Whittington Health Trust Board

1 March 2017

Title:	Chief Executive Officer's Report for February 2017 to the Board		
Agenda item:	**17/031**	**Paper**	**02**
Action requested:	For discussion and information.		
Executive Summary:	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.		
Summary of recommendations:	To note the report.		
Fit with WH strategy:	This report provides an update on key issues for Whittington Health's strategic intent.		
Reference to related / other documents:	Whittington Health's regulatory framework, strategies and policies.		
Reference to areas of risk and corporate risks on the Board Assurance Framework:	Risks captured in risk registers and/or Board Assurance Framework.		
Date paper completed:	21 February 2017		

Author name and title:		**Lynne Spencer, Director of Communications & Corporate Affairs**		**Director name and title:**		**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

Learning, Candour and Accountability

The Care Quality Commission *'Learning, candour and accountability: a review of the way NHS trusts review and investigate deaths of patients in England'* sets out new responsibilities and commitments that will come into force from April 2016. These will improve how the NHS learns from reviewing the care provided to patients who die. It will include strengthened governance and capability, increased transparency through improved data collection and reporting, and enable better engagement with families and carers. The new requirements are designed to complement existing approaches, introducing minimum standards and reporting in some areas but not seeking to replace current good practice.

Quarterly public Board reports will be a mandatory requirement to enable non-executive directors to challenge Boards about mortality governance and reporting of deaths due to problems in care. These will include the Royal College of Physicians Structured Judgement Review case note methodology and the reporting dashboard that will be published in March. There will be a requirement to report the data in Quality Accounts from June 2018.

Transparent and Accountable Care

NHS England has published new guidelines on tackling conflicts of interest that will be effective from 1 June 2017. This will strengthen the management of conflicts of interest and ensure that the NHS is a world leader for transparent and accountable healthcare. The guidance introduces common principles and rules for managing conflicts of interest, provides simple advice to staff and organisations about what to do in common situations and supports good judgement about how interests should be approached and managed.

We will be promoting and sharing the guidance with all staff to ensure they are aware of the importance of declaring and managing conflicts. The Board will receive the full guidance in our papers for 1 March 2017 and this forms part of our annual declaration of interests to the public.

MRSA Bacteraemia

We have done extremely well in keeping our patients safe from MRSA bacteraemia. We have reported only 1 case of hospital acquired MRSA bacteraemia in 2016/17 to date and this was in the month of October. We will continue to manage our high profile infectious control campaign across the community and hospital to aim to ensure that no further MRSA incidents occur for the reporting year 1 April 2016 to 31 March 2017.

Clostridium Difficile

We have reported 5 cases of Clostridium Difficile up to the end of January. The target is for no more than 17 cases this year.

Cancer Waiting Time Targets

We were pleased to exceed all targets for December**.** *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 98%
- 31 days to subsequent treatment (drugs)100% against a target of 93%
- 62 days from referral to treatment 92.3% against a target of 85%
- 14 days cancer to be first seen 93.4% against a target of 93%
- 14 days to be first seen for breast symptomatic 100% against a target of 93%

Community Access Targets

Our Improving Access to Psychological Therapies (IAPT) targets continue to improve:

- IAPT - patients moving to recovery 52.4% - target of 50%
- IAPT – patients waiting for treatment <6 weeks – 97.2% - target 75%

2. STRATEGIC

Name Change

We have concluded our consultation on changing our name so that we can be known officially as 'Whittington Health NHS Trust'. When we became an Integrated Care Organisation in 2011, we chose to use the working name 'Whittington Health NHS Trust' rather than the legacy name on our NHS establishment order which is 'Whittington Hospital NHS Trust'.

Feedback on the consultation from staff and members of the public has been that this has caused confusion for stakeholders, staff and the public. This is because we are trading as an Integrated Care Organisation and promoting our community and hospital services, whilst our official establishment name is often posted on websites and regulatory documents as a hospital/acute provider only.

We are now liaising with the Department of Health to enable the official name change to take place by a minister who will lay the new statutory instrument before parliament. We believe this change of name is important because it better reflects both our community and hospital services.

Cancer Vanguard

We are involved in the work of the Cancer Vanguard across North Central and North East London and recently agreed a cancer provider collaboration agreement. This will enable us to continue to work on designing improved care pathways with other local providers, for people with cancer that improve outcomes for local people.

It will enable us to be part of proposals and bids to secure additional resource; it will also enable us to be part of innovative thinking about new care models; developing incentives and explore new contracting arrangements where appropriate.

