

**ITEM: 11/133**  
**Doc: 03**

**Meeting:** Trust Board  
**Date:** 26 October 2011

**Title:** **Chief Executive's Report**

**Executive Summary:** This report summarises the topical issues for the Board's interest.

**Action:** For information

**Report from:** *Yi Mien Koh, Chief Executive*





# **WHITTINGTON HEALTH**

## **CHIEF EXECUTIVE'S REPORT**

**Board meeting 26 October 2011**

### **QUALITY**

1. The first meeting of the new Quality and Safety sub-committee took place on 26 September. The committee, chaired by Sue Rubenstein NED, covers three main domains, patient safety, clinical effectiveness and patient experience. A report of the key items discussed is summarised in item 4.

### **FINANCE**

2. Month 6 reports an in-month surplus of £528,000 which is £296,000 better than plan. This is due to a release of £662,000 of provision. The year to date (YTD) surplus is £420,000 which is £191,000 worse than planned. Based on actions taken to date we expect to end the year with the current planning assumptions of a £500,000 surplus. This is dependent on achieving the £19.6m cost improvement programme. There has been a slippage of £1.1m which has been offset by savings from managing vacancies. At mid-year, 98% of the CIP has been achieved against plan, accounting for 43% of YTD savings.

### **PERFORMANCE**

3. For September, the A&E 4 hour target was achieved 95.26% of the time, with a year to date performance of 95.51%. This is high risk as it leaves little buffer for the winter period when A&E attendances are expected to increase. The National Emergency Care Intensive Support team visited the Whittington health community on 13 October to feedback on their diagnostic review of patient flow, conducted at the invitation of the trust. Recommendations include focussing on rapid assessment and treatment of ambulatory care patients, fast turnaround of short-stay (48-72hours) patients, care by specialist teams without delay, and improving the care of sick, complex frail elderly patients, leading to a situation where 5% of patients occupy a third of total bed days. An action plan is being developed as part of transformation of the urgent care pathway.

### **STRATEGY**

4. The past three months have been busy with strategy development. The first draft of the trust strategy is shown in item 5. The strategy can be summarised by our mission, which is to provide high quality healthcare to our community. As a single organisation working in partnership with GPs and local authorities, Whittington Health is uniquely positioned to offer seamless care across hospital, community and social services that meet the needs of patients and service users. To achieve this ambition, we will collaborate with other healthcare providers, specialist centres and independent and voluntary sectors to ensure that the most appropriate care

is provided at all times during a patient's journey . We will work with universities to develop new roles and education and training programmes to deliver population based care. We will innovate to make sure that any change we introduce is better for patients and improves value. We will promote health and support self-care, by providing patients and service users with expert backup whenever it is needed.

Our five year vision is for Whittington Health to be an outstanding provider of acute and community health care to local people working in partnership with GPs and the councils, to deliver excellent outcomes and patient experience whatever the settings.

### **Journey to Foundation Trust**

5. The board will be approving the Foundation Trust (FT) consultation documents at our board meeting (Item 6).
6. A board to board meeting was held on 26 September with NHS London to discuss Whittington Health's plans to achieve a sustainable and financially effective strategy as a FT. The SHA sought reassurance on the following:
  - a) Recognition of the challenges, based on achieving top levels of productivity.
  - b) Identification of, and plans for productivity opportunities.
  - c) Possible strategic options beyond productivity.
  - d) Support to be provided by NHS London.

The SHA was supportive of the trust response, which makes the case for providing integrated care across all of our service lines including surgery and achieving challenging CIP and productivity targets.

### **INFORMATION TECHNOLOGY**

7. The Trust plans to replace the hospital McKesson Patient Administrative System (PAS) and community RIO systems with a single electronic patient record (EPR) across the ICO starting in November 2012. A project board has been established to deliver this top priority for 2012. An IT strategy will be coming to the December board meeting, which will include the use of IT to improve effectiveness and efficiency of care delivery within the organisation and with our key partners.