on 16 May. Islington CCG and London Borough of Islington are putting together a joint application and inviting Whittington Health to be one of the key collaborators. The CCG and Council see the application process as a tool to accelerate their integrated care strategy. The closing date for applications is 28 June.

6. Responding to the Francis Report

Executive directors have held six staff conversations in May and June to discuss our response to the Francis report. The implications of Francis – on transparency and candour, leadership, information, safety and compassionate care – extend beyond the hospital into community settings and people's homes. Staff were given a brief presentation on the Francis report and encouraged to discuss issues at work that could impede the delivery of safe and effective care. Notes were taken at each session and recommendations will be submitted to the executive team to consider. Staff who attended the events suggested holding more such meetings at health centres on a regular basis.

7. NCEPOD 2013 report on patients who died with alcohol-related liver disease

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published its 2013 report on 14 June. "Measuring the Units" reviewed patients who died in hospital with alcohol-related liver disease. The report made six principal recommendations, the first two of which are:

- All patients presenting to hospital services should be screened for alcohol misuse
- All patients presenting to acute services with a history of potentially harmful drinking should be referred to alcohol support services for a comprehensive physical and mental assessment

Whittington Health has agreed a CQUIN for the above recommendations which need to be implemented or the quality payment worth £1m will be at risk.

8. NHS England consults on new e-referral system to replace “Choose and Book”

A five-month consultation on a new e-referral system to replace Choose and Book was launched by NHS England on 12 June 2013. The scheme, intended to support the move to a “paperless NHS” by 2018, will allow clinicians, patients and commissioners to book appointments online in the same way flight booking website work. It will not be compulsory for GPs to use the system but GPs, who opt out, will have to offer the same choices as the system which would involve them phoning around hospitals for appointments. The system aims to improve communication between GPs and hospital consultants. It will allow patients to be notified of their appointments by email, text or through a mobile phone app, although they can still receive a paper referral.

9. NHS England consults on urgent and emergency care review

Sir Bruce Keogh, Medical Director NHS England, and Professor Keith Willet, Domain Director for Acute Episodes of Care, NHS England, wrote to all trust chief executives and medical directors on 17 June 2013 seeking views on the future of urgent and emergency care in England.

The letter follows a six-month review of urgent and emergency care by a steering group chaired by Professor Willet. The review found:

- Patients are turning up at A&E departments because they do not know where else to go for urgent medical help.
- Emergency care services are fragmented between hospital A&E units, telephone advice lines, walk-in centres and minor injury units, causing widespread confusion
- Growing numbers of frail and elderly patients and those with more treatable illnesses were contributing to ever greater pressure on the system.

Sir Bruce said the NHS must devise a simpler system of 24-hour, seven days a week care. He believes that better integration and communication between the different services could reduce unnecessary attendances at A&E and allow people in hospital to return home sooner. NHS England has announced a consultation to ask patients, the public and NHS staff to ‘help shape the future of urgent and emergency care services’. The engagement period will take place between 17 June and 11 August 2013. People are asked to complete a short online questionnaire (<http://www.england.nhs.uk/uec-england/>) to give their feedback.

10. Care Quality Commission consults on new inspection and rating regime

The regulator the Care Quality Commission (CQC) launched a consultation on a new inspection and rating regime for acute service providers on 17 June 2013. The Ofsted-style system will rate hospitals following an inspection in four categories: outstanding, good, requiring improvement and inadequate. Trusts will be given a rating for each of the CQC's five new "domains" – safety, effectiveness, caring, responsive to people's needs and being well led – at organisation, hospital and service levels. All acute providers will be rated by the end of 2015. Ratings for mental health trusts will be introduced during 2014. Community and ambulance trusts will begin during 2015-16.

11. HSJ Clinical Leader Dr Kim Holt

The trust congratulates Dr Kim Holt, consultant paediatrician, for her selection onto the inaugural HSJ Clinical Leaders. The award celebrates clinicians who lead innovation, drive policy change and continuous improvement in the quality of care as a core part of their professional identity and role. Dr Holt was recognised for her work with *Patients First* which champions NHS whistleblowers campaigning to reduce harm to patients and increase accountability and openness in the NHS. She was also noted to have added constructively to the post-Francis debate.

12. Queen's Birthday Honours 2013

The trust congratulates colleagues whose significant contributions were recognised in the Queen's Birthday Honours.

The honours recognise the achievements and service of extraordinary people across the UK. Among them was Mrs Celia Ingham Clark, former medical director at Whittington Health, who receives an MBE for services to the NHS and recently retired Dr Lorna Bennett, who specialised in the blood conditions sickle cell and thalassaemia, receives an MBE for services to people with blood disorders.

Whittington Health's Joan Myers, nurse consultant - community children's nursing, receives an OBE for services to children and nursing. An OBE also went to Lorraine Lawton, paediatric nurse consultant in the emergency department, for her role as an RAF reservist, squadron leader. Lorraine was appointed to the Military Division of the Most Excellent Order of the British Empire, receiving an Associate Royal Red Cross award.

These honours are truly deserved by our staff, past and present, who have provided an excellent service to our patients and the local community.

13. New Chief Operating Officer for Whittington Health

The trust congratulates Lee Martin on his appointment as Chief Operating Officer of Whittington Health. Lee joined the trust in March 2013 as Deputy COO and has been acting COO since 26 April. Lee has broad knowledge and experience of health services and health service redesign in hospitals and integrated care organisations in the UK and overseas. He is an outstanding appointment for the trust.

Yi Mien Koh

17 June 2013