

## Whittington Health Trust Board

7 September 2016

<b>Title:</b>		Chief Executive Officer’s Report to the Board					
<b>Agenda item:</b>		<b>16/117</b>		<b>Paper</b>		<b>02</b>	
<b>Action requested:</b>		For discussion and information.					
<b>Executive Summary:</b>		The purpose of this report is to highlight specific issues to the Trust Board and to update the Board on local, regional and national key issues facing the Trust.					
<b>Summary of recommendations:</b>		To note the report.					
<b>Fit with WH strategy:</b>		This report provides an update on key issues for Whittington Health’s strategic intent.					
<b>Reference to related / other documents:</b>		Whittington Health’s regulatory framework, strategies and policies.					
<b>Reference to areas of risk and corporate risks on the Board Assurance Framework:</b>		Risks captured in risk registers and/or Board Assurance Framework.					
<b>Date paper completed:</b>		31 August 2016					
<b>Author name and title:</b>		Lynne Spencer, Director of Communications & Corporate Affairs		<b>Director name and title:</b>		Simon Pleydell, Chief Executive	
Date paper seen by EC n/a	n/a	Equality Impact Assessment complete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessment complete?	n/a



## CHIEF EXECUTIVE OFFICER REPORT

The purpose of this report is to highlight issues and key priorities to the Trust Board.

### 1. QUALITY AND PATIENT SAFETY

#### MRSA Bacteremia

We have a robust zero tolerance approach to MRSA bacteremia breaches and will continue to keep this as our top patient safety and quality priority. We continue to report 0 MRSA breaches and this retains our year to date performance of 0 breaches.

#### Clostridium Difficile

We have reported 5 cases of Clostridium Difficile up to the end of August. The target is for no more than 17 cases in each year. We will continue to promote regular awareness raising initiatives on the importance of adhering to infection control procedures to sustain our focus on patient safety as our top priority.

#### Cancer Waiting Time Targets

We exceeded all our national cancer targets except the 62 days from referral to treatment. *Reported in arrears in line with the national cancer data validation process.*

- 31 days to first treatment 100% against target of 96%
- 31 days to subsequent treatment (surgery) 100% against target of 96%
- 31 days to subsequent treatment (drugs) 100% against a target of 98%
- 62 days from referral to treatment 83% against a target of 85% (3 breaches)
- 14 days cancer to be first seen 96.4% against a target of 93%
- 14 days to be first seen for breast symptomatic 99.2% against a target of 93%

#### Community Access Targets

We are aware that the MSK targets are not achievable with our current service and workforce model.

We value our staff continuing work extremely hard against a difficult transition period. We will continue to liaise with our commissioners to support staff in changing the way we will operate in future so that we can match the demand of the service with the resources required to meet the current targets which reported as below for July.

- MSK waiting time – non consultant led patients seen 46.0% - target 95%
- MSK waiting time – consultant led patients seen 64.5% - target 95%
- IAPT – patients moving to recovery – 49.1% - target 50%
- IAPT – patients waiting for treatment <6 weeks – 95.4% - target 75%

#### Never Event

We regret that the Trust has reported a never event for a retained swab in a patient from our maternity unit. A full and thorough investigation is underway in line with our policies and procedures and the outcome will be reported to the Board as part of our monthly serious incident report. This will highlight the lessons learned and actions taken to

prevent further events occurring. I would like to sincerely apologise to the mother and her family and I am pleased that she has been discharged and has recovered.

## **Care Quality Commission (CQC)**

Our CQC inspection report has been published and we were pleased to have been rated overall as Good – with caring being rated as Outstanding. For the five key measures, the CQC rated our services as

- 'Outstanding' for 'caring'
- 'Good' for 'effective'
- 'Good' for 'responsive'
- 'Good' for 'well-led'
- 'Requires improvement' for being 'safe'

Part of the process included a CQC quality summit which included stakeholders such as our commissioners in Islington and Haringey, NHSE and Healthwatch. We presented our safety and quality improvement action plan which sets out how we are working to improve areas identified from the inspection.