Lower Urinary Tract Services (LUTs) Clinic

We continue work to deliver the action plan against the Royal College of Physicians (RCPs) invited service review recommendations. A recent internal governance review showed progress in strengthening governance arrangements but still with work to be completed on having multi-disciplinary team (MDT) arrangements in place. We also continue to work with commissioners and UCLH to develop the succession plan for the clinical leadership of the LUTs service. There is ongoing work to address safety concerns and we will update the Board at the April meeting. Current patients continue to be seen by Professor Malone Lee and his team.

3. OPERATIONAL

Emergency Department

Extreme pressures within the emergency care pathway continue to be a significant challenge and our 4hr performance for January was 82.9% against a target of 95%. I recognise this is an extremely pressurised time for our urgent and emergency care services. I want to acknowledge everyone's commitment to managing high quality and safe services for the significant numbers of patients attending the Emergency Department during this busy winter period. On average we used to see 248 patients every 24 hours and at recent peaks this has reached 340 patients. We will continue to work on our ED improvement plan which has already enabled improvements to patient flows.

4. WORKFORCE

Freedom to Speak Up and Whistleblowing Guardian

We have recruited a Freedom to Speak Up and Whistleblowing Guardian and will launch this important initiative this week. Guardian, Dorian Cole, Head of Nursing in the Patient Access, Prevention and Planned Care team, will be presenting to the Board today to explain how this new role supports our work to create an open and transparent culture.

We are aware that an open reporting culture is critical to delivering compassionate and safe care for our patients. We aim to embed, as normal practice, the raising of concerns by staff. This forms part of our wider work programme to create a work environment where staff feel safe and confident to speak up without fear.

5. FINANCE – APRIL TO JANUARY MONTH 10

Although we reported a £0.8m deficit in January, with a year to date £5.9m deficit, our financial position continues to remain very concerning. We have significant challenges to overcome for the remaining months of the 2016/17 financial year to meet our financial control total of £6.4m deficit. This includes meeting our overall annual financial targets which include our cost improvement savings, expenditure plans and budgetary controls.

Main issues of note:

- Pay expenditure was £0.7m adverse against plan in month, and is now £2.6m adverse year to date. In total the pay bill for January was £18.8m which is highest monthly amount this financial year, and £0.3m above the average for the year. Other key points include:

- Total agency costs for January were £1.0m, an increase of c. £0.2m compared to December. The increase in agency costs, coupled with the overall increase in the monthly pay expenditure is having a significant impact on the Trust's ability to achieve its CIP target and overall financial control total. As a significant proportion of the Trust's CIP target is based on reducing agency spend, which links to increasing permanent and bank expenditure, failure to reduce agency spending further over the remainder of the financial year, together with the performance of other pay savings schemes will see the Trust fail its CIP target.

- There were increases in a number of areas with respect to agency costs including administration and clerical, nursing, and scientific staffing, which were partially offset by a reduction in medical staffing. Overall, agency spend was 5.2% of the monthly pay bill up from 4.1% in December. When assessed in relation to total qualified nursing spend, nursing agency equates to 8%, a marked increase from the 5.7% achieved in December, and in excess of the Trust's regulatory limit of 6%.

- Non Pay expenditure continues to be favourable against plan, but less so than previous months. The in-month favourable variance being <£0.1m, and £4.1m year to date.

- Total income was £0.2m favourable against plan in month. Particular points of note include:
  - Clinical income was £0.1m favourable against plan.
  - SLA clinical income is on plan in month. However, within this electives have underperformed by £0.5m, predominantly in Surgery.
  - The income position includes partial achievement of income efficiencies (CIP).

The in-month position of a £0.8m deficit sees a worsening in performance compared to December (£0.6m adverse). As a result the Trust is now £0.2m off its planned position and will require cost reductions in run rates for February and March in order to achieve the annual control total, and create a recurrent exit run rate that will be required to support the achievement of the Trust's planned position for 2017/18.

The month end cash balance of £4.1m is £0.8m above plan. The position includes STP funding for the first 2 quarters. Capital spending commitments now total £2.9m with £2.5m (December £1.7m) actually incurred to date. It should be noted that in response to a national request from NHSI the Trust has re-forecast its capital spend for the year, with the revised total now being £6m.

6. AWARDS

Congratulations to Said Issa (known as Addi), grounds man in our facilities team who manages to keep the grounds of our hospital so clean and tidy. Said lives our values ICARE and always has a cheerful disposition and welcome smile for all staff and patients. He is well known to staff and we have received numerous nominations for Said. Everyone is delighted that Said is this month's well deserving staff award winner.

Simon Pleydell
Chief Executive