

ITEM: 11/161

**Meeting:** Trust Board  
**Date:** 14 December 2011

**Title:** Chief Executive's Report

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

**Action:** For information

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





# WHITTINGTON HEALTH

## CHIEF EXECUTIVE'S REPORT

Board meeting 14 December 2011

### QUALITY

1. The Department of Health (DH) published "Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS" on 5 December following an innovation review launched in June 2011. The report sets out a number of high impact changes that providers must comply with from April 2013 in order to pre-qualify for CQUIN payments (worth 2.5% of income in 2012/13). A summary of actions is attached to this report. All providers are required to make an immediate start by building the actions into 2012/13 operational plans. Priorities include mandatory compliance with NICE guidance, greater use of assistive technologies, reducing inappropriate face-to-face contacts using ICT, and formation of Academic Health Science Networks.

### FINANCE

2. Reference Costs 2010/11 was published by DH on 17 November 2011 (see url: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131140](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140)) The Reference Cost Index (RCI) compares costs at the aggregate level for each NHS provider, based on the actual cost of an organisation's case-mix compared with the same case-mix delivered at national average cost. A score of 110 means that the costs are 10% above the average whilst a score of 90 shows costs are 10% below the average. The RCI is therefore a measure of relative efficiency. Whittington Hospital has a RCI score of 110. The RCI for Haringey and Islington community services are 106 and 107 respectively. Expenditure reductions in 11/12 means the outlook is downwards for when the 2011/12 results are published.

### STRATEGY

3. Central to this month's board agenda is the five year strategy for Whittington Health. Our mission is to be an outstanding provider of joined up healthcare in partnership with GPs, councils and local providers. The strategy has five strategic goals:
  - a) **Integrate care** by redesigning services around patient's needs, working in partnership with GPs, councils and local providers to provide appropriate care in the right place at the right time.
  - b) Involve patients and service users fully in decisions about their care so that there is "**no decision about me without me**".
  - c) **Deliver efficient and effective services** that improve outcomes per pound spent.

- d) **Improve the health of local people** by using every patient interaction to promote health and intervening early.
- e) **Change the way we work** by building a culture of innovation and continuous improvement, and putting quality is at the heart of all that we do.

The strategy will form the heart of the Integrated Business Plan.

- 4. Following the Secretary of State's decision to accept the Independent Reconfiguration Panel recommendations to implement the Barnet, Enfield and Haringey clinical strategy and to create a new Foundation Trust (FT) comprising North Middlesex and Chase Farm Hospitals, NHS London was directed to work with Barnet and Chase Farm and North Middlesex University NHS Trusts to assess the feasibility of transferring Chase Farm to North Middlesex. As part of the feasibility study, Joe and I met with the NCL project director on 22 November. The options being considered are as follow:

- a) A full feasibility assessment to be undertaken for:
  - The status quo, including the capability of Barnet and Chase Farm and North Middlesex to attain FT status in their current forms
  - The merger of Chase Farm and North Middlesex as a single trust
  - Barnet hospital as a single trust
- b) If any of these options are determined not to be feasible, high-level testing will be undertaken for the following:
  - Acquisition of any of the three hospitals by another organisation
  - The impact of including local community services and community assets
  - The merger of Barnet and Chase Farm with North Middlesex

This high-level testing would include a risk assessment of the complexities of these possibilities, including legal issues and impact on staff. The SHA is due to report to the Secretary of State on 16 December.

## **OPERATIONS**

- 5. On 24 November 2011, DH published the Operating Framework for the NHS in England for 2012/13. Aimed at driving £20bn NHS savings programme, the framework announced a cut of at least 1.5 percent in tariff, directed commissioners to clear all debts by end of 2012/13 and set financial penalties for emergency admissions and readmissions as well as poor data quality. The restatement of the four percent efficiency requirements in tariffs while activity is also declining and providers having to show a surplus will put significant pressure on hospitals. Payment by results is still standard currency but where commissioners and providers find the rules prevent them doing the best for patients, local variation is permitted. The trust is starting to negotiate next year's contract with NCL to meet the TFA deadline of 30 December 2011.



## SUMMARY OF ACTIONS

### REDUCING VARIATION AND STRENGTHENING COMPLIANCE

We will introduce a NICE Compliance Regime to reduce variation and drive up compliance with NICE Technology Appraisals

We will require that all NICE Technology Appraisal recommendations are incorporated automatically into relevant local NHS formularies in a planned way that supports safe and clinically appropriate practice

We will establish a NICE Implementation Collaborative to support prompt implementation of NICE guidance

### METRICS AND INFORMATION

We will develop and publish an innovation scorecard to track compliance with NICE Technology Appraisals

We will procure a single comprehensive and publicly available web portal for innovation in the NHS

We will work with Which? to raise awareness among the public and patients of innovations in healthcare

We will establish the Clinical Practice Research Datalink (CPRD), a new secure data service within the Medicines and Health Care Products Regulatory Agency (MHRA)

### CREATING A SYSTEM FOR DELIVERY OF INNOVATION

We will establish a number of Academic Health Science Networks (AHSNs) across the country.

We will publish details of the AHSN designation process in March 2012

We will undertake a sunset review of all NHS/DH funded or sponsored innovation bodies.

With immediate effect, NICE will take responsibility for the iTAPP programme

### INCENTIVES AND INVESTMENT

We will align financial, operational and performance incentives to support the adoption and diffusion of innovation

We will increase the profile of, and maintain investment in, the NHS Innovation Challenge Prizes

We will extend the 'never events' regime and encourage disinvestment in activities that no longer add value

We will establish a Specialised Services Commissioning Innovation Fund

### PROCUREMENT

We will publish a procurement strategy in March 2012

We will double our investment in the Small Business Research Initiative

We will review the existing NHS intellectual property strategy and develop a model for contracts that is fit for purpose

### DEVELOPING OUR PEOPLE

We will ensure that innovation is 'hard-wired' into educational curricula, training programmes and competency frameworks at every level

We will establish joint industry and NHS training and education programmes for senior managers

We will establish an NHS Innovation Fellowship Scheme

### LEADERSHIP FOR INNOVATION

The NHS operating framework asks the NHS to prioritise the adoption and spread of effective innovation and good practice

Clinical Commissioning Groups will be under a duty to seek out and adopt best practice, and promote innovation

We will strengthen leadership and accountability for innovation at Board level throughout the NHS

### HIGH IMPACT INNOVATIONS

We will rapidly accelerate the use of assistive technologies in the NHS, aiming to improve at least 3 million lives over the next five years.

We will launch a national drive to get full implementation of ODM, or similar fluid management monitoring technology, into practice across the NHS.

We will launch a 'child in a chair in a day' programme to transform the delivery of wheelchair services throughout the NHS

We will require NHS organisations to explore opportunities to increase national and international healthcare activity and will host a summit with UK trade and investment in the new year

We will require the NHS to work towards reducing inappropriate face-to-face contacts and to switch to higher quality, more convenient, lower cost alternatives

We will require the NHS to commission services in line with NICE-SCIE guidance on supporting people with dementia

From April 2013, compliance with the high impact innovations will become a pre-qualification requirement for CQUIN