

## Whittington Health Trust Board

5 March 2014

<b>Title:</b>	<b>Chief Executive's Report to the Board</b>						
<b>Agenda item:</b>	<b>14/055</b>		<b>Paper</b>			<b>3</b>	
<b>Action requested:</b>	<i>For discussion</i>						
<b>Executive Summary:</b>	<p>Headlines for March:</p> <ol style="list-style-type: none"> <li>1. Standardised Hospital Mortality Indicator (SHMI)</li> <li>2. Month 10 financial position</li> <li>3. CCG allocation growth assumptions</li> <li>4. Transformation Board workshop</li> <li>5. NHS procurement policy</li> <li>6. New imaging IT system</li> <li>7. Technology fund bids</li> <li>8. NHS Sustainable Development Strategy</li> <li>9. CQC acute inspection model</li> <li>10. Care.data update</li> <li>11. National staff survey 2013</li> <li>12. Interim Director of Nursing and Patient Experience</li> </ol>						
<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 Whittington Health strategy.						
<b>Reference to related / other documents:</b>	Financial report						
<b>Reference to corporate risks on the BAF:</b>							
<b>Date paper completed:</b>	25 February 2014						
<b>Author name and title:</b>	Dr Yi Mien Koh Chief Executive		<b>Director name and title:</b>		Dr Yi Mien Koh Chief Executive		
<b>Date paper seen by EC</b>	25/2/14	<b>Equality Impact Assessment complete?</b>	n/a	<b>Financial impact assessment</b>	Yes	<b>Quality impact assessment</b>	Yes



# Chief Executive's Report to the Board

5 March 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. Latest Summary Hospital-level Mortality Indicator (SHMI)

The latest Standardised Hospital Mortality Indicator (SHMI) was published by the Health and Social Care Information Centre last month. The SHMI is a ratio of the observed versus expected number of deaths in hospital or within 30 days of discharge. The SHMI is recalculated every 3 months and looks at mortality over a one year period. In the past 3 years, The Whittington Hospital has come top in all but one of the three month periods. Table 1 was discussed at the meeting of UCLPartners CEOs this month.

Our SHMI of 0.63 is an improvement of 11.9 per cent compared to the previous year. It is a testament of Whittington Health's patient safety and continuous improvement culture. I would like to thank and congratulate all our hardworking and dedicated staff for the outstanding results.

**Table 1 SHMI (Summary Hospital-level Mortality Indicator) and National Ranking for UCLP Trusts: year to June 2012 and June 2013**

Trust	July 2011 - June 2012		July 2012 - June 2013		Change in Ranking**	Year on Year Change in SHMI, %**
	SHMI	Ranking*	SHMI	Ranking*		
Whittington Health	0.7108	1	0.6259	1	0	-11.9%
UCLH	0.7141	2	0.7351	2	0	2.9%
Barts Health	0.8371	10	0.7923	5	-5	-5.4%
North Middlesex	0.8129	8	0.7937	6	-2	-2.4%
Royal Free	0.7434	3	0.8066	8	5	8.5%
Barnet Chase Farm	0.8699	13	0.8678	13	0	-0.2%
Homerton	0.9825	52	0.9008	19	-33	-8.3%
BHRUT	0.9749	50	0.9848	54	4	1.0%
Princess Alexandra	1.0703	111	1.0019	60	-51	-6.4%
Southend	1.0340	85	1.0190	70	-15	-1.5%
Luton & Dunstable	1.0247	77	1.0280	75	-2	0.3%
West Herts	1.0673	107	1.0540	100	-7	-1.2%
Mid Essex	1.1047	125	1.0800	112	-13	-2.2%
Basildon & Thurrock	1.1438	136	1.1126	128	-8	-2.7%

\* Rankings out of 142 trusts nationally in year to June 2012 and 141 trusts nationally in year to June 2013. A lower ranking means a better (lower) SHMI. \*\* Negative numbers associated with improvement in SHMI

## 2. Month 10 financial report

The month 10 financial position was consistent with previous months. We reported breakeven in the month, maintaining our break even position for the year to date. This was achieved with the use of £200k of reserves.

The position was helped by additional income from winter pressure and emergency re-admission funding. Further in-year savings are being delivered and efforts are focussed on achieving a year end recurrent break even position.

I would like to thank all staff involved for their efforts in resolving contractual issues and endeavouring to control costs. Clearly we need to maintain this for the final two months of the year, but the trust is in a position to deliver break even at year-end. The board needs to consider this result in the light of Monitor reporting on 21 February that 44 percent (33) of all acute Foundation Trusts are in deficit. The Trust Development Authority (TDA) has indicated that the provider sector as a whole will be in deficit for the year.

## 3. Allocation growth assumptions to support CCG strategic planning

NHS England published guidance on 14 February to support commissioners who are currently developing their five year strategic plans. *The CCG Allocation Growth Projections 2016/17 to 2018/19* sets out some high level planning assumptions that CCGs can use when considering how to project growth in allocations in years three to five of the planning period.

Table 2 shows the allocation for Islington and Haringey CCGs for 2015/16 and the indicative allocations for the period 2016-2018. The closing distance from target by the end of 2015/16 is 4.27% for Islington and -3.12% for Haringey.

