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Whittington Health Trust Board 3 September 2014

Title:		Chief Executive's Report to the Board							
Agenda item:		14/128 Paper 3							
Action requested	l:	For discussion and information							
Executive Summa		1. CQC banding 2. Simmons House – excellent accreditation 3. Emergency Department (ED) performance 4. Consultant-led referral to treatment (RTT) waiting times 5. Value Improvement Programme (VIP) showcase event 6. Immunisation 7. Financial position at month four 8. New UCL nominated non-executive director 9. Update on CFO 10. Looked after children service in Hackney 11. Paediatric hospital at home launches this month 12. Friends and Family Test (FFT) – 'Staff FFT' results 13. Retail and Catering Mobilisation – Progress Update							
Summary of recommendation		The Board is recommended to discuss the report.							
Fit with WH strate		This report provides an update on key issues that could affect the Whittington Health strategy.							
Reference to rela other documents		Financial and performance reports.							
Reference to areas of risk and corporate risks on the Board Assurance Framework:									
Date paper completed:		22 August 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 Assessme nt complete?	n/a	Financial Impact Assessme nt complete?	n/a		

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Chief Executive's Report to the Board

September 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. CQC puts Whittington Health in safest band

In July the Care Quality Commission (CQC) put Whittington Health into band six in their latest hospital intelligent monitoring – this is the lowest risk band. All acute NHS trusts have been grouped into six bands based on the risk of patients not receiving safe, high quality care – with band one the highest risk and band six the lowest. The banding is based on a number of indicators. Intelligent monitoring is among changes introduced to the way the CQC inspect and regulate acute hospitals, including a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions they will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators are used to raise questions about the quality of care. The CQC also announced the next wave of acute, community healthcare and mental health providers to be inspected between October and December. We are not included in the list but we are preparing for the new CQC inspection.

2. Simmons House – excellent accreditation

Simmons House – our Child and Adolescent Mental Health Services (CAMHS) inpatient service – has been given an 'excellent' accreditation by The Quality Network for Inpatient CAMHS (QNIC) run by the Royal College of Psychiatrists. Simmons House is a tier four inpatient service for the most vulnerable young people aged 13 - 17 who have psychiatric and psychological difficulties that cannot be treated in the community (tier four are highly specialised services for the assessment and treatment of severe and complex mental health disorders in children). Simmons House was one of the first units to be awarded QNIC accreditation three years ago. It has now gone through the process again and is one of only 11 services out of 111 to receive the excellent accreditation. This means they meet and exceed the standards and can demonstrate evidenced based, high quality treatment and care. Congratulations to all the team.

Performance

- 3. Emergency Department (ED) performance Our emergency department is achieving the 4 hour care standard. We are now into our planning for winter and will implement further improvements and changes to ensure we are able to maintain this standard of access for our patients.
- 4. Consultant-led referral to treatment (RTT) waiting times NHS England has agreed changes to targets for RTT to reduce the amount of patients nationally that have been waiting over 18 weeks. Local action plans have been developed to support this and further capacity put into place to treat an additional 900 patients by October 2014 through our outpatient department, day case and inpatient areas. The aim this year is to move from winter funding to a more system-wide, all year round resilience plan which is essential to delivering continuous quality patient care.

- 5. Value Improvement Programme (VIP) showcase event Our VIP initiative looks at the transformation of services across the community and hospital. The improvement team held a showcase event in August where transformation progress and updates across planned care (covering pre-operative assessment), musculoskeletal (adult physiotherapy) and pharmacy were showcased. The teams demonstrated how their programmes are making Whittington Health a better place for staff and patients.
- 6. Immunisation Following a targeted campaign by the Islington immunisation team, working in partnership with GP practices, the borough is now one of the top performing boroughs for childhood vaccinations. Over the past two years the borough has seen a significant rise in the take up of key vaccinations, with around a 40 per cent increase in children aged under five years of age, 20 per cent in children under two and ten per cent in those aged one.

Finance

7. Financial position at month four

Our position four months into the financial year shows us as in-month position of £989k deficit against a planned deficit of £102k. The year to date position is a £3.7m deficit against a planned deficit of £1.1m. Expenditure continues to be high, especially around agency and medical locum spend. This is being reviewed. The Trust is working on a plan to bring the position back to breakeven by the end of the year. This includes both income and cost saving initiatives. All savings plans are assessed to ensure there will be no impact on the safety and quality of the services we provide to our patients and users of our services.

