

Whittington Health Trust Board

8 January 2014

Title:	Chief Executive's Report to the Board						
Agenda item:	14/006		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 January:</p> <ol style="list-style-type: none"> 1. New chairman for Whittington Health 2. Financial report 3. Dr Foster 2013 hospital guide 4. NHS TDA planning guidance 2014/15 5. CQC inspection of community health services 6. Health education North Central and East London Quality Awards 7. Quality-in-Care Excellence in Oncology award 						
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 Whittington Health strategy.						
Reference to related / other documents:	Financial report						
Reference to areas of risk and corporate risks on the Board Assurance Framework:	BAF references 1.1, 2.2, 3 and 4.						
Date paper completed:	2 January 2014						
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		Equality Impact Assessment complete?	n/a	Risk assessment undertaken?	n/a	Legal advice received?	No



Chief Executive's Report to the Board

8 January 2014

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.

1. New chairman for Whittington Health

I am delighted to welcome Whittington Health's new chairman Steve Hitchins who started on 1 January 2014. Steve, an Islington resident, brings to the board extensive experience in the public, private and voluntary sectors as well as first hand patient experience. Steve's appointment was confirmed by the NHS Trust Development Authority (NHS TDA) which is responsible for the appointment of chairs and non-executive directors of NHS trusts.

2. Financial report

Month 8 shows a breakeven position, supported by an in-month break even in November. This position continues to be underpinned by reserves in order to address additional costs for waiting times activity and under-delivery of the original savings plan; however, less support from reserves was required this month. Whilst this is a welcome improvement the Trust must maintain our focus on tight cost control and the delivery of additional, recurrent savings to achieve the year-end target and avoid increased savings targets in 2014/15.

On November 21 2013, the national Reference Cost Index (RCI) results were released for 2012/13. The Trust has an RCI of 104, an improvement of one point on the score of 105 in 2011/12. This is a little disappointing but demonstrates that the Trust is able to make improvements in its cost base relative to other Trusts providing similar services. An analysis of our score, alongside service line reporting, is underway to help inform potential savings opportunities next year.

3. Dr Foster 2013 Hospital Guide

The 2013 Dr Foster Hospital Guide was published on 6 December 2013. The guide named The Whittington Hospital as one of 20 in England that scored low on at least two mortality scales. The hospital has a significantly lower than expected Hospital Standardised Mortality Ratio (HSMR) – a measure of in-hospital mortality and the lowest Summary Hospital-Level Mortality Indicator (SHMI) in England for April 2012 to March 2013. The results are a testament to our outstanding staff who work hard to provide high quality patient care.

4. NHS TDA planning guidance 2014/15

The NHS TDA published on 23 December 2013 its annual planning guidance – *Securing Sustainability Planning Guidance for NHS Trust Boards 2014/15 – 2018/19* (<http://www.ntda.nhs.uk/blog/2013/12/23/planning-guidance/>). The document is appended to this report for Board discussion.

The guidance sets out a framework to enable NHS Trusts to focus on how they plan to continue to deliver high-quality care in a sustainable way, not just today but over the next five years. It recognises that every provider faces significant challenges, such as those posed by

- How quality is monitored, assessed and regulated is broader and deeper than ever before
- Guidance for NHS providers on safe staffing which will create dual pressures on both the budget and recruitment of high quality staff
- The establishment of the Better Care Fund (previously the Integration Transformation Fund) which could create new funding pressures for acute providers
- The shift toward seven-day working and the impact that will have on budgets and leadership capacity to making that change a reality.

To enable every NHS Trust Board to have the headroom to address these key challenges, the NHS TDA asks that all boards now confirm their outturn position for 2013/14 to enable that planning to take place.

The guidance concludes by setting out the key milestones for the planning process, which expects trusts to produce a two-year plan by 31 March 2014 and a five year plan by 20 June 2014.

5. CQC inspection approach for community health services

The Care Quality Commission (CQC) has outlined its new approach for inspecting community health services. The [CQC document outlining the approach](#), published on 20 December 2013, also reveals the five providers which will be in the first wave of community inspections between January and March 2014. This would be followed by a second pilot phase, and then the learning from these inspections would be used to roll out the model in full from October 2014.

New inspections will have a greater focus on services provided in community clinics and people's homes. For each community provider, the CQC will inspect four core services which are also likely to receive separate ratings. These are services for children and families, adults with long-term conditions, adults requiring community inpatient services, and people receiving end-of-life care.

As with its regulation of other sectors, the CQC will focus on whether services are safe, effective, caring, responsive to people's needs and well-led. They will also rate services on the same four point scale from 'outstanding' to 'inadequate'. Where a provider delivers health services across different sectors (such as acute and community services), as is the case with Whittington Health, the CQC expects to carry out a joint inspection but to rate services separately, while still giving the trust an overall rating.

6. Health Education NCEL 2013 Quality Awards

Health Education North Central and East London (HE NCEL) held its first annual quality awards on 3 December 2013. Altogether, 150 nominations were received for the 11 categories. Our congratulations to the teams set out below.

Whittington Health won in the following categories:

- Service transformation through education: Self Management Programme for people with Type 2 Diabetes (award collected by Janice Mavroskoufis and Pat Barber)
- Patient and carer centred education: The Advanced Development Programme (award collected by Cathy Jenkins and Claire Davidson)

We were highly commended in the following categories:

- Promoting healthy living through education and training: Supporting Lifestyle Behaviour Change Training (award collected by Mary Price and Charlotte Ashton)
- Collaboration and partnership education: Whittington Respiratory Team (award collected by Myra Stern and Louise Restricks)
- Excellence in multi-professional education and training - The Compassion Model (award collected by Michael Clift and Senga Steel)

7. Quality in Care (QiC) Excellence in Oncology award

Whittington Health's acute oncology service won the Patient Safety Award in the national Quality in Care Excellence in Oncology Awards 2013. The service aims to reduce the amount of time it takes for cancer patients with suspected neutropenic sepsis (a potentially fatal complication from chemotherapy) to receive treatment. Congratulations to Dr Pauline Leonard and the acute oncology team for the success of their innovative service.

Dr Yi Mien Koh

2 January 2014