The safety and quality improvement action plan is being monitored each month by the Trust Management Group and the Trust Board Quality Committee.

Of the NHS Trusts in London who have been inspected, we are in the top quartile to be given the 'Good' rating and it stands as a testament to our staff for their tremendous hard work and commitment to delivering the best possible safe and high quality care for our patients.

## **2. STRATEGIC**

### **Sustainability and Transformation Plan (STP)**

We are working with our partners across North Central London (NCL) by attending a series of meetings to discuss our sustainability and transformation planning arrangements. This work has resulted in the submission of an outline plan to NHSI and NHS England for how NCL will work together more closely in future to

- improve the quality of care, wellbeing and outcomes for the NCL population
- deliver a sustainable, transformed local health and care services
- support a move towards place-based commissioning
- gain access to a share of the national transformation funding which will ensure our hospitals get back to being viable, support delivery of the Five Year Forward View, and enable new investment in critical priorities.

There are strict requirements to meet targets each quarter to secure STP funding. We missed quarter one targets which included our 4hr ED performance, meeting our agreed financial control targets and reducing agency spend. We are confident that our new corporate Project Management Office and establishment of strong clinical leadership in our seven Integrated Clinical Service Units will get us back on track to meet our targets by year end 2016/17 to secure the agreed £6.5m STP funding for the year.

## **Clinical Collaboration Board**

We are now part of a Clinical Collaboration Board with our colleagues from University College London Hospitals NHS Foundation Trust (UCLH). One of the key drivers for the work has been to continue the joint work within Haringey and Islington on developing the Haringey and Islington Partnership and supporting the work on Care of the elderly, CHD and Diabetes, Learning Disabilities and MSK.

The group identified that Women's Services is an area that would benefit from collaboration. The Clinical Directors have agreed that there are three areas that will be prioritised; the home birth service; perinatal mental health and foetal medicine.

There has also been progress in terms of progressing our work on the joint MDT in Lung cancer which has now started and is already showing benefits for patients. We have developed a joint MDT in our LUTs service and are aiming to provide a more integrated service over time.

Both Trusts are exploring how working together can strengthen and improve our surgical services. This work is looking to identify ways of working which will improve outcomes for patients whilst being more efficient and ensuring services are sustainable into the future.

## **Maternity and Neonatal**

Our full business case is being resubmitted to NHSI on 19 September to be considered at the October NHSI Resource Committee. The clinical safety case regarding the issue of requiring 2 co-located theatres has been emphasised. A letter of support from the emergent Sustainability and Transformation Plan process has been obtained and the financial strategy reviewed. The financial case has been updated in the light of latest activity figures, revised tariff assumptions and cost improvement plans. The changes to the original Full Business Case will be set out in a Full Business Case addendum document. The case will be discussed at the Finance and Business Development Committee on 21 September.

## **Community Dental Contract**

We have been successful in being identified as the provider of community dental services from April 2017 for services, not only in our current footprint of Haringey, Islington, Camden and Enfield, but also Barnet, Hillingdon, Hounslow, Ealing, Brent and Harrow.

This extends our service from a £5.3m service to a £9.4m service.

Our community dental service achieved an outstanding rating from the CQC and this business success is an accolade to Dr Andrew Read and his team.

## **3. OPERATIONAL**

### **Emergency Department (ED)**

Pressures within the emergency care pathway continue and our 4hr performance for July was 87.5% against a target of 95%, with August performance continuing to improve at 92.73%.

The clinical and operational teams will continue to improve our performance by implementing our improvement plan and this includes new initiatives such as:

- pre 11am discharge
- reducing patient length of stay
- improving discharge planning
- implementing nurse led discharge (TICKED)
- fully utilising our ambulatory care centre
- fully utilising our community services.

