

Whittington Health Trust Board

5 February 2014

Title:	Chief Executive's Report to the Board						
Agenda item:	14/020		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 February:</p> <ol style="list-style-type: none"> 1. Service improvement walkabout 2. Month 9 financial position 3. 18 weeks referral to treatment management 4. Maternity business case 5. National mental health action plan 6. "Whittington Warriors" hand hygiene campaign 7. Staff flu vaccination 8. "Whole-stay doctor" in hospitals 9. Electronic Patient Record (EPR) progress report 10. Report from Transformation Board meeting 						
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:	Financial report, Performance report, Maternity business case.						
Reference to areas of risk and corporate risks on the Board Assurance Framework:							
Date paper completed:	24 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	Financial impact assessment	Yes	Quality impact assessment	Yes



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. Service improvement walkabout

Redesigning care pathways is central to delivering Whittington Health's clinical strategy. Board members took part in a walkabout on 9 January to observe and hear from staff about improvements taking place in the Enhanced Recovery Programme. Initiatives showcased on the day included:

- Multidisciplinary board rounds and the "Going Home Bundle" to improve patient flow and discharge planning in inpatients
- 23 hour urology pathways for prostate resection and kidney stone management
- Patient information leaflets and real-time patient care boards used in the Mary Seacole Wards

The next Board walkabout in May will visit the new Ambulatory Care Centre, the Hospital-at-Home team and the Co-creating Health Programme.

A walkabout programme is being developed for commissioners and other stakeholders as part of the Trust's stakeholder engagement strategy.

2. Month 9 financial report

The month 9 financial position was very positive compared to previous months. We reported breakeven in the month, maintaining our break even position for the year to date. This was achieved without the use of reserves, unlike previous months.

The position was helped by the resolution of a number of contractual issues, which boosted income to a small degree and gave more certainty to our overall income for the year. A planned reduction in operational capacity between Christmas and New Year reduced the agency bill by a quarter in December.

I would like to thank all staff involved for their efforts in resolving contractual issues and keeping a tight grip on costs. Clearly we need to maintain this for the final quarter, but we are in an excellent position to deliver our forecast break even at year-end.

3. 18 weeks referral to treatment (RTT) management

The NHS Constitution requires that 90 per cent of patients requiring hospital admission for elective surgery to be treated within 18 weeks. Of those patients who do not, 95 per cent should be seen within 18 weeks of referral by their GP. A National Audit Office report found trusts in England to be “mis-recording” data, with some saying either patients waited less time than they did for treatment or longer.

Two key measures, the “incomplete pathways” target that stops long wait backlogs from building up, and the zero tolerance target on one-year waits, are arguably the most important. Due to reporting problems associated with the Electronic Patient Record, we are managing waiting lists manually to ensure that RTT targets are met as far as possible and that no patient waits over 52 weeks.

4. Maternity business case

According to the 2013 National Maternity Survey¹, Whittington Health scored in the top 20 percent of NHS trusts on ten of the key questions on quality of service. Our level 2 neonatal services also scored well in the Picker survey of parent’s experiences, particularly for parameters for care and empathy.

However, whilst we continue to receive very positive reviews from the women who use our services, the physical environment is poor. The Outline Business Case sets out our plans to ensure that our infrastructure properly supports the continued provision of outstanding services.

5. National mental health action plan

The Deputy Prime Minister has launched '[Closing the gap: priorities for essential change in mental health](#)' a challenge to services to move further and faster to transform support and care for people with mental health problems. The publication sets out 25 areas where fastest change is expected and how changes in local service planning and delivery will make a difference to people with mental health problems.

6. Whittington Warriors hand hygiene campaign

The trust has seen an increase in the incidence of healthcare associated infections in the past year and will be launching a new hand hygiene campaign titled “Whittington Warriors”. The campaign will consist of new information materials, posters and staff education. To launch the campaign, I have produced a podcast for staff, patients and visitors, advising them to play their part in infection prevention and control.

¹ 2013 National Maternity Survey, WH Management Report, Quality Health

7. Staff flu vaccination

Over half of frontline NHS staff in England are now having flu vaccinations, according to data from Public Health England. Figures published last week show that 494,083 (53.1 per cent) were vaccinated by 31 December 2013, a proportion that is 21 per cent higher than at the same time last year (44 per cent or 436,579 staff).

Whittington Health is the first Trust in London to vaccinate 75 per cent of our staff. Our occupation health and infection prevention and control teams have worked tirelessly with 45 'flu champions' across the Trust to vaccinate staff during the last few months. I would like to thank all staff involved in the programme, and staff who had the flu vaccination. Together, you have helped us to protect our staff, patients and families against flu this winter.

8. Named "Whole stay" doctors in hospitals

The Secretary of State announced on 23 January that he would like every patient in hospital to have a named consultant accountable for their whole stay in hospital, as part of his plans to treat "patients as people". Care Quality Commission inspectors would be expected to check whether hospitals have the name of each patient's "whole-stay doctor" clearly marked above their bed.

The move is one of the recommendations in the Government's response to the Francis Inquiry into poor care at Mid Staffordshire NHS Foundation Trust. The Academy of Royal Medical Colleges is due to produce a report on whole-stay doctors by March. The recommendation is consistent with the Royal College of Physicians' Future Hospital Commission, which calls for an increase in generalist medical roles and "whole-patient care".

Having one named consultant in charge across a hospital stay will help bring about an important cultural change and reassure patients that they are not lost in the system, with no-one overseeing the totality of their care. To implement this policy, the NHS will need more doctors who have the knowledge and skills to diagnose, manage and coordinate continuing care for the increasing number of patients who have multiple and complex conditions, including the older patient with frailty and dementia. This will mean changes to the education and training of doctors and a focus on the generalist skills needed to do this.

9. Electronic Patient Record progress report

Since the Electronic Patient Record (EPR) was implemented in the hospital in September 2013, the trust has experienced problems with performance reporting. A major upgrade to the Medway EPR Patient Administrative System application and Business Intelligence reporting was completed on 27 January. The upgrade should address a number of critical reporting issues around

Commissioning Data Sets (CDS), Service Level Agreement Monitoring (SLAM) and RTT reporting. Testing of the new system is estimated to take 2 weeks.

Regarding the community EPR, the Trust is obligated to upgrade to RIO version 2 by December 2014 and to stop using RIO by October 2015 when the national contract with BT expires. We have been notified that slots to upgrade to RIO 2 have now been allocated for Haringey and Islington for October 2014.

Contractual discussions are on-going with McKesson to deliver a community EPR module to replace RIO by summer 2015.

The Trust has been successful in its bid for £483K to invest in IT as part of the Safer Hospitals Safer Wards fund, and has submitted a £383K to the Nursing Technology fund

10. Report from Transformation Board meetings

Since I last reported to the Board, the Whittington Health Transformation Board, chaired by Islington Clinical Commissioning Group (CCG) chair, met on 18 December 2013 and 22 January 2014. The December meeting focused on identifying priorities for the Transformation Board's future work programme. The meeting last week, which was observed by the chairman, discussed the use of Better Care Funds in Islington and Haringey, and an urgent need for joint strategic planning involving the trust, CCGs and Social Services. The Chief Operating Officer gave a presentation on the referral pathways for district nursing and community physiotherapy.

Dr Yi Mien Koh

24 January 2014