**Table 2 CCG allocation growth assumptions provided by NHS England 2016-18**

	2014/15	2015/16	2016/17	2017/18	2018/19
Islington (£k)	303,411	308,569	316,193	323,473	330,586
% growth	2.14	1.7	2.47	2.30	2.20
Haringey (£k)	306,153	311,988	318,523	324,952	331,370
% growth	2.54	1.91	2.09	2.02	1.98

Over this period, the population of Islington CCG is projected to grow from 235,665 to 245,785, an increase of 10,120. The population for Haringey is projected to grow from 298,139 to 308,262, an increase of 10,123. A letter regarding allocation growth assumptions to support strategic planning has been sent to CCGs.

## 4. Report from Transformation Board workshop

A half day facilitated workshop replaced the usual monthly meeting on 19 February. The focus was on developing a shared vision with CCGs that would enable Whittington Health to be a sustainable organisation, clinically and

financially, taking into consideration the impact of the Better Care Fund. The Whittington Health executive team and chairman attended the event which also discussed milestones and measures to track progress. The outputs will be shared with the trust board when they become available.

## **5. NHS Procurement policy**

I, along with all provider Chief Executives, have received a letter from Dr Dan Poulter, Under Secretary of State for Health dated 3 February, signed jointly with Monitor and the TDA. The letters request trusts to adopt the new NHS Standard Contract which from April 2014 contains a clause that providers must comply with transparency guidance (currently being worked up); requests their participation in a national price comparison system; urges a robust resistance of blanket inflationary price increases; and requests the nomination of a NED to be a contact point for the national Procurement Development team.

## **6. New medical imaging IT system**

The new Sectra medical imaging IT system, the Picture Archiving and Communication System (PACS), is now live. This state-of-the-art system will provide not only faster image retrieval times, it will allow any type of digital image, such as radiology, ophthalmology, cardiology, endoscopy and medical photography to be stored and retrieved on demand. It forms a key part of our IT strategy to be paperless wherever possible and to provide clinicians with access to the right information at the right time. By capturing all digital images in a single repository clinicians will be able to access information at the click of a mouse, rather than having to log in to multiple separate and unrelated systems.

## **7. Technology fund bids**

The £260m Safer Hospitals, Safer Wards Technology Fund was launched by the Secretary of State in May 2013 to achieve an integrated digital care record across the NHS. A total of £90m is available in 2013/14 and £170m in 2014/15. Applicants must match fund any award received. We were successful in our bids for £483k which will be spent on developing the GP portal, patient portal, EPR-PACS integration, and telehealth at Pentonville and Holloway Prisons.

We also secured £356K from the Nursing Technology Fund which will provide mobile devices for community nurses. The total value of both bids is £839k.

## **8. Sustainable Development Strategy for Health and Care System 2014 - 2020**

I attended the national launch of the Sustainable Development Strategy for the Health, Public Health and Social Care System 2014-2020 (gateway No 01011) on 29 January. The strategy describes a vision for a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and

environments. The challenge is how to continually improve health and wellbeing and deliver high quality care now and for future generations within available financial, social and environmental resources.

## **9. Care Quality Commission (CQC) acute inspection model**

The Care Quality Commission (CQC) published an update of their new inspection model for NHS acute hospitals on 17 February. They also announced a list of NHS acute trusts that will be inspected in April-June 2014 (see [here](#)). In April 2014, CQC will update the draft guidance and publish it in the form of a provider handbook for formal consultation. CQC will also consult on provider handbooks for community and mental health services, as well as primary care and adult social care.

The CQC will continue to pilot the new approach to inspections and ratings between April and October concurrent with holding formal consultations on the provider handbook (in April and May) and an additional consultation on regulations guidance (in June and July). The new approach will be finalised and rolled out across the sector on 1 October.

## **10. Care.data update**

Board members will have seen the media coverage about NHS plans to share patient information from GP surgeries to improve healthcare outcomes. NHS England has accepted that the public need more time to learn about information sharing and has extended the care.data public awareness campaign until the autumn to build public confidence. Data collection will start in the autumn, instead of the spring, to allow more time to build understanding of the benefits of using the information, what safeguards are in place, and how people can object if they choose to.

NHS England has set up a dedicated patient information line on 0300 456 3531 the line is open Monday to Friday, 8am to 8pm and on Saturdays from 9am to 3pm. A text phone service is also available on 0208 7428620.

## **11. National staff survey 2013**

The 2013 national survey was published on 25 February 2014. Our response rate of 35% was up on 2012's 30%. We achieved the best score of any acute trust for staff reporting incidents.

Whittington Health is in the top 20% of trusts for

- staff ability to contribute to improvements at work
- staff experiencing violence from staff
- physical violence from patients or visitors
- staff witnessing potentially harmful incidents

Whittington Health is in the bottom 20% of trusts for:

- staff job satisfaction – for which we were in the top 20% last year
- work pressure felt by staff
- staff working extra hours
- staff suffering work related stress
- staff motivation at work
- staff believing the Trust offers equal opportunities for career progression
- availability of hand washing materials.

The findings from the survey will be considered in conjunction with the results of the ORC staff engagement survey at the Trust Board seminar meeting on 12 March before being reported to the April Board.

## **12. New interim Director of Nursing and Patient Experience**

I am delighted to welcome Jill Foster who will be starting as interim Director of Nursing and Patient Experience for six months from Monday 3 March. Jill is currently interim deputy chief nurse at University Hospitals Bristol NHS Foundation Trust. She was previously associate director of nursing and interim chief nurse at University Hospitals Coventry and Warwickshire NHS Trust. Jill takes over from Bronagh Scott who has been appointed deputy chief nurse for NHS England (London) and leaves on Friday 28 February.

**DR YI MIEN KOH**

**25 February 2014**