

Whittington Health Trust Board

7 May 2014

Title:		<b>Chief Executive's Report to the Board</b>					
Agenda item:		<b>14/083</b>		<b>Paper</b>		<b>3</b>	
Action requested:		<b><i>For discussion and information</i></b>					
Executive Summary:		<p>Headlines:</p> <ol style="list-style-type: none"> <li>1. Care Quality Commission (CQC) inspection report.</li> <li>2. 2013 Inpatients Survey.</li> <li>3. Performance against key targets.</li> <li>4. Month 12 financial report</li> <li>5. TB Service - North Central London</li> <li>6. Female Genital Mutilation (FGM)</li> <li>7. BMJ Awards 2014</li> <li>8. NHS Trust Development Authority publishes accountability framework</li> <li>9. Monitor launches corporate strategy with call for 'turbo-charge changes'</li> <li>10. Five-year cancer commissioning strategy for London.</li> <li>11. NHS England (London) publishes progress on quality standards</li> </ol>					
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 Whittington Health strategy.					
Reference to related / other documents:		Financial and performance reports.					
Reference to areas of risk and corporate risks on the Board Assurance Framework:							
Date paper completed:		28 April 2014					
Author name and title:		Simon Pleydell, Chief Executive		Director name and title:		Simon Pleydell, Chief Executive	
Date paper seen by EC	n/a	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



# Chief Executive's Report to the Board

7 May 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.

## Quality

### 1. Care Quality Commission (CQC) inspection report

The CQC has published its report into standards of care at The Whittington Hospital following a routine inspection on 8<sup>th</sup> and 17<sup>th</sup> January 2014. A range of departments were visited including the Emergency Department; Isis, Mercer, Meyrick, Bridges and Coyle wards; the Day Treatment Centre, endoscopy diagnostic services and a number of outpatient services including the breast clinic, urology clinic, ear nose and throat clinic, upper gastroenterology clinic and bariatric clinic. The CQC also visited the medical records department, medical secretaries and the appointments booking team.

Of the six standards inspected, the CQC found the hospital met five and was not compliant on one. The CQC found that many services were delivered well and patients received a high standard of care. The five standards that the hospital met were:

- Safeguarding people who use the service from abuse
- Safety and suitability of premises
- Staffing
- Supporting workers
- Complaints

Most patients told the CQC that they were happy with the care and treatment provided by the Trust, felt their dignity was respected and that staff were friendly, polite and knowledgeable. The CQC found the Emergency Department was extremely busy and patients faced long waits for beds, however, the trust was putting in measures to manage the delays.

The Trust didn't meet the standard, care and welfare of people who use services. The CQC highlighted two areas for improvement, several aspects of care on Meyrick Ward and long waiting times in outpatients and not receiving clear communication on the delays. In Meyrick Ward, the CQC felt that while safeguarding processes were in place, further work was needed. It highlighted poor maintenance of patient documentation and a number of patients whose call bells were out of reach. An action plan was drawn up immediately after the visit and has since been implemented. A report to the Board is under agenda item four. The CQC's inspection report can be found on the [CQC website](#).

## **2. 2013 Inpatients Survey**

The results of the national inpatients survey were published by the CQC on 8 April. The survey looked at the experiences of more than 62,000 patients (16 years and over) who were admitted to an NHS hospital between September 2013 and January 2014. The CQC reported that people were generally having a better experience in hospital than a year ago but the quality of stay can vary. Of the 850 inpatients asked at The Whittington Hospital, 294 took part in the survey - a 36 per cent response rate. The Trust scored 'about the same' compared to other NHS trusts on all of the 10 key areas. On patients overall view of inpatient services, the Trust scored 8.2 out of 10. The Trust scored better than other trusts on giving clear information about medicines on leaving hospital and worse than others on providing single sex accommodation. An action plan is being developed. The full results can be found on the [CQC website](#).

## **Performance**

### **3. Performance against key national targets**

Emergency Department (ED) - Access to emergency care was achieved for 13/14 against the national four hour standard. 95 per cent of patients were seen within four hours. This was a great success and the achievement is now sustained over six months. Further work is commencing on ambulance handover times and the front entrance to ED.

Referral to treatment times (RTT) -March performance standard was achieved for the admitted (90.1 per cent) and non-admitted national care standards (95per cent). The electronic patient record (EPR) upgrade is scheduled for the 3<sup>rd</sup> May which will allow the incomplete pathway reporting to re-commence.

Cancer – Standards were met for five of the six indicators, the breast symptomatic national standard was not achieved due to 12 out of 13 patients choosing not to attend within the 14 day standard.

The operational team are focusing on community waiting times, particularly in musculoskeletal (MSK) and district nursing. Improvement plans and Primary Target Lists (PTL) are being implemented over the next four weeks.

## **Finance**

### **4. Month 12 financial report**

I am pleased to report that following a good financial result in March (breakeven), the Trust has delivered its financial target for 2013/14 (breakeven), recording a surplus of £1.1m (technical adjustment for the cost of PFI) , and has met its statutory financial targets (subject to external audit).

This is an excellent result following a challenging year but has been achieved using a significant amount of reserves through the year. We know that additional money

going into the NHS is limited, as it is across the public sector, so our focus in the coming year must be on improving the delivery of savings targets and maintaining control on expenditure, whilst perfecting and improving our quality standards of care for our patients.