Other key updates

8. New UCL nominated non-executive director

Professor Graham Hart FMedSci has been appointed from 1 September 2014 to the Board of Whittington Health as a UCL nominated non-executive director, for a period of two years. Professor Hart is Dean of the UCL Faculty of Population Health Sciences, a fellow of the Academy of Medical Sciences and was recently voted on to the Academy's Council. He is Chair of a National Institute for Health Research Programme (NIHR) Grants for Applied Research panel, and of the African Research Leader Scheme which is jointly funded by the Medical Research Council and the Department for International Development.

9. Update on chief finance officer (CFO)

Our interim CFO Simon Wombwell leaves the Trust at the end of August, we are recruiting for a permanent replacement and also looking at what further interim support is required.

10. Looked after children service in Hackney

Whittington Health has won a new £300k contract in Hackney for looked after children. The service will be starting in 1 September 2014. This follows a number of recent successes to provide services in Hackney in 2013/14 including expanding our Family Nurse Partnership to the borough and providing MRI service under any qualified provider.

11. Paediatric hospital at home launches this month

A new seven days a week 'hospital-at-home' service for children in Islington launched in August. The two year pilot – supporting children from 8am to 10pm - provides nursing care in people's homes for children, babies and young adults. They enable early discharge of children from hospital and reduce hospital admissions for acutely sick children. The hospital-at-home team is run by specialist children's nurses and overseen by a newly-

appointed specialist consultant paediatrician. Also on 18 August five children's nurses will begin rolling out a number of weekly clinics based at Islington GP surgeries. The nurses will see children and young people with asthma, eczema, constipation and gastro-oesophageal reflux.

12. Friends and Family Test (FFT) - 'Staff FFT' results and changes

The Trust completed the first survey and submitted its results to NHS England at the end of July 2014.

381 staff completed the survey which is a quarterly requirement. The numbers of staff responding was disappointing given the size of the workforce so we will be finding different and more creative ways of engaging with staff in future.

Our results are better than the results in the 2013 national NHS survey and mostly better than the average for all acute Trusts in 2013. The attached report shows the findings and the comments made by staff. Only the statistics are published by NHS England. The comments will be used to inform further staff engagement events.

13. Retail and catering transfer of service – progress update

The Trust will transfer all catering services to Sodexo later this year, with permanent catering staff being transferred across to the new provider. We are currently waiting for notification from the Department of Health on the pension transfer for the staff affected. Once arranged, the service transfer will take place within ten days.

To prepare wards for the change, a number of events, training sessions and food tastings have taken place. Information sharing and meetings with senior nurses involved in patient care have also taken place.

Friends and Family Test for Staff: Quarter 1 2014-15

Summary

Total Respondents 381

Care or Treatment

Place to work

How likely are you to recommend Whittington Health to friends and family Whittington Health to friends and family

How likely are you to recommend

if they needed care or treatment?

as a place to work?

Measurement Type

FFT Score*

4.8

-15.3

% Likely or extremely likely

73%

62%

Friends and Family Test Responses

How to use: Double-click on a number in the pivot table below to see comments and underlying data

(All)

Choose a staff group to see scores for that group

Staff Group

Number of surveys Care or Treatment FFT

Place to Work FFT	Extremely likely	Likely	Neither likel nor unlikely	Unlikely	Extremely unlikely	Don't know	(blank)	Total
Extremely likely	68	12			1			81
Likely	25	110	11	3	1	2	3	155
Neither likely nor unlikely	9	17	23	5		2		56
Unlikely	4	18	13	6	2			43
Extremely unlikely	5	7	11	4	13			40
Don't know		1				2		3
(blank)	1	1	1					3
Total	112	166	59	18	17	6	3	381

NB: The table above is the data that will be submitted externally (not including staff group).

Place to Work FFT by Staff Group

Number of surveys	Place of Work FFT								ļ
Staff Group	Extremely likely	Likely	Neither likel nor unlikely	Unlikely	Extremely unlikely	Don't know	(blank)	Total	FFT Score
AHP's health scientists	13	47	15	10	4			89	-18.0
general management	10	5	4	1	5			25	0.0
medical and dental	5	8	3	2	5			23	-21.7
nursing or healthcare assistants	9	16	8	1	2		•	36	-5.6

^{*}FFT Score calculation: number responding Extremely likely minus the number responding Neither likely nor unlikely, Unlikely or Extremely unlikely divided by all known responses. Range between -100 and +100

other staff groups ie admin & clerical, HR	26	46	19	20	15	3		129	-22.2
registered nurses & midwives	18	32	5	8	9		3	75	-5.3
social care		1	2	1				4	-75.0
Total	81	155	56	43	40	3	3	381	-15.3

Report compiled on 16/07/2014 by Sarah Wilson

Report QA: Jon Barnes

Data source: Staff Friends and Family Test on Survey Monkey