We have increased resources in the operational management of the emergency department with new members of staff focused on supporting the busy teams to streamline the patient pathway and flows. We have also started a process for recruiting additional consultants to strengthen the existing team in the emergency department.

### **The Perfect Week**

We want to make sure our hospital is functioning as efficiently as possible, and to help us achieve this we are launching a new Perfect Week initiative. This programme has worked well in other hospitals and it aims to change the way patients are seen, treated and discharged to improve safety, patient experience, and performance.

### **Lower Urinary Tract Services (LUTS) Clinic**

Professor Malone Lee is retiring in September. The Trust is awaiting the Royal College of Physicians invited service review and this is expected later in the month. Plans are in place to continue the service following Professor's retirement with work over the summer focused on strengthening the governance and succession plan for the service. Service users are concerned about potential changes to the service. The Trust has met service users on three occasions to engage them in the plans. A joint MDT has been developed with UCLH and work continues through our clinical collaboration to finalise a detailed succession plan. Transitional arrangements are in place.

### **Speak Up Champion**

In line with national policy we have started a process to appoint a Speak-Up Champion who will act as an independent advisor for staff who want to raise a serious concern. This role will promote the safety of our patients, visitors, staff and volunteers and help us to promote a culture of transparency.

### **Junior Doctors**

The planned September industrial action has been cancelled.

We will monitor potential withdrawal of labour by junior doctors which may impact from October. We intend to manage services in line with our contingency arrangements if disruption to services over the Autumn and Winter occurs.

## 4. FINANCE

### Month 4 (April 2016 to July 2016)

We are facing an extremely difficult financial position with significant challenges over the coming months.

We reported a £1.3m deficit for the month of July which takes the year to date 2016/17 deficit to £5.5m; £3m worse than our planned position.

Failure to deliver the planned position means we have not been able to collect our Sustainable and Transformation Plan funding of £2.3m for Quarter one of 2016/17. The main driver for the overspend is the continued high level of agency spend.

The Trust agreed a control total target with NHSI and we have to get back to that level which will allow us to collect the STF funding. We have limited time to achieve this and therefore need to

- reduce our agency spend and achieve our planned level of staffing expenditure
- deliver our agreed cost improvement programme of £10m; the majority of which is due to be delivered in the second half of the financial year October to March 2016/17
- deliver our agreed income targets

A key measure of financial sustainability is the underlying financial position. This is the position once the large non-recurrent transactions are removed and it shows how the organisation is performing routinely. Our underlying position has deteriorated to £17.9m from £12m at the end of April and it is only by delivering the above three actions that we will improve that position and demonstrate on-going financial viability.

## 5. AWARDS

Congratulations to Jonathan Barnes, Senior Information Analyst, who received our June staff excellence award for his work with the emergency department to support our improvement plan to meet 95% performance. Congratulations also to the Haematology Team, who received our July staff excellence award, for their integrated paediatric and adult red cell service. They are a committed team of health professionals and patients have been highly complementary of the service and have fed back how they value the integrated work between the hospital and the community. The team includes Dr Bernard Davies, Dr Ali Rismani, Emma Prescott, Dr Farrukh Shah, Dr Andrew Robbins, Dr Sarah Hamilton, Louise Collins, Matty Asante, Edith Aimuwu, Sarah Cullen, Rachel Moll, Annabelle MacMillan and Zahra's Al Kafaji.

Congratulations also to Adrian O'Gorman and Sudhanshu Chitale, recognised at the UCL Partners Excellence in Medical Education Awards. Adrian, a consultant in our trauma and orthopaedics team was recognised for setting up an evening on-call rota for medical students to help them develop skills to support patients admitted to A&E and for setting up new staff training guides. Sudhanshu, a consultant urological surgeon developed special educational tutorials and a hands-on approach to teach and inspire students.

**Simon Pleydell**  
**Chief Executive Office**