I would like to thank all staff involved for their efforts in achieving this financial position, at a time when many Trusts are reporting deficits.

The draft financial accounts have now been completed and were submitted to our external auditors (KPMG) and Department of Health on 23rd April, in accordance with the timetable. I would like to record my appreciation to the finance team for completing the accounts against a tight deadline. The audit of the accounts, to include the quality accounts and governance statement, will be conducted between 6 and 16 May. The draft accounts will be considered by the audit and risk committee on 12 May, with adoption of the accounts by the Trust Board at its meeting on 4th June 2014.

## **Other key updates**

### **5. TB Service - North Central London**

Whittington Health opened a new TB centre on 28 April aimed at reducing London's high number of new cases and making it easier to receive treatment. London is ranked number one among cities in Western Europe for the highest prevalence of new cases. The centre is part of a new coordinated TB service for North Central London comprising two TB 'hubs' – the north hub based at the North Middlesex University Hospital in Edmonton and the south hub at The Whittington Hospital. Whittington Health will be the lead provider of the new service. The north hub, a partnership with University College London Hospital NHS Trust (UCLH), will offer a free

walk-in service two days a week enabling patients to be diagnosed and treated quicker. A new website promoting the service will shortly be launched at [www.tbnorthcentrallondon.nhs.uk](http://www.tbnorthcentrallondon.nhs.uk)

### **6. Female Genital Mutilation (FGM)**

One of our doctors appeared before Westminster Magistrates on 15 April facing charges under the Female Genital Mutilation (FGM) Act (2003). He was granted unconditional bail and is next due to appear at Southwark crown court on 2 May. The Trust would like to reassure the Board that this is a unique case and, to the extent that it is able to do so, the Trust continues to provide support to all concerned.

### **7. BMJ Awards 2014**

The Trust's Joint Diabetes Thalassaemia Clinic has been shortlisted for the BMJ Awards 2014. The team is one of five to be shortlisted in the Diabetes Team of the Year category which recognises an innovative project or initiative that has measurably improved care in diabetes.

The joint diabetes-thalassaemia clinic, which was set up in 2005 within its diabetes department. The clinic aims to provide high quality diabetes, endocrine, and

haematology care; optimising metabolic control; supporting self-management; and support partnership working between the specialist teams and between patients and clinicians.

The BMJ awards ceremony takes place on 8 May 2014.

#### **8. NHS Trust Development Authority publishes accountability framework**

The NHS Trust Development Authority (TDA) has published *Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards*, which sets out how the TDA will work alongside trusts to support the delivery of high quality, sustainable services for patients. The framework sits alongside its planning guidance and covers its approach to measuring and overseeing NHS trusts; to escalation and intervention; to the provision of support for improvement; and to the way we move NHS trusts towards a sustainable future. The revised framework reflects some of the changes to the health and care system over past year, including the development of the new Chief Inspector of Hospitals regime and the “special measures” process. The framework sets out how the TDA will work alongside trusts under intense scrutiny to meet the challenge of improving quality at a time of growing financial constraint.

#### **9. Monitor launches corporate strategy with call for ‘turbo-charge changes’**

Monitor, the sector regulator for health services, has said the NHS needs to accelerate the pace and scale of change to improve care for patients. In its corporate strategy for 2014-17, it says there is growing consensus that fundamental changes are required to achieve ‘a complete redesign of how care is delivered in England’. This includes integrating access to care around the needs of patients; breaking down traditional barriers between providers; doing less in hospitals and more in the community; and inventing new models of hospital care. It has identified four themes that will be at the heart of its work over the next three years: encouraging individuals and organisations to develop skills and capabilities, supporting radical change while also managing the risks of failure, ensuring the system’s rules operate in the best interests of patients and working closely with partners, nationally and locally.

#### **10. Five-year cancer commissioning strategy for London**

NHS England (London) has unveiled its five year collaborative strategy to boost early detection of cancer, improve survival rates and transform cancer services. More than 13,600 people die of cancer every year in London and survival rates are lower than many other countries. Currently, more than a quarter of cancers are diagnosed in Emergency Departments or as an emergency referral, and it is estimated that at least 1,000 lives could be saved if cancers were spotted earlier. The plans for the first year mainly focus on early detection including ensuring more people are diagnosed earlier with bowel cancer by recommending CCGs go beyond the national guidelines by cutting the age for referring patients with symptoms from 60 to 55 years, with the aim of reducing this further to 45 the following year and getting ovarian cancer diagnosed and treated faster.

### **11. NHS England (London) publishes progress on quality standards**

NHS England (London) has published new data on the progress of hospitals in meeting standards for acute emergency and maternity services across London. Acute hospitals across the capital have been working towards meeting the 26 standards for acute medicine and emergency general surgery since April 2012. The latest self-assessments released on behalf of London's Clinical Commissioning Groups (CCGs) show more are delivering high quality acute emergency care for patients across all seven days of the week. Further standards have also been developed for the broader acute patient pathway - to include emergency departments, critical care and a common form of hip fracture known as fractured neck of femur - and paediatric emergency services along with maternity services, to ensure these services were also safe and high quality, seven days a week. The latest self-assessments show 55 per cent (16 out of 29 hospitals) of London hospitals deliver consultant review for adult acute medicine within 12 hours compared to 35 per cent in 2012 and 81 per cent (22/27) of the capital's maternity services deliver 1:1 midwife care for all women in established labour.